Prepared by Suhail ALHumoud

Contemporary Challenges in Transcultural Nursing

CULTURAL DISPARITIES IN HEALTH AND HEALTH CARE DELIVERY

Some factors that account for cultural disparities in the delivery of health care.

a. Minority groups.

b. Vulnerable Populations

c. The Poor

d. The Homeless

a. Minority groups.

Minorities experience some diseases at a much higher rate than white Americans.

- Cancer is the leading cause of death for Chinese and Vietnamese individuals.
- Vietnamese women suffer from cervical cancer at nearly 5x the rate of white American women.
- Compared with the general population, Hispanics have a higher incidence of cancer of the stomach, esophagus, pancreas, and cervix.
- African-Americans have a life expectancy that is six times shorter than the life expectancy for white Americans.

- The Native American population has significant rates of diabetes, sudden infant death syndrome, and congenital malformation.

- Overall Native Americans and Alaskan Native rates of diabetes, tuberculosis fetal alcohol syndrome, alcohol-related morbidity and mortality, and suicide exceed those of other racial and ethnic groups in the United States.

b. *Vulnerable Populations*

- As a result of societal changes more people are at risk for health problems. As a result, many vulnerable populations are underserved because of the

a) high demand for services,
b) lack of services,
c) and limited availability and access to services.

b. *Vulnerable Populations*

- Groups that are especially susceptible for health- related problems include the:

a) poor,
b) the homeless,
c) migrant workers,
d) abused individuals,
e) the elderly,
f) pregnant adolescents,
g) and people with std's such as HIV/AIDS.

c. The Poor

- In every race and ethnic group there is a relationship between socioeconomic status and health.
- Poverty affects health status and accessibility to health care services. Living in poverty means being unable to meet the financial demands of basic living expenses, such as food, shelter, and clothing.
- "Childhood poverty has long-lasting negative effect on one's health. Children in low-income families fare less well than children in more affluent families."

The poor population has more complex health problems including a higher incidence of chronic illness. (U.S. Bureau of the Census, 2000). The following high risk factors are related to lower income: (CDC, 1998)

- Higher prevalence with cigarette smoking
- Greater incidence of obesity
- Elevated blood pressure
- Sedentary lifestyle
- Less likely to be covered by health insurance

d. The Homeless

In the U.S. it is estimated that 350,000 to 6 million people are homeless (Walker, 1998, p. 27). Societal factors that contribute to homelessness are:

- Lack of affordable housing
- Increasingly stringent criteria for public assistance
- Decreased availability of social services
- Inadequate or lack of employment
- A history of psychological trauma
- Deinstitutionalization of clients from mental health facilities without community support (such as half-way houses and group homes).

The aspects of cultural diversity in the workforce:

✓ Race and ethnicity

The racial/ethnic diversity among registered nurses in the United States (1993)

RACE	NO. OF REGISTERED NURSES IN THE U.S.
BLACK (NON-HISPANIC	90600
HISPANIC	30400
ASIAN/PACIFIC ISLANDER	76000
AMERICAN INDIAN	10000
ALASKAN NATIVE	
GRADUATES OF FOREIGN PROGRAM	73000

Sex – the net rate of growth between 1986 and 2000 in the U.S. labor force:

RACE	% GROWTH IN U.S.
HISPANIC FEMALES	85%
ASIAN FEMALES	83 %
HISPANIC MALES	68%
ASIAN MALES	61%
AFRICAN AMERICAN FEMALES	83%
AFRICAN AMERICAN MALES	24%
WHITE FEMALES	22%
WHITE MALES	-9%

2. The effects of multicultural healthcare workforce

a. Positive:

- Healthcare workers from diverse background bring a variety of experiences and a wide range of knowledge to the health care setting
- They offer fresh ideas and different solutions to long- term problems.
- Foreign nurses can help American nurses understand and relate better to patients who are also from diverse cultural backgrounds.

2. The effects of multicultural healthcare workforce

b. Negative:

- Cultural diversity in the workforce may produce serious barriers and conflicts.

3. Barriers/conflicts in the workforce

A. Different cultural patterns and biases that affect the relationship between physicians, nurses and ancillary personnel.

Example: many male physicians from the Middle East think of women as subservient and feel that they have the right to shout at female nurses.

B. Racism and prejudice that can undermine professional relationships. Three types of racism:

1. *Individual racism* –

   Discrimination based on visible biological characteristics.

   Example: black skin or the epicanthic fold of the eyelid in Asians.

2. Cultural racism –

Occurs when an individual or institution claims that its cultural heritage is superior to that of other individual institutions.

Example: During World War II, the Nazis claimed that their Aryan genetic and cultural heritage was superior to the Jewish heritage.

3. *Institutional racism* –
   Institutions (universities, businesses, hospitals, schools of nursing) manipulate or tolerate policies that unfairly restrict the opportunities of certain races, cultures, or groups.

   Example: At one time, "black" people were not allowed to use the comfort room used by "white" people, sit in the front row of transportation facilities, enroll their children in universities, etc.

C. Bias and ethnocentrism –

Whatever their cultural background, people have a tendency to be biased toward their own cultural values and to feel that their values are *right* and the values of others are *wrong* or *not as good*.

Example: "White" nurses are biased not only toward their own health care system but also toward their learned values, such as cleanliness. Cleanliness is essential to good health care. A nurse who finds that a child is dirty might translate her observation into a value judgment that the mother is not practicing good health practices.

D. Clashes in values

that arise between foreign nurses and nurses trained in the United States. In a study of Philippine American nurses, the most important finding was the theme of **obligation to care** that prevailed in all aspects o their work (Spangler, 1992). This theme was expressed in 3 important ways:

(1) Expressed seriousness and dedication to work;
(2) Attentiveness to the patients' physical comfort;
(3) Respect and patience.

Example of conflict: The theme of an obligation to care reflected the Philippine American nurses' strong belief that bedside nursing is truly the core of nursing practice. This value conflicts with the attitude of some American nurses that the physical care of patient is devalued work with low prestige and should therefore be delegated to ancillary personnel.

E. Different perceptions of nursing responsibilities and patient care that are based on different cultural values.

Example: Unlike Western nurses, Asian nurses tend to accept difficult assignments without complaint. They may also be more willing to do what American nurses might consider demeaning (e.g., cleaning cabinets).

F. Differences in time orientation.

Cultural groups are either past, present, or future oriented. American value future over the present, Southern blacks and Puerto Ricans value the present over the future, and Mexican Americans value the present.

Example: People who work in the operating room must be both future and present oriented. Surgical cases are scheduled ahead of time (future) and health workers must abide by the calendar and clock, but once surgical procedure begins, nurses must now switch to a present orientation)

G. Language differences that result in serious miscommunications.

Example: A Filipino nurse who was temporarily assigned to an unfamiliar medical unit transcribed a telephone order from a physician. The physician said: "Give Johnson 50 mg. Demerol for pain. If she is still complaining of pain after an hour, call me and I'll increase the dosage." When transcribing the order the nurse missed the physician's reference to the patient as a **she**, a common error among Filipinos and other Asians. **Mr. Johnson**, who happened to be on the same ward might have received the medication had another nurse not intervened and questioned the order.

4. Promoting harmony in multicultural workplaces

- Identification of cultural values of the organization, institution, or agency Mission statement and policies about diversity
- Zero tolerance for discrimination Effective cross-cultural communication
- Skill with conflict resolution involving diversity
- Commitment to multiculturism at all levels of management

5. Strategies to promote effective cross-cultural communication in the multicultural workplace

Strategies

1. Pronounce names correctly.
2. Use proper titles of respect: "Doctor,"
3. Be aware of gender sensitivities.
4. Be aware of subtle linguistic messages that may convey bias or inequality
5. Refrain from Anglicizing or shortening a person's given name without his or her permission.

6. Call people by their proper names. Avoid slang such as "girl", "boy", "honey",
7. Refrain from using slang, pejorative, or derogatory terms when referring to persons ethnic, racial, or religious groups,
8. Identify people by race, color, gender, and ethnic origin only when necessary and appropriate.
9. Avoid using words and phrases that may be offensive to others.

10. Avoid clichés and platitudes such as "Some of my best friends are Mexicans" or "I went to school with Blacks".
11. Use language in communication that includes *all* staff rather than excludes some of them.
12. Do not expect a staff member to know all other employees of his or her background or to speak for them. They share ethnicity, not necessarily the same experience, friendship, or beliefs
13. Communications describing staff should pertain to their job skills, not their color, age, sex, race, or national origin.

14. Refrain from telling stories or jokes demeaning to certain ethnic, racial, age, or religious groups. Also avoid those pertaining to gender-related issues or persons with physical or mental disabilities.
15. Avoid remarks that suggest to staff from diverse backgrounds that they should consider themselves fortunate to be in the organization.
16. Remember that communication problems multiply in telephone communications
17. Provide staff with opportunities to explore diversity issues in their workplace, and constructively resolve differences

D. TRANSCULTURAL VALUES AND ETHICS

"The nurse…promotes an environment in which the values, customs, and spiritual beliefs of the individuals are respected."

International Council of Nurses, 1973.

1. Basic/Related Concepts

a. Accepting and respecting the values of patients from other cultures is the first step toward successful transcultural communication.

b. Values have important functions:

- They provide people with a set of rules by which to govern their lives.
- They serve as a basis for attitudes, beliefs, and behavior.
- They help to guide actions and decisions
- They give direction to people's lives and help them solve common problems.

1. Basic/Related Concepts

- They influence how individuals perceive and react to other individuals.
- They help determine basic attitudes regarding personal, social and philosophical issues.
- They reflect a person's identity and provide a basis for self-evaluation.
- c. Values differ from culture to culture. For example:

d. Culture care values carry cultural care meanings. To provide congruent care the nurse must understand that cultural values carry care meanings which influence nurse-client interaction, provide useful information about the client's expectations of care, and influence the client's sense of appropriate sick role behaviors, choice of healers, views toward technology, and health-related beliefs and practices.

2. Transcultural Assessment and Clarification of Values and Beliefs

Assessment of values and beliefs is a starting point in continuing dialogue to foster mutual understanding among health care providers and recipients of care. This assessment, though not exhaustive, encompasses cultural values and ethical issues regarding health care delivery from the patient's perspective.

TO THE CLIENT

The health care professionals assigned to care for you want to understand your *values* and *beliefs* so they can deliver culturally relevant health care. Please assist them in better understanding you by completing this form.

BACKGROUND INFORMATION

1. Where were you born?
2. How long have you lived in the _____?
3. Did you receive any formal education in the _____? How much?
4. Where were your family members born? _____

RELATIONSHIPS

5. Who are the decision makers in your family?
6. Who do you consider "family?"
7. Who do you want to make health care decisions for you?
8. In the event you cannot make health care decisions for yourself, who would you appoint to make these decisions for you?

COMMUNICATION

9. What language do you consider you "mother" tongue?
10. Do you read and write in your "mother" tongue?
11. In which language do you prefer you receive health information?

CULTURAL BONDS

12. What cultural traditions do you observe in your home?

RELIGIOUS AFFILIATION

13. Do you have a religious affiliation? If so, what is the affiliation?
14. Do your cultural or religious beliefs influence your attitude toward prevention of illness? If so, how?
15. How would describe your health status?
16. Do you have *any* symptoms that require "healing?"
17. How long have you had these symptoms?
18. What "healing" strategies do you use to relieve these symptoms?
19. Do these symptoms affect your ability to work or fulfill other obligations?
20. During your course of treatment what cultural/religious beliefs would you like us to consider?

OTHER

21. Is there anything else you would like to share with us that would help us care for you in a more sensitive way?

If clinically related to the diagnosis or chief complaint, it may be useful to collect data about transplantation, organ donation, autopsy, blood

2. TRANSCULTURAL ETHICS

Ethics is a systematic philosophical method of inquiry that assists people in understanding the morality (rightness or wrongness) of human behavior and social policies.

Basic/Related Concepts

Ethics also refers to the standards of behavior expected of professional groups as described in their code of professional conduct.

It is important for nurses to have a knowledge of ethics in order to develop an ethical framework to guide their professional practice and to cope with unethical uncertainties stemming from work with clients, their families, and colleagues.

Ethical knowledge also prepares nurses to fully understand and participate in multidisciplinary committees on bioethical issues.

Basic/Related Concepts …… cont.

Ethical theories and principles are not universal in theory and application. Thus, ethical conflicts may occur when applied transculturally. Example: Issue surrounding informed consent, disclosure of diagnosis and prognosis, and discussion of termination of treatments are reflections of Western cultural values. In some cultures, particularly in Oriental or Eastern cultures, the approach is different:

In Oriental cultures like Japanese, Chinese, Pakistani, etc – the family expects to be informed of bad news first, and then decides whether to inform patient or not.

Basic/Related Concepts

Autonomy does not exist in numerous cultures. Decision/s regarding health care are made in consultation with other family members.

Ethical relativism views morality as relative to the community within which an individual lives and the manner in which the individual was raised. When applied transculturally ethical conflicts may arise. Example: Freedom of speech would only be a moral value for cultures that believe in it.

Basic/Related Concepts

Therefore, moral values are only right in sociocutural contexts that think they are right.

The nurse and other health care professionals should be aware of existing ethical theories and principles and their implications for care in a client's lifeway, belief system and health care practices. Two contrasting ethical theories come from the East and West.