## **Cultural Competence in Palliative Care**

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Abstract: Hospice palliative care (HPC) is one of the most complicated philosophies of care in which physical, social/cultural, and spiritual aspects of human life are intermingled with an undeniably significant role in every aspect. Among these dimensions of care, culture possesses an outstanding position in the process and goal determination of HPC. This study shows the importance of cultural elements in the establishment of effective and optimized structures of HPC in the Canadian healthcare environment. Our systematic search included Medline, Google Scholar, and St. Lawrence College Library, considering original, peer-reviewed research papers published from 1998 to 2023 to identify recent national literature connecting culture and palliative care delivery. The most frequently presented feature among the articles is the role of culture in the efficiency of the HPC. It has been shown frequently that including the culturespecific parameters of each nation in this system of care is vital for its success. On the other hand, ignorance about the exclusive cultural trends in a specific location has been accompanied by significant failure rates. Accordingly, implementing a culture-wise adaptable approach is mandatory for multicultural societies. The following outcome of research studies in this field underscores the importance of culture-oriented education for healthcare staff. Thus, all the practitioners involved in HPC will recognize the importance of traditions, religions, and social habits for processing the care requirements. Cultural competency training is a telling sample of the establishment of this strategy in health care that has come to the aid of HPC in recent years. Another complexity of the culturized HPC nowadays is the long-standing issue of racialization. Systematic and subconscious deprivation of minorities has always been an adversity of advanced levels of care. The last part of the constellation of our research outcomes is comprised of the ethical considerations of culturally driven HPC. This part is the most sophisticated aspect of our topic because almost all the analyses, arguments, and justifications are subjective. While there was no standard measure for ethical elements in clinical studies with palliative interventions, many research teams endorsed applying ethical principles for all the involved patients. Notably, interpretations and projections of ethics differ in varying cultural backgrounds. Therefore, healthcare providers should always be aware of the most respectable methodologies of HPC on a case-by-case basis. Cultural training programs have been utilized as one of the main tactics to improve the ability of healthcare providers to address the cultural needs and preferences of diverse patients and families. In this way, most of the involved health care practitioners will be equipped with cultural competence. Considerations for ethical and racial specifications of the clients of this service will boost the effectiveness and fruitfulness of the HPC. Canadian society is a colorful compilation of multiple nationalities; accordingly, healthcare clients are diverse, and this divergence is also translated into HPC patients. This fact justifies the importance of studying all the cultural aspects of HPC to provide optimal care on this enormous land.

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