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Cultural Competency in Effective Medical Missions

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# Cultural Competency in Effective Medical Missions

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## Background
- Millions of people suffer from preventable health problems, such as infectious diseases, malnutrition, and complications during birth every year.
- Low-and-middle-income countries (LMICs) account for 90% of the global burden of disease, but only for 12% of global spending on health (Peters et al., 2008).
- Approximately 600 short-term medical missions take place all over the world each year (Naujokas, 2013).
- Unmet expectations due to language barriers or lack of medical training for particular diseases.
- Culturally irrelevant or inadequate care to the communities they are serving.
- Missions may not follow current standards of health care delivery (continuity, access) or public health programs (equity, sustainability) (Suchdev et al., 2007).

## Research Question and Purpose

**Purpose:** Explore different components of effective medical missions in developing countries. Cultural aspects of individuals and communities are essential ensure efficient and effective care is achieved. Many times this is overshadowed by a health care providers own perception of sociocultural aspects, which can be detrimental or ineffective in the quality of care to developing nations.

**Research Questions:**

1. What are the essential program components, pre-trip and during duration of trip, to support mutually beneficial medical missions in developing countries?
2. What are ways that cultural competency amongst the developed country and the developing country can be positively integrated into these trips for all participants?

## Methods

An Integrative Review based on the Whitemore and Knaff framework using literature found through Cumulative Index of Nursing and Allied Health (CINAHL), PubMed, and ProQuest. To search these databases, several key terms were searched: (1) competence, (2) missions or volunteerism, (3) nursing, medicine, or health care, (4) culture, (5) global health. Articles selected were published within last 10 years.

## Results

<table>
<thead>
<tr>
<th>Program Components</th>
<th>Cultural Competency Two-Way Learning</th>
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</thead>
<tbody>
<tr>
<td>Community health needs assessment prior to departure through collaboration with host country or organization</td>
<td>Growth in communication, interdisciplinary working, teaching, and management leadership</td>
</tr>
<tr>
<td>Pre-trip Orientation for volunteers focusing on: language, cultural practices &amp; beliefs, demographics, health diseases prevalent to country, health policies, skills, and health objectives for trip</td>
<td>Increased appreciation for the impact of a persons culture on their health</td>
</tr>
<tr>
<td>Engagement with community to build trusting relationship</td>
<td>Transfer and acceptance of the protocol and roles of the visiting medical volunteers empowered host health care professionals within their field to gain more independence and education</td>
</tr>
<tr>
<td>Collaboratively developing and revising protocols for host country to implement after mission is complete</td>
<td>Missions reflected a model of patient care that focuses on compassion, integrity, respect for others</td>
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<tr>
<td>Training and education for local health care workers.</td>
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</tbody>
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## Discussion

The goal of the mission is not to “fix” the problem or disease processes prevalent in these countries. The goal of the trip is to foster independence and sustainability through assistance of materials, education, and appropriate training.

It is important to identify essential program components prior to departure. This entails a community health needs assessment, proper training & orientation, and collaborative work during the trip with the local health care workers to foster sustainability. Two-way learning through development of cultural competence is beneficial to both the host country healthcare workers and the visiting volunteers. Both partners are able to expand their knowledge, medical practice skills, interdisciplinary skills, and leadership skills by incorporating what they have learned from other cultures during the mission.

## Nursing Implications

Cultural competence plays a huge role in the delivery and quality of care patients receive. Cultural competence is extremely important for nurses who are passionate in participating in medical missions. Cultural competent nurses need to be leaders in promoting trips aimed at culturally competent treatments. This will lead to sustainability of missions and promote the quality of life of the patients served.

## Limitations

This integrative literature review was not limited to a particular international location where medical missions occurred. Even though each study focused on medical missions to developing countries, the degree of adversity and lack of infrastructure the host country faces on a day-to-day basis was not a part of the inclusion/exclusion process.