

## Happiness and harmony through health culture diplomacy as integrative maternal–child health nursing

For this editorial, our colleague Dr. Naeema Hasan Al Qasseer, former World Health Organization (WHO) Senior Scientist of Nursing and Midwifery joins me to add her wisdom and experience on the topic of integrative maternal–child health nursing. The WHO Constitution implemented in 1948 states that its guiding principles are “basic to the happiness, harmonious relations, and security of all peoples” and they include the “promotion of maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment.”<sup>[1]</sup> An integrative nursing approach moves beyond the biomedical to support and further these goals of world health – happiness, harmonious relations, security, and living peacefully in a changing environment system. One clear example of where world health integrative nursing is practiced is in the realm of maternal–child health.

Maternal–child health nursing as compared with the practice of obstetrical medicine, which is often organ-centered in approach, is holistic and person-centered. The focus of holistic care is women and children within the family and community environment. One example of a foundational philosophy supporting integrative holistic maternal–child health nursing is the “self-in-relation”<sup>[2]</sup> to others approach. Throughout the world among peoples of diverse cultures, the ways in which so many maternal–child health nurses demonstrate integrative self-in-relation care and naturally exemplify the WHO guiding principles of happiness and harmony in healing relationships is through their health culture diplomacy skills.

Health culture diplomacy in nursing and healthcare differs from global health diplomacy, health advocacy, culture brokering, and mediation and is the active expression of the internalized qualities of “sensitivity,” “awareness,” “competence,” and “safety,” that have defined culture as a foundational concept guiding nursing education and practice for decades if not centuries. The *Cultural Diplomacy Model*<sup>™</sup> in nursing focuses on the complementarity<sup>[3]</sup> between the four biomedical, traditional and indigenous, complementary therapies, and self-care healthcare cultures using three major cultural diplomacy skills that cultivate inclusiveness in care plans: mindfulness, peacemaking communication, and solution-focused negotiation.<sup>[4]</sup>

Maternal–child healthcare, especially the care given before, during, and after the birth of an infant, has historically moved from being centered in the family and community to hospitals, where in many cases, the strongest focus has been on the biomedical culture with its values of safety, such as identifying ways to decrease maternal and infant morbidity and mortality. While these are noble goals, many health leaders have identified the increasingly compartmentalized effect and the exclusion of familiar if not time-honored self-care, traditional, indigenous, and complementary care. Currently, member states of the WHO have seen the limitations to an exclusive biomedical environment system and become more intentional about promoting an integrative and holistic, cultural diplomacy approach.

One example in maternal–child health care throughout the world is the inclusion of centuries of experience and expertise in self-care support for women, infants, and children. One specific example is nutrition counseling, which is advanced as more than the provision of dietary supplement information for pregnant women to include meaningful discussions about the traditional foods and styles of food preparation supporting maternal and infant health that have deep cultural roots in the history of families, communities, and nations. Community-based nurses regularly engage with pregnant women who are choosing the foods that support their health and that of their unborn. Once, I (Prof. Libster) cared for a young woman in the United States who was from the Netherlands. She was experiencing a very difficult time with hyperemesis gravidarum with her first pregnancy. Using the cultural diplomacy skill of solution-focused negotiation, I asked her if there was one thing that she thought that she would be able to keep down. She thought about the question and answered, “Mashed potatoes with lettuce.” Honestly, I had never heard of wilting lettuce in mashed potatoes. She said that her mother who was still living in the Netherlands, whom she was missing very much, always made her that food when she was sick. I asked her to teach me how to make it for her so that she could continue to rest. The mashed potatoes dish with wilted lettuce was concocted to order and she ate every bite without emesis! The Dutch woman taught me how simple integrative nursing solutions can be for people.

Familiar foods and rituals of preparation are often the most comforting interventions. Increasing familiarity and comfort can decrease the stress women and children experience during the periods surrounding pregnancy and birth. “Stress is a key determinant of maternal and child health outcomes, and reducing it can lead to improved mental, physical, and emotional health, fostering better developmental environments for children.”<sup>[5]</sup> For infants and young children, there are numerous opportunities to apply a diplomatic and integrative approach that restores faith in the nonpharmacological gentle remedies traditionally used very successfully during the 1<sup>st</sup> years in the life of an infant.<sup>[6]</sup> These gentle remedies, self-care practices, and complementary and traditional therapies are not only familiar and bring people comfort. They make people happy.

Maternal–child health nursing calls forth the best in creative plans that promote health in body, mind, emotion, and spirit. Pregnancy, delivery, and the early months of the life of a newborn are considered natural and happy events. They also can include periods of suffering while parents, families, and communities make the adjustments necessary to welcome a newborn child. Yet mothers and children and the people who support their health know that a path to happiness and harmony in life often requires attendance to the strong life lessons associated with human suffering.<sup>[7]</sup> Childbirth is just one example.

Integrative nurses as well as midwives, traditional birth attendants, doulas, and other maternal–child health advocates provide support during childbirth, a critical transition into life. Integrative nurses also provide leadership in culturally diplomatic care. They are well positioned throughout the world to demonstrate how approaches to care that invite traditional, indigenous, complementary, and self-care ways of knowing and practice into maternal–child health programs of care can potentially improve security, health outcomes, and costs, and more importantly, increase happiness and harmony in the lives of many families and communities.

We encourage article submissions from those maternal–child health nurse leaders around the world whose work clearly demonstrates the science, art, and practice of integrative nursing and contributes to the growing body of knowledge in health culture diplomacy.

**Martha Mathews LIBSTER<sup>1</sup>,  
Naeema Hasan AL QASSEER<sup>2</sup>**

<sup>1</sup>Founder and Executive Director, Golden Apple Healing Arts, LLC, Wauwatosa, WI, USA; <sup>2</sup>Former World Health Organization Senior Scientist of Nursing and Midwifery; International Advisory Board Member for Health at Qatar University; Vice President for Health and Medical Sciences Office, Doha, Qatar

**Address for correspondence:** Prof. Martha Mathews LIBSTER, 6650 W State Street, Suite D95, Wauwatosa, WI 53213, USA.  
E-mail: martha@drmarthalibster.com


**REFERENCES**

1. World Health Organization. Constitution of WHO 1948 Available from: <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>. [Last accessed on 2024 Oct 01].
2. Hall BA, Allan JD. Self in relation: A prolegomenon for holistic nursing. *Nurs Outlook* 1994;42:110-6.
3. Grinnell F, Bishop JP, McCullough LB. Bioethical pluralism and complementarity. *Perspect Biol Med* 2002;45:338-49.
4. Libster M, Phillips S, Smith Taylor J, *et al*. The cultural diplomacy model for demonstrating person-centered care and coaching. In: *Perspectives on Cultural Diplomacy: Nursing*. Milwaukee: Golden Apple Publications; 2015.
5. World Health Organization. *Maternal Mental Health and Child Health and Development In Low and Middle-Income Countries*; 2014. Available from: <https://www.who.int>. [Last accessed on 2024 Oct 15].
6. Libster MM. Gentle remedies: Restoring faith in the first step of nonpharmacological infant mental health care for the prevention and treatment of “disruptive behavior”. *Arch Psychiatr Nurs* 2019;33:299-306.
7. Frankl VE, Kushner HS, Winslade WJ. *Man’s Search for Meaning*. Boston: Beacon Press; 2014.

**Submitted:** 18-Oct-2024  
**Accepted:** 28-Oct-2024

**Revised:** 22-Oct-2024  
**Published:** 04-Dec-2024

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
<b>Website:</b> <a href="https://journals.lww.com/jinn">https://journals.lww.com/jinn</a>	<b>Quick Response Code</b> 
<b>DOI:</b> 10.4103/jin.jin_128_24	

**How to cite this article:** Libster MM, AL Qasseer NH. Happiness and harmony through health culture diplomacy as integrative maternal–child health nursing. *J Integr Nurs* 2024;6:179-80.

Downloaded from <http://journals.lww.com/jinn> by BhdMfsePHKav1zEoum1tQIN4a+kLlHEZgbsH04XM10hCjwCt1AW nYQp/1qHHD3i3D00QRy717vSFAC3VCA/OAVpDd8KKGKAV0Ymy+78= on 12/05/2024