

# Culture brokerage as a form of caring

Saidy Eliana Arias-Murcia<sup>1</sup>  
Lucero López -Díaz<sup>2</sup>

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### Abstract

**Objective.** To identify the meanings, uses, and contexts of applying the culture brokerage concept in nursing articles published from 1995 to 2011. **Methodology.** A total of 32 articles were identified from the following databases: Cuiden, Scielo, Ovid Nursing, Ovid, Medline and Pubmed. **Results.** It was found that 56.2% of the articles were about research, 37.5% on reflection, and 6.2% topic revision. Five categories emerged from the analysis: culture brokerage concepts, culture brokerage and cultural competence, culture brokerage and the performers, culture brokerage in the care of immigrants, and culture brokerage in the care of individuals with chronic diseases. **Conclusion.** Culture brokerage is a type of emerging care; it has various approaches and applications in both the community and hospital environments. Its conceptualization helps in the development of the nursing discipline.

**Key words:** culture; nursing; transcultural nursing.

## La intermediación cultural como forma de cuidado

### Resumen

**Objetivo.** Identificar los significados, usos y contextos de aplicación del concepto intermediación cultural en enfermería en artículos publicados entre 1995 y 2011. **Metodología.** Se identificaron 32 artículos de las bases de datos *Cuiden*, *Scielo*, *Ovid Nursing*, *Ovid*, *Medline* y *Pubmed*. **Resultados.** El 56.2% de los artículos fue de investigación; el 37.5%, de reflexión, y el 6.2%, de revisión de tema. Cinco categorías surgieron del análisis: conceptos de intermediación cultural, intermediación cultural y la competencia cultural, la intermediación cultural y los intérpretes, la intermediación cultural en el cuidado de las personas inmigrantes y la intermediación cultural en el cuidado de las personas con enfermedades crónicas. **Conclusión.** La intermediación cultural es una forma de cuidado emergente, la cual presenta diversos enfoques y usos en el ámbito tanto comunitario como hospitalario. Su conceptualización ayuda al desarrollo de la disciplina de enfermería.

**Palabras clave:** Cultura; Enfermería; Enfermería transcultural.

1 RN, Master candidate. Universidad Nacional de Colombia UNAL, Sede Bogotá, Colombia.  
email: seariasm@unal.edu.co

2 RN, Ph.D. Professor Universidad Nacional de Colombia UNAL, Sede Bogotá, Colombia.  
email: allopezdi@unal.edu.co

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## A intermediação cultural como forma de cuidado

### Resumo

**Objetivo.** Identificar os significados, usos e contextos de aplicação do conceito intermediação cultural em enfermagem em artigos publicados de 1995 a 2011. **Metodologia.** Identificaram-se 32 artigos das bases de dados: Cuidem, Scielo, Ovid Nursing, Ovid, Medline e Pudmed. **Resultados.** 56.2% dos artigos foram de investigação, 37.5% de reflexão e 6.2% de revisão de tema. Cinco categorias surgiram da análise: conceitos de intermediação cultural, intermediação cultural e a concorrência cultural, a intermediação cultural e os intérpretes, a intermediação cultural no cuidado das pessoas imigrantes e a intermediação cultural no cuidado das pessoas com doenças crônicas. **Conclusão.** A intermediação cultural é uma forma de cuidado emergente, apresenta diversos enfoques e usos no âmbito tanto comunitário como hospitalar. Sua conceptualização ajuda ao desenvolvimento da disciplina de enfermagem.

**Palavras chave:** cultura; enfermagem; Enfermagem transcultural.

## Introduction

In the Cultural Healthcare Research Group in the Faculty of Nursing at Universidad Nacional de Colombia (GCCS, FE-UN, for the term in Spanish), studies have promoted dialogue and actions to mediate between popular and professional knowledge with vulnerable communities. However, we found it debatable to designate nursing activities aimed at providing culturally congruent care as “interventions”.

Intervention is defined as “any treatment, based upon clinical judgment and knowledge carried out by a professional nurse to improve patient outcomes”,<sup>1</sup> stating in this definition that only professional knowledge is valid, hence, disregarding conventional wisdom in health. However, although this knowledge is what people know and do, exercising a powerful influence on the way they face health, disease, recovery, or death within the Nursing Intervention Classification (NIC),<sup>1</sup> Culture Brokerage (CB) (code 7330) is defined as: “the deliberate use of culturally competent strategies to bridge or mediate between the patient’s culture and the biomedical health care system” and 17 specific activities are proposed seeking to recognize multiculturalism and promote the formation of sensitivity and cultural competence

of nursing professionals. The above contradiction led us initially to think of the CB as a novel way of caring, with great integrating potential, although unknown by nurses.

Although the CB is a concept coined by anthropology, only as of 1960 did researchers in the area of health begin to explore it,<sup>2</sup> identifying different meanings, uses, and contexts of its application. To characterize the articles using the CB concept in nursing from 1995 to 2011, this study was conducted and its main findings are shown ahead.

## Methodology

A systematic review was conducted of scientific literature in nursing to characterize the articles using the CB concept from January 1995 to December 2011. As sources of information, the following global databases were used: Nursing Ovid, Ovid, Medline and Pubmed, as well as the Latin American databases: Cuidem and SciELO, searching in the title or abstract for the descriptors in Spanish: *Enfermería AND (Mediación cultural OR intermediación cultural)* and in English:

*Nursing AND (Cultural intermediation OR cultural leverage OR culture brokering OR culture brokerage OR cultural brokerage OR culture broker OR cultural broker OR brokerage).* Additionally, the search was limited to full text and year of publication.

Inclusion criteria for the selection of the publications were: research articles, topic review, and reflection in nursing by specifying the meaning of the CB concept or describing its use within a nursing care context. Topic reviews and reflections were taken into account, accepting the recommendation by Walker and Avant<sup>3</sup> of their inclusion when inquiring about concepts. Documents from other professions were excluded, as well as articles only mentioning CB without possible inputs for this study.

Of the 197 articles identified 32 met the inclusion criteria. The articles selected were subjected to critical reading. The data analysis was developed in an Excel file matrix (version 2010), which included the following: bibliographic reference, type of article, the CB concept used, philosophical and theoretical aspects, objectives, scenarios (country, home, hospital, and community), description of the CB, concept application context, and conclusions. Of the matching and relevant aspects of CB found in the matrix, five theme categories emerged: *Culture brokerage concepts; culture brokerage and cultural competence; culture brokerage and the performers; culture brokerage in the care of immigrants and culture brokerage in the care of individuals with chronic diseases.*

## Results

Of the 32 articles meeting the inclusion criteria, 18 were research items (12 qualitative,<sup>4-15</sup> four quantitative,<sup>16-19</sup> and two mixed<sup>20, 21</sup>). Depending on the type of article, 12 were about reflection,<sup>22-33</sup> and two were topic review.<sup>34,35</sup> By country, 16 items were developed in the United States,<sup>4,6,9,11,13,14,21,22,26,27,29,30,31,33-35</sup> seven

in Spain,<sup>8,16,17-19,25,28</sup> three in Australia,<sup>7,20,32</sup> two in Canada,<sup>10,12</sup> and one each in Malawi,<sup>24</sup> Botswana,<sup>15</sup> Denmark,<sup>5</sup> and New Zealand.<sup>23</sup> Populations subject of research were: nurses,<sup>5-8,16</sup> other health professionals,<sup>9,10,16</sup> chronic patients,<sup>5,8,11,23</sup> and immigrant individuals and families,<sup>12,13,17,18,19,20,21,23</sup> interpreters,<sup>10,14</sup> and family caregivers<sup>15,21</sup>. The findings according to the emerging categories are:

### Culture brokerage concepts

Out of 32 Articles, 19 defined the CB concept; two used the Culture Brokering theory proposed by nurse Jezewski in 1995<sup>4</sup>: one of the authors used it to describe the importance of CB and its implication for nursing practice in working with people from different cultures<sup>24</sup> and another used it to deal with groups of young people with cancer and their families.<sup>5</sup> Other authors assume only the concept by Jezewski as the act of transition, link, or mediation among groups or individuals from diverse cultural backgrounds to reduce conflict or produce change.<sup>29,31-33</sup>

Some of the items consider that CB integrates the concepts of advocating, intervening, and negotiating<sup>11,15,25</sup>; others associate it to mediation, or acting as a mediator, “cultural broker”, among groups of people to resolve conflicts in the interaction process in health<sup>4,6,10,12,15,21,24,32-35</sup>. The concept proposed by the NIC is used by eight articles,<sup>11,17-19,22,27,28,30</sup> half of them were carried out in migrant populations.<sup>17-19,28</sup>

### Culture brokerage and cultural competence

The cultural competence of healthcare professionals is considered a complex integration of knowledge, attitudes, and skills that increase communication among people from different cultures and promotes appropriate and effective interactions with others.<sup>25</sup> For this reason, CB is a bridge for communication between two parties and constitutes a common language,<sup>25</sup> which allows proper interaction between the professional and the patient, avoiding potential conflicts in healthcare and promoting respect for cultural differences<sup>4,7,9,20,29</sup>. Cultural brokerage, as part

of cultural competence, is valued for producing higher customer satisfaction and less professional frustration<sup>24,27</sup>.

Although CB only has positive effects on management and recognition of cultural differences in health care,<sup>35</sup> Canales<sup>23</sup> proposes leaving CB and promote a cultural alliance, which would allow recognizing cultural differences between the nurse and patient by using self-reflection, which is essential in the development of cultural competence. Similarly, CB is considered one of the functions performed by nurses with cultural competence, as part of the values and ethics of practicing the profession<sup>6</sup> at the moment of nurse-patient interaction, especially when working with different cultures<sup>15</sup>.

### **Culture brokerage and the interpreters**

The studies highlight the work of interpreters at the moment of healthcare interaction, given that they perform as cultural and communicative mediators. Their role is not limited to translating, but also to facilitating the cultural conceptions of the parties promoting interculturalism<sup>8,10,14,16,25</sup>. From this perspective, CB is conceived as a form of third-party intervention in and on multicultural social situations, oriented towards the recognition of others and reconciliation of the parties,<sup>25</sup> and it is considered one of the functions of the healthcare interpreter, and essential to ensure the resolution of potential conflicts<sup>10,14,25</sup>.

During CB, the interpreter should: clarify meanings, modify communication patterns, and explain social norms and features of the medical system.<sup>10</sup> In a study, which designed a multilingual booklet adapted to the communication demands between foreign patients and nurses, based on the 14 needs by Virginia Henderson, it was shown that it facilitated visual communication.<sup>8</sup> From this perspective, with the help of CB, it is expected that nursing professionals will have the capacity for interpretation, along with linguistic and cultural adaptation to facilitate proper communication and a care relationship that favors the connection among the participants and

promotes the necessary conditions for quality care.<sup>14, 25</sup>

### **Culture brokerage in caring for immigrants**

Twelve articles have immigrants as study population. In the United States, these articles worked with immigrants from the islands of Southeast Asia – Polynesia, Micronesia, and Melanesia,<sup>34</sup> China and Vietnam,<sup>12</sup> Korea,<sup>13</sup> Cuba and Haiti,<sup>21</sup> and Latin Americans.<sup>29</sup> In Spain, the articles worked with immigrants from north African countries,<sup>16</sup> from Ghana and Senegal,<sup>18</sup> Pakistan,<sup>18</sup> Latins,<sup>16,18</sup> and Moroccans;<sup>18</sup> with some of their reflections related to the immigration process.<sup>17,28</sup> In Australia, these worked with Arab, Greek, Chinese, Croatian, and Russian immigrants in managing cardiac failure.<sup>20</sup> Other studies do not specify the country of origin of the immigrant population, but do focus on the differences in language: Spanish, Catalan, English, French, German, Arabic, and Bambara.<sup>8,19</sup>

Considered a fundamental part in the development of culturally adapted healthcare services upon the diversity of countries, CB is a strategy that facilitates the nursing care process for immigrant populations,<sup>16,18,34</sup> given that it helps to overcome barriers in caring for these people and promotes equity in providing services.

Interpreters become important in healthcare services as a bridge to mediate conflicts when providing care,<sup>8,16,25,29</sup> arising from cultural differences. An example of this is the work with intergenerational changes in immigrant families in a study with Haitians and Cubans<sup>1</sup> to enlighten healthcare professionals on the strengths of Latino families,<sup>29</sup> or to mediate between beliefs and practices associated to the mother-infant post-partum period of Chinese or Vietnamese immigrants in the United States to, thus, offer culturally adapted visits.<sup>12</sup> Also, CB appeared as an alternative to improve mental health services in emergency services where immigrants who speak other languages are treated,<sup>13,17,19</sup> and to achieve therapeutic adherence, as was the case of a study of immigrants with heart failure.<sup>20</sup>

## Culture brokerage in caring for people with chronic diseases

Culture brokerage is a concept used to understand the meanings and cultural patterns of people with chronic diseases. Some articles are focused on the experiences of people with heart failure and their families,<sup>20</sup> in caring for chronically ill Muslim immigrants with disabilities,<sup>31</sup> with individuals diagnosed with cancer,<sup>5,26</sup> or in education aimed at African Americans with Diabetes Mellitus type 2.<sup>11</sup> In these cases, CB seeks to achieve a negotiation that will allow promoting adherence to treatment while promoting enhancement of cultural competence in professionals.<sup>5,11,20,26,31</sup>

Culture brokerage was used in a query model in mental health nursing to facilitate interaction during the care process.<sup>32</sup> Another study,<sup>5</sup> proposes “network-focused nursing”, a concept that aims to achieve mediation among the culture of young people with cancer, their families, and the healthcare system. For spiritual care, CB has also been proposed for people with terminal disease involving relatives, mediating the beliefs and practices related to spirituality, and avoiding conflicts during the care process.<sup>22,30</sup>

## Discussion

The current review of the literature indicates that CB is an emerging concept, with yet incipient research in nursing. A limitation in the scope of this review is that a significant amount of research on the topic used descriptive-type methodologies, showing the need for further analytical studies that can delve deeper into this concept and with which the advantages of its use can be developed, organized, systematized, and proven evident.

The highest production of articles on CB comes from Europe and the United States. This may be due to high migration flows that have turned them into important destination countries and to the multiculturalism derived from the same situation, which often compromises providing healthcare services. They have sought to respond by designing

social and healthcare policies that promote CB and cultural competence of professionals who are in contact with immigrants.

Culture brokerage concept by Jezewski<sup>4</sup> was a referent in articles and publications in North America, Europe, and Oceania, while Latin American studies and publications most frequently used the concept derived from the NIC proposal.<sup>1</sup> However these two concepts differ in scope and in the players involved in the intermediation. For Jezewski<sup>4</sup>, CB is a medium-range theory that goes far beyond the negotiation between popular care giving – performed by communities from their cultural diversity – and professional care – derived from the scientific development of the nursing profession. This negotiation or mediation should be facilitated in healthcare institutions by professional nurses to solve conflicts arising from access of people or groups from diverse cultural backgrounds. For his part, the CB concept proposed from the NIC,<sup>1</sup> focuses on the adequacy of culturally congruent care at the moment of the therapeutic encounter between the patient and the healthcare professional. These two paths to address CB in nursing studies suggest that this is an emerging debate for global nursing.

Culture brokerage, as a result of this review, has been used in nursing applications aimed at responding to the needs of multicultural societies, to the expansion of the migration phenomenon, and enhancing the healthcare professionals' cultural competence. The CB concept is used in the hospital and community environments to plan a care system that is sensitive to the users' culture; it is used for direct care of people in various stages during the course of their lives or in special situations of the health-disease process, and nursing professionals play an important role as health interpreters in the cultural mediation process.

No Colombian research was found on the subject; hence, this calls for its reflection and to support studies on the cultural diversity present in our country, opening avenues to facilitate dialogue of knowledge between nursing professionals



and knowledge of subjects of care, which will contribute to improving the quality of care services for users.

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