

Objectives

Upon completing this chapter, you should be able to:

Theory

1. Describe how culture influences health and health care choices.
2. Discuss the ways in which poverty often impedes adequate health care within our country.
3. Compare ethnic differences of Hispanic Americans and Middle Eastern Muslims.
4. Incorporate major differences in dietary and nutritional choices among cultural and religious groups into patients' care plans.
5. Identify three beliefs or values affecting health care that might be found among patients from the following cultural groups: Hispanic American, Asian American, American Indian, African American, and European American.

6. Plan ways to support the spiritual needs of patients of various religions.
7. Describe how religious beliefs and practices may affect health and health care choices.

Clinical Practice

1. Discuss ways to protect patients' rights when their culture does not permit the use of a medical intervention.
2. Demonstrate cultural competence and plan appropriate interventions when caring for a patient from a different culture.
3. Discuss boundaries of professional care for a patient whose religious beliefs are different from yours.
4. Identify signs of spiritual distress in a patient, and plan three interventions to relieve it.

Key Terms

agnostic (äg-NÖS-tik, p. 175)

atheist (Ä-thē-ist, p. 175)

baptized (p. 176)

beliefs (p. 175)

bias (BĪ-äs, p. 181)

chi'i (CHĒ, p. 183)

circumcision (sūr-kūm-SĪ-shūn, p. 177)

communion (p. 176)

cultural awareness (KÜL-chūr-äl a-WÄR-nēs, p. 179)

cultural competence (KÖM-pē-tēns, p. 179)

cultural sensitivity (sēn-sī-TĪ-vī-tē, p. 179)

culture (p. 174)

curandero (kūr-än-DĒ-rō, p. 183)

dialects (DĪ-ä-lēkts, p. 181)

egalitarian (ē-gäl-ī-TÄR-ī-än, p. 181)

ethnic (p. 179)

ethnocentrism (ēth-nō-SĒN-trism, p. 180)

faith (p. 175)

generalization (jēn-ēr-äl-ī-ZÄ-shūn, p. 180)

holistic (p. 183)

kosher (KÖ-shūr, p. 177)

matriarchal (MÄ-trē-är-käl, p. 181)

patriarchal (PÄ-trē-är-käl, p. 181)

personal space (p. 181)

prejudice (PRĒ-jū-dīs, p. 181)

race (p. 179)

religion (p. 175)

rituals (p. 175)

shaman (SHÄ-män, p. 183)

spiritual distress (SPĪR-ī-tū-äl, p. 185)

spirituality (p. 175)

stereotype (STĒR-ē-ō-tīp, p. 180)

subcultures (p. 179)

transcultural nursing (p. 179)

values (p. 175)

worldview (p. 175)

yang (p. 183)

yin (p. 183)

CULTURE, RELIGION, AND SPIRITUALITY

Culture, religion, and spirituality have a strong impact on health care. They influence the ways in which people think and behave. They influence lifestyle choices related to nutrition, exercise, stress management, smoking, and alcohol or drug use. Research demonstrates

that religious or spiritual practice has a definite role in recovery of health for many people.

Culture consists of the values, beliefs, and practices shared by the majority within a group of people. Culture includes the attitudes, roles, behaviors, and religious or spiritual practices accepted and expected by the cultural group. Cultural traditions are carried out

Review Questions for the NCLEX® Examination

Choose the **best** answer for each question.

- Demographers in the United States predict increasing numbers of older people because: *(Select all that apply.)*
 - the baby boomers are healthier as they get older than were previous generations.
 - medical technology is extending life for many, especially those with heart disease.
 - most people today are much happier than previous generations.
 - there are more wealthy people who can afford good health care.
 - more vitamins and supplements are available to delay aging.
- The biologic clock theory of aging states that:
 - body systems eventually wear out.
 - body cells are destined to live a specific period of time.
 - no one can live more than 110 years.
 - there is little one can do to change one's life span.
- Natalie and her parents live with her grandparents, second-generation Italian immigrants, on several acres of rural farmland. The family runs a pasta manufacturing plant on the property. This is an example of:
 - an intergenerational household.
 - a suburban household.
 - a single-family household.
 - the economic downturn.
- To fulfill Erikson's psychosocial stage, older adults can be encouraged to:
 - play with their grandchildren.
 - continue with hobbies and light exercise.
 - remain employed as long as possible.
 - review their lives, recalling accomplishments.
- The important behaviors that can help an older adult to age successfully include:
 - moving closer to a child.
 - remaining physically and mentally active.
 - limiting exercise to conserve strength.
 - eating at least 2000 calories daily.
- To help parents plan for possible future changes, adult children should:
 - investigate alternative housing arrangements.
 - keep communication lines open within the family.
 - choose a nursing home for the parent.
 - consult with the parent's physician.
- Depression in older adults: *(Select all that apply.)*
 - is a natural part of aging.
 - has been linked to high suicide rates in seniors.
 - is best treated with medication and counseling.
 - can be easily diagnosed by a health care professional.
 - may be the result of a chronic illness or loss of body function.
- Signs of elder abuse include: *(Select all that apply.)*
 - fear of caregivers.
 - bruises and cuts in various stages of healing.
 - timid and withdrawn behavior.
 - forgetfulness.
 - disheveled appearance.
- When trying to teach an older adult, an important aspect is to:
 - provide good illumination in the room.
 - present only one point per teaching session.
 - speak loudly and point as you talk.
 - use very simple language.

Critical Thinking Activities

Read the clinical scenario and discuss the questions with your classmates.

One of your home care patients is an 82-year-old woman with arthritis and type 2 diabetes. She had a hip replacement 3 months ago after a fall and has recently returned to her apartment after rehabilitation in a long-term care setting. You are to assist her with her hygiene needs and monitor her medications.

- What are some observations you could make to assess her cognitive abilities and stage of development?
- How might you assess her psychosocial development?
- What could you do to assist her in adjusting to this stage of her life?

and passed on from generation to generation. A group's **worldview** is the way in which the group's people explain life events and view life's mysteries. This view directs the formulation of **values**, which are those ideas and perceptions seen as good and useful.

Immigration has brought increasing cultural diversity to the United States and Canada. Patients from many different cultures and religions are encountered in all types of health care settings.

Safety Alert

Cultural Diversity and Medication Safety

- Asian and Hispanic patients may stop taking medications without telling their physician because of side effects. This may be due to a reluctance to share personal information.
- African Americans and Native Americans may doubt the need for medications when symptoms ease and may discontinue drugs such as antibiotics or antidepressants.
- Vietnamese patients may take only half of the prescribed dose of a medication, believing it is too strong.
- All ethnic groups metabolize central nervous system (CNS) medications more slowly than do whites and require smaller doses. Up to 10% of whites and 1% of Asians lack the enzyme that converts codeine to morphine in the body, making codeine an ineffective choice for pain medication in these people (Kaplow and Hardin, 2007).

Although the terms *religion* and *spirituality* are often used interchangeably, there is a difference. **Spirituality** concerns the intangible essence of our being that seeks to transcend the self, to understand one's place in the world, and to find meaning and purpose in life. Spirituality is an element of religion and may include a belief in a higher power, an inner source of wisdom, an ultimate other, or the supernatural. **Religion** is a formalized system of belief and worship. **Rituals** (ceremonial acts) or practices related to health, illness, birth, and death, and prescribed behavior are part of organized religion and sometimes spirituality. **Beliefs** are convictions or opinions that one considers to be true. **Faith** is a belief that cannot be proven, or for which no material evidence exists. A person who does not believe in God or a spiritual reality is an **atheist**. An **agnostic** is a person who doubts the existence of God or a nonmaterial reality because it cannot be proved or disproved.

Children often learn spiritual and religious beliefs (or nonbelief) from the family or culture. These beliefs mature in ways of thinking that influence lifestyle; behavior; attitudes; and convictions about life, health, illness, and death. Beliefs change over time and may be affected by changes in health. **During illness, and especially in the face of death, religious and spiritual beliefs may be strengthened, questioned, or rejected.** Health care decisions may be influenced by beliefs regarding health as a gift, or illness or disease as a punishment. There also may be religious prohibitions or

requirements for treatment. Some people with spiritual beliefs may see illness or disease as displeasure of the spirits that requires special rituals and ceremonies to appease. Prayer and meditation often are used along with a scientific medical regimen by spiritual and religious people.

MAJOR RELIGIONS IN THE UNITED STATES AND CANADA

Many different religions flourish in the United States and Canada. People who identify themselves as Christians are the majority. Until recently, people of the Jewish faith were the second largest group, but rapid increases in the number of Muslims now make Islam the second largest. All three religions have a faith in one God who created the world and has revealed himself at some point in history. Smaller numbers of people in the United States and Canada adhere to the religions of Buddhism, Hinduism, Confucianism, or Taoism (Daoism). These religions are prominent among the Southeast Asian, Chinese, Korean, Indian, and Japanese populations.

Religious beliefs and rituals are interwoven into a group's culture. However, not all members of a particular cultural group are of the same religion. **It is important to inquire about the spiritual life of each individual patient.**

CHRISTIANITY

The largest religion in the world is Christianity, with its three main divisions: Roman Catholic, Eastern Orthodox, and the Protestant faiths. Christians believe that the one God, to be in relationship with humanity, became human in the historical person Jesus, as told in the New Testament of the Bible. Death is viewed as a transition to an ongoing life with God. The Bible provides guidance and solace for Christians.

The administration of the sacraments, particularly the sacraments of baptism and communion, is important to most Roman Catholics. A priest or a religious leader should be called if the patient desires a sacrament. Catholic and Eastern Orthodox beliefs related to health care are presented in Box 14-1.

Protestant denominations began in the sixteenth century when religious leaders such as Martin Luther protested certain practices of the Roman Catholic Church. When these practices were not reformed, Lutheran and many other Protestant denominations were eventually founded. The Anglican Church began in the seventeenth century when a rift developed between King Henry VIII of England and the Roman Catholic Church. The Protestant religious leader is usually called a minister or pastor. Prayer, reading of scripture and devotionals, and attendance at church services are the main religious activities of Protestants.

Box 14-1 Roman Catholic and Eastern Orthodox Beliefs and Health Care**ROMAN CATHOLIC**

Birth: Infants must be **baptized** soon after birth because of the belief that babies not baptized will not go to Heaven. Even aborted fetuses must be baptized. If a priest is not immediately available, the nurse may baptize by pouring holy water on the head and saying, "I baptize you in the name of the Father, of the Son, and of the Holy Spirit." Chart the information in the nurse's notes, and inform the priest and the family.

Holy Eucharist: Patients receiving **communion** must not have anything to eat or alcohol to drink 15 minutes before receiving the consecrated wafer, if at all possible. If death is imminent, this fasting requirement is waived. Medicine and fluids may be taken any time.

Anointing of the sick: When the patient is ill, the priest is called to give this sacrament. He applies holy oil to the patient's forehead and hands. This sacrament may also be done after death. The nurse records this in the nurse's notes.

Diet: When hospitalized, the Catholic patient is excused from dietary rules.

Death: Catholics must receive the anointing of the sick, the Holy Eucharist, and make a confession. Although cremation is acceptable, ashes must not be kept in the home of a relative or friend. Scattering the ashes is considered an irreverent treatment of the human body. Ashes must be "committed to the sea or the ground in an urn, coffin, or other suitable container" (*Catholic Answers*, 2012).

Birth control: Natural family planning and abstinence are the only acceptable birth control methods. Nurses may teach family planning. Sterilization is forbidden unless needed for medical reasons.

Organ donation: Organ donation is acceptable if an individual is truly deceased, the person has given informed consent verified by a trusted source (consent of next of kin is acceptable if the individual did not previously make his wishes known), and the remains must be treated with respect (*Catholic Answers*, 2012).

Religious articles: Rosary beads are used to pray. Medals and other objects are important to the patient and should be kept visible and secure.

EASTERN ORTHODOX

Birth: The baby is baptized by immersion in water three times, followed by anointing with holy oil called chrism. Chrismation can only be performed by the patriarch or chief bishop of the local church.

Holy communion: Call the priest if the patient wants to receive communion.

Anointing of the sick: The priest will do this at the bedside.

Diet: Hospitalized patients are excused from fasting from meat and dairy products on holy days.

Holidays: Christmas is celebrated January 7, and New Year's Day on January 14.

Death: The priest must be called by the nurse while the patient is conscious for the patient to receive the last rites (anointing of the sick). The Orthodox Church discourages assisted deaths, autopsy, cremation, and organ donation.

Birth control and abortion: Not permitted.

Modified from Carson, V., and Koenig, H. G. (2008). *Spiritual Dimensions of Nursing Practice*, revised edition. West Conshohocken, Pa: Templeton Foundation Press, and *Catholic Answers* (2012). www.catholic.com. Accessed April 3, 2012.

Clinical Cues

Offer quiet time for reading of the scriptures or devotionals. Do not interrupt the patient for procedures during these quiet times.

Many Protestant patients may wish to have communion while hospitalized. Some believe in the anointing of the sick. Contact the pastor or minister for the patient desiring these sacraments. Many Protestant denominations oppose abortion except if the mother's life is in danger. Birth control decisions are generally left up to the individual family. Some Protestant denominations forbid the use of alcohol, tobacco, tea, coffee, and caffeinated substances because they are considered drugs. Some denominations, such as Christian Science, Jehovah's Witnesses, the Church of Jesus Christ of Latter-day Saints (Mormon), Unitarian Universalist Association, and the Unification Church, have their own religious texts, in addition to the Bible, which they consider authoritative. These texts lead to considerably different practices.

Protestant practices in specific areas relevant to health care are presented in Table 14-1. Because of the diversity of denominations and their beliefs, it is essen-

tial to perform a spiritual assessment to ascertain the patient's needs and concerns.

? Think Critically

From the information in Table 14-1, you know that Jehovah's Witnesses will not accept a blood transfusion. How would you react if a 24-year-old female accident victim who is a Jehovah's Witness says that she refuses to accept a blood transfusion, even though she knows she is likely to die without it? How would you handle this situation?

ISLAM

Islam is one of the fastest growing religions in the world. It is most prevalent in the Middle East, Africa, Asia, and parts of Eastern Europe. It emphasizes equality of the races and social classes and attempts to promote brotherhood for all. The prophet Muhammad, who made Mecca the focal point of this religion, is believed to have received revelations from God through the angel Gabriel during meditation in the seventh century. Muhammad began preaching that there is only one God, Allah. Visions experienced by Muhammad during his life were written in the Koran

Table 14-1 Protestant Beliefs Affecting Health Care

DENOMINATION	BELIEFS
Christian Science	<ul style="list-style-type: none"> Do not normally seek traditional health care; have their own midwives and nurses. Believe that sickness, evil, and sin are not of God but of the mind. Illness and sin can be changed by altering thoughts rather than by medical intervention. Illness and sin are overcome through prayer, which alters thoughts. A practitioner may be called to minister to the sick person to provide spiritual healing. May seek the services of an orthopedic surgeon to set a fracture. Do not take medications.
Jehovah's Witness	<ul style="list-style-type: none"> Abortion is forbidden. Taking blood into the body is prohibited, and transfusion of blood or blood products is not permitted. Transfusion with dextran or blood expanders is permitted. An organ transplant may be accepted, but the organ must be cleansed with a non-blood solution before transplantation. Only meat that has been drained of blood may be eaten. The body must be buried with all its parts, which prevents donation of tissues.
Church of Jesus Christ of Latter-day Saints	<ul style="list-style-type: none"> A church elder should be notified in the event of death. Natural means of birth control are recommended. Cleanliness is vital. A sacred undergarment may be worn that should be removed only in an emergency. If removed, the garment should be put back on as soon as possible.
Seventh-Day Adventist	<ul style="list-style-type: none"> The Sabbath is observed on Saturday. Many are vegetarians, and most avoid eating pork.
Unitarian Universalist Association	<ul style="list-style-type: none"> Strong belief in woman's right of choice regarding abortion. Advocate donation of organs and body parts for transplant and research.
Mennonite	<ul style="list-style-type: none"> Women may wish to wear head covering while hospitalized.

and include instructions and guidance about how to live a good life and thereby achieve salvation. An **imam** is a Muslim religious prayer leader, and the main place of worship is the mosque (Figure 14-1).

Women in a traditional Islamic family may not have the independence that the American assumes as a norm, and they may not be allowed to make decisions about their health care. Sometimes the woman's husband or father must be present to give consent for treatment. Beliefs and practices related to health care are listed in Box 14-2.

Elder Care Points

The Muslim patient may insist on a same-sex caregiver because of the strong taboo regarding touching nonfamily members of the opposite sex.

JUDAISM

Judaism has several branches: Orthodox, Conservative, Reform, and Reconstructionist. The religious leader in Judaism is called a **rabbi**, and the main place of worship is the synagogue (temple). Judaism began when the one God revealed himself to the nomadic tribes of the Middle East at Mt. Sinai in Egypt thousands of years before the birth of Christ. Strict rules regarding hygiene, diet, ethical behavior, social justice for the powerless, and religious ceremony were passed down orally and later written down in the Torah, which is the basis for both the Hebrew Tanakh and the Christian

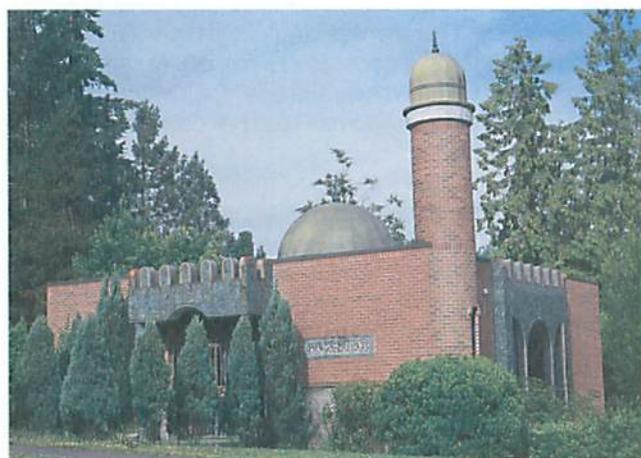


FIGURE 14-1 The main place of worship for Muslims, the mosque.

Old Testament. Orthodox Jews follow the strictest interpretation of Jewish law. Food is prepared according to Jewish dietary laws during slaughter, processing, and packaging and is then labeled **kosher**. Jewish religious laws may be relaxed during illness, but it is still important to consult with the patient to be certain that nursing care does not cause spiritual distress. There are rituals regarding care of a dead body and burial, and the rabbi should be consulted.

Circumcision is a Jewish religious ritual performed by a man called a **mohel** on the eighth day of a boy's life. It involves the ceremonial removal of the penile foreskin. Box 14-3 presents the major Jewish beliefs to be considered when planning health care.

Box 14-2 Muslim Beliefs and Health Care

Birth: After birth, the baby is bathed immediately and then given to the mother. The father whispers the call to prayer in the infant's ears. Circumcision is recommended before puberty. A baby born prematurely but at 130 days of gestation or more is treated the same as a full-term infant.

Diet: No pork or alcoholic beverage is allowed. All meat animals must be killed and blessed in a special way.

Death: Patients must face Mecca and confess sins and beg forgiveness in the presence of the family. If family is unavailable, any practicing Muslim can provide this support. After death, the body should not be touched until the family has washed and prepared it and positioned it facing Mecca. Burial is performed as soon as possible. Cremation and organ donation is forbidden. Autopsy is prohibited except for legal reasons.

Birth control and abortion: Many believe that artificial birth control interferes with God's will; others believe that women should have only as many children as the husband can afford, and contraception is permitted. Abortion is forbidden.

Other practices: Washing is required at prayer time. Privacy must be provided for prayer. The Koran should not be touched by anyone ritually unclean, and nothing is to be placed on top of it.

Care of women: Women are not allowed to sign a consent form or make decisions about family planning; therefore the husband must be present. Muslim women are modest and usually wear clothing that covers all of the body. Muslim women prefer female physicians.

Modified from Carson, V., and Koenig, H. G. (2008). *Spiritual Dimensions of Nursing Practice*, revised edition. West Conshohocken, Pa: Templeton Foundation Press.

Box 14-3 Jewish Beliefs and Health Care**ORTHODOX JUDAISM**

Birth: Babies are named by the father. Male children are named 8 days after being born, when circumcision is done. Female babies are usually named while the Torah is read in synagogue. Nurses need to be sensitive to the wishes of parents of an infant who has not yet been named.

Care of women: The woman is thought to be not in a state of purity during her menses or after the birth of a child until she has bathed in a pool called a mikvah. Nurses need to be sensitive to the woman's needs. The Orthodox Jewish man cannot help the woman with her care; the nurse will need to do so.

Dietary: Kosher rules include no mixing of milk and meat, using separate utensils for milk and meat, not eating any animal not slaughtered according to Jewish law, fasting during the Yom Kippur holiday (unless one cannot fast for medical reasons), not eating raised breads during Passover, and saying thanksgiving before and after meals. Nurses can help by giving the patient time and quiet for this practice.

Sabbath: From sunset Friday to sunset Saturday, the laws say not to ride in a car; smoke; or use lights, money, telephone, or television. Surgery or other medical treatments are postponed if possible.

Death: Death happens when respiration and circulation cease and cannot be corrected. Orthodox Judaism forbids assisted death. It is the duty of the family and friends to visit, and someone needs to be with the patient when he or she dies and when the soul leaves the body. The body should not be left alone until burial, usually within 24 hours. The body may only be touched or washed by an Orthodox

person or the Jewish Burial Society. On the Sabbath, a body must not be handled. The nurse may do basic care while wearing gloves. Autopsy is not approved of. If done, all body parts removed must be buried with the body.

Birth control and abortion: Birth control is discouraged, and vasectomies are forbidden. Abortion is allowed only to save the mother's life or in very dire circumstances.

Organ transplantation: This may be allowed with the rabbi's approval.

Shaving: The beard is a sign of holiness, and no blade must touch the skin. Scissors or an electric razor may be used.

Hats: Orthodox men wear skull caps (yarmulkes) all the time, and women cover their hair after marriage.

Prayer: Prayer to God is required. Nurses need to allow a quiet environment for prayer.

REFORM JUDAISM

Birth: Orthodox practice may or may not be observed, but circumcision may be practiced.

Care of women: The beliefs do not follow the rules about not touching women.

Dietary: Kosher diets are usually not observed.

Sabbath: There is Friday evening worship in temples but no other rules.

Death: The beliefs allow life support but no heroic measures. Cremation is allowed, but it is preferred that the ashes be buried in a Jewish cemetery.

Organ transplantation: This is allowed with the rabbi's approval.

Hats: Praying is usually done without yarmulkes.

Modified from Carson, V., and Koenig, H. G. (2008). *Spiritual Dimensions of Nursing Practice*, revised edition. West Conshohocken, Pa: Templeton Foundation Press.

HINDUISM, BUDDHISM, AND TAOISM

Many Hindus are vegetarians because they believe that eating meat involves harming a living creature. Illness is seen as the result of the misuse of the body or a consequence of sin committed in a previous life. They

strongly believe that life is controlled by God and that the individual has little control over what happens. Within the family, the eldest woman is considered the authority on health and healing matters. She should be consulted and included in any patient teaching.

Ayurvedic medicine, founded in India, follows principles of “hot” and “cold” to balance the diet as needed for the season and the disease state.

Buddhists believe spiritual peace and liberation from anxiety through following Buddha’s teachings are important in promoting health and recovery. Taoists believe that illness or disease is due to an imbalance in yin and yang.

Elder Care Points

- Elderly patients may be particularly upset with interruptions in their religious practice caused by illness or hospitalization.
- Providing time for prayer, reading scripture to them, or contacting their religious leader may assist in decreasing spiritual distress.

The Asian diet consists of less meat and more vegetables than that of other Americans. Meats are sliced, diced, or shredded and added in small quantities to vegetables. A variety of sauces and spices are used in cooking. “Hot” or “cold” foods are consumed during illness or disease to regain balance within the body. Many religions have dietary rules (Table 14-2).

CULTURAL GROUP CHARACTERISTICS

The main characteristics that differentiate cultural groups from one another are nationality, race, color, gender, age, and religious affiliation. **Race** is a biologic way of categorizing people. Race is based on physical characteristics such as skin color and texture, facial characteristics, and body proportions. Various **ethnic** groups are found within a race; these groups are usually differentiated by geographic, religious, social, or language differences (Purnell and Paulanka, 2008).

Major cultural groups in the United States and Canada are European Americans, American Indians, African Americans, Hispanic Americans, Asian/Pacific Islander Americans, and Arab Americans. **Subcultures** are smaller groups within the culture whose members have similar views and goals in addition to or in place of those of the main culture. A subculture may be based on a variety of characteristics such as socioeconomic status, education, occupation, political beliefs, sexual orientation, or residence in a rural versus urban area.

Those living in poverty, a socioeconomic state, become a subculture because of the shared beliefs and practices of the poor. Their orientation is day-to-day survival with little hope for the future. They may have unstable family relationships, alcohol and drug abuse, and often elderly grandparents caring for young children. Emotional and physical disorders may prevent some poor people from meeting their basic needs for shelter, food, and clothing, and they become homeless. The poor and the homeless are more likely to suffer from illnesses and diseases such as malnutrition and tuberculosis, and chronic disorders may become worse

because they go untreated. Because of lack of funds, lack of transportation, or lack of access to health care, the poor may not attend to preventive health practices or seek medical care for acute illnesses.

TRANSCULTURAL NURSING

Transcultural nursing is a term used by Madeline Leininger to describe care that recognizes cultural diversity and is sensitive to the cultural needs of the patient and family. It is based on the fact that, although there is diversity or differences among cultures, universal patterns of behavior exist. **Leininger described human caring as what all people need most to grow, remain well, avoid illness, and survive or face death** (Leininger, 2006). Thus human caring is part of every culture, but it may be expressed in different ways.

DEVELOPING CULTURAL COMPETENCE

Nurses must develop cultural awareness and cultural sensitivity in order to deliver culturally competent care. **Cultural awareness** involves knowledge of a people’s history and ancestry and an appreciation for their artistic expressions, foods, and celebrations. **Cultural sensitivity** is refraining from using offensive language, respecting accepted patterns of communication, and refraining from speaking in ways that are disrespectful of a person’s cultural beliefs (Figure 14-2). **Cultural competence** involves knowing yourself, examining your own values, attitudes, beliefs, and prejudices. Keeping an open mind and trying to look at the world through the perspectives of diverse cultures is another aspect of cultural competence. Learn all you can about other cultures. Literature written by authors from other cultures can provide a wealth of information and insight into others’ views of the world. Respect differences among people, recognizing that every group has its strengths and weaknesses. Be open to learning by

Cultural Considerations

Cultural Aspects to Consider

The following should be considered when caring for a patient from a different culture:

- Form of address considered appropriate within the culture
- Whether an interpreter is needed
- Whether eye contact is considered polite or rude
- Amount of space between speakers considered appropriate when conversing
- The meaning of nonverbal gestures such as head nodding, smiling, and hand gestures; unacceptable gestures
- When, where, and by whom touch is acceptable
- Who the traditional decision makers are within the culture and family
- Manner and attire of a person considered a “professional,” one whose instructions are valued

Table 14-2 Religious Dietary Practices

	SEVENTH-DAY ADVENTIST	BUDDHIST	EASTERN ORTHODOX	HINDU	JEW	MUSLIM
Beef	—	Avoided by most devout	—	Prohibited or strongly discouraged	—	—
Pork	Prohibited or strongly discouraged	Avoided by most devout	—	Avoided by most devout	Avoided by most devout	Prohibited or strongly discouraged
All meat	Avoided by most devout	Avoided by most devout	Permitted but some restrictions apply	Avoided by most devout	Permitted but some restrictions apply	Permitted but some restrictions apply
Eggs/dairy	Permitted but avoided at some observances	Permitted but avoided at some observances	Permitted but some restrictions apply	Permitted but avoided at some observances	Permitted but some restrictions apply	—
Fish	Avoided by most devout	Avoided by most devout	Permitted but some restrictions apply	Permitted but some restrictions apply	Permitted but some restrictions apply	—
Shellfish	Prohibited or strongly discouraged	Avoided by most devout	Permitted but avoided at some observances	Permitted but some restrictions apply	Avoided by most devout	—
Meat and dairy at same meal	—	—	—	—	Prohibited or strongly discouraged	—
Leavened foods	—	—	—	—	Permitted but avoided at some observances	—
Ritual slaughter of animals	—	—	—	—	Practiced	Practiced
Alcohol	Prohibited or strongly discouraged	—	—	Avoided by most devout	—	Prohibited or strongly discouraged
Caffeine	Prohibited or strongly discouraged	—	—	—	—	Prohibited or strongly discouraged

NOTE: The **Mormon** religion discourages or strongly discourages both alcohol and caffeine; **Roman Catholics** permit meat but some restrictions apply. From Kittler/Sucher Food and Culture, 6e. © 2012 Brooks/Cole, a part of Cengage Learning, Inc. Reproduced by permission. www.cengage.com/permissions.

getting to know people. Learn to communicate effectively, being sensitive to the affect, body movements, use of personal space, and gestures of others (Narayan, 2006). Be resourceful and creative in modifying nursing interventions in culturally competent ways. Consider your nursing actions carefully when interacting with a patient from another culture.

Care must be taken not to let ethnocentrism affect one's attitude toward a patient. **Ethnocentrism** is the tendency of human beings to think that their ways of thinking, believing, and doing things are the only way or the only right way.

A **generalization** identifies common trends, patterns, and beliefs of a group. Generalizations may be true for the group, but not necessarily for an individual. Additional information must be sought from the individual patient to determine whether the generalization is true. It is essential not to stereotype a patient. A **stereotype** is a set opinion or belief about the group that is applied to an individual. "Hispanics like hot peppers" is a stereotype. Although many Hispanics may like hot peppers, this is not true of all Hispanic people. **Stereotypes can be negative or positive, but they all ignore the patient's uniqueness.**



FIGURE 14-2 Nurse giving traditional greeting to a Hindu patient. This method of greeting honors the spirit within each of us.

Bias or prejudice (positive or negative attitude or opinion that is unsupported by evidence) should not affect the quality of care a patient receives. **All patients should be given the same level of care regardless of race, socioeconomic status, gender, age, sexual orientation, spiritual/religious orientation, or personal habits.**

CULTURAL AND ETHNIC DIFFERENCES

Particular areas in which cultural difference is evident are communication, view of time, organization of the family, nutrition, issues related to death and dying, and health care beliefs (Purnell and Paulanka, 2008).

COMMUNICATION

An obvious cultural difference among people is language. A large city may have many different languages spoken by various groups, as well as differing **dialects** (regional variations of a language with different pronunciation, grammar, or word meanings). Cultural groups have different nonverbal communication patterns—for example, degree of eye contact that is acceptable, appropriate amount of **personal space** (space acceptable between two people when conversing), acceptable touching, and meaning of gestures such as head nodding. A Vietnamese patient may avoid eye contact as a sign of respect when talking with someone she considers an authority figure or who is older (Camphina-Bacote and Camphina-Bacote, 2009). An American Indian may find sustained direct eye contact rude or disrespectful. In European American culture, 18 inches is the usual space between people that is comfortable when they are talking together. Asians, people from the Middle East, and Hispanics tend to stand closer together when they converse. In some cultures it is not acceptable to disagree with a superior, which may result in patients giving an outward appearance of agreement even though they disagree with what is being said.

Learning key phrases in other languages frequently encountered, or using translation lists of common

questions or symptoms, is helpful. Most health agencies require certified interpreters to be used, either in person, via telephone, or remotely using video when a patient has been determined to have limited English proficiency. A **Certified Medical Interpreter (CMI)** knows the patient's language and customs and has gone through a formal training and certification process. You must follow your facility's policy in providing an interpreter whenever important information must be gathered (such as assessment) or shared (such as patient teaching). Avoid using family members as interpreters whenever possible because the patient may be reluctant to talk through a family member because of modesty or privacy concerns. The hospital will have a contract with a specific over-the-phone or remote video interpretation service, which is available 24 hours a day, 7 days a week. Document the use of this service in the nursing record.

VIEW OF TIME

Orientation to time varies from one culture to another, and attitudes about time can cause misunderstanding. An orientation toward the future is a European American dominant cultural value in the United States. There is a sense of time urgency (not enough time), and importance is placed on punctuality and schedules. Other cultures, notably the Hispanic American and the African American, do not have this same view of time. These cultures focus on the here and now, without the feeling of urgency to be someplace exactly on time. Generally, this applies to social occasions rather than business or medical appointments.

A second consideration of time is whether the culture is mostly concerned with the past, present, or future. Past-oriented cultures attach considerable importance to traditions. Ancestor worship may occur. Some people believe the past is unimportant and the future unpredictable; they live in the present. Future-oriented cultures place a high value on change where their circumstances will be improved. A balance of all three views is prevalent for many individuals. **It is important to know the patient's view of time.**

ORGANIZATION OF THE FAMILY

Family households may be male dominated (**patriarchal**), may be female dominated (**matriarchal**), or may share equality between men and woman (**egalitarian**). Knowing the family dominance pattern is important because the head of the household usually plays a role in health care decisions for the patient. Some cultures have specific roles for men and women. Men may be expected to provide for the family and protect its members; manage the finances; and deal with issues in the outside world, including decisions about health care. The expected female role may be to take care of the children, maintain the home environment, and perform all household tasks. These cultural differences must be respected without trying to impose a more egalitarian viewpoint, which is prevalent in the United States.

The position of the elderly varies according to culture. In some cultures the elderly are considered wise and are revered. They are provided for by their children when they cannot care for themselves. In other cultures, although the elderly are loved, when self-care becomes a problem, they may be cared for outside the home.

Extended family members may all live together in some cultures, with several generations under the same roof. In other cultures each couple, with or without children, has its own living space apart from the extended family.

NUTRITION

What people eat is influenced by culture. Food has much symbolic and social meaning. People learn from their family culture what foods are “good for you” or should be avoided or used for specific illnesses or diseases. Certain foods are associated with celebrations, and others with comfort and nurture. When a patient is in a health care facility, food choices may be limited, and the usual time and rituals of eating may change. Foods are categorized in some cultures (Asian, Hispanic, Middle Eastern) as “hot,” “cold,” or “cool,” based not on their temperature, but on their presumed effect in the body. Each culture has its own set of foods that are viewed as “hot” or “cold.” That effect is used to counteract illness or disease—cold foods are used to treat “hot” illnesses or diseases, and hot foods are used to treat “cold” illnesses or diseases. Because of these beliefs, some patients would consider it inappropriate to drink ice water when ill.

Clinical Cues

It is culturally sensitive to check with the patient before leaving a pitcher of ice water at the bedside.

Family members can often provide food for the patient that fits within the medical orders. Such additions to the health care facility diet not only meet nutritional needs but also provide security and belonging for a patient who may feel frightened and ill at ease in the health care setting.

Think Critically

What food and drink do you seek or avoid when you have the following illnesses: nausea or vomiting, a severe cough and stuffy nose, diarrhea? What foods calm you when you are stressed or upset?

DEATH AND DYING

It is important to avoid cultural taboos by becoming knowledgeable about rituals concerning death and bereavement. In some cultures the body must be buried whole; others prefer cremation. Pacific Islanders

leave a window open when someone dies, so that the soul can leave (Field, 2008). Learn cultural views about autopsy and organ donation before approaching a family on these issues. The family may have cultural rituals for preparing the body for burial. Expressions of grief are also culturally based. In some cultural and ethnic groups it is appropriate to display emotions, and in others one is expected to bear the grief of the loss in silence. There is cultural variation in how to best inform the patient of a terminal illness. For many Asian patients, face-to-face disclosure by a physician with privacy and time to absorb the bad news is important (Lie, 2011).

HEALTH CARE BELIEFS

Beliefs about health, disease, illness, and treatment are culturally based. In cultural groups that believe the world is dominated by supernatural forces, people think that their fate depends on the action of a god or gods. They are at the mercy of spiritual forces. Religion is an integral part of culture and often plays an important part in the patient’s treatment.

All cultures have an element of folk or home remedy medicine that is handed down through families for treatment of common illnesses. Folk medicine relies on home remedies and self-care practices. Folk medicine is often used first before consulting a health care professional, or it may be used along with seeking professional assistance for an illness. Treating a cough with a particular type of tea with honey and lemon is an example of a folk medicine remedy. A person may continue to drink the tea even after going to the clinic and receiving a prescription for antibiotics for a lung infection. Knowing how a patient’s family usually treats the type of illness the patient has is important in understanding a patient’s reluctance to follow the prescribed regimen for the illness. Although the scientific view of health care is the majority view in the United States, it may not be the belief of a person raised in another culture or in a U.S. subculture. Table 14-3 presents values, practices, and beliefs of various cultures.

Clinical Cues

Not all people of a particular culture have the same values, beliefs, or practices. Because of the many variables in what people believe about health and illness, it is essential to assess what each patient believes about the cause of the present illness or disease and the way to health.

Methods of treatment of illness or disease from cultures that believe in holistic health care are slowly becoming integrated into the Western science-based practice of medicine. Alternative therapies such as massage, acupuncture, and chiropractic adjustment are being recommended along with the use of prescription medications and other standard medical treatments. More and more evidence is pointing to a connection

Table 14-3 Common Cultural Values, Practices, and Beliefs

Asian/Pacific Islander Americans	<ul style="list-style-type: none"> • Value self-control, age, authority, and harmony (avoidance of conflict). • Maintain a holistic (attention to mental, social, spiritual, and physical aspects) view of health and illness in which nature is a dominant force. Health dependent on the flow of chi'i (universal life force or energy). If chi'i is out of balance or in disharmony, illness may result. • Yin (negative, dark, cold, feminine) and yang (positive, light, warm, masculine) are the names given other balancing forces affecting health; when they are out of balance with each other, illness may occur. • Acumassage (manipulating the energy flow), acupressure (compressing the flow), and acupuncture (inserting needles to interrupt the energy flow) are treatments used to restore balance between yin and yang. • May believe that a misdeed leads to illness or that disease or accident is due to misdeeds in a previous life. • Often are reluctant to express emotion to others. Tend to be stoic about pain. • Consider it disrespectful to disagree with those in authority. May be overly agreeable in attempt to maintain harmony. • Buddhism, Taoism, Hinduism, and Christianity are prominent faiths.
Hispanic Americans	<ul style="list-style-type: none"> • Value the family over the individual; family system is patriarchal (head of family is father). • Individuals must actively develop their potential through strength of will and volition. • Health is seen as a gift from God; maintain health by achieving equilibrium. • Equilibrium is achieved through prayer, religious objects, rituals, and use of herbs and spices, and by treating others fairly and with respect. • Often seek help within the family first when ill. Some may seek the services of a curandero (folk healer). • May believe in use of "hot" and "cold" foods to restore equilibrium (certain foods have hot or cold properties unrelated to temperature of food). • May be superstitious; some believe that staring at an infant or commenting on its beauty brings <i>mal de ojo</i> (the evil eye). May wear an amulet to ward off <i>mal de ojo</i>. • Wearing of religious objects and their placement in the home is common. • Expect a thorough examination when visiting a health professional. Often expect a prescription for treatment. • Consider it acceptable to be vocal about illness or pain. • Touch on the arm, shoulder, or back is comforting and helps promote rapport. • Expect health care personnel to dress professionally, listen attentively, and answer questions patiently. • Spiritual dimension of life is very important. • Health requires being in harmony with the supernatural forces and the Creator.
African Americans	<ul style="list-style-type: none"> • Among new immigrants or among lower socioeconomic families, health and illness may be intertwined with religion and with good and bad forces. • Families are often multigenerational, close, and supportive. Members of the church may also be considered "family." • Family structure is often matriarchal (mother is head of family). • May believe that all illness is preventable if they are attentive to their relationship with God, nature, and other people. • Folk or home remedies and faith healers may be used, as well as professional health care. • Christianity and Islam are prominent faiths.
American Indians	<ul style="list-style-type: none"> • Majority of tribes share a present orientation, a respect for the aged, and an inclination to work cooperatively with avoidance of individual gain. • Believe in keeping a natural harmony between humans and the universe. The universe is made up of individual, family, community, tribe, environment, and spirit world. • Each individual has a physical and a spiritual dimension, each of which is governed by different laws. Living by both sets of laws results in a balanced, healthy, and happy life. • Believe illness occurs when there is disharmony in some aspect of the individual, the environment, or the spirit world. • Believe in the cyclic nature of birth, life, and death. • Periods of silence and avoidance of eye contact show respect. • Health care practices are linked to spirituality and living in harmony with the universe. • Harmony is achieved by respecting the earth and all living things, honoring the spirits, and appeasing them when they are angry. • Treatment of illness includes herbal medicines, rituals, fasting, massage, and consultation with the shaman (medicine man or woman). • The family and community provide strength and spiritual support in times of illness.

Continued

Table 14-3 Common Cultural Values, Practices, and Beliefs—cont'd

European Americans	<ul style="list-style-type: none"> • Value youth, attractiveness, cleanliness, order, punctuality, individualism, education, and hard work. Future oriented. • Value self-care and self-improvement and use preventive health practices. • Maintain scientific view of health and illness in which life is controlled by physical and biochemical processes that can be altered by human intervention. • Often use home remedies before seeking professional health care. • Use medical technology and health care professionals to diagnose and treat illness. • Extended family support often disrupted by geographic distance. • Elderly may need care outside the family because of lack of family proximity or the demands of family's employment. • Christianity and Judaism are prominent religious faiths.
Arab Americans	<ul style="list-style-type: none"> • Value family and affiliation with others; may have daily gatherings of extended family. • Food plays a central role in life. Caring is shown by offering food. Muslims do not eat pork or drink alcohol. • Common bonds of group are the Arabic language and the Islamic religion, although many Arab Americans are Christian. • Touch is generally only acceptable between members of the same sex except within the family. • Considered rude to pass things with the left hand as it is considered "unclean." • Considered rude to sit with the sole of the shoe within view of someone. • Professional occupations are favored, and most people are well educated. • Expect an effective cure from health care rather than personal care. • May be reluctant to disclose detailed information about themselves to strangers.

between mind and body that influences health, and more emphasis on the use of prayer and meditation is beginning to occur.

Patient Teaching

Meditation

Meditation can be used as part of spiritual practice for clearing the mind and focusing, or simply as stress relief. There are various types of meditation. Here is a basic meditation technique that can be taught to patients. Meditation creates a relaxation response and has been demonstrated to reduce anxiety.

- Choose a quiet place in which to meditate.
- Plan a session of 20 minutes while learning; time can be extended to an hour later if desired.
- Choose the floor, a portion of the bed, or a chair in which to sit while meditating.
- Assume a comfortable position with legs either crossed in front or flat on the floor. Try to keep your back straight. Position your hands so that the right index fingertip touches the tip of the left thumb. (Rationale: If you start to fall asleep, the pressure on the thumb will awaken you.)
- Close your eyes, but remain awake and relaxed.
- Begin slow, deep, abdominal breathing. Think of breathing in light and joy and breathing out troubles and stress.
- Focus on a low humming sound, a single thought of a bright light, or an image of a bright red-orange ball.
- Do not fight thoughts creeping into your mind, but dismiss them and return to your focus.
- You may have a clock close by and can slowly open your eyes to check the time toward the end of the meditation period.
- *When the time is up*, open your eyes and stay in position for a few minutes to adjust to the outer world again.
- Get up slowly and evaluate the positive effects of the experience.

Elder Care Points

- The older patient is more likely to value long-held cultural patterns.
- Conflicts may arise among the generations when the children have adopted the modern cultural view and seek to impose it on their elderly parents.

SUSCEPTIBILITY TO DISEASE

Certain diseases are passed from parent to child through the genes that determine a person's characteristics. Nurses should be alert for signs of disorders that are common to a particular culture or race. People of African or Mediterranean background are predisposed to sickle cell trait or sickle cell anemia, a blood disorder that is passed from parents to child. Keloid formation (abnormal scar tissue formation) and sarcoidosis (fibrous nodules that can interfere with function) are also more common in African Americans. People of Eastern European Jewish ancestry may carry the trait for a fatal neurologic disorder of infancy called Tay-Sachs disease. Lactase deficiency—the absence of an enzyme needed to digest lactose, a sugar found in milk and milk products—is common in people of Hispanic, African, Chinese, Thai, and American Indian origin.

Diabetes is more common among the Hispanic and American Indian populations because of a genetic susceptibility. Hypertension is prevalent among African Americans and some Pacific Islanders. A part of obtaining knowledge for cultural competence is to learn about various disorders that are predominant in a particular group.

❖ APPLICATION OF THE NURSING PROCESS

■ Assessment (Data Collection)

Consider the general aspects of the patient's culture and spiritual orientation before beginning the assessment. What are the social customs? What are the non-verbal communication patterns? Is eye contact considered polite or rude? Is touch acceptable? What are the taboos regarding touch? What is the appropriate personal space between people when talking? Begin the introduction in English unless you speak the patient's language. Obtain an interpreter if one is needed, and then begin the general assessment.

The Joint Commission requires that every patient receive a spiritual assessment by a nurse. Observe for the presence of religious or spiritual objects such as a cross, Star of David, Bible, rosary beads, prayer shawl or cap, feathers or amulets, crystals, or books on spirituality. Listen for references to church, temple, or mosque; religious or spiritual activities; or God. See the following Focused Assessment for the patient's cultural and spiritual dimensions.



Focused Assessment

Cultural and Spiritual Assessment

To assess cultural aspects that may affect health care, ask the following questions:

- What do you think caused this illness?
- What problems has the illness created for you?
- What has been done to treat the illness so far?
- What do you fear about this illness or its treatment?
- What type of treatment do you think is appropriate?
- What benefits do you expect from treatment?
- What traditional remedies or rituals might be used in your culture to treat this illness?

Some simple questions can identify spiritual aspects that need further exploration or referral to a spiritual or religious counselor:

- Are you a member of a religious or spiritual group?
- Is there anything we (the nursing staff) should know about your religious practices or your spiritual needs?
- Are there any foods that your religion forbids?
- What do you do to nurture your spirituality?
- Does prayer help in your life? Do you meditate?
- Is there a spiritual or religious leader (priest, rabbi, pastor, imam) with whom you would like to meet? Would you like to talk with the chaplain?
- Tell me about the beliefs in your faith that are important to you: What helps you cope with this illness? What worries you or frightens you?

■ Nursing Diagnosis

Some nursing diagnoses specifically related to cultural and spiritual problems or differences might be as follows:

- Impaired verbal communication
- Decisional conflict
- Spiritual distress

Spiritual distress may be related to feelings of guilt and unworthiness if the patient views illness as punishment for wrongdoing or sin. Other indications of spiritual distress are feelings of abandonment, anger, despair, or hopelessness as the patient questions the presence of God. Fear of death also causes spiritual distress. The need to seek forgiveness, either from significant people in the patient's life or from God, is often expressed. Spiritual distress may also be related to a conflict between one's religious or spiritual beliefs and medical treatment or the inability to attend or actively participate in religious services or spiritual rituals.

■ Planning

While planning care, consider the patient's family, social support system, and belief in culturally traditional health care practices. Write individual expected outcomes for the selected nursing diagnoses. Integrate the patient's cultural practices related to the illness and treatment into the planned interventions as much as possible. Expected outcomes related to the above nursing diagnoses might be that the patient will:

- Express comfort with the designed care plan.
- Express needs and opinions through an interpreter.
- Cope with cultural differences of agency routines.
- Develop, reestablish, or continue the spiritual practices that nurture a relationship with God or a higher power.
- Express comfort with her relationship to God and significant others.
- State that she feels at peace.
- Identify and employ spiritual supports: prayer, reading, visits from religious/spiritual representative, engagement in religious/spiritual rituals.

■ Implementation

Implement care with consideration of the patient's usual cultural and spiritual practices. Enlist various



Cultural Considerations

Culturally Sensitive Nursing Interventions

- Secure a skilled interpreter for history taking or important teaching.
- If needed, use "flash cards" with common phrases or questions in the patient's language or a phrase book.
- Assist the patient and the family in designing a therapeutic diet with culturally indicated or preferred foods.
- Involve the extended family in formulating the patient's treatment plan.
- Advocate for the patient's right to choose treatment or refuse treatment.
- Provide quiet, private time for prayer or meditation.
- Contact religious or spiritual leader for the patient.
- Incorporate in the care plan religious or spiritual ceremonies that are significant to the patient.



FIGURE 14-3 Observe and respect the way in which extended family members view being involved in the health care decision making.

family members to assist with the patient's care if that is desirable within the culture (Figure 14-3). Provide cultural information to other health team members. Show courtesy and respect for the patient as an individual.

Developing a therapeutic caring relationship permits patients to express their fears, concerns, and distress and allows the nurse to identify spiritual interventions. **One's own spiritual or religious beliefs must be set aside when they differ from those of the patient.** One helpful intervention is to assist the patient in using prayer or meditation to reduce spiritual distress. At the patient's request, praying with or for the patient can be comforting. Reading scripture is also calming for many. The Psalms are particularly supportive and are part of the Christian, Jewish, and Islamic traditions.

Religious objects may be important to the patient. Be certain that items such as a medal or crucifix, rosary beads, Bible, Koran, prayer shawl and cap, or prayer rug are respected and within reach (Figure 14-4). If these must be removed during surgical procedures, assure the patient that they will be restored as soon as possible after the surgery. In some hospitals, special



FIGURE 14-4 Attending to the patient's spiritual needs.

arrangements can be made to keep the item with the patient throughout the surgery or procedure.

? Think Critically

How do you feel about reading scripture or praying aloud with a patient? How would you respond to a patient if you were asked to do these things and are not comfortable doing either of them? How can you still meet the patient's spiritual needs if you are not able to read from scripture or pray with the patient?

■ Evaluation

Evaluation is based on achievement of the expected outcomes, not whether treatment is successful from the standpoint of the nurse's cultural orientation. Transcultural nursing is successful when a mutual understanding and trust develop between the patient and the nurse. Nurses must be sensitive to their patients' cultural and spiritual aspects to give holistic care. Nurses can contribute to a positive health care experience when they learn about the patient as a unique individual and advocate for the patient's rights to choose health care practices that fit with her cultural or spiritual background.

Get Ready for the NCLEX® Examination!

Key Points

- Culture includes the values, beliefs, behaviors, and religious or spiritual practices of the majority within a group of people.
- Patients from many different cultures are encountered in all health care settings.
- Many lifestyle choices are all influenced by culture.
- Religion or spiritual practice has a definite role in recovery of health for many people.
- Cultural competence requires learning about the various religions of the world and their health care beliefs.
- Nationality, race, color, gender, age, and religious affiliation are the main characteristics that differentiate cultures from one another.
- People within the subculture of poverty may have a difficult time meeting their health care needs.
- Transcultural nursing is nursing care that recognizes cultural diversity and is sensitive to the cultural needs of the patient and family.
- Cultural awareness and cultural sensitivity are necessary for delivery of culturally competent nursing care.
- Areas in which cultural difference is evident are communication, view of time, organization of the family, nutrition,

issues related to death and dying, and health care beliefs (see Table 14-3).

- Be familiar with the major potential health problems of each cultural group to assess for signs of those diseases and disorders.
- In assessment, display cultural sensitivity and include spiritual/religious data collection.
- Choose nursing diagnoses based on the assessment data; write specific expected outcomes for each.
- Include interventions that demonstrate cultural and spiritual sensitivity in the nursing care plan.
- Base evaluation on the achievement of expected outcomes.

Additional Learning Resources

SG Go to your Study Guide for additional learning activities to help you master this chapter content.

evolve Go to your Evolve website (<http://evolve.elsevier.com/deWit/fundamental>) for the following FREE learning resources:

- Animations
- Answer Guidelines for Think Critically boxes and Critical Thinking Questions and Activities
- Answers and Rationales for Review Questions for the NCLEX® Examination
- Glossary with pronunciations in English and Spanish
- Interactive Review Questions for the NCLEX® Examination and more!

Review Questions for the NCLEX® Examination

Choose the **best** answer for each question.

1. Culturally competent care is best defined as:
 1. generalized care that will not offend any particular cultural group.
 2. care delivered by nurses who have a thorough understanding of their own cultural heritage.
 3. care adapted to the patient's cultural beliefs and values.
 4. care that only imposes the nurse's own cultural norms when they will not interfere with the patient's.
2. Which nursing intervention might be considered insensitive by some cultural groups?
 1. Avoiding constant direct eye contact when performing patient teaching
 2. Providing a pitcher of ice water at the bedside
 3. Encouraging a patient to complete the full course of antibiotics
 4. Offering herbal tea when administering medications
3. Your 45-year-old, mentally competent patient is having excessive blood loss from surgery. She is a Jehovah's Witness and refuses a blood transfusion. Her blood pressure has been falling, and she has a rapid heart rate. What would an appropriate nursing intervention be?
 1. Assist the RN in administering IV fluid boluses and medications to support the blood pressure.
 2. Make the patient comfortable with a warm blanket, since she is avoiding lifesaving measures.
 3. Prepare to help the RN administer blood after the patient loses consciousness.
 4. Try to convince the patient that she should have the blood transfusion.
4. A patient who is Islamic says she cannot sign the surgical consent form without her husband's consent. You would respond:
 1. "Only you, the patient, can sign the surgical consent."
 2. "But you said he agreed that you should have the surgery."
 3. "I have to ask you to sign this consent form now."
 4. "Call me when your husband gets here and you have spoken with him."
5. An elderly Japanese patient who does not speak English is admitted to the surgical unit after major abdominal surgery, with no family member present. The nurse cannot speak the patient's language. To assess for pain, the nurse should:
 1. look for nonverbal indicators of pain: grimacing, moaning, or restlessness.
 2. obtain the services of a translator to devise question-and-answer cards regarding pain.
 3. wait for the family to come to ask the patient about pain.
 4. use nonverbal gestures to get the patient to indicate his pain level.
6. A person who is an Orthodox Jew may be hesitant to eat hospital food because:
 1. hospital food tastes terrible.
 2. kosher-prepared foods are served in this hospital.
 3. special foods are used to treat specific diseases.
 4. she believes separate dishes and utensils should be used for meat and milk foods, and she is concerned that the hospital may not keep separate sets of dishes and utensils for this purpose.

7. A patient who is Roman Catholic asks to have the priest come to hear her confession and administer communion before she goes to surgery. The priest arrives the evening before the patient is scheduled for the operating room but after normal visiting hours. The nurse should:
 1. suggest that the priest return after surgery because the patient has been medicated and is drowsy.
 2. provide privacy for the priest to hear confession and administer communion.
 3. inform the priest that the patient has not attended confession for a long time.
 4. offer to stay with the patient and the priest during the visit to assist the priest.
8. Hindus believe that illness or disease is caused by: *(Select all that apply.)*
 1. a lack of piety and attention to the rituals of Hinduism.
 2. misusing the body in some way.
 3. sin committed in a former life.
 4. eating the wrong foods.
 5. misusing natural resources.
9. A patient says to the nurse, "Is God punishing me with all this pain?" To continue with a spiritual assessment, the nurse could best respond:
 1. "God often punishes people for sins. What sins have you committed?"
 2. "God doesn't punish people with pain; you have cancer of the bone that is causing your pain."
 3. "I'll see if the doctor will order more pain medication. You don't need to suffer with this pain."
 4. "Tell me what you believe about God."
10. When an Islamic Arab American dies in the hospital, you know: *(Select all that apply.)*
 1. to thoroughly wash the body before wrapping it.
 2. not to touch the body before the family bathes it.
 3. to position the body facing north.
 4. to turn the bed so that the body faces Mecca.

Critical Thinking Activities

Read each clinical scenario and discuss the questions with your classmates.

Scenario A

Rosa Souza is a 76-year-old patient of Mexican origin preparing for surgery of an abdominal tumor for which she had previously been treated by a *curandero*. She is Roman Catholic, wears religious medals, and reads from her Spanish Bible. Her family (husband, two daughters, one son, and several grandchildren) is often present, surrounding the bedside. She will be having surgery in several days.

1. What assessments are important for Mrs. Souza from a cultural or spiritual viewpoint? What questions would you ask?
2. What religious activities might be important for Mrs. Souza? How can you determine these?
3. Discuss the dilemma of limiting visitors to allow Mrs. Souza to rest versus accommodating large numbers of family at the bedside.

Scenario B

Esther Sommes is a 33-year-old patient being treated for end-stage kidney failure and diabetes. She is aware that her disease is terminal. On her admission record she indicated "none" for religion.

1. What is the difference between religion and the spiritual dimension of a person?
2. What assessment of Ms. Sommes' spirituality is indicated?

Scenario C

You are assigned an Arab American man as a patient.

1. In what ways could you provide culturally sensitive care for this Arab American patient?
2. How could you accommodate the family's need to visit in groups and to supply him with special food?