

ABSTRACT

Objective: This study sought to understand how both survivors and nurses define cultural care needs in cancer care and to make recommendations toward improvements in nursing practice.

Background: Cultural competence is a dynamic, lifelong learning process, requiring the integration of specific knowledge, clinical skills, and attitudes that enhance therapeutic intervention throughout the cancer care journey.

Methods: The study used a qualitative descriptive approach which was considered the most appropriate for in-depth examination of the participants' experiences. The study followed the COREQ Checklist. The study was carried out from June to September 2018 in the Oncology Clinics, in one hospital, serving almost 80,000 individuals per annum. Data were collected from 29 cancer survivors and 23 oncology nurses by using using a purposive sampling method. A semi structured pilot tested interview guide was used. The interview guide was based on themes drawn from the literature and adapted according to specific issues that had been raised during the cancer care process. All interviews were transcribed using the framework analysis approach that involves a number of highly interconnected and distinct phases. These phases include familiarization, identifying a thematic framework, indexing, charting, mapping and interpretation. The aim of the study guided the thematization. Codes and themes were compared and discussed until consensus was reached by the authors.

Results: Three themes emerged from the data;

- 1) cross-cultural care expectations: Cultural issues include values, and beliefs that impact on healthcare practices, needs, and physical changes. These beliefs influence health practices which are essential in managing the illness.
- 2) Reality of cross-cultural care activities: Nurses and survivors described barriers to optimum care rooted in cultural values. This typically occurred when a survivor had difficulty

reconciling his/her needs, language differences, when there was work overload amongst nurses, and where there was a lack of cultural awareness amongst nurses and survivors.

3) Improving culturally sensitive care: Participant feedback shows there were deficits in survivor experiences of care that seemed to stem from lack of awareness, knowledge and training amongst nursing staff. To be able to prevent these deficits and improve cross-cultural care, participants emphasized the need for effective communication, knowledge enhancement related to culture, increasing cultural awareness and not feeling ignored.

Conclusions: The data reveals that the relationship between the nurse and cancer survivor is critical to an awareness of cultural needs but that nurses need help in raising their own awareness and appreciation of the benefits and impact of culturally sensitive care. This includes developing the attitudes and confidence of nurses to explore differences through appropriate communication and overcoming barriers arising from language and time. It is also evident that managers and those in decision-making positions need to look carefully at introducing cross-cultural education into oncology services to enable the delivery of culturally competent care, consistent with standards around the world.

Implications for Practice: The relationship between the nurse and cancer survivor is critical to an awareness of cultural needs but that nurses need help in raising their own awareness and appreciation of the benefits and impact of culturally competent care. In this regards, this study suggest that oncology nurses need to recognize that being sensitive to cultural differences and willing to help cancer survivors can build effective and humanistic approaches that can prevent discrimination in oncology care and positively impact cancer survivor outcomes.

Keywords: Cancer, Culture, Cross-culture, Survivor, Nurse