

# ETHICAL DECISION MAKING IN A TRANSCULTURAL CONTEXT



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## ABSTRACT

*The aim of the article is to debate the need for guidance in ethical decision making in a transcultural context. Life is a gift, a mission, a choice and precious. Nurses pledge to preserve life and to put patients in the best position to recover from illness to enable them to fulfill their mission in life. Nurses' decisions can profoundly effect health care in the future. Ethical decisions require critical analysis of each individual situation.*

*Each person is endowed at conception with the potential to develop within one's own cultural environment. Life as a gift requires that attention should be given to cultural sensitivity, mutual respect and the fair treatment of each individual. If life is to be a mission, each individual should be put in the best position to fulfill that mission. Decisions involve choices and choices involve value judgements. Patients should be given the necessary information to make the right choices. Life is also precious, therefore there should be a commitment to counteract or minimise anything that threatens the life processes.*

*Ethics are moral guidelines used to justify nursing practices to promote the quality of life. Within a specific culture these guidelines can differ and because one feels at home within one's own cultural environment, it is human to be suspicious of and even hostile towards a strange culture. It is good to keep in mind that despite cultural diversity there are also many similarities. Transcultural refers to nursing across cultures. Against this background, bioethics can be used as a guideline when decision making in a transcultural context is being referred to. This background refers to the nature and needs of humans as living, thinking beings, the purpose and functions of the health care system as well as an increased cultural awareness of human beings' essential moral status. Certain commonly accepted bioethical standards to guide ethical decision making should also be considered. These standards have to do with the rights of patients.*

*The current climate of change in the health services in the Republic of South Africa makes it difficult for health care workers to adapt to new policies on health care, but it is just as essential in a worldwide context. Staff should be supported when decisions, that could have ethical implications must be taken. The cultural diversity of the patients requires that decision making should be a collaborative process between the health care staff, the patients and their next of kin.*

## OPSOMMING

*Die doel van hierdie artikel is om die behoefte aan leiding in etiese besluitneming in 'n transkulturele konteks te debatteer. Die lewe is 'n gawe, 'n missie, 'n keuse en dit is kosbaar. Verpleegkundiges lê 'n gelofte af om die lewe te bewaar en die pasiënt die optimale geleentheid te bied om van sy/haar siekte te herstel. Besluite wat deur die verpleegkundige geneem word kan 'n diepgaande uitwerking op gesondheidsorg in die toekoms hê. Om die gehalte van etiese besluitneming te bevorder is dit nodig om 'n kritiese analise van 'n spesifieke etiese situasie te doen.*

*Elkeen van ons word binne 'n spesifieke kultuur gebore waar die potensiaal om te ontwikkel gekoester word. Die lewe is 'n gawe wat vereis dat aandag gegee word aan kulturele sensitiviteit, wedersydse respek en die regverdige hantering van elke individu. Vir die lewe om as 'n missie gesien te word vereis dat elke persoon die geleentheid gegun word om sy of haar missie in die lewe te vervul. Besluitneming handel oor die uitoefening van keuses en behels 'n waardeoordeel. Pasiënte moet van die nodige inligting voorsien word om die regte keuse te maak. Die lewe is ook kosbaar, daarom moet daar 'n toewyding wees om enige aksie wat skadelik vir die pasiënt kan wees uit te skakel.*

*Etiek is morele riglyne om verpleegpraktyke te regverdig en die gehalte van die lewe te verbeter. Binne spesifieke kulture mag hierdie riglyne verskil en omdat die mens tuis voel in sy eie kulturele omgewing is dit menslik om 'n ander kultuur met agterdog te bejeën. Dit is egter goed om in gedagte te hou dat ten spyte van kulturele diversiteit daar ook verskeie ooreenkomste is. Transkulturele verpleging verwys na verpleging oor kulturele grense heen. Teen hierdie agtergrond kan bioetiese besluitneming as riglyn gebruik word wanneer daar na etiese besluitneming binne 'n transkulturele konteks verwys word. Hierdie agtergrond behels die inagneming van die aard en behoeftes van die mens as 'n lewende, denkende entiteit, die doel en funksie van die gesondheidsorgsisteem asook 'n kulturele bewustheid van die essensiële morele status van die mens. Sekere bioetiese standaarde dien as verdere riglyne in die neem van etiese besluite. Hierdie standaarde het te doen met die regte van die pasiënt.*

*Met die veranderende sosio-ekonomiese-politiese klimaat in die Republiek van Suid-Afrika vind gesondheidswerkers dit al hoe moeiliker om by veranderende gesondheidsbeleid aan te pas. Personeel sal dus ondersteun moet word in die neem van besluite wat etiese implikasies mag hê. Pasiënte se kulturele diversiteit noodsaak dat besluitneming 'n proses van samewerking moet wees tussen die gesondheidspersoneel, die pasiënt en sy naasbestaandes.*

## INTRODUCTION

Life is a gift, a mission, a choice and precious. Nurses pledge to preserve life and to put patients in the best position to recover from illness to enable them to fulfill their mission in life. As nursing is essentially a moral art, it is vitally concerned with ethics and caring for the patient is a commitment. The consequences of decisions made by nurses should be carefully examined as they can have a profound effect on health care in the future. Consequently it is imperative that nurses should be knowledgeable about codes and principles that guide ethical practice and ethical decision making. Ethical decisions cannot be taken solely by appealing to empirical data as they influence relationships between nurses, their patients and their families (Curtain, 1978a:5; Curtain & Flaherty 1982:38-41). Ethical decisions require critical analysis of each individual situation to identify the factors and clarify the principles and values involved (Curtain, 1978b:12-13).

### Life is a gift

At conception each person is endowed with the potential to develop into a unique human being. All patients should be given the opportunity to be treated in an environment conducive to their recovery in order to develop that potential. Each of us is born into a specific culture where this potential to develop is nurtured. According to Zulu custom, life is a gift to be shared and through generosity and hospitality people take care of life. The proverb "a person is a person because of other persons" stresses the fact that life as a value is publicly owned and should be left in the hands of responsible people. Mutual respect, acceptance and trust will help patients to cherish this gift of life. Respecting life and treating all people with justice are moral obligations and responsibilities related to the belief that all life is given to us by God and therefore needs to be respected. When ethical decisions have to be taken by the decision makers, nurses, patients and other health personnel make judgements according to their personal conscience. Experiences, possible consequences, personal strengths and weaknesses come into play as alternatives are weighed. Sensitivity to the cultural and personal values of the patient should be taken into consideration when making the final choice. Expertise in professional practice and knowledge of ethics and moral reasoning are required to assist in making the right decision for the benefit of the patient, the community and the nurse.

### Life is a mission

If life is to be a mission, each individual should be put in the best position to fulfill that mission in life. This can only be achieved if nurses do not try to modify the cultural uniqueness of patients but realise that each culture is worthy of esteem. People's knowledge, arts, crafts, literature, beliefs and customs assist them to achieve their mission in life. This is not only true of patients but also of nurses who make a commitment to life because the nursing profession declares publicly that nurses dedicate themselves to serve people through the fulfilment of patients' needs. Nurses can only fulfill their mission if they keep the ethical principles of truth and fidelity in mind.

### Life is a choice

People are free to choose, but should be guided in making their decisions by the necessary information. Nurses are in the best position to give this guidance to the patient. Decision making is all about making choices in life and

involves value judgements. It is advised that these decisions should be a collaborative effort which includes the patient, nurses, physicians and the patient's family. To make the decision "Input is needed about the value of treatment, its good and its harm, to the patient and to the community" (Baggs, 1993:109). Manci (1995:28) quotes the following proverbs to indicate that decisions do not affect only individuals "... one's shadow affects others (and) ... one sheep's foolishness leads to the death of the whole flock."

### Life is precious

Children are born into a community the ability to participate and share humanely, make their life precious. The freedom to choose brings with it responsibility for one's decisions, actions and their consequences. A commitment has to be made to counteract or minimise the consequences of any act that could be destructive to the life processes. We only have one life on earth and should participate in the values cherished by the community to maintain and preserve life as co-creators with God. God creates individuals and endows them with special attributes and potentials, and it is their responsibility to develop these. Manci (1995:66-68) states that the controlled policy of live and let live of the African could help to restore the dignity of human life against the exponents of abortion and euthanasia, and I quote "In all its forms life as a divine gift must be cherished, respected and cared for."

## ETHICS IN A TRANSCULTURAL CONTEXT

"Ethics examines the ways men and women can exercise their power in order to bring about human benefit - the ways in which one can act in order to bring about conditions of happiness" (Husted & Husted, 1995:3). Thus nursing ethics can be defined as moral guidelines used to justify nursing practices to promote quality of life. Although ethics within different cultures may differ, there are also many similarities. The reason for cultural diversity is the different ways in which people deal with creation. Observed diversity is influenced by time, place and circumstances as well as human capacity (Kikuchi, 1996:162). To manage diversity, negative expectations and perceptions of a culture should be addressed without reinforcing cultural differences. It is therefore essential that nurses should take note of the differences and at the same time acknowledge the similarities. Humility should be the approach used by each cultural group when dealing with its mission in life. Arrogance and an attitude of superiority will not have the desired effect (Van Der Walt, 1994:27). Nurses socialised and educated into a specific culture have difficulty with entering into the life and history of patients from another culture. Van Der Walt (1994:22) indicates that "because one feels at home within one's own cultural 'home', it is human to be suspicious of and even hostile towards a strange culture". It is good to remember, however, that divergent cultures can find each other and cooperate because no culture is utterly unique. Hence the patient's social and historical context need to be examined to ensure that culturally sensitive care is given. "To fully understand a culture, you need to understand all the experiences that guide its individual members through life, such things as language and gestures; personal appearance and social relationships; religion; philosophy; and values" (Jandt, 1995:6). This is why transcultural nursing plays such an important role in the training of nurses in South Africa with its rainbow nation. "Transcultural competence involves far more than just language proficiency, it requires adaptability, flexibility and empathy. Crucially, it involves a good critical understanding of one's own biases - in other words, if one is

not sensitive to one's own strengths and limitations, then there exists a tendency to misinterpret the attitudes and actions of others" (Human, 1993:78).

Transcultural nursing refers to nursing care across cultures. Culture, in turn, refers to unwritten rules for living. Culture and ethics are inextricably bound as both unwritten rules and ethics provide guidelines for living. Nursing practice has been influenced by biomedical ethics for a long time which has resulted in a philosophy that every patient should be treated equally. But as the emphasis in nursing today is on caring, greater attention is given to culturally different needs. Caring is an interactive commitment (Van Der Wal, 1996:40).

Using bioethics as a basis for discussing ethical decision making in a transcultural context, it must be kept in mind that transcultural ethics is based on the assertion that, underlying the observed diversity of human behaviour, there is a specific common human nature. This common human nature enables the individual to meet certain natural needs such as the capacity to be healthy. The background of bioethics, according to Husted and Husted (1995:6) is formed by:

- The nature and needs of humans as living, thinking beings.
- The purpose and functions of the health care system in a human society.
- An increased cultural awareness of human beings' essential moral status.

## THE NATURE AND NEEDS OF HUMANS AS LIVING THINKING BEINGS

Leininger mentions seven critical influences on caring, namely: cultural values and beliefs, kinship and social interactions, technology, religion and philosophy, politics and law, economics and education (George, 1995:378). As the kingpin in the delivery of primary health care services, nurses continually have to make ethical decisions to ensure that the health care needs of the community are met. To make these decisions nurses should be aware of these aspects that influence caring within a transcultural nursing society.

People experience illness in a cultural way because of differences in view of health and illness. In many traditional systems the body is not seen as a complex machine but rather as an integrated part of self and the social relations. In non-Western medical models the 'why' and 'who' of an illness are just as important as the 'what'. This is why many people from an African culture will consult traditional healers to find out why they are ill and who caused it. This results in the social relationships being put into balance and a sense of well-being is restored. This is not always acceptable to the nurse who is not from the same culture (Craffert, 1996:3-4; LeBeau, 1996:8).

Lubbe (1995:2) mentions that religion plays an important role in understanding sickness, pain, suffering and death. He concludes that medical ethics stem from a theological understanding of humanity. Thus patients' religious beliefs will influence their understanding of their illness which will, in turn, influence ethical decision making. Good health for the African person means much more than just a healthy body. Harmony and order in a community are disturbed when an individual becomes ill. Therefore, the decision that is made must be to the good of both the individual and the community.

There is a "precarious balance between individual rights and the public welfare, patients' rights, and the rights of nurses and their professional obligations . . . (as well as) the allocation of health care resources" (Herrick & Smith, 1989:35-36). An ethical dilemma could therefore emerge when the needs of the individual versus that of the society must be decided on (Nash, Stoch & Harper, 1990:366).

Husted and Husted (1995:viii) mention the following generally accepted standards that guide bioethical decision making: the rights of patients to be treated as unique human beings, to decide and act on their own values, to benefit from treatment, to expect no harm, to self-ownership and information, to the fulfilment of a contract between the patient and the health service as well as the public's right to health and welfare.

## The rights of patients to be treated as unique human beings

The ethical principles that guide the nurse in her advocacy role regarding the right to be treated as a unique human being are the following:

*Respect* for the patient's autonomy, dignity and liberty. When making a decision about the care of, for example, patients who need to be on life-support systems, respect for the autonomy, dignity and liberty of the patient plays an important role when there is a living will that states that they do not want to be put onto life-support systems. Should they be on life-support systems their wishes would have been ignored.

*Egoism*, the right to maximize personal benefits guides nurses when they have to make decisions, to do what patients decide is in their best interest.

The rights of patients to be treated as unique human beings are often hampered by a commonly accepted belief in medicine and nursing that we should treat every patient equally. To treat all clients equally would imply treating some poorly. Malan (1988a:41-42) postulates that the following aspects of black people's cosmology have direct implications for ethical decision making: Spiritualism: a dominant role is ascribed to the supernatural and the influence of ancestral spirits and magical power. These factors are so overwhelming that individuals have a limited say in determining their own destiny. This results in a fatalistic philosophy of life, as people should wait and see what course is given to life by these powers. Personal responsibility for particular circumstances is suppressed as the cause of the problem is blamed on external, supernatural beings. Own initiative to look for a solution is suppressed. An aspect that receives a lot of attention is restoring the equilibrium with the spirit world. Diviners are consulted to determine the cause of the problem. Kotze (1993:18) agrees with Malan (1988a: 43) that people with collective consciousness have an intense dependence, which makes them vulnerable to anything that might happen to the community of which they feel themselves a vital part. On a religious level, the Christian faith, modern medical services, offerings to ancestral spirits and methods used by traditional magicians and diviners are not seen as irreconcilable but as functionally supportive. Black people find themselves in two widely divergent worlds and do not find consolation if only the symptoms of a disease are treated because the sword of magical influences will still be over them if the spiritual causes are not addressed (Malan 1988b:63). People from other cultures do not easily understand or accept these concepts or beliefs and in treating all patients equally the patient who has this philosophy in life could be treated poorly.



Eliason (1993:226) mentioned that a group of students in her class had the following approach: they only needed to know how to treat a specific disease and did not need to study other cultures; all patients were to be treated equally regardless of personal differences. These ethnocentric beliefs could stem from a lack of exposure to or knowledge of other cultures. To develop cultural sensitivity, nurses should examine their own culture carefully and become aware of alternative viewpoints. The alternative to the above is the belief that care should be based on the individual's specific needs, which assumes that nurses should be able to recognise the culturally different needs of each client. Oosthuizen (1996:124) found that nurses were not sufficiently prepared to deliver real culturally sensitive care to patients as they could not identify diverse cultural needs of patients. As ethno relativity should be a goal of nursing education, transcultural nursing should be introduced into all nursing programmes. It should be kept in mind that by positioning the existence of common human nature, what is humanly good and constitutes a good quality of life can be universal and objective in nature. This implies that there are certain human needs that are the same for everyone regardless of preference or taste. "Human beings are more alike than unlike, and what is true anywhere is true everywhere" (Jandt, 1995:387).

Moral decision making, however, requires that the voice of the individual or culture involved should not be ignored as it could result in imprudent or impractical decisions being taken. The principle of transcultural nursing ethics that health is a need that is the same for all human beings should give nurses the basis to make appropriate judgements on what is good or bad for the patient. This principle, namely that health is a universal need should also guide the nurse in determining what cultural practices are harmful to the patient.

### **The right of patients to decide and act on their own values**

*Respect* for personal liberty and veracity, the obligation to tell the truth, is the ethical principle related to the right of patients to decide and act on their own values. Nurses embrace the following moral injunctions in their desire to preserve the dignity of all people: "Respect the patient's (culture's) values and beliefs. Do not make any judgements about them. Do not impose your values and beliefs" (Kikuchi, 1996:159). Most nurses find that they can keep to a philosophy of not doing anything that goes against the beliefs, mores and values of a culture, but when confronted with a cultural practice that could be harmful to what they know to be correct in terms of health, disease and illness, it is difficult to maintain this stance. Turning a blind eye to harmful practices would mean that they were not acting in a responsible way as nurses. In a society where 80% of the population still consults both traditional and medical doctors, this principle of personal liberty can become a bone of contention if guidelines for collaboration are not agreed upon.

Kikuchi (1996:162) is of the opinion that a transcultural approach to nursing care is more feasible than a multicultural approach as transcultural ethics in contrast to multicultural ethics "asserts that a specific common human nature underlies the observed diversity of human behaviour". The capacity to be healthy is inherent and the same for all human-beings. Health as a common phenomenon can be determined empirically. As it constitutes good quality of life, it is universal and can be

applied objectively to all human beings. Making moral decisions about health without consulting the individual involved could result in impractical decisions. In Zulu there is a saying "The whereabouts of the buffalo you are chasing are known to those in the front". This implies that dialogue and consultation with the patient before a decision is made has the advantage that previous mistakes are not repeated and successes can be followed. By embracing transcultural ethics, appropriate decisions can be made as nurses will have basic principles to guide them as to what constitute reasonable grounds for taking nursing actions.

The right of patients to decide and act on their own values also refers to self-determination. "Self-determination includes issues involving the quality of life, death with dignity, and the right of the patient to refuse treatment based on the principle of autonomy". Nurses have the obligation to coordinate the care of patients, abiding by patients' decisions, taking the legal constraints into consideration.

### **The right of patients to benefit from treatment**

Ethics is identified as doing good and avoiding harm or evil. Making an ethical decision for example to decide whether to do a heart transplant, which will result in large public expenditure, or to continue giving palliative treatment which impairs the patients' quality of life, could interfere with the patient's right to benefit from treatment. The ethical principles to protect the right of patients to benefit from treatment are respect for, beneficence, paternalism, fidelity and justice.

The patient's autonomy and dignity should be respected. Patients should be able to decide with the necessary advocacy what treatment would benefit them. But if doing heart transplants is curtailed by government policy, will it not affect the patient's autonomy? Would a decision by the health professionals not to do the transplant not be against the principles of *beneficence* and *paternalism*? Similar questions could be asked about the principles of *fidelity* (loyalty) and *justice* (equal access to nursing care). Thus what is good to do and seek, and what constitutes a good quality of life, can be said to be matters of truth universally and objectively applicable to all human beings (Kikuchi, 1996:162).

### **The right of patients to expect no harm**

As advocates of patients nurses are often confronted with the problem of how to ensure that the patient is protected from harm. In societies where traditional healers play an important role in the delivery of health care, the costs and beneficence to the patient have not been calculated. Control of and collaboration with traditional healers in the delivery of health care could address this problem. The ethical principles that protect patients against harm that should be taken into consideration when making decisions in caring for patients are: *beneficence*, *paternalism*, *fidelity*, *justice* and *altruism*. The principle of altruism brings us back to the role of the traditional healer in the community. Nurses should be knowledgeable of the good practices and benefits of collaborating with traditional healers as it will make them more willing to listen to the view of the healer in deciding what is harmful and what is of benefit to the patient.

### **The right to self-ownership and information**

Before having to decide, patients should receive all the information needed to make an informed decision. Patients also have the right to be told the truth. Therefore, the following ethical principles guide nurses to ensure patients'

right to self-ownership and information: *fidelity, veracity, respect and beneficence*. Considering these principles will guide nurses to respect patients' right to self-ownership and information when making decisions in caring for them.

### **The fulfilment of a contract between the patient and the health service**

All the rights mentioned above and all the ethical principles are entrenched in the right to the fulfilment of a contract between the patient and the health service. If patients have a contract with the health institution, it also implies that they have a contract with the nurse. "Because of the very nature of the work performed by nurses and the consequences of the withdrawal of labour, the strike weapon" has ethical implications (Jahn, 1981:57). Nurses should therefore be careful when making a decision to withdraw their labour as the decision to do so could be harmful to patients as the contract with patients will be broken. This makes nurses answerable if any harm should come to the patient. The moral conduct of the nurse under these circumstances cannot be guided and judged only by the prescribed standards, mores and values of the culture in question but the rights of the patients should also be considered (Kikuchi, 1996:162).

### **The public's right to health and welfare**

The question could be asked whether nurses should ensure confidentiality at a time when the public's health is at risk, for example when a patient is diagnosed as HIV positive? A decision under these circumstances will be based on nurses' knowledge of the disease, the care required by patients, the needs of individual patients, the needs of the community and the knowledge of public health (Herrick & Smith, 1989:39). Altruism or the obligation to protect the welfare of the community may take precedence based on the utilitarian principle "the greatest good . . . for the greatest number" (Davis & Aroskar, 1983:31). Because moral decisions concern concrete acts, moral decision making requires a consideration of circumstantial factors, factors about which the individual or culture in question must be consulted because they are facts best known to them (Kikuchi, 1996:163).

People's nature and needs as living, thinking beings play an important role in ethical decision making in a transcultural context. Many needs are common to all human beings but cultural diversity also results in differences that should be taken into account.

### **THE PURPOSE AND FUNCTIONS OF THE HEALTH CARE SYSTEM IN A HUMAN SOCIETY.**

When making decisions in a transcultural context, it is necessary to look at the purpose and functions of a health care system. Many reject the institutional integration of Western and traditional health systems out of fear that the individual values and characteristics of both systems will be lost in the process. Research conducted in 1995 found that collaboration is a better option than integration as collaboration refers to working together in a climate where mutual assistance and help are provided by two parties to attain a common goal, each party functioning in its own sphere (Troskie, 1995:2). A country's health policy will have a profound influence on ethical decision making as the purpose and functions of the health care system could have conflicting values for different groups of the population. The right to health care also implies human rights in health care. Policy decisions on the allocation of resources to a certain value, like health, come

into conflict with other needs and values. Universal values of liberation and concern for the oppressed were brought into focus by the struggle for independence, which marked a new political reality. All spheres of political and social life, in both developed and developing countries, are permeated by calls for social justice and equity.

The principles of primary health care, namely equity, prevention, appropriate technology, intersectoral action and community participation, are highlighted in the ANC national health plan. Equity reflects the importance of social justice in health which is reflected on whether the health resources reach those traditionally without access to health care. In practice, this becomes an ethical issue as it is not as simple as transferring resources. It also includes creating structures to ensure that the resources are utilised effectively. Prevention also contributes to the principle of equity as emphasis is placed on a shift of expenditure from urban teaching hospitals to rural centres. The awareness of the medical profession of the benefits of prevention in promoting health has also resulted in a review of educational curricula. The support for highly sophisticated curative institutions has been replaced by a search for simple and appropriate solutions for health problems of the poor majority. The demand for expensive high technology will not disappear overnight however as diseases like AIDS, cancer, hypertension and heart disease still require sophisticated technology. The greatest challenge to prevention, which at the same time also results in many bioethical decisions, is the increasing demand for expensive individual curative care. Intersectoral action is needed to ensure a healthy environment, safe water and sanitation. The influence of the different sectors on health care needs to be realised to enable joint planning and development of the infrastructure. Community participation can ensure that health beneficiaries become involved in decision making related to health care priorities (Walt & Rifkin, 1990:14-17). This is especially true of society where various cultural groups are represented, many of whom are identified as the 'oppressed'.

### **CULTURAL AWARENESS**

Cultural differences need to be understood by nurses and incorporated into the plan of care as "nursing practice cannot be ethical unless the culture and beliefs of the client are taken into consideration" (Eliason, 1993:225). This implies that nurses' beliefs and values should be bridged with those of patients while at the same time retaining their individuality. In the South African context, although some population groups share certain philosophies, values, beliefs, habits and customs, there is much diversity among the different groups.

According to West (1993:232), the following model for cultural bridge building could be utilised keeping in mind that "... it is possible to 'bridge' but not change, and to build, but not obliterate the cultural uniqueness of two interacting groups of people". Mutual respect serves as a basis for the model, recognising that each culture is worthy of high esteem and that there is not a need to modify unless the practice could harm the well-being of a person. The four pillars on which the model is based are assimilation, integration, education and tolerance. Through *assimilation* conformity or agreement is reached to convert specific cultural traits through absorption by the dominating culture. *Integration* brings specific traits that are similar to both interacting cultures together "to make a whole, undividable, stronger 'new' trait that serves to bind the two cultures in complete agreement". *Education* is the moral and mental discipline gained by the study and instruction process that occurs when two cultures interact, but this does not necessarily constitute a 'conversion' of any interacting faction, but merely serves to promote mutual understanding". *Tolerance* refers to refraining "from

opposing a particular cultural trait that is not injurious to anyone, but for which complete acceptance is not entirely approved by the interacting culture because of its variations from that particular culture's norms". All four of these principles are based on effective communication connecting the different groups of people together.

To improve the quality of health care in society nurses should know more about what comprises nursing ethics. Nurses should be taught the ethics of justice and caring to understand the reality of a situation. When making decisions, nurses should take into account the rights of the patients and their obligations to provide safe and effective nursing care. At the same time nurses should collect adequate and relevant data, recognising the emotional impact of the situation. The culture and society in which decisions are made influences the choice of actions. The results of the decisions on others, themselves and society should not be overlooked.

It is an impossible task to learn all the norms of every culture and subculture but the following guidelines to cultural sensitive care and decision making could be useful in a transcultural context:

- Know your own cultural beliefs before you will be ready to learn about another culture.
- Use language that is sensitive and inclusive.
- When in doubt, ask, do not make assumptions.
- Listen carefully to prevent misinterpretation.
- If you do not understand, say so.
- Ask patients how they would like to be addressed.
- Prevent anxiety.
- Ask patients who they would like to be included in making decisions about their health care.
- Evaluate whether the patient's beliefs are congruent with your own (Eliason, 1993:228; Jandt, 1995:49).

## CONCLUSION

Having said all this it becomes clear that the current ways of preparing nurses to participate confidently and competently in the resolution of the many complex ethical dilemmas are inadequate. A dramatic change in the nature and scope of ethics in nursing is noticeable as we approach the 21st century. Traditional values and basic ways of thinking are challenged by a changing world but in the meantime nurses are confronted daily with increasingly complex ethical dilemmas. A relationship where the nurses have constant and intensive contact with their patients as well as the nature of nursing makes nursing ethics unique (Hayne, Moore & Osborn, 1990:10). For life to be a gift, a mission, a choice and precious, an ethical framework that provides a sound basis for decision making in a transcultural context has become essential. Nurses' commitment to care for the sick and to look after the best interests of patients will compel the nursing profession to keep its eyes wide open to the ethical dimensions of changes in role and practice.

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