An Introduction to Culturally Competent Care and Cultural Differences

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Culture Care Diversity and Universality (Leininger’s theory)

Definition of Transcultural Nursing:
- The focus on human care and caring expressions, values, patterns, symbols, and practices of cultures. Human care is essential for health and wellbeing and is the essences and central major focus of nursing (Leininger, 2003).

Culturally Competent Care
- Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations

Principles of Culturally Competent Care
- Care designed for the specific client and is delivered according to the client’s values, traditions, beliefs and expectations
- (Leininger, 2003).
- Care is provided with cultural sensitivity

Definitions
- Cultural competence
- Acculturation
- Assimilation
- Stereotyping
- Generalizations

Becoming Culturally Competent
- Is a Process
- Occurs in stages –
  - Unconscious incompetence
  - Conscious competence
  - Unconscious competence

Introduction
- Patients differ in many ways:
  - Illness, personality, socioeconomic class or education
  - Most profound difference may be cultural
Treating each patient with respect does not avert cultural problems
Knowledge of cultural customs can avoid misunderstandings.

The Danger of Stereotyping

★ All of us are unique
★ Must distinguish between generalizations and stereotypes which appear similar, but function differently
★ Generalization: serves as a starting point
★ Stereotype: is an ending point – no effort is made to determine if it is appropriate to apply it to the person in question.

Knowledge of Cultural Customs: Avoiding Misunderstanding
★ A knowledge of cultural customs can help avoid misunderstandings
★ Also enables health care providers and practitioners to provide better care

★ Case study
★ The Role of Generalizations
★ A generalization is a statement about common trends within a group
★ Recognition that further information is needed as to whether generalization applies to a particular person
★ Differences exist between individuals based on a number of factors

Differences…
★ Immigration
  • ★ Length of time in the US
  • ★ Degree of acculturation and assimilation

Example of Cultural Misunderstanding
★ Asian practice of “coining” (Galanti, 2000).

Not All Patients Want to Know Their Diagnosis
★ American health care (Western biomedical model) – great emphasis on patient autonomy e.g., “right to know.”
★ This attitude not shared by all cultures
★ Contrary to the dominant beliefs of many cultures
★ Mexican, Filipino, Chinese, Iranian – family is first to know about poor prognosis

Hmong beliefs
★ Hmong believe that only God knows when someone will die naturally
★ Chinese beliefs
In Chinese and Japanese, the character for the number 4 is pronounced the same way as the character for the word “death.”
• ★ Therefore considered bad luck to be in room numbered 4
• ★ Americans consider 13 to be bad luck

Eye Contact
• ★ Lack of eye contact in American culture can mean many things
• ★ Females from a Muslim country – eye contact indicates sexual impropriety, therefore it is avoided
• ★ Navaho patients – avoid eye contact to avoid soul loss or soul theft
• Avoidance of Cultural Problems
• ★ Respect is not enough
• ★ Knowledge of broad patterns of behavior and beliefs is a starting point for providing culturally appropriate care.

Nursing Care Decisions & Actions
Leininger’s Sunrise Model: 3 action strategies
• ★ Cultural care preservation (maintenance)
• ★ Cultural care accommodation (negotiation)
• ★ Cultural care repatterning (restructuring)
• ★ Culturally congruent nursing care

Leininger’s Sunrise Model as a Kaleidoscope
Cultural Competency Standards in Healthcare Today
JACHO Standards
• ★ In December 2000, the DHHS Office of Minority Health finalized national standards in culturally and linguistic appropriate services in health care (CLAS)

14 Standards
• ★ Promote respectful attitudes
• ★ Address culturally appropriate services in management strategies
• ★ Involve the community
• ★ Develop recruiting strategies
• ★ Continuing education for staff and management
• ★ LEP access
• ★ Oral and written info. in patient’s language
• ★ Provide interpreter/translation services
• ★ Interpreters must be trained
• ★ Ensure cultural info is in patient’s file
• ★ Use appropriate resources
• ★ Self-assess
• Address potential cross-cultural ethical conflicts
• Annual progress reports

**Sullivan Commission’s Report on Increasing Diversity in the Health Professions (2004)**
• Endorsed by the AACN (American Association of College of Nursing
• Encouraged nursing schools to increase diversity in nursing programs
• Nurse leaders recognize the connection between culturally diverse nursing workforce and ability to provide culturally competent care.

**Responsibility of Healthcare Facilities for Cultural Care**
• Must provide resources for education
• Employ or consult Transcultural clinical specialists
• Offer continuing education programs about cultural issues

**Need for Diversity in the Workforce**
• Consumer demand
• Lack of diversity and ethnic representation
• Minorities inhibited from attaining nursing careers (addressed in the Sullivan report)

**Case Study**
• When patients recognize their cultural needs are being met, they are less fearful and have more trust in their care and their caregivers.

**Format**
• Multidisciplinary teams will discuss case situations as well as personal and practice experiences related to cultural diversity and culturally competent care.

**Objectives**
• Define culturally competent care.
• Describe how to assess and plan care for patients that meets their cultural needs.
• Identify two resources that healthcare professionals can use to provide culturally competent care.
• Review the JCAHO guidelines for culturally competent care.

**Discussion Points**
• Compare and contrast acculturation and assimilation and provide examples of each.
• Compare and contrast stereotyping and generalizations. Provide examples and
discuss how this information helps or hinders the healthcare professional in providing culturally competent care.

• Consider JCAHO standards for culturally competent care; discuss the steps made by your organization and your department to comply with these standards.

Case Scenario One

• A 75-year-old African-American woman was admitted to the hospital after she had a heart attack at home. A very religious woman, she spends most of her day praying and visiting with her friends from the church. She only consents to procedures and medications that she believes God would want her to have, because in her view, only God will make her well.

Scenario One: Discussion Questions

• Discuss how you would work with this woman if you are caring for her?

• What resources might be helpful to you?

Case Scenario Two

• A young Saudi woman, accompanied by her sister-in-law, was admitted to the L&D unit in very early labor. After assessment by her primary RN, the patient was informed that the doctor suggested she have a light supper, and he would be in later to rupture her membranes and augment her labor with Pitocin.

The primary RN directed the patient and her sister-in-law to the buffet, which was down the hall, and they were instructed to return in about an hour.

A short time later, the primary RN received a call from one of the administrators for the family wellness care center asking if we were missing any patients. She was told that all of our patients were accounted for.

The administrator stated that there was an obviously pregnant patient wearing a hospital gown and accompanied by another woman standing right outside of the front lobby doors, and she was not permitted to be there, and she said she was sending the two women “back upstairs immediately.”

After arrival back on the unit, the patient stated that the administrator approached her yelling at her, demanding to know why she was standing outside in her gown, she was not supposed to be off the unit, it was “against hospital policy.”

The patient said that when the administrator was speaking to her, she was very, very close to her, and the patient said that she became frightened because the woman was yelling at her. and all the patient could see were these huge blue eyes staring at her.
The patient went on to state that she didn’t think she had done anything wrong. In her country, there are pavilions outside of the labor and delivery floor, and in beautiful weather, patients will often spend time outside with their support person when they are in early labor.

The patient stated she was so upset and frightened; she was made to feel as though she had committed a crime.

Scenario Two: Discussion Questions

• Describe and discuss a more appropriate approach to this situation.

• Describe and discuss how cultural knowledge can impact patient satisfaction either positively or negatively. Relate it to this situation.

• How do you think the patient perceived the hospital? What lasting impression do you think this experience had, if any, on the patient?

Case Scenario Three

• Cultural differences can also create differences among healthcare professionals. For example, a Japanese physician ordered a nurse to administer a medication. The nurse refused to give the medication based on her knowledge of the drug. The physician insisted, but the nurse continued to refuse. The physician reported her to the nursing supervisor. He believed the nurse should have said she would give it, but then not followed through. Generally, many from Asian cultures believe it is best to avoid public confrontation and respect authority.

Scenario Three: Discussion Question

• Have you had any similar cultural differences among staff members and other allied healthcare professionals?

Professional Experiences

• Discuss the experiences that you have dealt with when you were a in practice or a patient related to cultural differences in:
  • pain management
  • healthcare decision making
  • self-care
  • spirituality and rituals or practices related to dying patients
  • respectful provider-patient interactions