

TRANSCULTURAL NURSING AND TRADITIONAL CARE IN SUKUMA ETHNIC GROUP

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Abstract: The global increase in population resulting in recent multicultural societies is coupled with demand for diversity of services of which healthcare is no exception. Nursing as the core of healthcare delivery with reputable professional standards Worldwide is challenged to meet the demand of continuously providing culturally competent workforce. It is imperative to incorporate intercultural competence and multiculturalism into the curriculum of nursing education and support global student exchange networks in the training of nurse professionals to boast healthcare outcomes. This paper presents ethnographic narrative of the relationship between transcultural nursing and traditional care within the Sukuma ethnic group in Tanzania.

Keywords: Culture, nursing, transcultural nursing, nursing education, Sukuma.

I. INTRODUCTION

Leah & Iuditm, (2016), described culture as the literature, art and history of a nation which can entail customs or traditions or could mean knowledge, standards of social, cultural and political acts, philosophical world-views and spiritual beliefs.

Cultural competence in nursing refers to the ability to comprehend cultural diversity aimed at delivering quality care to different people and being sensitive to issues regarding race, culture, ethnicity, gender and sexual orientation, achievement of efficacy in communication skills, cultural assessment etc. related to health and different cultures (Maier-Lorentz, 2008).

A specialty and a general practice aspect which targets worldwide cultures and comparative cultural care, health and nursing phenomena aimed at providing relevant culturally competent care is termed as transcultural nursing, Madeleine Leininger defined transcultural nursing as “a substantive discipline of study and practice focused on comparatively cultural care, values, beliefs, and practice of individuals or groups of similar or different cultures” (Murphy, 2006).

Transcultural nursing is a tool for nurses to empower their clients to boast or stabilize their health since the care providers and recipients struggle with contradictions of racism, oppression and caring which co-exist in a multicultural society (Lea, 1994).

Despite the recognition of theoretical concepts of cultural diversity and cultural competent care by professional nursing bodies, nurse researchers, educators and clinicians are encountered with wide range of challenges regarding its practical implementation which is attributed to inadequate teaching and evaluation of cultural competence (Canales & Bowers, 2001).

According to Murphy (2006), nurses with this competence study the interrelationships of culturally formed care from the nursing perspective, where they deliver knowledgeable, competent and safe care to individuals of diverse cultural orientation by virtue of acquired educational and field experience assisting in adaptation to cultural sensitivity and knowledge regarding diverse cultures.

Transcultural nursing has emerged as a vibrant element in healthcare and a prerequisite for nurses due to soaring multiculturalism, this call for culturally competent nurses in an exacerbating multicultural society (Maier-Lorentz, 2008). According to Maier-Lorentz, (2008), these nurses possess knowledge about other cultures and skills in recognizing specific cultural patterns towards providing holistic care and planning to meet laid down healthcare goals.

Working abroad recently is attractive for nurses in that it provides personal, professional, societal and institutional benefits, interpersonal skills and cultural sensitivity are requirements of working in other countries and there is the need for better understanding of cultural diversity and its acknowledgement in health care delivery (Norton & Marks-Maran, 2004). According to Norton & Marks-Maran, (2004), cultural learning is reported to be a major advantage of international experience though challenging to existing values and beliefs which requires in depth reflection of culture as a concept, cultural competence can be developed by experience overseas resulting in increased cultural knowledge, personal growth and change in practice.

Cultural acclimatization is instrumental to competently bridging the gap in a multicultural environment and a sound understanding of the link between nursing and culture is pivotal to avoid compartmentalized and fragmented care (Norton & Marks-Maran, 2004).

In an increasing population with cultural diversity, nursing face the challenge of providing care to individuals of different backgrounds in a holistic and non-discriminatory manner, nurses have a moral and ethical duty of delivering high nursing services including culturally appropriate care (Tuohy et al. 2008). According Tuohy et al. (2008), nurses need to be educated about culture aimed at providing optimum care since there are cultural issues to take into consideration regarding health beliefs and goals of care from the patients, their family and friends perspectives.

Available literature explores aspects of transcultural nursing, cultural competence and cultural safety in delivering of nursing care at international levels (Tuohy et al. 2008). Language barrier, cultural diversity and diversity of perceptions play significant role on professional practices thereby hampering understanding and relay of vital information required for nursing assessment and recording care plans (Tuohy et al. 2008).

The findings of Tuohy et al. (2008), suggested the need for considering multicultural dimension of nursing and incorporating it into employee induction programs to facilitate understanding and boost nursing knowledge congruent to culturally secured nursing setting, to identify and uphold diverse cultural perspectives of nurses and patients. Congruently, Leininger (2002), indicated that the culture care theory has been the most relevant milestone in nursing and healthcare, until transcultural care knowledge is well appreciated globally to ameliorate destructive human acts, transcultural violence will occur.

Recently, the phenomenon is famous due to the broad, holistic yet culture-particular focus to bring about meaningful care to diverse cultures and transformation of the healthcare systems and improving nursing practice for rewarding and meaningful practice (Leininger, 2002).

This paper presents the experiences of transcultural nursing and traditional care of an international undergraduate nursing within the Sukuma ethnic group in Tanzania.

2. INTERCULTURAL ETHICAL ISSUES MY PROFESSION

A. Cultural issues and healthcare of the Sukuma ethnic group

Sukuma or Wasukuma is one of the biggest ethnic groups with approximate 5.5 million members representing 16 percent of the country's total population. In English Language the word Sukuma means 'push' but according to this group it means "north" and refers to "people of the north." The Sukuma refer to themselves as *Basukuma* (plural) and *Nsukuma* (singular).

The Sukuma live in North-western Tanzania on or near the southern shores of Lake Victoria, and various areas administrative districts of the Mwanza, south western tip of Mara Region, Simiyu region and Shinyanga Region. The northern area of their residence is in the famous Serengeti Plain. Some Sukuma families have migrated southward, into the Ruvuma and Katavi region, encroaching on the territory of the Pimbwe. The population in Sukuma land is scattered among both rural and urban areas.

B. Sukuma with health concept

Over the years, the Sukuma people have inherited and maintained taboos and beliefs that differentiated them from other ethnic groups. They define health as the respect for cultural values and traditional norms and that disrespect for these beliefs could result in an outbreak of chronic diseases which is perceived as punishment from deities (ancestral gods). They still believe in tradition, a healer who is also the leader of their societies. This healer owns a healing bat (known as *finbo ya uganga*), a traditional drum and a stool made of Mkola plant (*Afzelia quanzensis*). These are stuff that belong to this leader and have to be buried with him when he dies. The healing has to be inherited from the parents and healer has to sustain the traditions that left by his grandparents. This society believes that all what happening now such as the HIV/AIDS is because taboos have been ignored. People are doing everything on their own ways. They eat some food which was restricted before without putting into consideration of the taboos.

C. Institutional Care

Upon detection of a disease on an individual, the patient is sent to the traditional healer, who then welcomes the patient. Secondly the healer enquire from the gods the cause of the disease and inform the patient, before he begins to enquire and administer the care prescribed by the gods the patient has to admit the cause as established by the gods to be true and apologize by offering a sacrifice to the gods. The healer then asks the patient to present certain items and then he goes on to administer the healing process with guidance from the gods. Some concoctions are then prepared from the materials presented by the patient and the patient is educated on how to take the traditional medication, similarly to modern care, the patient has to visit the healer periodically for regular checkup and monitoring of progress in the healing process. When the healer noticed the patient is healed, he then discharge the patient, but upon experiencing adverse conditions from medication the patient is now referred to a hospital to seek orthodox treatment.

D. Professional care in this group – My personal Experience

Professional care according to this ethnic group refers to purification by the gods after offering sacrifices and pouring libation by a fetish priest who communicates with the gods to ascertain the curative measures and herbs for healing, prescribe the dosage and ask the patient to visit for regular check up of the healing process. It is only the traditional fetish priest or herbalist who has the expertise to deliver care.

Normally the women give birth at home with the help of local midwife and some of them when they are alone because they most of the time their men are out of their home and come back late at night when drunk. Parents of either side can help the mother with cooking and other things after giving birth. The help can be for one to three months depending on how the process was, if operation or normal delivery.

As a health professional aimed at implementing best practice towards improving the quality of life of the people I was challenged to counter the cultural way of treating health issues, values and norms, that notwithstanding, I was not oblivious of the fact regarding cultural issues and the autonomy of the indigenous people in line with the reports of Maier-Lorentz, (2008).

Despite my disagreement to their practice related to health care, I had to also put my cultural competence and intercultural relations to practice to provide culturally congruent and save healthcare to avoid any form of role conflict and delivering my duties as a nurse. My strength in providing this core mandate was my ability to integrate knowledge from modern healthcare systems and their cultural beliefs and values while embracing and empowering them with knowledge of the significance adhering to standard care practices and medications.

With the women empowerment discussions about post-natal care and the help for the need for professional care, the women were gradually shifting from their style of giving birth at home and this conforms to the outcomes predicted by Lea, (1994). Consistent with Leininger (2002), I was more particular of administering meaningful care but at instances where the individual refuses to comply, I only explained the impacts of the refusal and how it could have been beneficial to undergo the treatment. Management of the interrelationship applying the theoretical knowledge with the people similar to the suggestions of Murphy (2006) was very instrumental of my progress in promoting the health of the people.

3. CONCLUSION

It is imperative to incorporate transcultural skills into curriculum of nursing education to equip nurses with the expertise to professionally deal with such dilemma in delivering their mandate of health promotion and improving the quality of life while respecting the values, beliefs and culture of the people.

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