chapter

4

Sociocultural Issues

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Objectives

Upon completion of this chapter, the student will be able to:

1. Compare the concepts of culture, ethnicity, and religion.
2. Explain the consequences of stereotyping mental health clients.
3. Describe seven characteristics of culture.
4. Identify three ways in which culture influences health and illness behaviors.
5. List the six components of cultural assessment.
6. Explain the importance of recognizing clients' spiritual or religious practices.
7. Identify four topics to be included in the assessment of a client who is a refugee.
8. Integrate cultural factors into a holistic plan of therapeutic care.

Key Terms

cultural competence (KŎM-pə-tens) (p. 34)
culture (KŬL-chər) (p. 30)
disease (dĭ-ZĒZ) (p. 33)
environmental control (kŏn-TRŌL) (p. 35)
ethnicity (ĕth-NĬS-ĭ-tē) (p. 30)
extended (ĕk-STĔND-ĕd) **family** (p. 36)
gender roles (JĔN-dər) (p. 36)
illness (ĬL-nĕs) (p. 33)
norms (nŏrmz) (p. 31)
nuclear (NOO-klē-er) **family** (p. 36)
prejudice (PRĔ-jŭ-dĭs) (p. 31)
race (RĀS) (p. 30)
refugee (RĔF-ū-jē) (p. 37)
religion (rē-LĬ-jən) (p. 30)
role (p. 31)
spirituality (SPĬR-ĭ-choo-Ă-lĭ-tē) (p. 30)
stereotype (STĔR-ē-ō-tīp) (p. 31)
territoriality (TĔR-ĭ-TŌR-ē-ĂL-ĭ-tē) (p. 35)

Culture has a profound influence on mental illness and its treatment. Mental illness is defined within a cultural context. What may be appropriate behavior in one culture might be considered insanity in another. This is an important point because an awareness of each client's cultural background helps us understand the client as a whole person and improves our therapeutic effectiveness.

NATURE OF CULTURE

An accurate understanding of any person is incomplete without consideration of the cultural, ethnic, and religious concepts that define and guide one's life. **Culture** is the learned pattern of behavior that shapes our thinking and serves as the basis for social, religious, and family structure. Culture is a **shared** system of values that provides a framework for who we are. **Race** is a biological term that describes a group of people who share distinct physical characteristics, such as skin color, facial features, and hair texture. **Ethnicity** is a social term associated with the customs, cultural habits, and socialization patterns of a particular (ethnic) group. Ethnic groups function as subsocieties within a larger society and play important roles in preserving cultures. The values, traditions, expectations, and customs of each ethnic group are passed from one generation to another. Ethnicity contributes to one's point of view because ethnic groups function as focal points for evaluating the value systems of other groups. A recent multicultural study in Great Britain revealed that ethnicity is "an important factor in influencing perceptions of schizophrenia" (Pote and Orrell, 2002).

Spirituality and religion play important roles in the concept of culture. The term **spirituality** refers to a belief in a power greater than any human being. **Religion** relates to a defined, organized, and practiced system of worship. Religious groups may have values that range from allowing for individual variation to requiring a commitment to place the religion before family, work, and friends. Often mental health clients have religious components to their illnesses. "Delusions of religiosity" may be ingrained in the illness. The challenge for caregivers is to "balance pathological behavior with appropriate cultural expression of religion" (Taylor, 1994).

CHARACTERISTICS OF CULTURE

Culture is an abstract concept, composed of the values, beliefs, roles, and norms of a group. Large multicultural societies have many cultural variations and subgroups.

Review Questions for the NCLEX® Examination

1. Which patient right may clients with mental health disorders lose during treatment?
   1. Confidentiality of records
   2. Freedom from restraint or seclusion
   3. Humane treatment environment
   4. Referral to other mental health providers on discharge

2. The rights of the care provider include the right to:
   1. Fair pay
   2. Fair benefits from employers
   3. Refuse to care for individuals who may cause harm to the care provider
   4. Respect as individuals

3. The Nurse's Code of Ethics includes the main concepts of autonomy, beneficence, justice, and:
   1. Rights
   2. Morals
   3. Nonmaleficence
   4. Prudence

4. While dining in a restaurant, the nurse overhears two coworkers in the next booth discussing a client who is being cared for on the mental health unit in which they work. What action have the nurse's coworkers committed for which they could be held liable?
   1. Libel
   2. Slander
   3. Invasion of privacy
   4. Assault

5. When using physical restraints for client safety, the nurse must follow the guidelines of observing, assessing, and monitoring the client every _____ minutes; the restraint must be removed from one limb at a time, and each limb must be exercised every _____ hours.
   1. 5; 2
   2. 15; 2
   3. 5; 4
   4. 15; 4

Health caregivers have varied cultural backgrounds themselves. Knowing how one's own culture relates to the clients' cultural backgrounds is important in establishing effective care.

Cultural values strongly influence thinking and actions. A culture's **belief system** develops over generations, formed by the feelings and convictions that are believed to be true. Belief systems can be found in a culture's political, social, and religious practices. Conflicts in cultural value systems can lead to mental illness. People may also express one value and then act out another. Observing behaviors, rather than merely listening, allows caregivers to gain a more accurate picture of the client's values. Because people of different cultures respond in various ways to time, activity, relationships, the supernatural, and nature, learning about the client's cultural values is an important area of health care.

Beliefs about mental health have a strong impact on the outcome of treatment. When people believe in the treatment and in their care providers, successful outcomes are much more frequent. Know and respect the client's beliefs. Some things that you find strange may be of great cultural importance to the client.

Values and beliefs help define norms, which are a culture's behavioral standards. **Norms** are the established rules of conduct that define which behaviors are encouraged, accepted, tolerated, and forbidden within a culture. Simply put, norms are the rules for behavior. A **role** is an expected pattern of behaviors associated with a certain position, status, or gender. Cultures commonly describe roles based on age, gender, marital status, and occupation. Individuals within the culture are expected to fulfill their roles and adapt their behaviors to meet the expectations defined by the role. Some cultures have clearly defined role expectations, whereas other cultures define their roles with vague and ambiguous terms.

"A **stereotype** is an oversimplified mental picture of a cultural group" (Haber and others, 1997). Some beliefs are passed on through generations and tend to color the perceptions and influence the behaviors of people who hold them. Stereotyping may take negative, positive, or traditional forms. The extreme form of negative stereotyping is called **prejudice**. Stereotyping occurs when one assumes that all members of a culture behave in the traditional manner.

Stereotypes develop unconsciously in many people, especially those who have had little exposure to culturally diverse groups. Health care providers need to know and understand their own racial, ethnic, religious, and social stereotypes. Clients, especially those with mental problems, are very sensitive to discrimination. If they sense such treatment, they will resist receiving care. By removing stereotypes, each person can be treated as an individual with the respect and dignity that is his or her right. Caregivers who assess the behaviors of culturally different clients without personal biases are better able to distinguish adaptive behaviors from dysfunctional ones.

Case Study

Hauni is a 22-year-old woman who recently arrived from Sumatra. She has been ill for 3 days and arrives at the clinic with a friend. Although Hauni speaks English, the nurse who is obtaining her history must frequently repeat her questions. With patience, Hauni responds to the questions, but she immediately freezes when Dr. Dankin enters the examination room. Although she feels very ill, she refuses to be examined. Sensing the client's uneasiness, the nurse confers with Dr. Dankin, who recommends that the case be turned over to Dr. Linda Smith. Hauni responds immediately to Dr. Smith, even to the point where she becomes talkative.

- What difference did the recognition of the client's cultural background make in her care?
- What do you think would have happened if the client's culture were not considered?

Cultures vary greatly in values, beliefs, and behaviors, but they all share several characteristics. Table 4-1 presents a brief description of the main characteristics of culture.

Culture is a social phenomenon. It is **learned** through life experiences and **transmitted** or passed from one generation to another through language, symbols, and practices. Culture is **shared.** Values, beliefs, and standards of behavior are known to all members and allow children to learn right from wrong and adjust their behaviors according to the cultural norms. Culture is **integrated** into an interwoven framework of political, social, religious, and health practices. Because a culture reflects its members, it is **dynamic,** changing, and adaptive. Cultural habits are **satisfying.** They fill a need within the society and result in gratification. Last, an individual's behavior may or may not represent the culture. Individual behaviors may differ from the major behavioral patterns and still be tolerated to a certain extent. When a person's actions go beyond a culturally acceptable point, they are considered eccentric, maladaptive, or deviant. Each of these characteristics helps to explain the framework of a culture. To deliver holistic, effective mental health care, all care providers must assess the impact and meaning that each cultural characteristic holds for the client.

INFLUENCES OF CULTURE

People base many health decisions on both scientific and cultural values. As a result, many individuals seek health care from folk healers as well as medical practitioners.

Table 4-1 Characteristics of Culture

CHARACTERISTICS	DESCRIPTION	EXAMPLE
Culture is learned.	A learned set of shared values, beliefs, and behaviors—not genetically inherited	Cuban family members learn that humor is a way of making fun of people, situations, or things called *chateo.* It includes exaggeration, jokes, and satirical expressions or gestures.
Culture is transmitted.	Passed from one generation to another	In Asian cultures the concept of family extends both backward and forward. An individual is seen as a product of all generations from the beginning of time. The concept is reinforced by rituals such as ancestor worship and family record books. Personal actions reflect on all generations.
Culture is shared.	A shared set of assumptions, values, beliefs, attitudes, and behaviors of a group. Members predict one another's actions and react accordingly.	In the Arab culture a woman will not make eye contact with a man other than her husband. All decisions are made by her husband. Because a woman may not be touched by another man, health care may be provided only by another woman.
Culture is integrated.	Includes religion, politics, economics, art, kinship, diet, health, and patterns of communication. All are interrelated.	In Ireland and the United States, the primary cultural force and national unifier of Irish culture has been the Catholic Church. The parish, rather than the neighborhood, has traditionally defined the family's social context.
Culture contains ideal and real components.	Behavior may diverge from ideal behavior and still be acceptable.	The American mainstream culture condemns the drinking of alcohol on a daily basis. However, those who do so but "hold their liquor well" are regarded with only minimal disapproval.
Culture is dynamic and continuously evolving.	Cultural change is an ongoing process. All aspects do not change at the same time. Habits and newer behaviors are easier to alter than deep-rooted values and beliefs.	Italian-American values regarding the family roles of men and women are often more traditional than those of other men and women in the workplace.
Individual behavior is not necessarily representative of the culture.	Although culture defines the dominant values, beliefs, and behaviors, it does not determine all the behaviors in any group. Variation from the major pattern of behavior is called eccentric behavior. The meaning of this behavior to the culture will determine if it is regarded as normal, eccentric, or deviant.	Male and female roles are strictly defined in traditional Greek culture. Women are secondary; the man is the head of the family. Men work and provide for their families; it is a dishonor if the wife works outside the home. Within this cultural context, a Greek woman who is a proponent of the feminist movement might be viewed as eccentric or deviant.

Modified from Haber J: *Comprehensive psychiatric nursing,* ed 5, St Louis, 1997, Mosby.

HEALTH AND ILLNESS BELIEFS

The practice of Western medicine is based on scientific treatment methods and tends to disregard that which cannot be explained by research. Providers of health care are specifically licensed and trained in one area of expertise. Health care is offered in institutions and is often delivered in an impersonal, assembly-line manner.

Folk medicine, "on the other hand, embodies the beliefs, values and treatment approaches of a particular cultural group" (Edelman and Mandle, 2010). Its foundation is based on empirical knowledge—observation and experience without an understanding of cause or effect. Folk practitioners explain disease culturally as an imbalance of energies. Caregivers may receive training through an experienced practitioner, religious groups, or self-study. Care is provided in the home or community in a personal, individualized manner. Providers of health care within the Western system of medicine need to know about clients' folk medical practices, because many people seek out professional care only after seeking folk healing (Table 4-2).

Traditional health beliefs involve explanations of the causes of health and disease. For example, Navajo and traditional African-American cultures view health as a state of harmony with nature. The mind and body

Table 4-2 Comparison between Folk and Western Health Care Systems

CRITERIA	WESTERN	FOLK
Philosophy of care	Curative	Curative
Approach to care	Fragmented specialization Often impersonal	Personalized
Setting for services	Institutions	Homes, community, other social places
Treatments	Technology Approved pharmacologic agents	Herbs, charms, amulets, massage, meditation
Providers	Licensed professionals	Healers, shamans, spiritualists, priests, other lay unlicensed therapists
Support for care	Other ancillary personnel and agencies	Family, relatives, friends
Payment for services	Third-party insurers Personal funds	Negotiable
Philosophy of health	Influenced by the professional's definition and dealt with in terms of illness and treatment	Reflected as a quest for harmony with nature
Definition of disease	Result of cause-effect phenomena; cure is achieved by scientifically proven methods	Imbalance between person and physical, social, and spiritual worlds

From Edelman CL, Mandle CL: *Health promotion throughout the lifespan*, ed 7, St Louis, 2010, Mosby.

are one and function in harmony with the earth and the supernatural. Disease is caused by a state of disharmony.

Chinese cultures consider health to be a balance of positive and negative energy forces (yin and yang). An imbalance of yin or yang results in disease. Hispanics feel that good health is a gift from God, sprinkled with good luck. Illness is an imbalance of the hot and cold body properties and is considered God's punishment (D'Avanso and Geissler, 2007). Low-income families define health as the ability to work. Illness is seen as unpreventable. Throughout the years, millions of people have sought health care from alternative (folk) sources. Understanding and respecting the client's cultural health beliefs and practices promotes effective treatment for those who seek science-based health care.

Illness Behaviors

Disease is a condition in which a physical dysfunction exists, whereas **illness** includes social, emotional, and intellectual dysfunctions. Culture has no impact on disease, but illness and its attendant behaviors are strongly influenced by culture.

When the signs and symptoms of illness appear, an individual may choose one of four courses of action: (1) do something to relieve the symptoms, (2) do nothing, (3) vacillate without taking any real action, or (4) deny the existence of the problem. Several studies have compared the illness behaviors of men from various cultural backgrounds. Results revealed that Italian Americans sought medical help when relationships were affected by the illness. Irish Americans sought help for their symptoms only after receiving approval of others. Americans of Anglo-Saxon origin required medical assistance only when their symptoms interfered with specific activities.

Illness behaviors are also affected by beliefs (e.g., Christian Scientists do not seek medical help for illness) and culture. For example, if headaches were considered a sign of weakness, to seek treatment would be to act counter to the cultural heritage. To be effective, health care providers must assess each client's attitudes and behaviors relating to illness.

On Mental Illness

Clients and their care providers may have very different belief systems about mental disorders. Members of a culture may define normal and abnormal behaviors differently from those outside the culture. To illustrate, in several cultures the practice of altered states of consciousness or trances is considered acceptable. Health care providers need to understand their clients' cultural definitions of mental health and illness.

Cultural descriptions of mental dysfunction are classified as **naturalistic** illness or **personality** illness. According to Haber and others (1997), "naturalistic illnesses are caused by impersonal factors without regard for the individual." Forces that exist outside the individual cause mental illness. Personalistic illnesses are seen as aggression or punishment directed toward a specific person. Examples include voodoo, witchcraft, and the evil eye.

Beliefs in witchcraft are widespread in Haitian, Puerto Rican, and African-American cultures. Spells, hexes, and incantations are used to cause a person injury, illness, or even death. The practice of voodoo calls the spirits of the dead back to the world of the

living to bless or curse specific people. The chosen individual "takes on" or internalizes the behaviors associated with the hex. Mental illness in these cultures is considered to be the result of witchcraft, magic, or evil spells.

Stress and Coping

All cultures classify their members by gender and age. Age and gender roles contain certain norms, status, and expectations. Some cultures, for example, value elderly people and respect their acquired wisdom, whereas others consider their elders as nonproductive burdens. Clearly, the role of elders in the latter example is associated with more stress. Adolescence in many cultures can be a stressful time. Societies that clearly define adolescence and its roles tend to be less stress inducing than cultures that lack a clear definition.

Women are often placed in stressful roles as a result of their culture. Traditional Greek culture, for example, sees the man as the breadwinner for the family. A Greek wife who works brings embarrassment to the entire family group. A great deal of stress would result for a working woman in this culture.

Stress is associated with various culturally defined roles. Ways of coping with stress are also culturally determined. Crying, screaming, and other displays of emotion are viewed as healthy outlets in one culture, whereas others expect quiet, unemotional responses to stress. Caregivers who are aware of clients' cultural stresses and their associated behaviors are better able to assist them in developing more effective coping skills.

CULTURAL ASSESSMENT

Cultural competence is the process of continually learning about the cultures with which we work and developing cross-cultural therapeutic health care skills. "A culturally-competent mental health practitioner is one whose behaviors and attitudes promote effective resolution of a mental health issue for someone who is different, culturally, from him/herself" (Jackson, 2002). Transcultural nursing is the use of culturally sensitive therapeutic interventions. The professional care provider does not impose personal cultural values on others. He or she is an active listener and analyst who develops effective care plans based on the insights, knowledge, and beliefs of the client's culture. All care providers must guard against the tendency to transfer their own cultural expectations onto clients or make generalizations based on their own cultural attitudes. Each client is uniquely molded by his or her culture.

Cultural assessments are tools that allow us to learn how clients perceive and cope within their worlds. Several tools have been developed, but all include six areas of assessment: communication, environmental control, space and territory, time, social orientation, and biological factors (Figure 4-1) (Giger

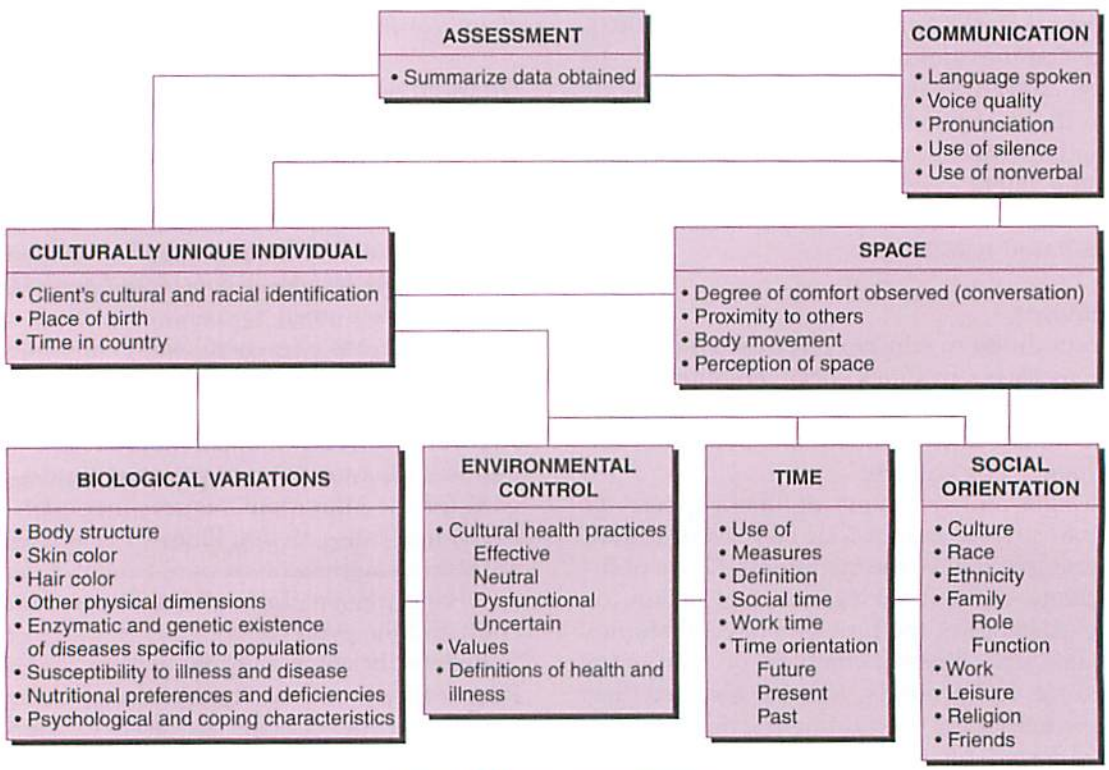

FIGURE 4-1 Cultural assessment.

and Davidhizar, 2008). Box 4-1 summarizes the cultural assessment found in the *Diagnostic and Statistical Manual of Mental Disorders*, edition 4, text revision (DSM-IV-TR).

COMMUNICATION

People of all cultures communicate. The process of communication, however, involves more than just the use of language. Communication is a complex, interwoven tapestry of voice, gesture, and touch. Both verbal and nonverbal components of communication have cultural meaning. To assess a client's cultural communications, refer to Box 4-2.

Clients communicate their emotional states based on their cultural backgrounds. In some cultures, verbal expressions of emotion are approved, whereas other cultures value communicating indirectly and may resent the frankness of mental health care providers. Clients require sensitivity if we are to effectively understand each other. We all communicate; some of us are just louder than others.

Cultural traditions, practices, and kinship systems also communicate. A society's religious practices communicate its basic beliefs. Attitudes toward children, family, health care, and dying are all communicated through cultural behaviors. It is wise to learn the important customs of a culture if one is caring for its members.

Cultural Considerations

Your client is a Xhosa from Southeastern Africa. His people believe that displeasing the ancestors results in illness.

Explain how this information will affect the client's therapeutic care plan.

ENVIRONMENTAL CONTROL

Environmental control focuses on the individual's ability to perceive and control the environment. Does the client feel that the power to effect change lies within, or is everything the result of fate, chance, or luck?

Box 4-1 DSM-IV-TR Cultural Assessment

Use a narrative summary for the following categories:

- Cultural **identity** of the client
- Cultural **explanations** of the problem or illness
- Cultural factors relating to **psychosocial environment**
- Cultural factors relating to **level of functioning**
- Cultural elements of the **relationship** between client and care provider
- **Overall cultural assessment** for diagnosis, planning, and care

Reference: American Psychiatric Association: *Diagnostic and statistical manual of mental disorders*, ed 4, text revision, Washington, DC, 2000, The Association.

Box 4-2 Cultural Communication Assessment

VERBAL COMMUNICATIONS

Language
Dialect
Pronunciation
Voice quality
Rate of speech
Style of speech
Volume of speech
Use of small talk, laughter
Music
Written language
Formal usage
Regional usage
Communicates emotions verbally
More verbally oriented

NONVERBAL COMMUNICATIONS

Touch
Use of touch
How touch is perceived and received
Space
Interpersonal distance
Use of silence, eye contact, facial gestures (e.g., smiles, frowns)
Communicates emotions nonverbally
More behaviorally oriented

What are the client's values relating to the nature of humanity, the supernatural, health, and illness? How are the causes and treatments for mental illnesses viewed?

Environmental control includes an assessment of clients' **cultural health practices.** What is their definition of "good health," and what is done to maintain health? When alternative (folk) practices are assessed, both clients and their care providers increase the potential for success.

SPACE, TERRITORY, AND TIME

The concepts of space and territory are included in a cultural assessment. **Space** is the area that surrounds the client—an invisible "bubble" that travels with a person. The physical distance that a person maintains between oneself and others is influenced by one's culture. People consciously maintain a "comfortable" distance from each other. Mental health clients often have additional perceptions about space. For example, some clients feel the need to be physically **closer** to people for feelings of safety and security. Space comfort areas are divided into four distances: public, social, personal, and intimate (Figure 4-2). Observe and respect your client's degree of comfort at each distance and his or her use of surrounding space.

Some clients have a need to establish a territory. **Territoriality** is the need to gain **control** over an area of space and claim it for oneself. For many, a territory

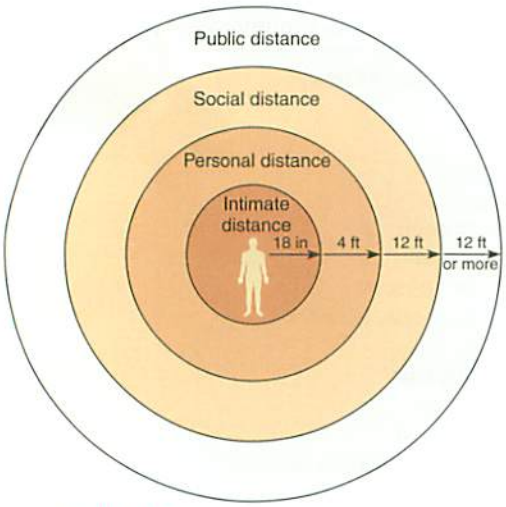

FIGURE 4-2 Space and distance zones.

helps to provide a sense of identity, security, autonomy, and control over the environment. People will protect their territory (even if it is the size of a hospital bed), and health care providers can be casually careless about invading these precious spaces. Caregivers, especially nurses, need to know and respect the client's territorial space if culturally appropriate care is to be given.

The concept of **time** is rooted in a culture's basic orientation. Cultures oriented to the past (e.g., Chinese, Amish) strive to maintain the customs and traditions of previous generations. Present-oriented cultures focus on current daily events but may not follow a schedule. Many American Indians are present oriented but not to time. Cultures with future time orientations use today as a tool for meeting future goals. Schedules are established, and people are oriented to the time of day. An example of a future-oriented culture is the middle class of the United States and Canada. Western society's concept of time is linear. For some cultures, the linear concept of time is difficult to understand.

Clients with mental dysfunctions frequently have misperceptions about time. An inability to tell the difference between day and night can exist, and difficulty following schedules is common. Problems with time may be based in the client's cultural orientation or psychiatric illness. Until the caregiver can discover the difference, the delivery of effective care is difficult.

SOCIAL ORGANIZATION

To assess a client's social orientation, one must consider how the family unit and its importance in the society are culturally defined. The family unit imparts the culture's important traditions, beliefs, values and customs. Social orientation also includes the meaning of work, gender roles, friends, and religion to the client.

Although the functions of the family (e.g., caring for the young, providing identity, security) remain similar among most cultures, the size and composition differ. Middle-class Americans live within a **nuclear family** unit consisting of parents and one or more children. In many cultures, aunts, uncles, grandparents, cousins, and/or godparents are also included in the family. This family unit is called an **extended family,** and its importance to the client is usually significant. To illustrate, the Inuit people of Alaska view any separation from the family as traumatic. Many groups—such as traditional Chinese, Mexicans, and Puerto Ricans—believe the family to be the supreme social organization. Family causes take priority in these cultures. When care providers fail to consider the whole family, culturally sensitive care goals cannot be achieved.

Gender roles are expected behavioral patterns based on gender. The traditional roles for men and women in one society may collide with the expectations of another. Women who have learned to fill a serving, passive gender role may have great difficulty assuming the assertive and outspoken role of the modern Western woman. Be sensitive to this area of assessment. Few women will identify themselves as having a culturally based gender role conflict. Mental health problems more frequently seen in women include eating disorders, phobias, and depression. Men, on the other hand, tend to demonstrate more violent and abusive behaviors. Cultural norms that identify gender roles often encourage the expression of conflict in different ways.

Assessment of social orientation also includes the client's **religious beliefs** and practices. Religion serves many functions in a culture. Religious beliefs and practices bind people together in a common belief system. Religion helps to explain the unexplainable, such as unexpected deaths or natural catastrophes, and it helps to provide meaning and guidance for living.

Religious beliefs and practices vary widely. Attitudes toward health, illness, death, burials, procreation, food, and stress all have religious components. Although it is impossible to discover the inner workings of every religion, it is necessary to be aware of the religious practices of those clients with whom you frequently interact. Table 4-3 lists the world's major religions by size.

BIOLOGICAL FACTORS

The final area of cultural assessment focuses on the biological or physical differences that exist among different cultural groups. When assessing a cultural group for biological factors, consider the following: physical, enzymatic, and genetic variations; susceptibility to disease; and psychological characteristics.

Physical variations include differences in body structure, eyes, ears, noses, teeth, muscle mass, and skin color. People of some races are taller than others.

Table 4-3 World's Largest Religions

RELIGIOUS BODY	NUMBER OF ADHERENTS
Christianity	2.1 billion
Islam	1.5 billion
Agnostic/Atheist	1.1 billion
Hinduism	900 million
Buddhism	376 million
Jehovah's Witnesses	15,374,986
Church of Jesus Christ of Latter-Day Saints	11,394,522
Seventh-Day Adventists	11,300,000
New Apostolic Church	10,260,000
Ahmadiyya	10,000,000

Data from Hunter P: *Largest religious bodies*, www.adherents.com/Religions_By_Adherents.html.

For example, African Americans are usually taller than Asian Americans. The shape of the eyelids and nose varies from one racial group to another. Teeth may also vary in size and shape: "Australian aborigines have the largest teeth in the world, as well as four extra molars" (Giger and Davidhizar, 2008). In contrast, white Americans tend to have small teeth. Certain muscles of the wrist and foot are absent in some racial groups. Differences in skin color range from pale white to black. Mongolian spots, for example, are bluish discolorations of the skin that may be found in black, Asian, Mexican, and American Indian newborns. In this case, knowing the client's cultural background may prevent possible misdiagnosis because Mongolian spots can be mistaken for bruises resulting from child abuse.

A person's **genetic makeup** is largely determined by racial group. Physical appearance, metabolic activities, enzyme functions, and susceptibility to disease are all influenced by racial factors. To illustrate, sickle cell anemia is commonly found in African Americans but rarely in white Americans. Lactose (milk) intolerance is very common in black, American Indian, and Asian groups, yet is rare in northern European whites. Tuberculosis is common in American Indians, and diabetes is rare in Eskimos.

! Drug Alert

Culture and ethnicity play a role in the actions of medications. "There are dramatic ethnic differences in the metabolism of psychotropic medications and the effects of drugs on target organs" (Flaskerud, 2000). Monitor clients closely for side effects and adverse reactions to their medications.

Certain **psychological characteristics** may be related to different cultural groups. A low socioeconomic status can affect mental health when housing, education, and health care are substandard. Feelings of insecurity can result when a client's views of health care are threatened. The Hmong people of Laos, for example, believe that "losing blood saps strength and may result in the soul leaving the body, causing death" (Rairdan and Higgs, 1992). Therefore, great anxiety is produced in a Hmong client when blood is drawn. Cultural factors do affect mental health. Nurses and their colleagues must become aware of group differences if they are to consistently deliver culturally appropriate mental health care.

CULTURE AND MENTAL HEALTH CARE

No society is immune to mental disorders, but research is needed to study mental illness from a worldwide perspective. The definition and treatments of mental illness vary among cultures. To understand and treat clients from diverse backgrounds, the concept of cultural competence has evolved. As the name implies, cultural competence seeks to deliver appropriate client care based on knowledge of the client's culture.

It is important here to understand the unique status of refugees. By definition, a **refugee** is a person who, **because of war or persecution,** flees from his or her home or country and seeks refuge elsewhere. Many refugees have seen or experienced imprisonment, torture, and harrowing escapes. Some have lost family members, and all must learn to cope within a new and strange reality.

When assessing a person who is a refugee, be alert to the possibility of **stress-related problems.** In addition to the routine cultural assessment, tactfully obtain the following information: **immigration history, a history of the flight and arrival in the new country, time in the new country, and who or what was lost** (Lipson, 1993). Because of a usually traumatic history, higher incidences of depression, anxiety, and stress disorders occur in refugee groups. Be sensitive to the special circumstances of refugees.

Clients from other cultures may evaluate their health care differently. Haitian Americans, for example, may feel that improvement in health was not the result of good care but the mystical healing power of tree leaves kept close to the body. There exist many such customs and beliefs (see Critical Thinking). If sensitive health care providers are able to view clients as unique, dynamically functioning individuals, then culturally effective health care is one step closer to becoming a reality.

? Critical Thinking

You are on vacation in Bali when you suddenly become ill with a high fever, vomiting, and diarrhea. After a long search, you finally locate a hospital. You enter the building and find that everything is strange and uncomfortable. You cannot even speak the language, but you know you must be treated.

- How do you feel about this situation?
- What would you do to cope?

Get Ready for the NCLEX® Examination!

Key Points

- Culture is a learned pattern of behaviors, values, beliefs, and customs shared by a group of people.
- Ethnicity is a social term associated with the customs, cultural habits, and socialization patterns of a particular (ethnic) group.
- Religion relates to a defined, organized, and practiced system of worship.
- Stereotyping is basing one's behavior on an oversimplified mental picture of a cultural group. Clients who sense such biases during treatment will resist receiving care.
- Culture is learned, transmitted, shared, integrated, dynamic, and satisfying.
- Culture influences people's health beliefs and practices, including clients' definitions of health and illness, attitudes about mental illness, stress and coping behaviors, and illness behaviors. Each area needs to be assessed.
- Cultural assessments focus on six areas: communication, environmental control, space and territory, time, social orientation, and biological factors.
- Religious beliefs and practices function to bind people together in a common belief system, help explain the unexplainable, and provide meaning and guidance for living.
- Religious beliefs and practices vary widely. Attitudes toward health, illness, death, burials, procreation, food, and stress all have religious components and implications for health care providers.
- Working with refugees requires extra sensitivity because of their frequently traumatic experiences and losses. In addition to the routine cultural assessment, obtain information about immigration history, a history of the flight and arrival in the new country, time in the new country, and who or what was lost.
- Because no universal descriptions of mental health and illness exist, the definition and treatment of mental illness vary among cultures.
- Culturally competent health care seeks to deliver the diverse therapeutic actions necessary for appropriate, effective client care.
- When caregivers are able to consistently view each client as a unique, dynamic individual functioning within a sociocultural context, then culturally appropriate health care will become a reality.

Additional Learning Resources

SG Go to your Study Guide at the back of this text for additional learning activities to help you master this chapter content.

evolve Go to your Evolve website (http://evolve.elsevier.com/Morrison-Valfre/) for additional online resources.

Review Questions for the NCLEX® Examination

1. On what is Western medicine primarily based?
   1. Empirical knowledge
   2. Religious customs
   3. Scientific research
   4. Folk treatments

2. The nurse is performing an admission assessment on a Greek couple seeking care from a family counseling center. Although the couple is talking, the wife states that she wants to work as a teaching assistant at their daughter's school, but her husband adamantly objects to the idea. If the wife were to work outside the home, she most likely would be seen in their culture as:
   1. Eccentric
   2. Strong-willed
   3. Self-sufficient
   4. Dependent

3. A mental health care provider who is aware of his/her cultural views and attitudes toward other cultures and who strives to understand, communicate, and effectively work with clients of other cultures is considered to be:
   1. Prejudiced
   2. Culturally competent
   3. Stereotypical
   4. Proficient

4. When a cultural assessment of communication is performed, which of the following is considered nonverbal communication?
   1. Silence
   2. Volume of speech
   3. Pronunciation
   4. Music

5. The nurse is performing an admission assessment on a female client. She is a white middle-class American who has recently married a male of Greek descent with strong traditional Greek cultural beliefs. She is displaying signs and symptoms of an eating disorder, most likely attributable to:
   1. Genetics
   2. Gender role conflict
   3. Learned behavior
   4. Modeling of behavior