This PowerPoint file is a supplement to the video presentation. Some of the educational content of this program is not available solely through the PowerPoint file. Participants should use all materials to enhance the value of this continuing education program.

Cultural Competency in Nursing

Sara Smock Jordan, PhD, LMFT
Associate Professor
Community, Family and Addiction Services
Texas Tech University, Lubbock, TX

Nursing I 37315
Goals

• Identify what cultural competency in nursing is
• Identify the process of cultural competence in the delivery of healthcare services
• Recognize specific cultural issues that arise in nursing
• Indicate tips for working with ethnic minority populations

Importance

• Vulnerable and minority groups in the United States today experience poorer health and healthcare relative to the overall population
• National nursing accrediting bodies state that cultural competence is a standard in nursing education
• Cultural competence in nursing students and professional nurses has the potential to decrease the health disparity in minority groups
  – research on cultural competence programs shows increased care provided to patients and improved patient outcomes
• Minority populations will outnumber the majority by 2042
  – currently, 87% of nurses are Caucasian
• Research shows that if diversity is neglected, the health of patients can be effected, leading to an increase in health disparities
• Cultural competence is important in nursing
  – nurses spend more time in direct patient care than other healthcare professionals
  – the practice of nursing is patient-centered
Cultural Competency

• Cultural competence
  — is the process and ability of an individual or organization to function effectively within different cultural situations
  — combines a set of congruent behaviors with attitudes and knowledge that facilitate an individual or a system to work successfully in various cultural contexts other than their own culture
  — a lifelong process by which individuals and systems respond respectfully and effectively to people of all cultures, backgrounds, and other diversity factors
  — it recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each

• Do not be “color blind”
  — do not ignore culture

• Not just for women and people of color
  — benefits everyone

Cultural Competence in Healthcare

• “Process, not an endpoint, in which the nurse continuously strives to achieve the ability to work within the cultural context of an individual, family, or community from a diverse cultural/ethnic background”

• Integrates three fundamental components:
  — linguistic competence
    • at the minimum, communication in the patient’s native tongue
  — workforce diversity
    • the need to recruit and retain vulnerable minorities in the healthcare workforce
  — workforce cultural competence
    • provide healthcare in the context of the patient’s culture
Transcultural Nursing Society (TNS)

- TNS enhances the quality of culturally congruent, competent, and equitable care that results in improved health and well-being
- 12 transcultural nursing standards of care:
  - standard 1: social justice
  - standard 2: critical reflection
  - standard 3: knowledge of cultures
  - standard 4: culturally competent practice
  - standard 5: cultural competence in healthcare systems and organizations
  - standard 6: patient advocacy and empowerment
  - standard 7: multicultural workforce
  - standard 8: education and training in culturally competent care
  - standard 9: cross-cultural communication
  - standard 10: cross-cultural leadership
  - standard 11: policy development
  - standard 12: evidence-based practice and research
- The treatment plan is successful when both the nurse and the patient mutually agree to healthcare needs, knowledge, and experiences

Code of Ethics

- Four primary principles are (identified by Beauchamp and Childress) as bioethics approaches:
  - autonomy (person’s right to make an independent decision)
  - nonmaleficence (doing no harm)
  - beneficence (obligation to do well, not harm)
  - justice (fairness, treat like cases similarly)
- many nurses add:
  - fidelity (keeping obligations, agreements, etc.)
  - veracity
  - accountability
  - privacy and confidentiality
Assessing Culturally Diverse Patients

• ETHNIC
  — Explanation: have patient explain their problem
  — Treatment: have patient describe what they have already done to treat their problem
  — Healers: Have they consulted other practitioners/healers?
  — Negotiate: healthcare options that fit for the client and their culture
  — Intervention: agreement on using various forms of treatment
  — Collaboration: with family, community, and spiritual leaders

Delivery of Healthcare Services

• Cultural awareness
• Cultural knowledge
• Cultural skill
• Cultural encounter

Cultural Awareness

• Requires being sensitive to values, beliefs, and practices of the patient
  — acceptance of differences
  — willingness to work with clients from different backgrounds
• Nurses need to examine their own biases of other cultures
• Examine one’s own values, beliefs, and practices
• Case example
  — a 25-year-old female patient is admitted for severe pain
  — upon assessment and testing, the surgeon states that surgery must occur very soon or the patient may not survive
  — the patient wishes to consult with her father, the elder, for advice
  — her father arrives at the hospital and says that his daughter can’t undergo surgery until she finds one of her lost souls
  — the surgeon stresses the urgency for the surgery and the father says that she isn’t allowed to have surgery without retrieving a lost soul, which can only be uncovered by a shaman
  — What would you do?
  — perhaps you could:
    • consult with the hospital social worker
    • talk to the family about how they can accommodate having their shaman visit the hospital (and preforming a ceremony)
    • provide resources to accommodate as best as possible
Cultural Knowledge

- Educate yourself on varying client cultures
  - religion and beliefs (especially as it pertains to medicine)
  - language and forms or interactions within groups
  - customs
  - gender roles
  - culturally specific disorders and culture-bound illnesses

Culturally Specific Syndromes Activity

1. Ataque de nervios
2. Amok and mal de pelea
3. Dhat
4. Falling out
5. Ghost sickness
6. Hwa-byung
7. Koro
8. Pibaloktog
9. Taijin kyofusho
10. Mal puesto, hex, root-work, and voodoo death
11. Susto, espanto, espasmo, and miedo
Descriptions

- **A** - among Asian communities (a man’s desire to grasp his penis resulting from the fear that it will retract into his body and cause death).
- **B** - among Latinos (tiredness and weakness resulting from frightening and startling experiences).
- **C** - in the Indian, Chinese, and Sri Lankan communities (extreme anxiety associated with a sense of weakness, exhaustion, and the discharge of semen).
- **D** - among American Indians (weakness and dizziness resulting from the action of witches and evil forces).
- **E** - in Asian communities (pain in the upper abdomen, fear of death, and tiredness resulting from the imbalance between reality and anger).
- **F** - in African American communities (seizure-like symptoms resulting from traumatic events, such as a death in the family).
- **G** - among Latinos (i.e., a neurotic or psychotic episode due to a traumatic event).
- **H** - among African Americans and Latinos (unnatural diseases and death resulting from the power of people who use evil spirits).
- **I** - in the case of clients from the Arctic and subarctic Eskimo communities (excitement, coma, and convulsive seizures resembling an abrupt dissociative episode; often associated with amnesia, withdrawal, irritability, and irrational behaviors, such as breaking furniture, eating feces, and verbalization of obscenities).
- **J** - among clients from Malaysia, Laos, Philippines, Polynesia, Papua New Guinea, and Puerto Rico (a dissociative disorder involving outbursts of violent and aggressive or homicidal behavior directed at people and/or objects).
- **K** - in the case of Asian communities (guilt about embarrassing others and timidity resulting from the feeling that one’s appearance, odor, or facial expressions are offensive to other people).

Culturally Specific Syndromes Activity

1. **Ataque de nervios** - **G**
2. **Amok** and **mal de pelea** - **J**
3. **Dhat** - **C**
4. **Falling out** - **F**
5. **Ghost sickness** - **D**
6. **Hwa-byung** - **E**
7. **Koro** - **A**
8. **Pibaloktog** - **I**
9. **Taijin kyofusho** - **K**
10. **Mal puesto, hex, root-work, and voodoo death** - **H**
11. **Susto, espanto, espasmo, and miedo** - **B**
Cultural Skills

• Specific practices and attitudes used in appropriate cultural settings to increase the quality of services
  — respond to cultural cues
  — overcome language barriers
  — understand gestures and facial expressions
• Learn how to determine a client’s values, beliefs, and practices by doing a cultural assessment
• You have a female patient who was admitted to the hospital for abdominal pain
• As you enter the patient’s room, you find that there are several family members present
• You need to ask the patient some questions and worry about maintaining confidentiality
• The patient’s paperwork states that the patient is a Pacific Islander
• How would you proceed?
  — saying to the patient, “I have some personal questions I need to ask you. Would you like any (or all) of your family to stay while we talk?”
  — asking for the patient’s wishes regarding who they would like present during the discussion meets the Standard of Care for Patient Confidentiality in a way that honors cultural beliefs
  — allowing family members to stay in the room and help the patient may increase patient outcomes

Asian American Patients

• “Yes” and “No” have opposite meanings in Japanese and Korean
• Some Asians don’t feel comfortable receiving compliments
• They tend to avoid physical contact in social interactions
• Giving small gifts is an important part of social interactions

American Indian Patients

• Communication
  — adapt your tone of voice, volume, and speed of speech patterns to fit patient’s communication style
  — in many cases, speech may be:
    • slower
    • silence more acceptable
    • learn not to interrupt
    • let a story be finished
    • defer to elders
  — eye contact varies in many cultures
    • for many native cultures, direct eye contact may be considered rude and disrespectful
      — be familiar with community norms around eye contact
      — be careful not to misinterpret lack of eye contact as a clinical sign (e.g., depression)
Black Patients

- Non-black service providers working with black patients
  - joining takes time
    - be direct, authentic, and honest
  - many white workers avoid discussing race with people of color
    - be willing to talk about issues of race
  - don’t try to convince a black client that you “understand” their problems (or that you have shared similar experiences)
  - understand the present day ramifications of racism
- African American providers working with black patients
  - African American families are more relaxed with black providers
    - can be useful to share your experiences with them but be professional
  - male-provider to male-client interactions may have tension
  - black clients that are “white-identified” may reject a black provider
  - don’t lecture to the black families you are working with

Latino Patients

- Find out about their immigration story
- Treat them warmly
- Don’t make them feel rushed
- Use a translator if needed
- Be a resource when they are not aware of their own

Jewish American Patients

- Be sensitive to their identity as “God’s chosen people”
- Being very vocal is highly respected
- Sexual modesty is important to women
- Mothers are seen as the educator of the family
- Be educated on family cycles and rituals:
  - bris, bar/bat mitzvah
Cultural Competence Quiz

1. A really conscientious nurse can eliminate his or her own prejudices or negative attitudes about certain types of patients.

**FALSE**

- Everyone possesses assumptions and prejudices
- Assumptions are often unconscious
- A culturally competent nurse will not allow prejudices to interfere with making an accurate diagnosis and designing an appropriate treatment plan

Cultural Competence Quiz

2. Cross-cultural misunderstandings between nurses and patients can lead to mistrust and frustration, but are unlikely to have an impact on objectively measured clinical outcomes.

**FALSE**

- Low levels of cultural competence can impede the process of making an accurate diagnosis, cause the provider to order contraindicated medication, and reduce patient adherence to recommended treatment
Cultural Competence Quiz

3. When a patient who has not adhered to a treatment regimen states that s/he cannot afford the medications prescribed, it is appropriate to assume that financial factors are indeed the real reasons and not explore the situation further.

FALSE

• Besides exploring financial issues with the patient, it is important for the nurse to ask about cultural and psychological factors that may impede adherence to the prescribed treatment regimen

Cultural Competence Quiz

4. Minority and immigrant patients in the U.S. who go to traditional healers and use traditional medicines generally avoid conventional Western treatments.

FALSE

• Some individuals from minority and immigrant groups use traditional treatments before turning to conventional Western medicine, or use both concurrently
Cultural Competence Quiz

5. In some cultures, it may be appropriate for female relatives to ask the husband of a pregnant woman to sign consent forms or to explain to him the suggested treatment options if the patient agrees and this is legally permissible.

**TRUE**

- In many cultures, men are not involved in the activities surrounding pregnancy or childbirth
- Yet they maintain the responsibility for making decisions and giving permission for treatment, medication, and hospital stays
- A female relative may have to intervene between the nurse and the father

Cultural Competence Quiz

6. A female Muslim patient may avoid eye contact and/or physical contact with male nurses because:
   a. She doesn't want to spread germs
   b. Muslim women are taught to be submissive
   c. **Modesty is very important in Islamic tradition**
   d. She doesn't like the provider
Tool Kits for Practice in Cultural Diversity

- National League for Nursing (NLN) recommends the development of a tool kit to support administrators and faculty in schools of nursing endeavoring to expand diversity at their institution
  - identifies that quality, safety, and diversity are woven together to provide culturally competent care
  - composed of assumptions, resources, and suggested questions recommended for review
- American Association of Colleges of Nursing (AACN) provides 6 core graduate cultural competencies for the preparation of the master’s and the doctoral nursing workforce2:
  - to prioritize the social and cultural factors that affect health in designing and delivering care across multiple contexts
  - to construct socially and empirically derived cultural knowledge of people and populations to guide practice and research
  - to assume leadership in developing, implementing, and evaluating culturally competent nursing and other healthcare services
  - to transform systems to address social justice and health disparities
  - to provide leadership to educators and members of the healthcare research team in learning, applying, and evaluating continuous cultural competence development
  - and to conduct culturally competent scholarship that can be used in practice

White Privilege

- 87% of nurses in the US are Caucasian
- Examples of white privilege
  - “I can be pretty sure that my neighbors in such a location, will be neutral or pleasant to me because the color of my skin”
  - “I can go shopping alone most of the time, pretty well assured that I won’t be followed or harassed or even accused of shoplifting because of the color of my skin”
  - “I can turn on the television, look at the front page of a newspaper, and see people of my race widely represented”
  - “When I am told about our traditions, our national heritage, about our civilization, I am shown that my people of color made it what it is”
  - “I can be sure that my children will be given materials that testify to the existence of their race”
  - “Whether I use checks, credit cards, or cash, I can count on the color of my skin to not work against me”
  - “I am never asked to speak for all the individuals of my racial group”
  - “I can be pretty sure that if I asked to talk to the person in charge, I would be talking to someone of the same racial group”
Responding to Racial Situations

1. Contact: when being white is viewed as normal and its privileges are taken for granted
2. Disintegration: heightened awareness of racial privileges and the social disadvantages that people of color experience
3. Reintegration: when we may have feelings of guilt and denial may be transformed into fear and anger towards people of color
4. Pseudo independence: intellectual understanding of the unfairness of racism and a need to assume a personal responsibility for breaking it down
5. Emersion: when you actively seek answers to questions
6. Autonomy: an ongoing self-examination in multiracial settings

Cultural Competency in Nursing

If you have any questions about the program you have just watched, you may call us at:
(800) 424-4888 or fax (806) 743-2233.
Direct your inquiries to Customer Service.
Be sure to include the program number, title and speaker.