





Cultural care in a border region: perspective of primary health care nurses

Cuidado cultural em região de fronteira: perspectiva de enfermeiros da atenção primária à saúde

Cuidado cultural en una región fronteriza: perspectiva de enfermeros de la atención primaria de salud

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ABSTRACT

Objective: to know the perspective of nurses on culture and cultural care in a border town and their training to provide culturally congruent care. **Method:** exploratory-descriptive study, conducted in the light of the Transcultural Theory of Care. Interviews were conducted with 18 primary care nurses in Foz do Iguaçu-PR, between January 2020 and January 2021, submitted to content analysis. **Results:** the analysis categories showed that, for nurses, the individual brings with him his culture, apprehended in his environment, at birth and passed from generation to generation. **Final considerations:** being a professional in a border region interferes with the perspective of cultural differences, which are related in an intercultural process, making it relevant to know the population, their habits and beliefs to preserve them in care actions. Migrant nurses in the study region seek to know the population, their habits and beliefs to preserve them in care actions.

Descriptors: Nursing; Transcultural Nursing; Primary Health Care; Border Areas.

RESUMO

Objetivo: conhecer a perspectiva de enfermeiros sobre cultura e cuidado cultural em município de fronteira e sua formação para realizar o cuidado culturalmente congruente. **Método:** estudo exploratório-descritivo, conduzido à luz da Teoria Transcultural do Cuidado. Realizadas entrevistas com 18 enfermeiros da atenção primária de Foz do Iguaçu-PR, entre janeiro de 2020 e janeiro de 2021, submetidas à análise de conteúdo. **Resultados:** as categorias de análise mostraram que, para os enfermeiros, o indivíduo traz consigo sua cultura, apreendida em seu meio, ao nascimento e passa de geração em geração. **Considerações finais:** ser profissional em região de fronteira interfere na perspectiva das diferenças culturais, as quais se relacionam num processo de interculturalidade, tornando-se relevante conhecer a população, seus hábitos e crenças para preservá-los nas ações de cuidado. Enfermeiros migrantes na região do estudo buscam conhecer a população, seus hábitos e crenças para preservá-los nas ações de cuidado.

Descritores: Enfermagem; Enfermagem Transcultural; Atenção Primária à Saúde; Áreas de Fronteira.

RESUMEN

Objetivo: conocer la perspectiva de los enfermeros sobre la cultura y el cuidado cultural en una localidad fronteriza y su formación para brindar un cuidado culturalmente congruente. **Método:** estudio exploratorio-descriptivo, realizado a la luz de la Teoría del Cuidado Transcultural. Se realizaron entrevistas junto a 18 enfermeros de atención primaria en Foz do Iguaçu-Paraná, entre enero de 2020 y enero de 2021, y se sometieron al análisis de contenido. **Resultados:** las categorías de análisis mostraron que, según los enfermeros, el individuo lleva consigo su cultura, apreendida en su entorno al nacer y transmitida de generación en generación. **Consideraciones finales:** ser profesional en una región fronteriza interfiere con la perspectiva de las diferencias culturales, que se relacionan en un proceso intercultural y se vuelve relevante conocer a la población, sus hábitos y creencias para preservarlos en las acciones de cuidado. Los enfermeros migrantes en la región de estudio tratan de conocer a la población, sus hábitos y creencias para preservarlos en las acciones de cuidado.

Descriptores: Enfermería; Enfermería Transcultural; Atención Primaria de Salud; Áreas Fronterizas.

INTRODUCTION

Care constitutes the essential function of nursing and through it the actions and competences of care that characterize the identity of this category are justified, making it unique among all health professions¹.

In nurses' attributions, the absence of congruent factors related to beliefs, cultural history and expectations of individuals in relation to health and care can interfere with cooperation. People from different cultures are generally more susceptible to signs of conflict, such as dissatisfaction, distrust, resentment and often promote situations that test nurses who have difficulties in providing cultural care².

It is necessary to understand cultural care starting with the understanding of culture in regard to performing care according to the specificities and needs of each individual. According to anthropology, culture is defined as a set of

meanings and symbols that are expressed in social interactions, and nurses within this context are challenged to know and approach the way the individual sees the world, which is constructed through their personal experiences and popular knowledge^{3,4}.

Culture is significant in the lives of individuals, as it identifies them as human beings in their behavior in groups and communities. It influences perceptions of health and well-being, illness and death. Carrying out culturally significant care implies professional knowledge, skills and intercultural abilities which are sensitive to different cultures⁵.

Studies highlight that self-care practices reproduce culturally particular experiences based on beliefs, customs, resources and worldviews, which differ from care practices in the professional culture of nurses^{6,7}. Culture shocks can raise barriers against the effectiveness of healthcare. In this sense, culturally competent care provides in-depth information on clinical aspects by approaching everyday reality and the meanings^{2,3}.

Many concepts and theories have been developed in cross-cultural nursing. Cultural competence is widely used among the concepts addressed, and connotes its place of relevance when related to cultural care⁸. Competences are translated into knowledge, skills and attitudes that enable better performance by nurses, responding to the needs of the professional, the institution and individuals, which are necessary for effectively performing activities required by the nature of the work⁹. Culturally competent interventions in Primary Healthcare (PHC) play a relevant role in disease control and health promotion¹⁰.

A Chilean study showed that there are a multitude of health needs in culturally diverse populations in border regions and emphasized the importance of cultural competence in nursing care, as well as the relevance of this transculturality in professional training¹¹.

Populations with multicultural characteristics are found in border regions which pose challenges in providing nursing care, as they require nurses to deconstruct and construct concepts and approach strategies aimed at health needs according to cultural values and beliefs of individuals belonging to a culturally diverse population.

Thus, the present study is justified by the cultural diversity translated into the multiculturalism that permeates the municipality of Foz do Iguaçu (Paraná, Brazil) and by the absence of studies related to cross-cultural care in this region.

Although the care provided by the professional nurse takes place in various health areas, PHC is the gateway to access healthcare, and particularly for residents in this region which has multicultural characteristics. In addition, nurses have greater proximity and contact with the population in this healthcare area either through home visits or nursing consultations.

Thus, the following question was asked in the present study: What is the perspective of PHC nurses on culture and cultural care in a border region and what training do they have in culturally congruent care? The objective of this study was to know the perspective of nurses on culture and cultural care in a border town and their training to provide culturally congruent care.

METHOD

This is an exploratory-descriptive study with a qualitative approach conducted in the light of Madeleine Leininger's Transcultural Theory of Care^{2,3}, and conducted in accordance with the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ).

The experience of PHC nurses in Foz do Iguaçu (Paraná, Brazil) was sought in their practices for cultural care in a specific scenario, the triple border, the Brazilian scenario next to Cidade do Leste (Paraguay) and Porto Iguaçu (Argentina), which brings together different ethnic groups with beliefs and customs which differentiate in the ways of caring.

Interviews were conducted with 18 PHC nurses who work in 15 of the 29 health units which compose the five sanitary health districts belonging to the municipality of Foz do Iguaçu (Paraná, Brazil).

The inclusion criteria for participating in the study were: being a nurse and working in primary care, in user assistance, in the municipality of Foz do Iguaçu, for a period longer than one year. Nurses who were away from work during the data collection period due to sick leave or vacations were excluded.

Data were collected by the main researcher between January 2020 and January 2021, through individual interviews guided by a semi-structured script, in person and using the WhatsApp® application, since the collection period coincided with the pandemic period of the disease caused by type 2 coronavirus (COVID-19).

Thus, five pilot interviews were initially carried out to train the interviewer, which could be included in the study after careful analysis by the other authors who have expertise in qualitative research. The interviews were audio-recorded, transcribed and sent for conference by the participants through the application. Data collection ceased when responses to the study objective were obtained and translated into a logic of connections and interconnections, thereby explaining the dimensions of the studied phenomenon¹².

Thematic content analysis was performed, which includes the stages of pre-analysis, material exploration, treatment of the data obtained and interpretation. This analysis technique aims to identify the nuclei of meaning which compose the participants' speeches, observing the frequency of the meaning units which define the speech character. A fluctuating and comprehensive data reading was then carried out in the pre-analysis stage. Next, an in-depth reading was performed to build the corpus and organize the thematic units based on the proposed objective. In exploring the material, the thematic units were aggregated and classified according to the nuclei of meaning to conform the thematic categories of the study^{12,13}. Finally, attention was paid to the agreement and reasoning of the categories¹³ in the data treatment and interpretation stage, which were elaborated in light of the theoretical framework of Transcultural Care².

Participants were identified by the letter N to ensure anonymity, which represents the word nurse, followed by Arabic numerals, according to the participation order in the interview (N1...N18). The study received favorable approval from the Research Ethics Committee and the participants agreed to participate through signing an Informed Consent Form. They signed it in the face-to-face interviews and was audio-recorded in the WhatsApp application interviews. The research followed the norms of Resolution no. 466/12 and complementary ones, in addition to Circular Letter 001/2021/CONEP/SECNS/MS that deals with research in the midst of the COVID-19 pandemic.

RESULTS

All study participants were female with a mean age of 38.2 years, 12.7 years of experience in nursing and 8.4 years in PHC. Moreover, 16 of the 18 participants had one or more specializations, and three had Master's degrees; 10 spoke one or more languages in addition to Portuguese; five were from a municipality in a border region in southern Brazil, nine from other cities in the state of Paraná, and five from other Brazilian states.

The interviews content guided by the proposed objectives gave rise to the following categories: Perspective of nurses about culture; Multiculturalism in a border region and its influence on ways of caring; Knowledge of the population to strengthen cultural care; and Training for cultural nursing care.

Perspective of nurses about culture

From the nurses' perspective, individuals learn and reproduce beliefs, values and customs arising from social interactions with others, with groups of individuals and/or with the family. The family group is the first to which the individual will belong from birth, and along with living with other individuals or groups, their cultural background is being built and continuously influenced by the environment in which they live over time.

Culture [...] is built within the family and social system, habits are created that are cultivated within a society, and it becomes something that is seen as common, which ends up being normal for that region and that particular population. (N16)

It is a set of knowledge, values [...]. I understand that, it's what people have been acquiring since their existence, since when they understand people, right, and this issue of culture and values is very broad. (N5)

Multiculturalism in a border region and its influence on ways of caring

Multiculturalism was reported by nurses who were born in a border region and who have lived with cultural diversity since childhood. As a result, cultural differences are already incorporated into ways of life, making it difficult to identify them.

[...] I was born here in Foz, and I have always lived here in Foz, and here we have a very large mix from all regions of Brazil who came here because of the construction of the Itaipu Power Plant. [...] this [cultural] mix is already part of my life, so I don't notice a big difference between people. For example, I don't see a different culture in someone who came from São Paulo or the Northeast. I can't differentiate, mainly, because my culture is already mixed with theirs. [...] since I was a little girl I've lived with Arabs, Chinese, Japanese, they've always studied with me at school. That's why I don't see much difference, because I'm part of that environment. (N15)

[...] I was born in Foz, so I have this experience with them [...], for me, it's quite normal; for those who come from outside, everything is very different [...] to find that in the supermarket, at the traffic lights, walking around [...]. [...] the culture of Paraguay and ours are well mixed [...] well incorporated [...] more indigenous [...] here in Foz. (N3)

It was learned that the ways of caring for health professionals can be influenced by culture, because in addition to scientific knowledge, they can apply popular knowledge arising from beliefs, values and customs inherent to the culture in their practices. In this sense, the professional also practices care actions based on cultural knowledge. However, not all care actions resulting from this knowledge are supported by science or accepted by other professionals in the team, generating conflict situations in exercising health practices.

In addition to the patient's culture [...] you also have to understand the culture of the professionals [...]. It is very important to know the culture of our own team because we are together every day, they go and advise us on different things because the culture of the other is different from us, so it is very important to know, and this reflects in the care result. [...] So I think we should understand these differences. Having discipline for this would be very important. (N11)

We have professionals [nurses] who stay in the vaccination room and guide them on eating or being exposed to eggs before vaccinating the child due to allergies, even though it is not scientifically proven, it is cultural. (N1)

Knowledge of the population to strengthen cultural care

Nurses, *a priori* migrants who work in a border region, seek to empirically know the population's culture, history, habits and beliefs in order to strengthen nursing care that considers the individual's culture. In this sense, the testimonies converge to care actions with the preservation of habits and beliefs of individuals. This enables trust between the person being cared for and the caregiver. However, language can become an obstacle to communication and interaction.

[...] the main thing [...] to guide and conduct cultural care is to know the region where you are working. When I came to Paraná, the first thing I did was try to get to know the population, the habits, the history, because if you don't know where you work, you can't be culturally aware. [...] information about the culture, habits and beliefs of this population [...]. So all this knowledge about the population can provide a more appropriate approach. (N17)

[...] many unaccompanied patients [...] there are those who only speak Guarani, and for us to get in touch and communicate is very difficult, so I believe that this training is important to direct care [...] there should be a course in other languages, that would be the first thing, or for example an extension course in language-related training, in our region, mainly Spanish and English to see if this communication improves a little, which is one of the things I have difficulty with... a care that you respect and know the culture of the other and try to do your best, so that the person receives effective care, without prejudice, respecting their culture, their religion or what they believe, and also passing on a little of what you know, and believe that it is better. (N13)

The care actions of nurses who seek to value the culture of the individual, envisioning the maintenance, negotiation and re-standardization are also highlighted in the speeches:

I listen, I respect, I think it's natural and I think it's something else to add, because it can't be that plastered and such a hard thing, which only I have knowledge [...] I open my horizons, my ears, to see, to understand and to welcome [...] and I even go over it, sometimes we read about an herb. (N2)

I'm sure that everything is associated, scientific knowledge, for me, comes from cultural knowledge, we only do research because there are people, because there are places, because there is nature, cultural knowledge sometimes teaches me more than scientific knowledge. The patient brings me some guidance, some information, and I try to align what I know scientifically, but I don't also remove what they bring me, or I try to adapt what is most used here. (N1)

Training for cultural nursing care

The testimonies show that training nurses is incipient with regard to cultural nursing care, particularly in a triple border region. Nurses pointed out training for cultural care in nursing and health as important and necessary, especially for nursing professionals who work or will work in a peculiar region like this. They emphasize the wide cultural diversity in the scenario in which they work and indicate that cultural knowledge could minimize the difficulties encountered in achieving cultural care, in addition to presenting (in their perception) the absence of this content in their training.

Look at the U... [University where I did my training], it is very focused on training for public health, but content focused on cultural knowledge, I don't remember having it [...] it would be very important to have this knowledge in my course(s) [...]. (N10)

I believe that, from the beginning of graduation, the academics (students) should be instructed to take into account the patient's complaints and their beliefs, that we cannot arrive and impose our belief or our scientific knowledge on the patient, that the patient is responsible for their care. So you need to consider what knowledge they bring, as long as it is something positive for care, and complement it with scientific knowledge. (N12)

I think that care is universal, but the process depends a lot on the culture, on the cultural values of each one, so I believe that it is up to faculties and health intuitions to provide continuous care and training for us in nursing in relation to this theme. I think there should be an extracurricular discipline [...], especially in our region, with all these characteristics, even because of the faculty we at the U... [University where I did my training] it has such different cultures. (N13)

I think that suddenly this topic is included in the curriculum, because we don't know where we are going to work, especially people who live in border regions. We really find very different cultures, in some places more, in others less, but there are always differences. (N16)

The nurses present perceptions of the importance of cultural knowledge promoted by academic training for the care of the assisted population in this region in their statements, although this has been incipient in their professional training. They also emphasize that the ways of caring are influenced by the culture of the professional who performs the care regarding the empirical way of promoting care maintenance, negotiation and re-standardization.

DISCUSSION

The culture concepts presented by the nurses translate a symbolic conception, in which the culture of a group or society involves a set of beliefs, customs, ideas and values, as well as artifacts, objects and material instruments that are acquired by individuals as members of a group or society, which considers that man and culture are inseparable, meaning that one does not exist without the other¹⁴.

Regarding the nurse's perception that individuals reproduce beliefs, values, customs arising from interactions with other individuals, with groups of individuals and/or with the family, concepts refer to culture and everything that involves man as a social being, with this being subject to the transmission of moral and ethical values, of a historical legacy that, on the one hand, conditions their development as a person, and on the other hand, defines their identity, which cannot be dissolved from the concept of Public Culture. In this sense, culture concerns the daily creation that humans implement and that was the result of their learning as a social being¹⁵.

Cultural diversity can be a result of the migratory phenomenon and represents a challenge for the health system, and mainly for nurses who are responsible for providing care to this immigrant in a complex environment, and tries to adapt to the existing multicultural reality⁴. It should be noted that cultural diversity in triple-border regions such as in this study, is part of the territory and cross-borderization, which on the one hand is driven by patients and their cultures, but on the other hand by the cultural background of the nursing professionals themselves.

Multiculturalism is approached from social and educational policies, and has the scope of adapting others to the customs, values and organization of the receiving society, which is considered superior. This perspective is associated with migratory phenomena and is based on the idea that different cultures cannot coexist in the same social context. Thus, the majority group absorbs the minority. In this movement, the latter loses identity, language, habits and even religion. It is in this context that interculturality emerges, present in this study's participants' speeches as a two-way process in a movement in which the inserted and the local culture offer what explains the phenomenon of multiculturalism, as perceived by the nurses participating in this study¹⁶.

Quality care provision is enhanced by addressing cultural care in the curricular components of undergraduate nursing, respecting regional specificities through appreciation and knowledge of the culture of the other, and is necessary for interpreting what is said and practiced. By equipping the future nurse with the competence of cultural care, which considers gender, ethnic, sexual, biological, religious, and linguistic diversity, it is possible to minimize barriers to accessing healthcare for minority populations in the PHC context. This reinforces the perception of the interviewees when they state that cultural knowledge and understanding of the person's culture are essential factors for effective care and for users' adherence to treatment¹⁷.

Situations in which the nurse can get to know the health context of the population they will provide care for can be an important strategy to enhance the development of cultural skills in health education. It is essential that students are aware of the processes that influence the health and healthcare of minority populations, in addition to gaining the opportunity to have experiences related to cultural diversity inserted in their training curricula¹⁸.

Knowledge of cultural history that an individual brings from their family bed and their daily experiences related to their well-being and healthcare can promote greater comfort to the patient, preserving their culture, religion, ethnicity and beliefs, and positively influencing the healthcare process¹⁹.

Although training nurses for cultural care² has recognized relevance, it appears to be incipient. In this sense, higher education nursing courses, particularly in border regions, can offer in-depth knowledge about cultural

nursing care² due to the multiculturalism existing in the studied context, so that nursing care is culturally congruent.

It should also be added that adopting competence-based curricula²⁰, in which intercultural is configured as a transversal component¹⁶ in teaching different care areas, can provide a positive differential in training nurses who will be better able to apply the competence cultural approach to healthcare according to local social needs²⁰ in their practices. It is necessary to strengthen nurses' knowledge in practices based on scientific evidence and not just on their personal beliefs.

In addition, offering additional language disciplines²¹ can enhance the interaction between nurses and health system users, resulting in mutual benefit. However, there are deficiencies for developing academic literacy in additional languages in public universities, which must be remedied²¹.

This study proposes that concepts involving cultural competence need to be present in the nursing education curriculum, even inserted in their professional practice through continuing and permanent education so that nurses develop empathetic and sensitive skills in providing care to the population, in particular, in a multicultural region.

Study limitations

The limitations of the study involve aspects inherent to qualitative studies in view of the difficulty in generalizing their results, as it is a phenomenon reported in a single scenario, namely the triple border. In this sense, it is suggested that new studies be carried out to encourage reflection on training nurses for cultural care in nursing and health, especially for professionals and future professionals who work or will work in a region with multicultural characteristics in order to guide their care practices.

FINAL CONSIDERATIONS

From the perspective of nurses, individual is endowed with culture acquired in their environment since birth, and which is passed from generation to generation. Being a professional in a border region interferes with the perspective of cultural differences, since cultures in this context are related in an intercultural process. Specifically, migrant nurses in the study region seek to know the population, their habits and beliefs to preserve them in care actions. Above all, language can be an obstacle for care to be effective.

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