



**BRISBANE DECLARATION
CULTURALLY SENSITIVE CRITICAL CARE NURSING
10 OCTOBER 2016**



WORKING GROUP

The Brisbane Declaration was prepared by a WFCCN Working Group:

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OBJECTIVE

The objective of the WFCCN working group was to develop an international position statement that included recommendations to ensure the provision of culturally sensitive critical care nursing worldwide.



PREAMBLE

Culturally sensitive care is an area of nursing that falls under the moral principles stated within the Universal Declaration of Human Rights (United Nations, 1948). In particular, Article 1 declares the baseline position:

All people are born free and equal in dignity and rights.

Further clarification is provided under Article 2, which states:

Everyone is entitled to all the rights and freedoms... without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin...

Furthermore, the World Federation of Critical Care Nurses (2007a) has endorsed the International Council of Nurses (ICN) position statement on Nurses and Human Rights (2011), which clarifies that:

...health care is a right of all individuals, which is available, affordable and culturally acceptable, regardless of financial, political, geographic, racial or religious considerations.

The statement also posits:

Nurses are accountable for their own actions and inactions in safeguarding human rights, while national nurses associations have a responsibility to participate in the development of health and social legislation related to patient rights.

It was against this background of human rights that the WFCCN developed this declaration on culturally sensitive critical care nursing.

INTRODUCTION

Worldwide immigration has increased significantly in the last decade and as many as one in every 33 persons in the world is a migrant (International Organization for Migration, 2015). These global changes are subsequently changing the role of culture in healthcare (Garneau & Pepin, 2015). Hence, there is a need for health care organisations and clinicians to respond to the increasing cultural diversity of the populations they serve (Renzaho et al., 2013).

Critical care nursing is a sphere of practice that covers a variety of specialist areas in which critically ill patients are cared for (Elliott et al., 2012). The aim of critical care nursing is to establish a therapeutic relationship with the patient and their family and to empower the person's physical, psychological, sociological, cultural and spiritual capabilities by preventive, curative and rehabilitative interventions and where the focus is on the care and treatment of the critically ill patient and their family (WFCCN, 2007b).

Cultural sensitivity is the ability to care for patients with diverse values, beliefs and behaviours, including tailoring health care to meet patients' social, cultural and linguistic needs

(Esposito, 2013). The ability to provide culturally sensitive care is contingent on the clinician achieving cultural competence. Cultural competence is about developing an awareness of one's own beliefs, thoughts and sensations; demonstrating knowledge and understanding of a person's culture; accepting and respecting cultural differences and adapting care accordingly (Kanchana & Sangamesh, 2016). Cultural competence may be defined further as a set of congruent behaviours, attitudes, and policies that come together in a system (Esposito, 2013).

For critical care nurses, cultural competence and hence cultural sensitivity is essential to the delivery of person-centred care, an approach to health care that is grounded in mutually beneficial partnerships amongst health care providers, patients and families (Institute for Patient- and Family-Centred Care, 2015).

Culture can be viewed in terms of cognitive and static aspects such as values, beliefs and traditions; and also from a broader perspective that acknowledges that culture often also encompasses an individual's social position as a way of further explaining health status (Williamson & Harrison, 2010). Consequently, critical care nurses must seek to meet the diverse needs of patients and their families (Douglas et al., 2011). The care provided can be influenced by a number of factors such as the model of care delivery provided in the critical care unit and each nurse's personal philosophy of caring for the patient and their family (Bloomer & Al-Mutairi, 2013). When a generic approach to culturally sensitive care is taken however, stereotyping and a failure to identify the needs of the individual can result (Williamson & Harrison, 2010). Whilst critical care nurses have been found to specifically seek further information regarding situations of cultural difference (Northam et al., 2015), there is a lack of guidance for critical care nurses on how to ensure culturally sensitive care is provided.

In response, in 2015, the WFCCN Board of Directors called for members of the Council of National Representatives to establish an international working group to prepare a Position Statement on behalf of the Federation, on culturally sensitive care in critical care.

METHODS

Following establishment of the working group, a literature review was undertaken, which informed the development of the Position Statement, to be known as the Brisbane Declaration. Several drafts were reviewed and revised, culminating in international discussions about the purpose and proposed content of the draft Declaration, held over two days, during the WFCCN/Australian College of Critical Care Nurses World Congress in Brisbane, Australia during April 2016. A final draft, comprised of central principles and recommendations was presented at the Congress closing ceremony. All present declared their support. The final text of the Declaration was prepared by the working group during April-September 2016, and was approved for publication by the WFCCN Board of Directors in October 2016.



BRISBANE DECLARATION : CULTURALLY SENSITIVE CRITICAL CARE NURSING

The Brisbane Declaration presents guidelines that are based on universally accepted principles; it is designed to be used by critical care nurses to provide care that is culturally competent. The Declaration may be adapted to meet the health care policy and education requirements of all critical care nurses, in any critical care unit, within any healthcare facility, regardless of geographical, political or social jurisdiction.

Central Principles

1. Critically ill patients and their families, from culturally diverse backgrounds, have the right to receive culturally sensitive care.
2. Critical care nurses should possess appropriate knowledge, skills and attributes to respect, advocate for, and effectively respond to the cultural needs of critically ill patients and their families.
3. Critical care nurses should ensure that culturally sensitive care is planned and implemented in collaboration with the multidisciplinary team, which is inclusive of the patient and family and their chosen cultural advisors.
4. Critical care nurses have a right to have their individual cultural differences acknowledged and respected.
5. Critical care nursing education providers should ensure that cultural competence and cultural sensitivity is embedded within curricula framework. The critical care nurse has a duty to seek out such information, educate themselves and apply this knowledge with respect and compassion.

Recommendations

The WFCCN believes that critically ill patients from diverse backgrounds have particular needs and must be cared for by nurses with specialist skills, knowledge and attitudes. The following recommendations have been adopted to represent universal principles to help guide health services, educational facilities and critical care nursing organisations in the development of informative materials and programs for nurses who are required to care for the critically ill patient and their family and their individual cultural needs.

1. *Self-assessment*

An examination of one's own cultural positioning is the first step in ensuring culturally sensitive care. This may involve considering the nurse considering their own culture, values, beliefs and any resultant biases or possible prejudices that may impact the provision of care; and working to set these aside and ensure equitable care for all.

2. *Establish trust*

Acknowledging that each person is entitled to all rights and freedoms, respecting the patient and family's immediate vulnerability and need for culturally sensitive care is essential to the establishment of trust.

3. *Identify the preferred language for communication*

Determine the patient and family's preferred language for verbal communication, making use of trained interpreters or qualified translators where necessary. Consideration on non-verbal communication is also necessary. Communication aids should be used where available to support verbal communication.

4. *Identify culture*

Identify the patient and family's culture, which can include their values, beliefs, traditions and worldviews. Consideration must also be given to how culture impacts upon communication and decision-making.

5. *Identify health beliefs and understanding*

Once a person's culture is identified, consideration should be given to the patient and family's beliefs about health and illness and their perception/understanding of the current and any proposed treatments. Beliefs about health and illness may impact significantly on how the patient and their family wish to be cared for, and what care/treatment is acceptable in the critical care environment.

6. *Ensure comprehension*

When communicating, the nurse should seek to ensure that the patient and/or their family understand what is being communicated. It is important to recognise that various aspects of a person's culture can influence one's comprehension and interpretation of information.

7. *The use of physical touch*

Time should be taken to explain the necessity of physical touch in the delivery of care. The nurse should seek advice from the patient and/or family about ways in which physical care could be provided in the most culturally appropriate and sensitive manner.

8. *The need for modesty and the maintenance of dignity*

Preserving dignity and maintaining modesty for the critically ill patient and their family can demonstrate respect and acknowledgment of a person's culture, beliefs and values. Where possible and practicable in the context of interventional care, a patient's modesty and dignity should be protected by covering the person's body and providing visual privacy.

9. *Consideration for the impact of gender*

Gender differences between patient and clinician may be a concern for the patient and their family. Where possible, consideration should be given to the gender of the clinician providing care, to ensure the culture of the patient and their family is respected.

10. *Consider dietary needs*

Food is intrinsically linked to culture. Values, beliefs, religion and traditions can impact on the meaning of food and food choices. Where suitable, foods should be chosen that not only meet the patient's metabolic needs, but also their cultural considerations.



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