Views Of Nursing And Midwifery Students On Culturally Sensitive And Adequate Health Care

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Abstract: Research the Cumhuriyet University School of Health Sciences Department of Midwifery and Nursing has been made descriptive in order to determine the students' views on culturally sensitive and adequate health care. It was determined that 66,6% of the students were in Nursing and 33,4% of them were in Midwifery education in order to determine the culturally sensitive and adequate health care views of the students in the midwifery and nursing science departments that were educated at Cumhuriyet University Health Sciences Faculty. It has been determined that 35,6% of the students are educated in cultural care and 64,4% are not educated. 29,0% of the students are in undergraduate education, 0,6% are in courses, 39,5% are in books, magazines, articles, etc., 28.2% of them have been educated about cultural care from other sources (internet, TV, etc.). It was determined that 92.0% of the students stated that cultural values and beliefs were important, 96.0% said it was important to take cultural sensitivity and adequate health care. Within the scope of the research, the majority of the students have a positive level of cultural sensitivity and adequate health care, and awareness of it is important to improve the health.

Key Words: Nursing and Midwifery students, culturally sensitive health care, culturally adequate health care

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I. Introduction

Culturally sensitive, considerate, appropriate care, cultural beliefs, opinions, values and practices that should be based on research based on evidence-based care are applied. Cultural competence refers to the process of cultural proper care of midwives, nurses, physicians and all health professionals. They should design and manage culturally appropriate care for individuals in different cultures in order to improve accessibility, obtain positive health outcomes, and reduce health disparities [1,2,3,4]. Cultural competence is seen as a key factor in providing effective care in intercultural situations. The behavior of the individual / patient is influenced by her cultural background. However, although certain qualities and behaviors are linked to certain cultural groups, not all people with the same culture may share the same behavior and opinions. When a nurse cares for an individual who has a different culture from her own culture, she must be aware of, appreciate and respect the individual's cultural preferences and beliefs. This creates an emotion for the individual / patient considers to be important. It also creates a sense that midwife, the nurse is professional, sensitive, competent and trustworthy [5,6,7,8]. It is also necessary to refrain from assuming that all of the cultures' people are thinking and moving in the same way. People should not be tagged. The best way to avoid being tagged is to see each individual / patient as a unique individual and to recognize their cultural preferences. The purpose of intercultural nursing and midwifery care; to integrate this knowledge into nursing and midwifery practices, to integrate intercultural concepts, theories and practices with nursing and midwifery education, research and clinical applications. Intercultural nursing and midwifery care is important; because illness and health have affective, social, behavioral and spiritual dimensions [9,10,11,12]. Disease and health status differ in terms of cultural groups. The health professionals cause stereotypical judgments on the individual's inability to understand, recognize, and act sensitively, on communication disorders, conflicts, inequalities in health care, discrimination, racism, etc. [13,14,15,16]. The identification and evaluation of the cultural structure of the community in which the nurses and midwives serve will play an important role in raising the quality of nursing and midwifery care. Transcultural nursing and midwifery models for recognizing and evaluating the cultural structure of society are a guide for nurses and midwives [17,18,19,20,21].

II. Material And Methods

Research the Cumhuriyet University Faculty of Health Sciences Department of Midwifery and Nursing has been made descriptive in order to determine the students' views on culturally sensitive and adequate health care. The sample of the research consists of 362 students who are studying in Midwifery and Nursing

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Department of Sivas Cumhuriyet University, Faculty of Health Sciences in 2010-2011 academic year. The data were collected by applying a questionnaire to the students. The questionnaire was collected through a questionnaire consisting of 13 questionnaires, which included the introductory information of the students, cultural awareness, and cultural considerations about the students and their adequate health care. Students are presented with information on 20 expressions about culturally sensitive and adequate health care and are asked to mark the most appropriate option (strongly agree, agree, undecided, do not participate, definitely do not agree). Prior to the application of the questionnaire, permission was obtained from the Dean of the Faculty of Health Sciences of Cumhuriyet University, specifying the purpose of the research. The data collection form was distributed to the Nursing and Midwifery departments, which consisted of a group of 362 persons who agreed to participate in the research and were included in the study. Responses were requested. The evaluation of the data was done by the researchers. The evaluation of the data was done with SPSS (16.0) program, the percentage distribution, frequency distribution and average were used in the evaluation.

III. Results

362 students has participated in this study. Students who participated in this study, 66,6% were in nursing, 33,4% in midwifery, 29,3% in first grade, 25,4% in second grade, 16,3% in third grade, % 85.0% had a core family structure,% 85.0% had a nuclear family structure, 85.0% had a nuclear family structure, of the provinces where 60,5% of them live the longest, 53,6% of them are primary school and 39,5% of them are primary schools of father education. It was determined that 64.4% of the students did not receive training in cultural care, 92.0% said that cultural values and beliefs were important, 96.0% said it was important to take cultural sensitivity and adequate health care.

Table 1. Distribution of students' culturally sensitive and adequate health care views

1.Culture is a dynamic factor in health and illness	Number	%		
I definitely do not agree		2	0,5	
I do not participate	8	2,2		
Undecided		28	7.7	
I agree 162 44.8				
I strongly agree 162 44.8				
2.Cultural basis of human behavior has great precau	tion in nursing /	midwifery]	practice.	
I definitely do not agree		2	0,6	
I do not participate	8		2,2	
Undecided		16	4.4	
I agree		180	49,7	
I strongly agree		156	43,1	
3.The nurse / midwife should take the concept of cult	ure as center wh	ile giving ca	re.	
I definitely do not agree		6	1,6	
I do not participate	23		6.4	
Undecided		48	13.3	
I agree		164	45,3	
I strongly agree		121	33.4	
4.The nurse / midwife should provide care in accorda	nce with the cul	tural needs	of the individual / patient.	
I definitely do not agree		5	1,3	
Disagree	9		2,5	
Undecided		29	8.0	
I agree		171	47,2	
I strongly agree		148	49.0	
5.The nurse / midwife should be aware of the inditradition.	lividual differen	ces and pr	eferences that exist in any cu	ıltu
I definitely do not agree		5	1,3	
I do not agree		7	1,9	
Undecided		20	5.5	
I agree		163	45,0	
		167		

I definitely do not agree		6	1,6
I do not participate	26	7.2	
Undecided		43	11,9
I agree		164	45,3
I strongly agree		123	34,0
7.Nurse / Midwife individuals should use cultural knowledge in	the mean	ning of their fam	
I definitely do not agree		6	1.6
Disagree	14	3.9	1,0
Undecided		29	8.0
I agree		178	49.2
I strongly do not agree		135	37,3
8.The nurse / midwife should use cultural knowledge to help in	dividuale		<u> </u>
I definitely do not agree	uividuais	5	1,4
I do not agree		10	2.8
Undecided		37	10,2
		171	47,2
I agree		139	
I strongly agree		137	38,4
9.Care is individual		4	1 1
I definitely do not agree	2	4	1,1
I do not participate	2	0,6	
Undecided		20	5.5
I agree		108	29,8
I strongly agree		228	63.0
10.The nurse / midwife understands the individual different considered in health and disease	nces betw	een ethnic gro	ups and races that must be
I definitely do not agree		6	1,7
I do not participate	8	2,2	
Undecided		15	4.1
I agree		167	46,1
I strongly agree		166	45,9
44 70 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
11. Care includes strengthening strategies to facilitate the indivi-	idual / pa	tient's decision (on health behavior
11.Care includes strengthening strategies to facilitate the individual of the strengthening strategies and strengthening strategies to strengthening strategies to strengthening strategies and strategies and strengthening strengthening strategies and strategies	idual / pa	5	on health behavior 1,4
	idual / pa		
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I definitely do not agree I do not agree Undecided	idual / pa	5	1,4 0.8 5.2
I definitely do not agree I do not agree Undecided I agree	idual / pa	5 3 19	1,4 0.8
I definitely do not agree I do not agree Undecided I agree I strongly agree 12.The nurse / midwife should be aware of his or her own cult		5 3 19 170 165	1,4 0.8 5.2 47.0 45.6
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I agree		170	47,0		
I strongly agree		162	44.8		
15.Efforts to facilitate effective communication should be			in situations whe	ere the	language
problem is preventing the nurse / midwife-patient / individua	l relation		1.4		
I definitely do not agree	4	5	1,4		
Disagree	4		1.1		
Undecided		7	1,9		
I agree		152	152		
I strongly agree		194	53.6		
16.Nursing / Midwifery Care should be conducted as planner relationships	d in indi	vidual, respe	ectful, multi-faceted	d and h	ımanistic
I definitely do not agree		5	1,4		
Disagree	5		1.4		
Undecided		17	4.7		
I agree		137	37,8		
I strongly agree		198	54,7		
17.The nurse / midwife should be supported to provide a tran	scultura	l service			
I definitely do not agree 5 1,3					
Disagree	2		0.6		
Undecided		34	9.4		
Agree		155	42.8		
I strongly agree		166	45,9		
18.The nurse / midwife should be aware of her own beliefs a	and attitu	ides about h	er own cultural ch	aracter	istics and
health					
I definitely do not agree		5	1,5		
I do not agree		7	1,9		
Unstable	15		4.1		
I agree			4.1		
		158	43.6		
I strongly agree	177	158			
19.The nurse / midwife should take the time to learn about			43.6 48,9	ividuals	they are
19.The nurse / midwife should take the time to learn about responsible for		h beliefs an	43.6 48,9 d values of the ind	ividuals	they are
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19.The nurse / midwife should take the time to learn about responsible for I definitely do not agree Disagree		th beliefs and	43.6 48,9 d values of the ind 2.7 2,5	ividuals	they are
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Table 1 gives the distribution of students' thoughts about culturally sensitive and adequate health care. It was found that 44.8% of the students strongly agree that cultural health and illness is a dynamic influence, 49.7% agree that human behaviors have a big influence in cultural-based health care practice, 45.3% agree that culture- 49.0% strongly agree with the cultural needs of the individual / patient, 46.1% strongly agree with the statement of awareness of individual differences existing in any cultural tradition, 45.3% it was found that 47.2% of the respondents participated in the use of cultural information without helping individuals, families or groups, 63.0% of the respondents participated in the expression of care individuality, of ethnic groups 45.9% of respondents agree with the statement that they understand the individual differences in health and disease among the raps and races, 47.0% agree to strengthening strategies to facilitate care, decision making on the individual / patient's health and behavior, 45.9% 47.8% of them participated in the statement of awareness of the opposite

cultural dimensions of the concepts of health, illness, treatment and care, 47.0% of the individual / patient's cultural structure 53.7% of the respondents strongly agree that the language problem cause and the patient / patient relationship interventions should be particularly effective in facilitating effective communication, 54.7% of the care is individual, respectful, versatile and humanistic it should be carried out as planned in the future. 48.9% must be aware of their own cultural characteristics and their own beliefs and attitudes about health. 46.1% agree that 46.1% of the caring individuals are health related 56.9% of the students stated that they should be given a holistic approach in which 56.9% of the respondents agreed that they should take time to learn their beliefs and values, 56.9% care, and respect for others' beliefs and values.

IV. Conclusion

It was determined that 66,6% of the students were in Nursing and 33,4% of them were in Midwifery education in order to determine the culturally sensitive and adequate health care views of the students in the midwifery and nursing science departments that were educated at Cumhuriyet University Health Sciences Faculty. It has been determined that 35,6% of the students are educated in cultural care and 64,4% are not educated. 29,0% of the students are in undergraduate education, 0,6% are in courses, 39,5% are in books, articles, etc. 28.2% of them were from other sources (internet, TV, etc.), 2.8% of them were taking cultural education trainings from more than one place. In this research, 47% of the importance of providing students with culturally sensitive and adequate health care is very important and 43.5% is important. Within the scope of the research, the majority of the students' opinions on the issue of cultural sensitivity and adequate health care are at a positive level, revealing the importance of continuing this awareness. The nurse and the midwife ensure that the patient is more understanding and compatible with the patient / individual by knowing the culture and providing appropriate cultural care. The sensitivity of the midwife and the nurse to the cultural awareness increases the confidence of the patient / individual in the healthcare professional, and the individual / patient cohesion plays an important role in improving health by increasing the effectiveness of the healthcare approach. Health professionals should be culturally sensitive when giving health care and their awareness should be increased. The prerequisite for providing health care to the individual / patient is to identify the individual / patient. All health professionals who provide health care to the individual / patient must be fully aware of the transcultural health approach. Recognizing the cultural values, attitudes, beliefs and behaviors that individuals live, learn and transmit to others, especially those that may affect health, are the key to communicating and maintaining the individual / patient care [2,3,4,5,6,21]. The health professional should be knowledgeable about the individual / patient's culture, should examine their beliefs, values and practices, be responsive, respectful, ethnocentrism and avoid stereotyping, basic health care actions should be holistic, cultural as well as physical, should be. All health professionals should strive to provide quality and holistic health care to enhance their cultural knowledge and use them appropriately in the health care process. Health professionals can provide the best care that can be mutually shared in order to be culturally sensitive and to provide the best possible care [2,3,4,21].

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