

The many separate societies that emerged around the globe differ markedly from each other. And many of these differences persist to this day. As well as the more obvious cultural differences that exist between people, such as language, dress, and traditions, there are also significant variations in the way societies organize themselves in their shared conception of morality and in the ways they interact with the environment. Cultural diversity can be seen as analogous to biodiversity.

The American Nursing Association requires nurses to assess and meet clients' healthcare needs in ways that honor diverse cultural preferences. But what exactly is cultural competent care? To be culturally competent, the nurse needs to understand his or her own world views and those of the patient while avoiding stereotyping and misapplication of scientific knowledge. Cultural competence is obtaining cultural information and then applying that knowledge. This cultural awareness allows you to see the entire picture and improves the quality of care and health outcomes.

Health care workers who provide culturally competent care know that these cultural beliefs, values, and practices have a strong impact on how a person understands health and illness, and how health problems should be treated. They understand that health and well being are culturally defined and that clients will not attain a sense of health and well being unless their cultural needs are honored.

Culturally competent health care workers do not impose their cultural norms on the client. Instead, they believe it's the health care workers responsibility to adapt knowledge that clients will neither accept nor follow the plan of care unless it is consistent with the client's cultural understanding of health and illness. Adapting to different cultural beliefs and practices requires flexibility and respect for others viewpoints. Cultural competence means to really listen to the patient, to find out and learn about the patient's beliefs of health & illness. To provide culturally appropriate care, we need to know and to understand culturally influenced healthy behaviors.

This program will enable health care workers to become more sensitive to and accepting of culturally diverse clients. It will provide practical and effective methods of recognizing and dealing with the special needs of individuals of different cultures. It will prepare the health care worker to accept the role of client advocate and improve communication between the client and other members of the health care team. Everyone is a member of a particular culture. Each of us has a set of beliefs, traditions, and ways of behaving, values that we share with a group of people. These values are so much a part of us, we hardly give them a second thought. But in periods of great stress when people get sick, cultural differences sometimes take on new meanings. In our society, nurses don't have to travel to faraway places to encounter all sorts of cultural differences such as ethnic customs, traditions, and taboos. The United States provides plenty of opportunities for challenges stemming from cultural diversity. To be culturally competent, the nurse needs to learn how to mix a little cultural understanding with the nursing care they offer.

Caring for someone who's cultural background may be different from our own can lead to conflict, but it doesn't have to. The key is simple. Respect people and treat them as you would want to be treated. It's simple, and it's the golden rule. And remember that cultural problems usually occur when we ignore differences, think they're unimportant, or misunderstand.

Cultural considerations that could affect both you and your clients are religious beliefs, rituals or ceremonies, language, nonverbal communication, attitudes about health practices, family interaction, time orientation, space requirements, food preferences, methods of child rearing, dealing with pain. Later in the program, we'll explore how each of these considerations can affect your relationship with your client. And there's one single most important step. Develop respect for and acceptance of cultural diversity. Since the perception of illness and disease and their causes varies by culture, these individual preferences affect the approaches to healthcare. Culture also influences how people seek health care and how they behave towards health care providers. How we care for patients and how patients respond to this care is greatly influenced by culture.

Health care providers must possess the ability and knowledge to communicate and to understand health behaviors influenced by culture. Having this ability and knowledge can eliminate barriers to the delivery of health care. For example, let's take a look at the culture of Western medicine. You may be surprised to know that our ideas on medicine differ from other cultures. Some of these ideas of Western medicine are meliorism, make it better-- dominance over nature, take control-- activism, do something-- timeliness, sooner than later-- therapeutic aggressiveness, stronger equals better-- future orientation, plan, newer equals better-- standardization, treat similar the same.

In some other cultures, these ideas are in complete conflict with their beliefs. For example, accepting your illness or health issue with grace may override the need to make it better and intervene as soon as possible. In Western medicine, when you are ill, we strive to take control of the sickness through the use of drugs and treatments. Where in some cultures, they would find that offensive as it would disrupt their world view of harmony and balance with nature as well as using cautious deliberation before any course of treatment would even be attempted.

We cannot explore all of the possibilities in this program. It's a lifelong study. But if your attitude is open, willing, and like public television's Mr. Rogers, you accept everyone just the way they are, it's a good start. The first step is to put yourself in your client's shoes. No matter what cultural background he or she may come from, you must look at life the way he or she sees it before you can begin to do your job. This is a very difficult thing to do because we all bring our own set of cultural values, prejudices, and feelings along with us.

Cross, Bazron, Dennis, and Isaacs list five essential elements that contribute to an institution's or agency's ability to become more culturally competent. These include, 1, valuing diversity, 2, having the capacity for cultural selfassessment, 3, being conscious of the dynamics inherent when cultures interact, 4, having institutionalized cultural knowledge, and 5, having developed adaptations of service delivery reflecting an understanding of cultural diversity.

These five elements should be manifested at every level of an organization, including policy making, administration, and practice. Further, these elements should be reflected in the attitudes, structures, policies, and services of the organization. Caring is at the heart of what all of us in the health care field are committed to. Caring means treating others with respect out of kindness and consideration. Caring people recognize others as separate & unique persons with various needs. We cannot begin to tend to those needs unless we genuinely care.

Empathy is another important element of the communications process. Empathy happens when you feel what the other person is feeling. You see someone undergoing chemotherapy and you feel the anxiety and you appreciate the discomfort. You notice that someone is anxious and worried and you sense the same emotion. Empathy isn't the same thing as sympathy. Empathy means being objective about the situation and not getting too emotionally involved. If you get too involved, you won't be able to be objective and offer support and understanding.

Empathy isn't always easy. Some clients, as we know, are far more difficult to like than others. But you must make an honest effort with each of your clients. Caring and empathy are just the beginning. You must also evaluate your beliefs and values. The hardest part for some of you is realizing that your beliefs and values are not the most important consideration. The clients are, even if their wishes go against that of the health care team.

The American Hospital Association has developed a patient's bill of rights which clearly spells out what the client can expect from all health care workers. It makes clear that concern for the client's dignity as a human being is the main guideline for everyone on the health care team. This is an important value to respect and follow. But in the practical day to day performance of our duties, we sometimes lose sight of it. When it's forgotten, it puts the client on collision course with the institution.

Another value the institution holds dear reflects the values of the outside world. Hospitals, care facilities, agencies, and other institutions generally are run in a way which reflects a traditional AngloAmerican way of doing things, a belief in the benefits of action and change and an aggressive approach to diagnosis and treatment, an expectation that medical science will cure quickly and if possible painlessly, acceptance of surgery and prescription drugs. Health is seen as a basic right. There is no merit in suffering silently. So in hospital especially, we see a love of efficiency and order, a high value placed on timeliness, and probably most significant, the idea that medical science ought to be able to miraculously cure all of our ills-- rapid and dramatic intervention. There is also a heavy reliance on technology and less on emotional or spiritual resources as part of the curing process.

It should come as no surprise that for many people these institutional values don't make much sense. And the demand for more flexibility and accommodation has become so much more urgent as the population grows more diverse. As we've said before, in addition to language and socioeconomic barriers recognized to stand between minority populations & the health care system, there is an increasing awareness of the impact of diverse health and disease belief systems on the interaction of health care providers and patients of a different cultural heritage.

Researchers have begun to develop a set of guidelines for health care providers in a practice that serves a multicultural patient population. They have structured these guidelines around the following mnemonic, LEARN. L, listen with sympathy and understanding to the patient's perception of the problem. E, explain your perceptions of the problem. A, acknowledge and discuss the differences and similarities. R, recommend treatment. N, negotiate agreement.

It should be emphasized that the LEARN model isn't intended to replace completely the normal structure of the medical interview. During treatment, it can be looked at as a supplement to history taking and treatment of the patient that may have different cultural views on medicine. Let's discuss some cultural differences that can cause problems in a health care setting. Remember, these differences can be easily accommodated with sensitivity, utilizing the LEARN model we have discussed, and an attitude of

acceptance and a commitment to serve the client's needs. For example, let's discuss the idea of time. In general, to North Americans, health care is a way to prevent future illness or disease. They plan ahead and schedule appointments. And they show up on time.

Many other cultures have a very different concept of time. Many live much more in the present than in the future, and they are late or don't show up at all. The staff might think of them as rude or lacking in respect or that they don't really care about their health. The reality may be the client was busy doing something else and wasn't used to the idea of planning ahead. In situations where time schedules are highly valued and should be maintained-- for example, getting up for physical therapy - the staff can get very frustrated and angry. The best way to minimize conflict about time is to be sensitive to differences and to explain the need for promptness and to develop a plan to meet appointments. It would also be a good idea to find ways to make the situation as flexible as possible with regard to time. It's a give and take situation. Healthcare workers can be very important in recognizing potential problems caused by cultural differences and reporting them to supervisors.

Another important area of difference is a language. It's a good example of how the healthcare worker can establish trust & confidence on a personal level. We've stressed the importance of communication in establishing trust and empathy. But how can you communicate if you don't speak the language? Language barriers are not as difficult as they may seem at first. Sometimes, difficulties arise because workers are expecting not to understand. You'd be surprised at how well you could communicate even if you don't speak a word of the other's language.

Nonverbal communication can be a big help when dealing with a language problem. Some experts think body language, which includes facial expression, body movements, and gestures, is actually more reliable than spoken language. A client who is slumped over with his head down and slow movement, may signal depression. Rapid, agitated movements may suggest anxiety. Sometimes a client may deny pain, but you can see it written all over their face. It's your job to notice these signs and communicate them to others on the health care team. Remember, that certain cultures have rules about eye contact. In this country, it is considered rude to stare, but in other countries that's a compliment. For some cultures, status has implications for health care. Sometimes clients will respond with a yes no matter what the question is as a means of pleasing a superior.

Touching is another means of nonverbal communication which may have cultural implications. Some people hate to be touched. Others find it reassuring. Some southeast Asian cultures consider the head to be a sacred part of the body. Permission to touch the head should be requested before doing so. Spontaneously patting the head would be considered offensive in this culture. Be especially sensitive about touching. As you can see, there are many different ways of communicating that may be affected by many cultural behaviors. We're only describing a few to make you more sensitive to the varieties and the need for becoming more observant. If you have any questions or suggestions about dealing with a client from a different culture, talk to your supervisor. Remember, you are the clients representative. Any information you can contribute will help the whole health care team deliver the best possible service.

Developing culturally competent programs is an ongoing process. There seems to be no one recipe for cultural competency. It's an ongoing evaluation as you will continually adapt and reevaluate the way things are done. For nurses, cultural diversity tests your ability to truly care for patients, to demonstrate that we are not only clinically proficient but also culturally competent, that we care. Research describes four major challenges for providers and cultural competency in health care. The first is the straightforward challenge of recognizing clinical differences among people of different ethnic and racial groups- example, higher risk of HTN in African Americans and of diabetes in certain Native American groups.

The second, and far more complicated challenge, is communication. This deals with everything from the need to interpreters to nuances of words in various languages. In many instances, you may find the need to work through an interpreter. An interpreter serves multiple roles in a health care setting. Interpreters are there, of course, to be the translator of the language the patient is speaking. But they can also serve as a cultural broker. Cultural brokering is the active bridging, linking, or mediating between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change. Usually, the cultural broker is from one or the other culture, but could be from a third group. Often, they're capable of acting in both directions. The role covers more than being an interpreter, although this is an important attribute in crosscultural situations where language is part of the role.

Finally, an interpreter can act as a patient advocate. They will be able to convey expectations, concerns, and information to the patient in a way the patient may better understand. Family interaction is an important cultural value. The potential for conflict between staff and family is great, especially in an extended care facility. Sometimes, a family member will be an irritant to the staff because of a breakdown in communication. For example, in some cultures, placing an elderly parent in an institution is cause for considerable guilt. It's hard for any culture, but sometimes there is no other option. If a family member seems to be constantly trying to do something for the client such as bathing and grooming, it may be because he or she is trying to deal with their guilt, &

doing personal things for the client may be the only way that person can feel better about the situation. What appears to be a pushy, domineering, personality might just be someone trying to do his or her duty. Or, it just may be that's the way things are done in their house. Just because it is unfamiliar and may even force you to alter your routine, if the client wants the situation to continue, it is the client's right to choose to do so.

Food preferences can have a lot to do with a client's health. Eating habits can carry strong emotional and psychological as well as nutritional significance. Changing food preferences, even when it is clearly indicated, must be done with the client's full understanding and cooperation. Some people may refuse to change their eating habits, because in some cultures, the whole idea is not to prolong life but to make it more pleasant and enjoyable. If you notice any food related issues with your clients, report them to your supervisor.

In the area of religious practices and ceremonies, there is a lot to consider. American health care has not placed a high value on the effect of spirituality on health. It has always viewed them as two separate things. In many cultures, this separation is unthinkable. In fact, in many places, folkways are more highly valued than modern medicine. Be observant of religious articles around the client's neck or in the room. Crosses, Bibles, metals, rosaries, the star of David, prayer rugs are all outward signs of religious observance. Some religions believe that certain sacraments or ceremonies will assist the patient. Some people believe that the pain they suffer contributes to the well being of other people. If you notice someone who is in pain and who refuses pain medication, ask your supervisor to explore the issue further. There may be a way to relieve the suffering without interfering with religious practice. Be respectful of all religions and never try to impose your beliefs.

Ultimately, as a health care worker, you have certain responsibilities to the people you care for. Some things to keep in mind to make your job easier could be learned and use a few phrases of greeting and introduction in the patient's native language. This shows your willingness to learn about their culture. Tell the patient that the interpreter will translate everything that is said so they must stop after every few sentences. When speaking or listening, watch the patient, not the interpreter. Add your gestures et cetera while the interpreter is translating your message. Reinforce verbal interaction with visual aids and materials written in the client's language. Repeat important information more than once, if necessary. Always give the reason for a treatment or prescription. Ask the interpreter to repeat exactly what was said. Personal information may be closely guarded and difficult to obtain. Be patient with them. Patients often request or bring a specific interpreter to the clinic. In some cultures, it may not be appropriate to suggest advance directives for patients or patients with terminal illnesses. This is the cultural equivalent of wishing death on a patient. Avoid saying you must. Instead, teach patients their options and let them decide, such as, some people in this situation would--

Another challenge is ethics. While Western medicine is among the best in the world, we do not have all the answers. Respect for the belief systems of others and the effects of those beliefs on well being are critically important to competent care. The final challenge involves trust. For some patients, authority figures are immediately mistrusted, sometimes for good reason. Having seen or been victims of atrocities at the hands of authorities in their homelands, many people are as weary of caregivers themselves as they are of the care. As individuals, nurses, and health care providers, we need to learn to ask questions sensitively and to show respect for different cultural beliefs. Most important, we must listen to our patients carefully. The main source of problems in caring for patients from diverse cultural backgrounds is the lack of understanding and tolerance. Very often, neither the nurse nor the patient understands the other's perspective.

Effective health care workers practice culturally competent care when they seek to understand the health problem from the client's point of view. As a health care worker, you are there to provide not only medically competent care, but we must also provide culturally competent care. With these ideas in mind, you will be treating the whole person, which is the goal of every professional medical worker.