

Cultural Competence In The Workplace: Caring for Patients in a Multicultural Setting

1.5 Contact Hours

Presented by:

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Cultural Competence In The Workplace: Caring for Patients in a Multicultural Setting

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OBJECTIVES

After completing the course, the health care provider should be able to...

- I. Define key terms pertaining to cultural competence.
- II. Know the components of a cultural assessment well enough to accurately perform an assessment in daily practice.
- III. Use knowledge of the components of a cultural assessment to design a personal model that can be used efficiently while gathering accurate and complete data.
- IV. Employ the general knowledge of cultural competence in daily practice with patients and co-workers.
- V. Predict patient needs or assessment questions based on a general knowledge of cultural norms, beliefs, and health disparities.
- VI. Know what the patient is vulnerable to, what will need to be closely assessed, which cultural beliefs differ from those of the health care provider, and how to properly care for the patient given cultural differences.
- VII. Design appropriate patient education and discharge materials.

LESSON

I. Key Terms

Reviewing the following key terms will help facilitate understanding of cultural competency and understanding of the lesson provided.

a. Cultural Desire: How much you, as a health care provider, want to know or be fully aware of about a patient's culture. Do you want to be fully aware of the characteristics of other cultures? Do you want to take the time to identify your biases and/or prejudices?

b. Cultural Awareness: Whether or not you recognize what you know and do not know about other cultures.

c. Cultural Imposition: Forcing your beliefs or behaviors on someone else who does not share those beliefs or behaviors.

d. Cultural Skill: Ability to collect necessary patient information on initial assessment through performing a cultural assessment and physical assessment adapted to the patient's cultural needs.

e. Cultural Knowledge: Seeking information about other cultures, there are four stages of cultural knowledge.

- unconscious incompetence: You are unaware of what you do not know about other cultures

- conscious incompetence: You are aware of what you do not know about other cultures

- conscious competence: You have a certain set of data about other cultures, but you have to really think about using it when you are providing care

- unconscious competence: You can use the data set that you have learned without thinking about it consciously when providing patient care.

f. Cultural Encounters: Face-to-face interactions with patients from different cultural backgrounds

II. Assessment

When performing a cultural assessment you are going to focus on your interaction with the patient as well as the way the patient interacts with other members of his/her culture. Observe the patient whenever possible to notice how he/she interacts with different members of their culture, especially members of the opposite gender or within a different age bracket. Always respect the patient's right to different beliefs and practices.

Facilitate the continued practice of rituals within the health care setting whenever possible.

-Cultural Assessment Model (Ginger and Davidhizar)

a. Communication: language, dialect, volume, use of silence, touch, content (what is said), tone (how it is said), use of gestures, eye contact (between patient and health care provider vs. patient and other members of their culture)

b. Space: necessary personal space, use of touch

c. Social Organization: family and social dynamic, who is the head of the household, number of family members in a household, nuclear vs. extended family, who is considered the “decision maker,” matriarchal vs. patriarchal society

d. Time:

-Oriented to PAST: Place a high value on tradition and pay little attention to future goals.

-Oriented to PRESENT: Show little appreciation for the past and have few plans for the future.

-Oriented to FUTURE: All emphasis and energy is placed on obtaining future goals.

e. Environment: physical environment surrounding patient, how the patient controls their environment

f. Biological Factors: health disparities within the culture, common diseases or health conditions, morbidity and mortality rates

III. General Considerations

-**Know your patient:** Be aware of what your patient believes and how he/she practices those beliefs, consider making the patient's practices a part of the patient's therapeutic regime whenever possible. Know what your patient values and what traditional customs he/she follows. Also, consider how racial classification, ethnic origin, and gender impact the patient's beliefs and cultural identity. If you have questions, ask the patient. The patient is the most reliable source. When you are unaware of the details of your patient's cultural beliefs, ask. Consider the following as factors that influence your patient on a daily basis: religious affiliation, language, physical size, political affiliation, occupational status, and geographical location

-**Remind Yourself:** Being open and flexible to differences of opinion based on culture will increase your comfort level when providing care and will make you

patient feel more comfortable within the health care setting. Accept the differences between yourself and your patients, but capitalize on similarities whenever possible. Allow yourself to learn from you patient. It is very important to recognize any biases, prejudices, or assumptions before meeting with the patient. Do not let them influence your interaction with the patient.

IMMEDIATE REVIEW:

- Listen to your patient.
 - Do not judge.
 - Actively understand how your patient views the world.
 - How does he/she see illness?
 - Conduct a cultural assessment on each patient.
 - Learn the physical and biological differences between cultures.
 - Be aware of health disparities.
 - Use a formally trained interpreter when needed and try to avoid using family members (especially children).
 - Establish a rapport with your patient.
- Remember!:
- Cultures have subcultures; there is a lot to learn.
 - Consider the patient's degree of acculturation.
 - Culture has a large influence on health.

IV. Cultural Considerations by Ethnicity (see chart)

Ethnicity or Region of Origin	Cultural Characteristics	Cultural Beliefs	Illnesses Common to Members
Sub-Saharan Africans	-Plants and roots hold healing powers. -“Moxibustion”: Therapeutic burning of a clearly inscribed, circular shape on the abdomen, wrist, elbows or ankles. -“Evil eye”: Curse or ill wish cast upon another individual in order to cause disease. Ill wish may be cast on purpose or accidentally, but is cast when a person	- There are > 450 languages that may be derivatives of Afrikaans or Swahili. - English, French, Portuguese, and German are the languages used for political, educational, and commercial purposes. -Many diverse religions including: Christianity, Muslim, Hinduism, Judaism, and indigenous	-Sickle cell anemia -Lactose intolerance -Malaria -Poor dental hygiene -Parasites -Female genital mutilation -Post-traumatic stress disorder

	<p>praises another.</p> <ul style="list-style-type: none"> -Fire burning is a healing ritual in which a special stick or piece of wood is heated until it glows and applied to the skin of the ill. -Ceremonies are designed to appease the spirits and generally involve ready holy literature, ingestion of special foods, and burning incense. 	<p>practices.</p> <ul style="list-style-type: none"> -Family is a broad term, may include fellow villagers, friends, or distant relatives. However, it carries a sense of obligation. -Some households run by female. -Areas of polygamy. -Males and females are almost always circumcised. 	
Hispanic/Latino	<ul style="list-style-type: none"> -Traditionally Spanish speaking with multiple dialects -Mostly Roman Catholic with the exception of indigenous practices in the Caribbean. -Eye contact is valued and the use of touch is common. -Value respect and friendliness -Education is held in esteem and may be considered only for the wealthy -Social and family life is vital to the life of the individual. -If members of the family are in the United States they usually send money home. -Children are valued. 	<ul style="list-style-type: none"> -Disease is related to an imbalance of hot and cold within the body. -Hot diseases: pregnancy, diabetes, hypertension, indigestion (treat with cold) -Cold diseases: menstrual cramps, pneumonia, colic (treat with hot) -Traditional medicine uses extensive folk remedies. -A healer (santero/santera) is needed to cure a hex (bilongo). -“Evil eye”: Given by a person with a strong who casts an admiring glance. 	<ul style="list-style-type: none"> -Diabetes -Hypertension -Cervical Cancer -Higher mortality rates for certain cancers despite lower incidence rates

African Americans	<ul style="list-style-type: none"> -Tradition of “it takes a village to raise a child” -Heavily involved in their selected religion. -Majority have women as head of household -Uncomfortable in the health care setting, may be related to issues of trust. 		<ul style="list-style-type: none"> -Hypertension -Diabetes -Cardiovascular disease -Obesity -Sickle Cell Anemia -HIV rates in women -Increased cancer mortality rate -Lactose intolerance
Native Americans/ American Indians/ Alaskan Natives	<ul style="list-style-type: none"> -Large amount of variety between cultures -Family and tribe are important factors in daily life -Holistic perspective on health. -A healthy individual is important to having a healthy tribe. -On reservations poverty, poor nutritional intake, high levels of stress, and poor health are common. 	<ul style="list-style-type: none"> -Healing through ceremonies which include the burning of plants and objects. -A “sweat lodge” can be used to cure a large variety of illnesses. -Many of the “alternative therapies” used in Western medicine are derived from Native American medicine. 	<ul style="list-style-type: none"> -Diabetes -Colorectal cancer -Increased morbidity rates from cervical cancer -Lactose intolerance
Asians	<ul style="list-style-type: none"> -Value system includes: hard work, respect, loyalty, and acceptance of life events -Patriarchal -Tend to marry members of the same ethnic group -Stoic -Maintaining eye contact with an elder or superior member of society 	<ul style="list-style-type: none"> -May request a health care provider of the same sex. -Traditional Chinese medicine used in combination with Western therapies. -Illness may be related to an imbalance between hot and cold in the body and can be cured by returning the body to a neutral 	<ul style="list-style-type: none"> -Hepatitis -Malaria -Intestinal parasites -Hansen’s Disease -Tuberculosis -Lactose intolerance -Increased rates of invasive cancers

	<p>may be considered disrespectful</p> <ul style="list-style-type: none"> -Smiling can be considered the expression of a positive emotion or the masking of a negative emotion 	<p>temperature.</p> <ul style="list-style-type: none"> -Illness may be caused by retribution by ancestors for sins. 	
Pacific Islanders	<ul style="list-style-type: none"> -Holistic view of health -Family, village, and community are of high importance -Many live in tight knit communities that are grouped according to race or ethnicity -Relationships are driven by mutual respect and sharing. -May mistrust Western medicine -Risk factors for health disparities include lower income and high poverty levels. 	<ul style="list-style-type: none"> -Ideal health is a balance of spirit, psyche, biology, and relationships. -“Mana”: Special power or life force that can cause disease if it is lost. -Storytelling is used for therapeutic healing and educational purposes. -Increasing health can be achieved through exploring and repairing personal feelings or relationships. 	<ul style="list-style-type: none"> -High mortality rates from non-Hodgkin’s lymphoma and leukemia -Increased risk factors and high mortality rates from heart disease, cancer, and stroke
Western Asia/ Middle East	<ul style="list-style-type: none"> -Typically do not eat pork, want to be touched on the head, or touched with the left hand. -High level of concern for maintaining the family pride and honor -May seclude women from men depending on the region or origin. 	<ul style="list-style-type: none"> -Prefer healthcare provider of the same sex -Fasting during Ramadan may include not taking medication 	
Eastern Europeans	<ul style="list-style-type: none"> -Publicly display emotion -Asking too many 	<ul style="list-style-type: none"> -Traditional medicine includes the use of: teas, 	<ul style="list-style-type: none"> -Diseases of digestive system common in males

	<p>personal questions may make the patient uncomfortable.</p> <ul style="list-style-type: none">-The sick are encouraged to describe their illness and/or signs and symptoms to others.-Relatives support each other physically and psychologically-Smoking is common among men-Increased consumption of alcohol-Exercise is not highly valued	<p>herbs, grasses, and ointments.</p> <ul style="list-style-type: none">-The ingestion of honey or pollen can help facilitate longevity.	<ul style="list-style-type: none">-Smoking and obesity common-Tay-Sachs disease
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V. Discharge Planning and Patient Education

Before developing a discharge plan you must know the language your patient speaks, the patient's values, and how the patient perceives his/her present illness. Perform a thorough cultural assessment before developing your teaching plan, this will ensure that your plan is as patient specific as possible. Hopefully, this will lead to increased patient compliance and positive patient outcomes. Prior to discharge, there must be an established pathway for appropriate communication between yourself and the patient.

- **Interpreters:** When using interpreters, the interpreter should be trained and certified. In person is the most appropriate because it allows the nurse to closely observe the interaction and the use of body language. However and telephonic interpreter should be considered over a family member, out of respect for the patient's privacy and cultural values. Family members should be avoided because information about health can be very sensitive information, family members generally lack of health care knowledge, and there will be a family member bias with a tendency to answer for the patient.

-**Discharge Instructions:** When discharging the patient, keep it simple and to the point. Negotiate with the patient if needed to increase compliance and integrate the patient's existing cultural beliefs and routines. Should be as tailored as possible to meet the specific needs of the patient and culture.

-Written information: Must match the patient's language and should be previewed by the nurse prior to being given to the patient. Whenever possible, written instructions should match the way the cultural group thinks. Relevant examples and pictures will make the instructions easier to follow. No matter what, review the information with the patient and ensure they do not have any questions about the material.

RESOURCES

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