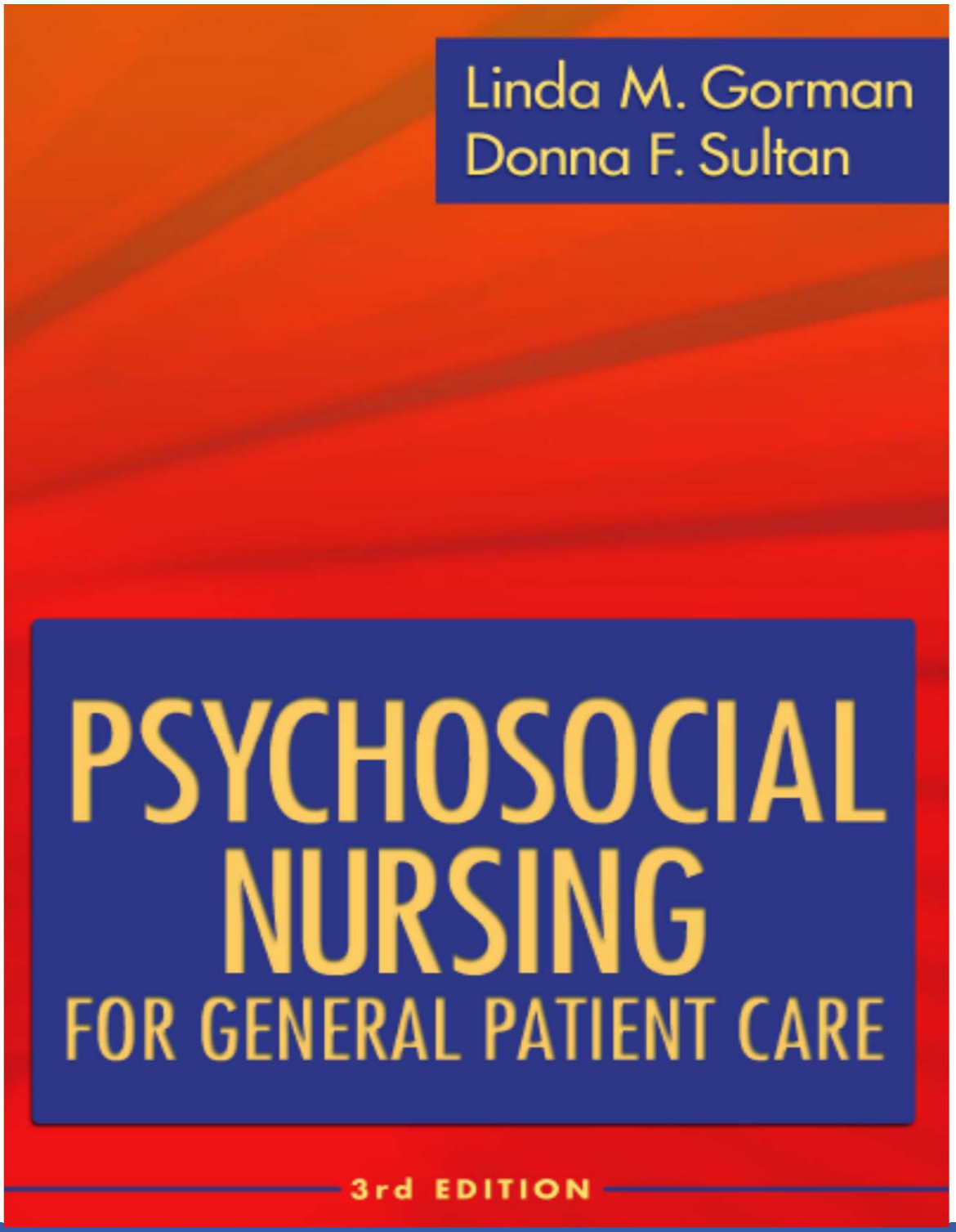

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6

Cultural Considerations: Implications for Psychosocial Nursing Care

Learning Objectives

After the classroom discussion, the students will be able to:

1. **Explain the concept of culturally sensitive psychosocial nursing care.**
2. **Discuss factors to consider when assessing culture and ethnicity in patients and their families.**
3. **Consider treatment approaches to patients in various cultural and ethnic groups.**
4. **Describe guidelines for using interpreters and what to do when an interpreter is not available.**

Introduction

Culture is a system of beliefs, behaviors, and symbols that are learned, shared, and passed on through generations of a social group. Culture influences what people perceive, it guides their interactions, and it can change over time. Culture describes a particular society's entire way of living.

Culturally Competent Nursing Care

- *Culturally competent nursing care is defined as being sensitive to issues related to culture, race, religion, gender, sexual orientation, and social or economic class.*
- *Cultural competence implies not only awareness of cultural differences but also the ability to assess and intervene appropriately and effectively.*
- *Cultural competence in nursing care requires more than simply acquiring knowledge about other ethnic or cultural groups.*

Culturally Competent Nursing Care

- *Cultures can be compared using six phenomena that vary with application and use, yet are seen across all cultural groups (Giger & Davidhizar, 1995; 2004). These phenomena are:*

1. ***Communication***
   This refers to all verbal and nonverbal behavior in the presence of another. Communication has its roots in culture. Cultural mores, norms, ideas, and customs are all expressed through communication. The nurse who cares for diverse patients must have an understanding of the client's needs and expectations as expressed through their communication and culture.

Culturally Competent Nursing Care

2. ***Space***

   This element of culture refers to territoriality, density, and distance. It relates to how space is controlled, used, and defended. Three interpersonal dimensions of space in Western culture have been identified: the intimate zone (0–18 inches), the personal zone (18–36 inches), and the social zone (3–6 feet).

3. ***Social organization***

   Cultural behaviors are acquired through social interactions in groups such as families, religious groups, and ethnic groups. This process of learning cultural values is called acculturation.

Culturally Competent Nursing Care

4. ***Time***

   Awareness of time is learned gradually. Some cultures place great importance on punctuality and efficiency, whereas others ignore the clock. Time orientation, meaning present-, future-, or past-oriented perceptions, influences many aspects of a culture.

5. ***Environmental control***

   This element has to do with the degree to which individuals perceive they have control over their environment. Persons from various cultures have different beliefs about how much they can influence events in their lives, some being more fatalistic and others more active.

Culturally Competent Nursing Care

6. ***Biological variations***

   This element refers to biological differences in people from various racial and ethnic groups, such as body size and shape, skin and hair color, physiologic responses to medications, susceptibility to disease, and nutritional preferences. A new field called ethnopharmacology is addressing different responses to medications.

Cultural Assessment

Culture can significantly influence communication, particularly when the cultures of the nurse and patient are vastly different and not understood by each other.

Cultural Assessment - Questions to Ask (1)

- Where was the patient born? If an immigrant, how long in this country?
- What is the patient's ethnic affiliation, how strong is the ethnic identity?
- Who are the patient's major support people? Does patient live in an ethnic community?
- Who in the family takes responsibility for health concerns and decisions?
- Any activities in which the client may decline to participate because of culture, religious taboos?
- Any special food preferences, food refusals because of culture, religion?

Cultural Assessment - Questions to Ask (2)

- What are the primary and secondary languages, speaking and reading abilities?
- What is patient's religion, its importance in daily life, current practices?
- What is the patient's economic situation, is income adequate for needs?
- What are the patient's health beliefs and practices?
- What are patient's perceptions of health problem and expectations of health care?

Enhancing Cultural Sensitivity

- Know your own attitudes, values, and beliefs.
- Be aware of your own ethnocentrism.
- Be aware of your own prejudices that may influence your assessment.
- Maintain an open mind and seek out more information about your patient's culture, beliefs, and values.
- Communicate your interest about the patient's beliefs and values.
- Approach each patient as an individual. Avoid assuming people from one cultural background all hold the same beliefs.

Cultural And Ethnic Influence On Communication

- Verbal and nonverbal communication patterns are closely tied to cultural beliefs and practices.

- Eye contact, hand gestures, facial expressions, and personal space, as well as how words or slang are used and what can be discussed, are defined by our culture and environment.

Communicating Through An Interpreter

- Language differences pose a barrier to even the most basic communication and cultural assessment.
- Caring for a patient who does not speak the same language as you can cause anxiety, frustration, fear, and a sense of helplessness on your part as well as the patient's. It may cause resentment because of the extra time and work that are needed.
- Some nurses try to compensate for their perceived deficiency by concentrating on performing tasks rather than on the patient's concerns.

Communicating Through An Interpreter

When using an interpreter, keep the following points in mind:

1. Address the patient directly rather than speaking to the interpreter. Maintain eye contact with the patient to ensure the patient's involvement.
2. Do not interrupt the patient and interpreter. At times, their interaction may take longer because of the need to clarify, and descriptions may require more time because of dialect differences or the interpreter's awareness that the patient needs more preparation before being asked a particular question.
3. Ask the interpreter to give you verbatim translations so that you can assess what the patient is thinking and understanding.

Communicating Through An Interpreter

4. Avoid using medical jargon that the interpreter or patient may not understand.
5. Avoid talking or commenting to the interpreter at length; the patient may feel left out and distrustful.
6. Be aware that asking intimate or emotionally laden questions may be difficult for both the patient and the interpreter. Lead up to these questions slowly. Always ask permission to discuss these topics first, and prepare the interpreter for the content of the interview.

Communicating Through An Interpreter

7. When possible, allow the patient and interpreter to meet each other ahead of time to establish some rapport. If possible, try to use the same interpreter for succeeding interviews with the patient.
8. If possible, request an interpreter of the same gender as the patient and of similar age. To make good use of the interpreter's time, decide beforehand which questions you will ask. Meet with the interpreter briefly before going to see the patient so that you can let the interpreter know what you are planning to ask. During the session, face the patient and direct your questions to the patient, not the interpreter. After the session, review the questions and answers with the interpreter to check any remaining concerns (Luckmann, 1999).

Communicating Through An Interpreter

9. Anticipate when emotional, difficult topics will be addressed and prepare the interpreter ahead of time for this, for example, a discussion of code status. If not well prepared or well trained, an interpreter can identify with a patient and this could influence the interpretations as well as contribute to the interpreter's discomfort (Norris et al, 2005).

Guidelines For Working Without An Interpreter

If an interpreter is not available, using picture charts or flash cards can help the patient communicate some basic questions such as degree of pain or needs like water and elimination. If the patient understands a little English, you may be able to gather useful information without an interpreter by following these suggestions:

1. Greet the patient respectfully. Be polite and formal, especially with older patients.
2. Identify the patient's primary language. If you can pronounce any words in the language, use them to show you are trying to communicate. A simple "buenos dias" or "bonjour" may help to reduce the patient's anxiety.

Guidelines For Working Without An Interpreter

3. Speak slowly, clearly, and quietly in English if this is your only option. Do not shout. Make an effort not to appear frustrated, irritated, or hurried.
4. Ask one question; talk about one symptom at a time. Use simple sentences.
5. Try to avoid medical terminology. For example use “bleeding, pus, or liquid” rather than “discharge.”
6. Use picture cards or a phrase chart if they are available to verify patient information.
7. Be aware that some patients may act as if they have understood all your questions to avoid looking ignorant or rude (Luckmann, 1999).

End of Chapter 6