

# Cultural Scenario Assignment

Learning Objectives and Outcomes		
Area	Objective	Course Student Learning Outcome (CSLO's), Baccalaureate Essential's & QSEN
Knowledge	<p>Apply transcultural nursing concepts in the delivery of nursing care.</p> <p>Examine the influence of culture on nursing care decisions and actions for patients.</p>	<p>CSLO 1, 3 Baccalaureate Essential VIII QSEN Patient-Centered Care</p>
Skills	<p>Apply transcultural nursing principles, concepts, and Leininger's Sunrise Model theory when providing nursing care to individuals, families, groups, and communities.</p> <p>Adapt delivery of care to address patient with limited English proficiency.</p> <p>Assess patient's need for spiritual services.</p>	<p>CSLO 3, 5 Baccalaureate Essential VIII QSEN Patient-Centered Care</p>

Attitudes	<p>Values the role of transcultural nursing care decisions and actions.</p> <p>Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds.</p>	<p>CSLO 3, 6          Baccalaureate Essential VIII          QSEN Patient-Centered Care</p>
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## Instructions:

Before Scenario:

Read pages 95-106 of Chapter 7 “Overview of Transcultural Nursing”

Read pages 26-29 of <http://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf>  
 Essential VIII: Professionalism and Professional Values

Read QSEN Patient-Centered Care

[http://qsen.org/competencies/graduate-ksas/#patient-centered\\_care](http://qsen.org/competencies/graduate-ksas/#patient-centered_care)

Reflect on how the following concepts:

### Health and Culture:

The nurse must recognize that members of various cultures define “health” differently. Individuals may define themselves or others in their group as healthy even though the nurse identifies symptoms of disease. Cultural priorities of the client may differ from that of the nurse.

### **Culture and Healing:**

Some individuals and families in some cultural groups may also use traditional healing systems, sometimes called lay or folk-healing systems, with or without allopathic (modern) medicine. In addition to seeking help from the nurse as a health care provider, clients may also seek help from traditional or religious healers. Most nurses have experienced clients who combine medical care with prayer. Nurses need to be sensitive to, respectful of and nonjudgmental regarding patients' health beliefs and practices in order to maximize patient outcomes.

Health status of all clients is influenced by the interaction of physiological, cultural, psychological, economic and societal factors. Diversity within and among groups necessitates data collection activities and programs that are tailored to meet the unique health care needs of different subgroups.

Health beliefs are translated into health care practices, which then affect health status. What constitutes appropriate care for specific health conditions may be guided by cultural and social class expectations?

### **Health Information and Education:**

Planning health education programs requires identifying and building on cultural strengths and ensuring sensitivity to cultural factors. Meeting the language and cultural needs of each identified minority group, using minority specific community resources to tailor educational approaches, and developing materials and methods of presentation that are at the educational level of the target population are essential considerations in the planning process. Health programs should be sustainable over a long period of time and accountable to the people they serve.

You will be given a specific scenario upon arriving to the simulation lab. You will then have to act out how you will handle the situation as a nurse. The cultural scenario will be videotaped and watched back by the student and instructor during a debriefing period. Videotaping will be used for evaluating, remediating, and debriefing the educational process. The video will be used for educational and demonstration purposes only.

Once the debriefing period is over you will then complete a reflective activity and turn in to the instructor.



## Reflective Activity

What are the major take-home lessons for you today?

Some major take-home lessons for today are that not every patient will speak English, culture has a big impact on patient care, lots of patients may not have insurance, and it is the nurse's duty to put the health and safety of the patient first always. In the scenario, Olga was an Amish woman who spoke Dutch and not English. This was a crucial part of the scenario as the nurse needs to call a translator or use a language interpretation technology device to communicate with the patient fluently. The patient always needs to understand exactly what is going on pertaining to their well-being, safety, and treatment options. The nurse would need to use plain and simple language with Olga, the Amish patient, instead of complicated medical jargon. Culture has a monumental impact on individuals, especially a culture such as the Amish. It is imperative to know customs of various cultures. For example, many Amish women dress very conservatively, so they may request two gowns one to cover their front, and the second to cover their back as most gowns are not good at modestly covering patients. Another custom that coincides with the Amish culture is women having a chaperone, such as their husbands or the man of the household, with them always especially when discussing their personal health information. During the scenario, Olga, the female 59-year-old Amish patient, stated she was worried because she does not have insurance. Without hesitation, my peers and I reassured Olga that her health and care comes first, and that we will discuss options and insurance later. I also mentioned an additional source of social services and getting into contact with a social worker to work something out for Olga. Patients always come first, no matter if they can pay for their treatment or not. Lastly, Olga's safety, health, and well-being depended on interviewing her via a translator, calling the translator to help, finding out vital information about her mild chest pain, making a note that she does not have insurance, and then planning to get Olga into contact with social services or a social worker to help. Not only that, but Olga made an appointment to a doctor's office, but had no way of getting to the appointment. Again, my peers and I stepped up, just as nurses must do, and offered to contact the hospital to find not only transport for Olga, but her husband as well.

How can I adapt my nursing practices to be more responsive to the unique needs of diverse patient populations?

I can adapt my nursing practices to be more responsive to diverse patient populations by actively listening to patients and then advocating for the wants and needs of the patient. For example, it was clear from the start that Olga and I did not understand each other as there was a language barrier. Therefore, my peers and I contacted a translator and even had a translation device on hand so that Olga and I could have a clear dialogue especially about her health. Respecting all patients is a key nursing practice to be more responsive to all types of patients, especially when it comes to patient's autonomy. I think it is important for me to research common cultures in the Charleston/Champaign area, so I can learn more about the patients I will be helping. I would adapt my nursing practices with a cultural course as well to build a solid foundation of knowledge about common cultures and their customs, beliefs, and concepts about health to be a better future nurse. Another key adaptation to my nursing practice would be to build trust and rapport multiple ways, but even through a simple act of helping a patient order a meal fitting their specific cultural diet, only having female or male healthcare workers help based on the patients cultural preferences, and allowing a chaperone for patients also based on their culture.

How can I adapt my nursing practices to be more responsive to patients with limited English proficiency?

Working with patients who do not speak the same language can be hard, but luckily most hospitals have translators and translation technology to aid in surmounting any language barriers health care workers may face. Treating patients with limited English proficiency the same way as a patient who speaks English fluently is a major adaptation to my nursing practices. Just because a patient does not speak English well does not mean that they do not understand what is happening especially in concern with their health. As I mentioned in the previous question, actively listening to the patient and translator, while interviewing the patient and conversing is so important. Listening shows patients that you care about them and that you want to help them get well, so it is vital that I adapt this into my nursing practice rather than just clicking on a chart. Patience and kindness are two other factors I can add to my nursing practices with patients that do not fluently speak English. Patience and kindness go a long way and again emphasize that I do care about the health and well-being of all individuals I will have the opportunity to heal and help. Lastly, an important skill to adapt to nursing practice is being able to read the body language and expressions of patients with low English comprehension. This would allow me to decipher whether they are confused, in pain, angry, and whether they are comprehending what I am discussing with them.

STUDENT NAME: Kathleen Serrano

RUBRIC FOR CULTURAL SCENARIO ASSIGNMENT

CULTURE SELECTED: Amish

Objective	Exemplary 2	Average 1	Unsatisfactory 0	Grade
Understanding of culture.	Demonstrates an understanding of culture and cultural competence in practice	Demonstrates limited understanding of culture and cultural competence in practice	Lacks understanding of culture of culture and cultural competence in practice	____Pts.
Incorporates findings from cultural assessment	Incorporates key findings from cultural assessment.	Incorporates limited key findings from cultural assessment.	Little to no incorporation of key findings from cultural assessment.	____Pts.
Incorporates cultural health practices	Evaluates cultural health practice.	Limited incorporation of cultural practices as appropriate.	Little to no incorporation of cultural health practices.	____Pts.
Identifies key health teaching needs of patient and appropriate delivery method	Demonstrates evidence of key health teaching needs of patient and appropriate delivery methods.	Limited evidence of key health teaching needs of patient and appropriate delivery methods.	Little to no evidence of key health teaching needs of patient and appropriate delivery methods.	____Pts.
Reflective Activity	Reflection of experience was in depth and adequately explained.	Reflection of experience was minimal on the reflective questions.	No reflection of experience on the reflective activity.	____Pts.

Comments:

TOTAL POINTS: \_\_\_\_\_/10

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Cultural Scenario: Post Exercise Evaluation (Likert scale 1-5, least to most)

1) Debriefing with faculty provided an opportunity to self-reflect, which improved my knowledge, skills, and attitude/confidence.  
1      2      3      4      **5**

2) Faculty was prepared and facilitated enhanced learning during the debriefing period  
1      2      3      4      **5**

3) I recommend the continuation of “Cultural Scenario” and feel it is a valued learning experience.  
1      2      3      4      **5**

4) What are some things you have learned today that you will use in your practice?

First and foremost, it is crucial to be conscientious, understanding, and open-minded when caring for patients of various cultures. Respecting these patients their autonomy, wants, and needs are other imperative factors that contribute to good, quality patient care. There is a lot that culturally diverse patients can teach nurses, so it is beneficial to utilize active listening and asking open-ended questions to delve deep into patient needs.

Personally, from this cultural scenario I want to implement deep understanding, patience, awareness, and unbiased thoughts and actions into my nursing career. I have always been a big believer in respecting people’s autonomy and will bring that into consideration especially with culturally diverse patients. It is my goal as a future nurse to provide the best, quality care to all patients. If I must take a training course or do extensive research about common cultures in the specific community I will work in, then I will do that. I will try my best to truly listen and to patients and delve into what their needs and wants are. For example, if there is a specific diet they must follow, I will do my best to work with food services to make it happen.

Suggestions:

It would be beneficial to go over different types of cultures before the scenario. Just to have information about common cultures in the community to be better prepared for this scenario

and real-life experiences. In addition, it would be a good option to have several cultural scenarios instead of just two, especially with cultures most students already have experience with.

Another suggestion would be to have the professors talk about specific scenarios where they faced cultural issues with patients, and how they surmounted those difficulties.