



DEVELOPING CULTURAL SENSITIVITY

Self-Study Guide

Learning Objectives

The objectives of this self study are:

1. Explain why understanding cultural differences impact healthcare workers
2. Define culture and cultural sensitivity
3. Provide a framework/description of various cultures
4. Provide healthcare workers with some tools to address the needs of patients and families from multiple cultures
5. Discussion of case examples

Introduction: Why do I need to understand a patient's culture?

In today's changing healthcare environment it is important to have some knowledge of various cultural groups we as providers may encounter. No longer is the assumption that "my patients are just like me" valid. This poses a new challenge to providers in giving patients quality, competent healthcare. There are countless examples where cultural differences impact patient care. Here are some examples:

1. Many different ethnic or cultural groups have various explanations for high blood pressure. African Americans, for example, are more likely to believe that high blood pressure is related to stress therefore, if the stress level is lowered, so should the blood pressure. In this case healthcare providers need to talk with their patients about the importance of taking hypertension medication even if the patient has reduced his or her stress level (National Women's Health Report, 2004).
2. A Hispanic patient visiting a "voodoo doctor" to cure her diabetes by putting her pancreas "back in place". When the patient returned to her regular physician her diabetes was out of control with a blood sugar of 410 (National Women's Health Report, 2004).
3. A Vietnamese child presents with bruising on her arms. Medical staff wanted to report the family to Children Services until a staff member recognized the bruising as similar to a Vietnamese custom of "coining". Coining is when families rub a coin across a child's skin to increase blood flow, sometimes resulting in bruising. The child's family lacked the language skills to explain the custom to the staff (National Women's Health Report, 2004).
4. It is a view in some parts of Appalachia that you cannot prevent disease or cure conditions. When these patients present to the physician they often discuss only what brings them to the physician. The physician needs to take the time to explain preventative medicine to further assist the patient. Also, in this culture patients tend to ignore the warning signs of disease and seek treatment when it is too late thinking "there is nothing that can be done about it anyway" (Louisville Appalachian Health).

Still not convinced? Consider the following. Today 11 percent of the people living in America were born in another country. By 2050, this number is expected to grow to more than 45 percent of the nation's population (National Women's Health Resource Center, 2004). Caring for individuals of other cultures is no long an urban issue. It is an issue that *all healthcare providers* need to be aware of and sensitive to.

To address the cultural divide that sometime exists between providers and their patients, we must first understand culture and then we can employ some tools to help us provide better care for our patients.

What is Culture?

To discuss culture, a common definition must be used. According to Merriman-Webster (online dictionary), culture is "the characteristic features of everyday existence (as diversions or a way of life) shared by people in a place or time." It is "the set of shared attitudes, values, goals, and practices that characterizes an institution or organization." Culture is the framework for all aspects of our lives. Culture is the lens through which we view, see, and interpret the world.

In healthcare, the cultural perspective of providers is sometimes different than the cultural perspective of consumers. Unfortunately, many providers do not recognize this as they complete their assessments of patients (Ellis-Fletcher, 2002). This is seen not only in assessments of patients of a different culture than the provider, but also in cases where the provider and patient share a homogenous culture (a similar cultural identity). Even with a homogenous culture there are personal differences among individual values and beliefs. When a provider focuses on a patient's similarities to the provider's culture or similarities of the patient's culture (based on racial, ethnic or cultural groups) to the provider's knowledge of the patient's culture, stereotyping can occur. If a provider bases his or her assessment on these stereotypes, then there is a potential for inaccurate patient assessment to occur that can result in poor patient care. Healthcare providers need to focus on the individuality of their patients to provide adequate, competent care (Ellis-Fletcher, 2002). When a provider is able to accomplish this, s/he is demonstrating cultural sensitivity.

Cultural Beliefs – An Overview

Providers who are able to provide competent care demonstrate some basic knowledge of cultural differences, as well as similarities that exist, without being judgmental of those differences. Providers also demonstrate the ability to know when more information about a patient's cultural perspective is needed to care for the patient. Below are some of the common beliefs and values from some of the different cultures we may encounter.

Appalachian Culture

The people of Appalachia tend to be modest about their accomplishments, determined to achieve their goals and fiercely loyal to family, church and neighbors. They are independent, self sufficient and proud people. Appalachians display self-reliance and stoicism (restrained

expression of pain or pleasure) in the face of illness. This may make them less inclined to ask questions or to let you know when they don't understand something. Medical jargon should be avoided when addressing Appalachian people. The use of medical jargon may be viewed as you being "stuck up" or "uppity". Translation of medical terminology into everyday language should be done to avoid these issues. Do not assume that the patient understands what you are saying. Also be aware that the patient may be using language from their own culture to try to communicate their medical needs and conditions.

African American Culture

African Americans comprise about ten percent of the total US population. African Americans reflect cultural roots that include elements of their African heritage, the Civil War South, European folklore, West Indies voodoo religion, Fundamentalist Christianity, and other belief systems. They are a very diverse people.

African Americans are very family oriented and the extended family is extremely important to them. The elderly because of the acquired wisdom and knowledge are held in the highest esteem. They also have strong affiliations with both church and community social organizations.

They believe there is a direct connection between the body and the forces of nature— numbers are either lucky or unlucky, and illnesses are attributed to either "natural" or "unnatural" causes. Some of the natural illnesses are the result of God's plan, which helps to maintain a balance with nature. While the unnatural illness are the result of phenomena that upsets the balance of nature, African American's feel there are four causes for "natural" illness: cold, dirt, improper diet, and improper conduct. "Unnatural" illness is believed to be supernatural in nature such as being "hexed" They believe that if they can find the correct cause of the illness it may be cured. Because of this belief African Americans have a hard time accepting chronic or terminal illnesses. Prayer is often the most sited method of treating illness. Past experiences of racial discrimination may influence the way African Americans patients interact with you.

American Indian Culture

The term American Indian refers to those Indian tribal nations who live in the United States but excludes the Eskimo and Aleut people. There are more than 500 distinct Indian tribes with each having their own language, tribal laws, and culture. Many American Indians continue to practice tribal religions and traditional medicine. American Indians are very proud of their heritage and traditions. American Indians are known for their giving and sharing nature and competitive behaviors are discouraged.

Indians are taught to respect their elderly and the family unit is extremely important to them. The opinions of the extended family members are seen as essential when making health care decisions. Often times a patient will postpone decisions until they can confer with their family leader, which is often the eldest female.

Direct eye contact during the initial greeting of the Indian patient is important but prolonged eye contact is seen as a sign of disrespect. Those of the American Indian culture appreciate an introduction from you, a smile and a handshake. The typical handshake is to extend the hand and gently touch the other person's hand and not the strong grasping handshake we are accustomed

to. It is the practice of the American Indian to speak in a low tone of voice and is expectant of the listener to pay attention. It is considered rude to say “Huh?”, “Could you repeat that for me?” or to indicate you are not listening. Taking notes while an Indian is talking is also considered taboo. When communicating with the American Indian remember that silence is something that they appreciate. So be patient and give them time to reflect on what was said and to absorb the information. The American Indian also will be observing the non- verbal cues you are sending out during communication.

The American Indian believes that health is a process of living in harmony with nature and that there is a reason for every illness or pain. Illness and death are seen as a natural part of life. For this reason many American Indians will not seek medical attention. If medical attention is sought they may insist on incorporating modern and traditional healing techniques. Although death is seen as a naturally occurring event it is considered taboo in many tribes to touch the dead.

Asian Culture

There are five major groups of Asians in the United States: Chinese (Including people from Taiwan, Hong Kong, and Mainland China), Korean, Japanese, Filipino, and Southeast Asians (including people from Laos, Cambodia, Vietnam, and Thailand) Asian encompass a wide range of cultures, languages, and religious practices.

Asians have a strong family hierarchy with the elderly being held in great regard. The elders must be greeted first and always in a formal manner. Asians also hold people of perceived authority and high social position in high esteem and they are often given the same respect they would bestow on their elders. When communicating with Asian people avoid pointing at them or showing the sole of your feet as this is seen as a sign of disrespect and contempt toward them. It is a common practice among the Asians to refuse something when offered the first time. They are taught to “save face” (to avoid embarrassment) and therefore are reluctant to show emotion or pain. The Asian people also believe in keeping personal matters private and will often only give limited information when asked about such matters.

The Asian people have deep-seated beliefs regarding their health. They believe that their body is a gift given to them by their parents and it should be preserved as a “whole” and not be cut or have its parts removed. Asians feel that to stay healthy you must keep your body in harmony or balance. Most Asians consider the head and the blood to be sacred parts of the body. You should never touch or reach over the head of an Asian without asking permission first. Blood is viewed as a vital component or the essence of life. For this reason an Asian patient who has to have a blood specimen drawn may be reluctant to have the procedure done.

Many Asians also believe that Western medicine is too potent and therefore may not take the full dose or they may stop taking the medication when they feel better instead of completing the treatment prescribed. Asians use “chicken soup” to help cure illness and feel that eggs and beef should not be eaten if you are ill. Coining or cupping¹, a traditional treatment for illness is used by many Asians, and is seen as abusive by Western medicine.

¹ Coining performed by dipping a coin in oil and rubbing the edge over the skin. Cupping involves heating small cup or tubes and placing them on the forehead or abdomen.

Hispanic Culture

The U.S. Census Bureau as an ethnic category introduced the term Hispanic for people who identify themselves as being of Spanish origin. Members of the Hispanic culture have their origins in Cuba, Central and South America, Mexico, Puerto Rico, and other Spanish speaking countries. These people have many varied cultures, dialects, and traditions.

Family is of great importance to the Hispanic culture. The family includes not only the parents and siblings; family usually consists of those seen as the extended family members such as cousins, aunts, uncles, close family friends, and godparents. Elders are looked to by family members for support, comfort, and guidance due to the experiences of their past. Traditionally the man is seen as the head of the family. However, the family matriarch is viewed as being a significant member of the household and the family unit is dependent on her.

Hispanics believe that personal matters should be handled within the family. Modesty is important to Hispanics. It is extremely important that family be involved in the decision making process for the Hispanic population.

Hispanic people have strong religious affiliations. The majority of Hispanics are Catholic. Health is believed to be a gift from God and should not be taken for granted. Prevention of illness is important and Hispanic people use many techniques to accomplish this task such as prayer, wearing religious medals or amulets, and keeping religious shrines in their homes. Illness is thought to be a matter of luck of fate and can be the result of a negative force.

Hispanic people are emotionally expressive. An increase in attention from family members during illness and pain are expected. Pampering is a way in which the family show concern and caring for their loved one. The birth process is seen as a woman's job and tradition dictates that the husbands not see the wife or child till after the delivery and they have both been cleaned and dressed.

Middle Eastern Culture

There are 22 countries in the Middle East and North Africa, which are inhabited by people who speak various dialects of the Arabic language and share the values and beliefs of the Arab culture. The major religion in this culture is Muslim and many Arabs do not eat pork or drink alcohol because of this religious affiliation.

The father is seen as the head of the family and even adult children are expected to accept his authority. Arab men by culture are seen as the protector of the family. Most often the father will be the spokesperson for the family and make decisions regarding the health care of his family members. Elder family members have a place of high esteem in the Middle Eastern culture. Arabs believe in maintaining a close family environment and this is often accomplished by daily visits from children even after marriage.

Arabs are hesitant to disclose detailed personal information about themselves or their families to strangers. Arabs are very modest people. Arabs are more comfortable sharing information with members of the same sex. Establishing a trust relationship with your patient from the Middle Eastern culture will help them to communicate their needs more openly.

People from the Middle Eastern culture will sometimes make those of the Western culture uncomfortable with their prolonged direct eye contact and the close physical contact. Repetition of something is a means of stressing the importance of the information they have been given. The other way they stress importance is by raising their voice, the louder the voice the more important the message. This behavior should not be viewed as aggressive or a form of anger. The left hand in the Arab culture is seen to be unclean and should not be used when handling food, medicine, etc.

Arabs have many beliefs about health practices. The maintenance of health through good personal hygiene and healthy dietary practices is important. Western medicine is highly regarded but when Arabs seek health care they will expect to receive medication as soon as possible. They also believe that pain is harmful and feel it should be controlled. Arabs also believe that the more invasive a medical intervention is the more effective it will be. The Arab people may also use prayer, the burning of incense, and the wearing of amulets to ward off evil as a means of maintain their health. When a patient of the Arab culture is dying they will most likely not show grief at the bedside and when the person dies they will want to stay with the body and prepare it according to their customs.

Summary

Remember, that membership in a particular culture does not mean that every individual will necessarily display the same customs, traditions and beliefs associated with that culture. Providers still need to treat each patient as an individual. Healthcare services should be adapted to meet the needs of a cultural group and an individual patient based on the identity, degree of assimilation (adaptation to a new culture group) and subcultural grouping (American Medical Student Association, 2006). For example, a patient may identify himself as being from Appalachia (identity), but has lived in Chicago for 30 years and cannot imagine living in rural America again (assimilated with an urban culture) and identifies more with his childhood friends who “got out” of the region than those who remained (subcultural grouping). In this case it would be wrong to stereotype the patient as being an Appalachian male. Regardless of the cultural identity of a patient, providers are in the business of caring for individuals.

Incorporating Culture into Patient Assessment and Provider Action

So you may be asking yourself, “OK, now I am there are differences, so now what?” To be fair, you still need more information. This section describes how you can incorporate a patient’s culture into your assessments and care delivery.

Identifying a culture

Cultural issues must be addressed in medicine; however, patients do not come into the healthcare system with a cultural descriptor stamped on their forehead. As a healthcare provider you need to assess for this much in the same fashion as you assess for the condition that brought the patient into your care. Here are some questions to consider asking your patient to assess for cultural barriers to your providing care (American Medical Student Association, 2006):

1. What do you think caused your problem?

2. Why do you think it started when it did?
3. What does your sickness do to you? How does it work?
4. How severe is your sickness? How long do you expect it to last?
5. What problems has your sickness caused you?
6. What do you fear about your sickness?
7. What kind of treatment do you think you should receive?
8. What are the most important results you hope to receive from this treatment?

Now before you dismiss this as taking too much time, consider the following scenario. A physician who had been taking care of a Native American family for about five years noticed that the wife was depressed. The wife slowly revealed that she had been sexually assaulted by her uncle when she was young. The doctor started her on psychotherapy and antidepressants, which helped, but did not resolve the underlying problems. After consulting with a Native American medicine man, who then met with the family, the physician and the patient learned that the woman had acquired a bad spirit from the incest. A traditional purification ceremony was performed that released the woman of the spirit and depression (American Medical Student Association, 2006). Once the physician took the time to consider the cultural context of the woman's depression he was able to facilitate appropriate care. Do you think the same result would have been achieved had the physician prescribed a different antidepressant or referred the patient to another therapist?

Common areas where culture and medicine collide

No matter how culturally sensitive you become there will still be times when your cultural beliefs may clash with another's cultural beliefs. Please be advised that this list is not an all-inclusive list; however, it is a starting point for you to be a better navigator of the cultural waters. Some of these areas have corrective actions that providers may take to improve the situation. Other areas simply involve the acceptance of the provider of the patient and family's decision. To put it simply, this information will help you walk in another's shoes when as a provider you realize that there is resistance to the message you are delivering.²

1. Historical distrust – Past experience may make some patients reluctant to trust their providers. For example, an “illegal alien” is reluctant to complete healthcare forms pertinent to providing care secondary to fear of deportation. Taking the time to establish rapport with these patients is essential. Explain why the information is needed and how it will be used.
2. Interpretation of condition – Providers and patients may have different interpretations of a condition. For example, a child may present with a cleft palate. The physician wants to correct the condition. However, the parents refuse to consent for the procedure because they feel the abnormality is a blessing from god.
3. Defining family – The definition of “family” often extends beyond the traditional nuclear family. Providers need to be aware that for a patient, family may include the extended family, friends or community members when it comes to making a medical decision. Providers need to include these individuals as needed when educating their patients and obtaining consent for treatment.

² The list was compiled by the American Medical Student Association (2006).

4. Communication and professionalism – Westerners tend to separate the personal from the professional when working with patients in order to be more objective. For other cultures, the line between the two is more blurred as these patients want a connection with their provider that is both personal and professional.
5. Defining the epidemiology (the cause) of the illness – Western medicine tells us that the cause of a disease may be bacteria, a virus or environmental. However, in other cultures the cause of a disease may be “the evil eye”, “loss of a soul”, “a curse” or “a punishment”. Patients with the latter perspective are typically reluctant to comply with the recommended treatments of Western medicine. In such cases, providers need to combine the cultural way of combating the illness with Western medicine when possible.
6. Illness without disease - Providers should be aware of common folk illnesses that may affect members of a cultural community. A patient may feel that s/he has a serious disease; however, the provider knows (upon examination) that the condition is a temporary illness. Patients in these situations may be soliciting relief of symptoms from the provider, but also treating with folk remedies or other healers. Some folk remedies may be interpreted as abuse; however, most are harmless and are useful to combine with medical management. For example, a Puerto Rican mother believes her child has empacho, a folk illness where food sticks to the inside of the stomach causing pain. The physician diagnoses the problem as viral gastroenteritis and prescribes medication. The physician also tells the mother to rub the child’s stomach (the folk “cure” for the condition). The advice is not harmful to the child, fits the cultural beliefs of the mother and possibly increases compliance.
7. Lack of symptoms – Be advised that in some cultures the belief is strong that “if I am not displaying symptoms, then I am not ill.” Providers know that some diseases (hypertension, HIV) may have no symptoms. As a provider it is important to be aware of this disconnect.
8. Verbal and non-verbal communication – Many providers report that not speaking the same language as the patient is a significant barrier to providing care. However, body language is also a barrier that many providers do not consider. For example, a firm handshake in Anglo-American culture is a symbol of strong character, but in some Native American cultures a limp handshake is a symbol of humility and respect. Two people from these cultures would leave this encounter with completely different assessments of one another and neither assessment accurate.

After identifying the pitfalls, let’s discuss ways to improve our practice as providers in regards to culture.

Improving the Provider/Patient Relationship Across Cultures

Having been supplied with the background for developing cultural sensitivity, here are some practices that providers may find helpful in caring for patients. Please keep in mind that as a provider you will still need to defer to the patient regarding his or her culture and preferences. Some tips providers report as helpful are:

- Do not always assume that the patient wants to be treated in the manner you would want to be treated. Culture determines the rules for polite, caring behavior. Knowing the patient’s description of quality care is the key to patient satisfaction.

- Begin by being more formal with patients. It is best to use a patient's last name when addressing him or her with the exception of children and young adults.
- Do not be insulted if a patient fails to look you in the eye or ask questions about treatment. In some cultures doing so would be considered disrespectful.
- Do not make assumptions about the patient's ideas about the ways to maintain health, the cause of illness or the means to prevent/cure illness. Utilize questions discussed earlier to identify the patient's beliefs regarding health, illness and prevention.
- Allow patients to be open and honest about cultural issues. Do not discount beliefs that are not similar to your own. Remember that your cultural ideas do not always make sense to the patient.
- Do not discount the possible effects of beliefs in the supernatural as being related to a patient's health. If a patient believes that the illness was caused by a curse, s/he may not be able to accept personal responsibility for the cause of the illness or be able to comply with treatment/advice.
- Inquire indirectly about the patient's belief in the supernatural or use of nontraditional cures. For example, "many of my patients from _____ (believe, visit, or other appropriate phrase) in _____. Do you?"
- Identify the importance to involve family in discussions related to their care as well as the treatment plan. Doing so at the patient's discretion often increases a patient's compliance.
- "The need to know" is a unique American trait. Be restrained in relating bad news or explaining the complications involved with a course of treatment. In many cultures placing oneself in the doctor's hands represents an act of trust and a desire to transfer the responsibility for treatment to the physician.
- If possible, involve a patient's folk remedies. Again, this will help foster compliance with recommend treatments.

Throughout your course of practice you may discover other practices that will help you improve the care you provide patients of various cultures. Share these with your peers. Remember, you are not expected to know everything about every culture. However, you are expected to be sensitive to cultural differences.

Case Examples

Now that we have looked at some of the different cultural beliefs let's see how we might use this information as we care for our patients.

- A sixty-year old Asian woman comes to the radiology department to have a chest x-ray and you notice large welts and red circle on their back. This patient comes from a culture in which coining and cupping are an accepted form of trying to treat illness, especially upper respiratory infections.
- You are the nurse working in the Emergency Department and a Hispanic mother brings her 2- year old daughter in with a complaint of pain in her left wrist. The physician orders x-rays of the patient's left wrist. You notice the child has a red string tied on her left wrist with an amulet hanging off of it so you cut the string off. You hand it to the mother who

became very upset and refused to let her daughter be taken to the x-ray department. This patient is from a culture that believes that children can be protected by wearing special amulets and jewelry. They believe that when the amulets are removed the child is more susceptible to evil forces.

- You take the meal tray into the room of a forty-year old male patient who has been ordered a regular diet. The tray contains roast pork, mashed potatoes, carrots, and gelatin with whipped cream. The patient adamantly refuses the tray. This patient may be a member of a religious culture that prohibits the eating of pig and/or animal products. (Gelatin is made from pig bones.)
- One of your patients an American Indian woman from a local nursing home was to be admitted to your floor. You were attempting to complete the initial assessment and database for the patient. You were asking questions and filling in the appropriate information on the admission form. The patient was speaking in a very low voice. There are long periods of silence after each question you ask. The patient appeared to be upset by something. You did not hear the full response to the last question you asked and said to the patient “I’m sorry but could you repeat that for me?” At this point the patient turned her back to you and refused to answer any further questions. The American Indian people believe that individuals should listen to what is said to them. They consider it rude to ask questions that reflect you did not listen to them. Silence is also used to give the American Indian time to put your question into their own language and to think about their response.
- You are caring for a 3-year old African American male who has recently undergone surgery and has an intravenous line (IV) in place. The grandmother came to stay with the child so the mother can go home and care for her other children. The grandmother becomes upset and asks the staff “Why did you tie that baby down? He’s not any trouble.” This grandmother is from a culture that experienced much discrimination in her lifetime and she may view this use of restraints on her grandson as another such episode. Speaking to the family prior to the application of restraint about why they were necessary or to review alternative to the restraints could have prevented this encounter.

Conclusion

Providers often cringe when they need to care for a patient from another culture. However, using the information in this self-study will hopefully reduce the stress of this situation. Just remember when caring for persons from another culture that they are unique individuals with their own beliefs, values, and traditions. When caring for them you should not treat them as you would want to be treated because they may not have the same belief systems in place as you do. You should however treat them with respect and dignity. By providing patients with the opportunity to be open and honest about their beliefs you will gather the information you need to provide the patient with culturally competent care.

Please direct questions regarding this self study to Social Services, ext. 389.

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