

Tips for Nurses: Culturally responsive care: Communication



What it is: Culture describes the beliefs and behaviours that are part of relationships within social groups including families.

While cultural safety is often discussed in relation to culturally and linguistically diverse (CALD) communities, it is also essential when caring for Aboriginal and Torres Strait Islander peoples. Culturally safe care for First Nations peoples recognises the ongoing impacts of colonisation, values connection to Country, family, community, and culture, and supports self-determination in care decisions.

Why it matters: Health care that respects a person's cultural and spiritual heritage can positively impact overall health and wellbeing. Nurses and care providers can directly influence how care is provided.

The Aged Care Quality Standards require that people are treated with dignity and respect, and that their identity, culture, and diversity are valued.

What I need to know: Approximately one in three older Australians were born outside Australia. One in five were born in a non-English speaking country. And, approximately 3% of the population identify as Aboriginal and/or Torres Strait Islander.

Across cultures, what is normal to one person may not be normal to another person. This may also be true for people within the same cultural group or even the same family. The only way to know is to ask.

Providing culturally responsive care at the end of life requires:

- nurses to be aware of the influence of their own cultural beliefs on their practice
- sensitivity to the cultural practices and beliefs of others
- staff with training and skills in culturally safe practices
- organisational recognition and support for cultural diversity among residents and staff.

Actions

Build rapport and trust:

- always introduce yourself
- listen actively
- do not be judgemental
- show empathy
- show respect.

Ask the person about their specific needs as an individual.

Ask what the illness means to the person and to the family.

Remember that a person may prefer that another family member or community member is with them whenever possible and/or to speak on their behalf.

You can begin the conversation by asking 'Are there religious or cultural practices that affect the way you wish to be cared for?'

Be open and ask the older person:

- how they would like to be called
- what is appropriate physical contact
- what special days are important to them
- what food is culturally appropriate for them.

Be conscious of male/female physical contact; there are rules about what part of the body you can and cannot touch.

Where possible, in conversations involving issues of significant information use professional interpreting services (not family) with residents for whom English is their second or subsequent language.

Name:

My reflections:

How culturally diverse are the older people i care for? What cultural practices have I already supported, and is there anything I could still learn to improve my practice?

What are some of the ways that help me communicate well with people from a CALD background?

When an older person in my care speaks a language other than English how do I arrange for an interpreter?

My notes:

See related palliAGED Practice
Tip Sheets:
First Australians: Communication
People with specific needs
Person-centred care

For references and the latest version of all the Tip Sheets visit

www.palliaged.com.au

CareSearch is funded by the Australian Government Department of Health, Disability and Ageing.
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