



Remediating Cultural Food Diversity in Inpatient- Through Nurse's Lens

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Abstract - This article emphasizes the significance of reorienting culturally rooted dietary diversity. Nurses can see as insensitive if they treat all of their clients as though they come from the same cultural culture. In the long term, greater care for clients is in everyone's best interest, which is why nurses should actively seek to widen their cultural horizons. The goal of this effort is to strengthen person-centered and client-centered care by correcting the method used.

Keywords: - *Food Diversification, Cultural Awareness, Client Congruent Care*

Introduction

India is a home to diversified communities with a hue of splendid cultures that make India uniquely beautiful. In the same culture, one's dietary habits might be influenced by one's cultural background. Providing care that is culturally appropriate requires both knowledge of and sensitivity to these beliefs and practices. However, the majority of the health care personnel, especially the nurses, have an implicit understanding of the variety. Dietary strategy and treatments should take individual food preferences into account. One's eating preferences may be a reflection of one's personality and their emotional state. It is a known and undeniable truth that every single person on the planet has some sort of cultural need. How should I respond? is the thought-provoking query.

Definition

Culture:

Culture refers to the agreed norms for how people of a society should think about the world and how they should act in it. ^[1]



Culture Congruent Care:

Cognitively based acts or decisions that are adapted to the person's, community's, or institution's cultural values, beliefs, and lifeways in order to provide or support health care or well-being services that are meaningful, helpful, and gratifying are what make up culturally congruent (nursing) care. ^[1]

Reflections:

Nursing Staff members are always in an excellent position to conduct screening and basic nutritional assessment as part of patient assessment, but they are frequently unprepared when confronted with other cultures. ^[2] Multiple factors, including staffing, personal prejudice, ignorance, and lack of knowledge, may be at blame. The absence of a cultural component in the nutritional assessment is frequently observed in health care settings. If performed subjectively, a client's nutritional assessment is restricted to eating habits, food preferences, and food allergies.

Also, the nurse's inability to recognise and screen cultural needs in a timely manner during nutritional assessment leads to inequality and failure to achieve client-centered nutritional objectives. The degree to which cultural adaptation procedures are incorporated in food treatment approaches is not well recognised or documented. Current and prospective nurses may rethink this issue with this knowledge. In their work Objective and subjective nutritional assessment: nurses' engagement and cultural variations, Gbareen, Barnoy, and Theilla (2019) found comparable findings. Culture has a major influence on patients' nutritional self-evaluation; thus, culture should be regarded as part of the nutritional assessment, as the research demonstrated a substantial connection and evidence for the correctness and agreement of objective and subjective nutritional assessments. ^[3]

Learning's From Leninger's Theory:

Leningrader's idea emphasizes the care of incorporating cross-cultural perspectives into nursing practice. Leningers advocates for patient treatment that is independent of opinions and ideas. In order to provide "culturally compatible" care, nurses must "bridge" general and professional nursing care due to the vast range of beliefs, practices, and healing procedures that exist within every culture. ^[4] Therefore, it is essential for nurses to reflect on their own set of values, beliefs, and traditions, as well as to recognize that their patients may hold contrasting viewpoints. ^[4]



The three-nursing decision and action modalities for achieving culturally congruent care were established by Leininger (1991). Conserving or keeping alive a cultural tradition, Accommodation or negotiation of cultural care, Care reorganization from a cultural perspective. ^[1, 5-8] Three strategies for reaching nutritional targets may be broken down as

1. **Cultural care Preserving** is often referred to as maintenance. It involves professional acts and judgments that help individuals of a given culture maintain health, recover from disease, face limitations and/or mortality, etc. This is an early nutritional examination and screening of individuals to give culturally relevant therapy. ^[5-8]
2. **Cultural Care Accommodation**, also known as negotiation, Refers to professional acts and choices that help individuals of a specified culture adapt to or negotiate with others for a positive health result with care providers. In this scenario, nurses may advocate for and explain the patient's nutritional requirements to the healthcare team. ^[5-8]
3. **Culture care Repatterning or Restructuring** comprises professional activities and choices that assist client's reorder, restructure, or significantly modify their lifeways for a new, different, and positive health care pattern while honouring the clients' cultural values and beliefs and giving a beneficial or healthier lifeway than before the modifications were applied. The nurse may try to reform and reorganise the client's lifestyle, which impacts health, taking cultural views into consideration. ^[5-8]

Recommendations

1. Implementing A culturally immersed inclusive meal in the health care system is needed which will require rigorous and concrete planning.
2. Nurses should be educated and trained to be culturally sensitive which will change the approach and thereby management.
3. Nurses being the contact point must understand and appreciate the diversity and help the client to make food choices. Competency in cultural assessment, intercultural communication in cultural explanation comes from a place of cultural awareness which is complex and multilayered. The inculcation of knowledge should start at the day of training itself that would make the budding nurses sensitive to culture at a very young age.
4. Expanding and welcoming the workforce of the organization to multicultural taskforce.



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5. Nursing nutritional assessment is optimal to fulfill and attain nutritional goals. Missing cultural factor should be incorporated in the nutritional assessment and a well-defined evidenced based guideline with an active multidisciplinary team with nurse's advocates will fulfill the demand.
6. Culturally tailored dietary intervention should be planned with patients and multidisciplinary team being the health partners will lead to parity of health services amongst all.

Conclusion:

As a result of the human inclination to lean more towards religious predilection and culture in times of difficulty, the impact of culture during illness is undeniably stronger. As the primary point of contact, nurses must comprehend the dietary diversity resulting from cultural background and contribute to the development of inclusive, client-centered health care by remediating their approach.

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