

HMC to create nursing model for GCC region

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The Hamad Medical Corporation is championing efforts to create a GCC-wide multi-cultural caring model of nursing, which will put into consideration the patients' cultural, spiritual as well as religious needs while in the hospital.

The initiative is being planned by HMC's nurse leaders alongside others including the GCC Nurse Executive Technical Committee, Sidra Medical and Research Centre and Calgary University.

It is expected that the model will borrow ideas from previous works done by internationally renowned experts such as Watson Caring Science Institute founder and executive director Dr Jean Watson, King Faisal Specialist Hospital and Research Centre Nursing Affairs executive director Sandy Lovering and King Saud Bin Abdulaziz University for Health Sciences professor Wafika Suliman.

The three experts were present during a one-day symposium on 'Creating a Culturally Competent Caring Model for Nursing' held at the Millennium Hotel yesterday to share their research works findings as well as experiences in caring science with nurse leaders from Qatar and other GCC countries.

"Today is an important milestone in the strategic vision of both the GCC Nurse Executive Technical Committee and HMC in conceptualising and embedding a contextually relevant model of nursing care that reflects the cultural diversity of the region in terms of patient population and workforce," HMC Nursing executive director Dr Nabila al-Meer said

According to her, the formulation of the model is necessary due to the unique ethnic mix in GCC countries.

"Qatar and other GCC countries share similar features in terms of population as we all have diverse nationalities both as residents and among the workforce. For instance, in HMC we have between 45-50 different nationalities as nursing staff and the trend is similar among the patients too," she pointed out.

She stressed that the model of care will incorporate the patients' cultural beliefs and ideas that can have positive impact on their overall health while admitted at the hospital.

"Because our patients come from different spiritual and cultural backgrounds, we feel if we allow some traditional practices into the model of care, it could go a long way in promoting healing," she said while citing as an instance the ritual of calling 'Adhan' into newborn's ears within few minutes of delivery.

She explained that because caring is the essence of nursing, caring behaviours and practices uniquely distinguish nursing from other disciplines.

"It is important to prepare nurses for delivering of a multi-cultural human care service. Moreover, nurses have professional responsibilities to appreciate the lifestyle of different cultural groups and to value this knowledge in providing culturally competent nursing care," she said.

Dr al-Meer noted that the challenge for nurses in the region was that they are interacting with patients of widely different cultures, which is underpinned by an Islamic framework thus translating to provision of a broad array of culturally sensitive nursing care on daily basis.

"Fundamentally, caring is central in processes that bring patients and nurses together. It stands to reason that this necessitates the formulation of a nursing care model, which supports evidence-based practice," she stressed.

The official said that the objectives of the symposium were: To explore the theoretical underpinnings of Watson's Caring Theory (1979); to examine the Crescent of Care Model (Lovering, 2008) and explore its relevance to formulating a GCC caring model; to review the Saudi Arabian experience of implementing culturally competent care; to debate how the cultural diversity of the GCC impacts nursing care from both nurses' and clients' perspective; and to identify potential barriers and enablers to implementing a contextualised GCC model of caring.

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