Chapter 9
Cultural Awareness
Unit C

Cultural Awareness

- Culture
  - Norms, values, and traditions
  - Ethnicity, race, nationality, and language
  - Gender, sexual orientation, location, class, and immigration status
- Intersectionality
  - Belonging simultaneously to multiple social groups
- Oppression
  - A system of advantages and disadvantages tied to our membership in social groups

Self – Assessment

- How do you identify yourself:
  - Socioeconomic class
  - Political views
  - Race/Ethnicity
  - Sex/sexual orientation
  - Marital status
  - Professional
  - Religion/spirituality
  - Family role(s)

Cultural Concepts

- Emic worldview: The insider, or native, perspective.
- Etic worldview: An outsider’s perspective.
- Enculturation: Socialization into one’s primary culture as a child.
- Acculturation: The process of adapting to and adopting a new culture.
- Assimilation: Results in varying degrees of affiliation with the dominant culture.
- Multiculturalism: Occurs when an individual identifies equally with two or more cultures.

Biracial / Multiracial – Dilemma of exclusion or sense of not belonging to either racial & cultural groups

Bicultural – Person who has two cultures, lifestyles and sets of values

Biracial/bicultural – Possible psychological stress for some individuals

Multigenerational issues
Understanding Cultural Concepts

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Health Disparities

- Health disparity
  - A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage (USDHHS, 2015)

- Social determinants of health
  - The conditions in which people are born, grow, live, work, and age, shaped by the distribution of money, power, and resources at global, national, and local levels (WHO, 2013)

Statistics – Los Angeles County

(2016 data from censusreporter.org)

- Population: 10,137,915
- 4,058.1 square miles
- 2,498.2 people per square mile

Los Angeles County – Age Statistics

Population by Age

- Under 18
- 18 to 64
- 65 and over

Los Angeles Data - Income

- Poverty Line
  - Poverty
  - Non-Poverty

Los Angeles County Race & Ethnicity Statistics

- Percentage
  - White
  - Hispanic
  - Black
  - Native
  - Asian
  - Islander
  - Two+
Los Angeles County – Foreign-Born Population

Europe, 5%
Latin America, 57%
Asia, 36%
Africa, 2%

Los Angeles County Language Spoken

Language Spoken at Home
- English only (43%)
- Spanish (38%)
- Indo-European (6%)
- Asian/Islander (12%)
- Other (1%)

Los Angeles County – Education Statistics (age 25 and over)

No degree High school Some college Bachelor's Post grad
22% 21% 20% 11%

Veteran Statistics – Los Angeles County

WW II Korea Vietnam Gulf (1990's) Gulf (2000's)
14,542 26,522 90,723 39,088 45,641

Homeless Population

Total Homeless Population
2013 2015 2016 2017
39,416 44,395 46,874 57,794

Health Disparities and Health Care

- Health care disparities
- Differences among populations in the availability, accessibility, and quality of health care services
- Addressing health care disparities
- New standards
  - Focus on cultural competency, health literacy, and patient- and family-centered care
  - Recognize that valuing each patient’s unique needs improves the overall safety and quality of care and helps to eliminate health disparities.
Linguistic Competence & Health Literacy

- **Health Literacy**
  - The ability to obtain, process and understand health information in order to make informed health decisions

- **Linguistic competence**
  - Healthcare agency must communicate in a manner that is easily understood by diverse clients

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Case Study

- Mrs. Tao is 27 years old and immigrated to the United States from China 3 years ago. She is in the hospital because she gave birth to a baby girl yesterday. She is breastfeeding her baby and plans to go home tomorrow.

- Jenny is a 23-year-old nursing student assigned to care for Mrs. Tao. Jenny knows that it is important to provide education to Mrs. Tao, so she will be able to take care of her daughter at home.

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Culturally Congruent Care

- **Transcultural nursing**
  - A comparative study of cultures to understand their similarities and differences
  - In every culture health, illness, and caring have meanings that are unique

- **Culturally congruent care**
  - Care that fits a person’s life patterns, values, and system of meaning

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Meaning of Disease and Illness

- Culture affects how an individual defines the meaning of illness
- Illness
  - The way that individuals and families react to disease
- Disease
  - Malfunctioning biological or psychological processes

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Cultural Healers and Modalities

- **Hispanics**
  - Cuarandero/a, yerbero, sabedor, espiritista, santero/a

- **African American**
  - “Granny midwife,” spiritualist, voodoo practitioner, hougan (male), mambo (female)

- **Chinese and Southeast Asians**
  - Herbalist, acupuncturist, fortune teller, Shaman

- **Asian Indians**
  - Herbalist, acupuncturist, fortune teller, Shaman

- **American Indians**
  - Shaman

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Selected Components of Cultural Assessment (Box 9-4)

- **Ethnohistory**
- **Biocultural ecology and health risks**
  - (note book mistake calling it biocultural ecology)

- **Socioeconomic Status**

- **Language and Communication Patterns**
Selected Components of Cultural Assessment (Box 9-4) continued

- Social Organization/Family Structure
- Religion/Spiritual Beliefs
- Food Preferences/Practices
- Sexuality Beliefs and Values

Cultural Competency

- Defined as the enabling of health care providers to deliver services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients.
- Culturally competent organizations:
  - Value diversity
  - Conduct a cultural self-assessment
  - Manage the dynamics of difference
  - Institutionalize cultural knowledge
  - Adapt to diversity

Cultural Competency (Cont.)

1. Respecting a patient's health beliefs and understanding the effect of the patient's beliefs on health care delivery
2. Shifting a model of understanding a patient's experience from a disease happening in the patient's organ systems to that of an illness occurring in the context of culture
3. Ability to elicit a patient's explanation of an illness and its causes
4. Ability to explain to a patient the health care provider's perspective on the illness and its perceived causes
5. Being able to negotiate a mutually agreeable, safe, and effective treatment plan

Cultural Competency (Cont.)

- Expanding the original focus on interpersonal skills, many of the current approaches to cultural competency now also focus on:
  - All marginalized groups and not just immigrants
  - Prejudice, stereotyping, and social determinants of health
  - The health system, communities, and institutions.

Cultural Competency (Cont.)

- Campinha-Bacote
  - Cultural awareness
  - Cultural knowledge
  - Cultural skills
  - Cultural encounters
  - Cultural desire
  - Blanchet and Pepin
    - Building a relationship with the other
    - Working outside the usual practice framework
    - Reinventing practice in action
Patient Centered Care

- Landmark reports
  - Crossing the Quality Chasm (IOM, 2001)
  - Unequal Treatment (Smedley et al., 2003)
- Cultural competence vs. patient-centered care
  - Each emphasizes different aspects of quality
  - Patient-centeredness provides individualized care and restores an emphasis on personal relationships
  - Cultural competence aims to increase health equity and reduce disparities by concentrating on people of color and other disadvantaged populations

Cultural Awareness

- Bias: a predisposition to see people or things in a certain light, either positive or negative.
- Becoming more self-aware of your biases and attitudes about human behavior is the first step in providing patient-centered care.

Cultural Knowledge—World Views

- World view
  - Emic
  - Etic
- Avoid stereotyping
- Treat the individual
- See every patient encounter as cross-cultural

Cultural Knowledge—World Views (Cont.)

- Iceberg analogy
  - Most aspects of a person’s world view are hidden
- Conduct a cultural assessment

Quick Quiz!

1. Health disparities are unequal burdens of disease morbidity and mortality rates experienced by racial and ethnic groups. These disparities are often exacerbated by:
   A. bias.
   B. stereotyping.
   C. prejudice.
   D. all of the above.
Case Study (Cont.)

- Jenny teaches Mrs. Tao that it is important to drink fluids to replace fluids lost during birth and to facilitate production of breast milk. Jenny then gives Mrs. Tao a fresh pitcher of ice water and suggests that Mrs. Tao drink at least 8 ounces of water every hour.

Skills and Interventions

- Cultural assessment
  - Cultural assessment model
  - Open-ended, focused, and contrasted questions
  - Explanatory model (Table 9-1, page 108)
  - Trust

Skills and Interventions (Cont.)

- Several hours later, Jenny checks Mrs. Tao’s water pitcher and notices that Mrs. Tao did not drink any of it. Jenny adds new ice to the pitcher and explains again to Mrs. Tao the importance of drinking fluids. Mrs. Tao nods that she understands. Jenny leaves Mrs. Tao, expecting that she will drink the ice water.

Skills and Interventions (Cont.)

- Mnemonics (Box 9-5; page 109)
  - LEARN: Listen, Explain, Acknowledge, Recommend, Negotiate
  - RESPECT: Rapport, Empathy, Support, Partnership, Explanations, Cultural Competence, Trust
  - ETHNIC: Explanation, Treatment, Healers, Negotiate, Intervention, Collaboration
  - C-LARA: Calm, Listen, Affirm, Respond, Add

Skills and Interventions (Cont.)

- Linguistic competence
- Heath literacy
- Teach back
Cultural Encounters

- Are interventions that involve a nurse directly interacting with patients from culturally diverse backgrounds
- Have the potential for conflict
- Enable new forms of community and collective identity
- Provide the opportunity to show compassion

Case Study (Cont.)

- Mrs. Tao’s husband comes in to visit his wife at noon. Jenny decides to ask Mrs. Tao an open-ended question. “Please help me understand why you aren’t drinking your water.”
- Mr. Tao replies, “My wife needs to avoid cold during the next 30 days to return the balance between yin and yang to her body. She needs the warm energy force of yang right now, so she cannot drink cold water.”

Case Study (Cont.)

- Jenny then asks a question, “According to your beliefs, what beverages can you drink?”
- Mrs. Tao replies that she prefers to drink hot tea right now.
- Jenny then asks a contrast question, “Would you prefer hot herbal tea, or is hot decaffeinated tea better for you?” Mrs. Tao replies, “I would like some hot herbal tea, please.”

Case Study (Cont.)

- Jenny gives Mrs. Tao a cup of herbal tea and conveys Mrs. Tao’s preferences to the cafeteria.
- Mrs. Tao drinks three cups of hot tea in the next hour.

Cultural Desire

- The motivation of a health care professional to “want to”—not “have to”—engage in the process of becoming culturally competent
- Health care organizations are increasingly integrating cultural competence principles into everyday organizational processes and practices

Case Study (Cont.)

- Upon doing some reading about the Chinese culture, Jenny finds out that the yin-yang (hot-cold) theory is important and influences what a patient eats and drinks, especially during pregnancy, following delivery, and in times of illness. Jenny uses cultural care concepts to provide education about breastfeeding to Mrs. Tao.
Core Measures

- Key quality indicators that help health care institutions improve performance, increase accountability, and reduce costs
- Consistent with national health priorities
- Intended to reduce health disparities

Quick Quiz!

2. You are in the process of admitting an ethnically diverse patient. To plan culturally competent care, you will conduct a cultural assessment that includes:
   A. emic worldview.
   B. ethnohistory.
   C. negotiation.
   D. ethnocentrism.

Quick Quiz!

3. Cultural competence means
   A. Being an expert regarding the particular languages, behaviors, and beliefs of diverse communities
   B. The ability to speak the same language as the population served
   C. A set of knowledge, skills, attitudes, policies, practices, and methods that enable care providers and programs to work effectively with culturally diverse communities
   D. Being of the same ethnic background as the population served

Quick Quiz!

4. Patient-centered care is
   A. Care that integrates the patient's perspectives and promotes greater patient involvement in his or her care
   B. Consideration of the patient's limitations when developing care plans
   C. Performing learning needs assessments with patients
   D. Integration of methods to mitigate barriers to learning

Quick Quiz!

5. Culture is
   A. Groups of people who have a shared racial or ethnic background
   B. A set of meanings, norms, beliefs, and values shared by a group of people
   C. Groups of people who have the same racial and/or ethnic heritage with shared language and practices
   D. Social behaviors related to shared ethnicity, race, spiritual beliefs, and language

Quick Quiz!

6. How many CLAS standards exist?
   A. 4
   B. 10
   C. 14
   D. 7
Quick Quiz!

True/False

7. Evidence has shown that ethnicity, class, religion, spirituality, sexual orientation, racism and other cultural factors influence health care decision making.

8. Understanding one’s own culture and/or belief systems is mandatory in providing quality health care.

Spirituality

- Spirituality
  - Can be both religious and non-religious
  - Expresses a source of meaning, connectedness and hope
  - Each person's spirituality is important

Spirituality vs. Religion

- SPIRITUALITY refers to our inner belief system. It is a delicate 'spirit-to-spirit' relationship to oneself, others, and the God of one's understanding.
- RELIGION refers to the externals of our belief system: church, prayers, traditions, rites, rituals, etc.
  - An organized community of faith that has written doctrine and codes of regulatory behavior.

Assessing Spiritual Needs

- Environment
- Behavior
- Verbalization
- Interpersonal relationships

Spiritual Assessment

HOPE Tool

- Sources of hope, meaning, comfort, strength, peace, love, and connection
  - How are you holding up?
  - What resources are you drawing upon?
- Organized religion
  - Do you consider yourself religious?
  - Are you part of a congregation or spiritual community?
- Personal spirituality and practices
  - Do you have specific religious practices you would like to engage in at this time?
- Effects that the above may have on medical care and end-of-life decisions
  - Are there specific beliefs that we should be aware of?
  - Do you wish to speak to a chaplain?

FICA Spiritual Assessment

The acronym "FICA" can help structure questions when taking a spiritual history

F: Faith, Belief, Meaning
  - Do you consider yourself spiritual or religious?
  - Do you have spiritual beliefs that help you cope with stress?
  - If the patient responds, “no,” ask, “What gives your life meaning?”

I: Importance and Influence
  - What importance does your faith or belief have in your life?
  - Have your beliefs influenced you in how you handle stress?
  - Do you have specific beliefs that might influence your healthcare decisions?

C: Community
  - Are you a part of a spiritual or religious community?
  - Is this of support to you and how?
  - Is there a group of people you really love or who are important to you?
  - Communities such as churches, temples, and mosques can serve as strong support systems for some patients.

A: Address/Action in Care
  - How should the healthcare provider address these issues in your healthcare?
  - Referral to chaplains, clergy, and other spiritual care providers.
Nursing Diagnosis: Spiritual Distress

- Impaired ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, and/or a power greater that oneself
- Signs

Spiritual Crisis Stimuli

- Physical factors
- Emotional experiences or transitions
- Death or near death experiences
- Inability to perform spiritual practices

Spiritual Distress: Interventions

- Convey a caring and accepting attitude
- Provide support, encouragement, and respect
- Determine religious or spiritual orientation, current involvement, presence of conflicts
- Refer to spiritual care provider/chaplain for further intervention.