

8

Cultural Diversity

Teaching Plan

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson.

Learning objectives

A participant in this lesson will be able to:

- Define cultural diversity
- Avoid stereotyping
- Communicate with patients of different cultures respectfully and effectively

Activity

1. Engage your team in a discussion about their own cultural backgrounds. Invite clinicians and management to share in the discussion as well.
2. Encourage participants to discuss some past patients with different cultural backgrounds that they have worked with, and how this may have affected their roles in the home.
3. Obtain information about the makeup of your agency's patient population and provide tailored information on specific cultures to your agency.

The lesson

Review the material in the lesson with participants. Allow for discussion.

CULTURAL DIVERSITY

Conclusion

Have participants take the test. Review the answers together. Award certificates to those who answer at least seven (70%) of the test questions correctly.

Cultural Diversity

Contents:

- Defining cultural diversity
- Recognizing stereotypes
- Communication and active listening

Defining Cultural Diversity

Culture is a social pattern of behaviors, beliefs, and characteristics of a group of people that are passed on from generation to generation. It is very important to understand that cultural characteristics are very different from physical characteristics. Many people who have similar physical characteristics do not always have similar cultural characteristics.

Cultural diversity is the variety of human societies or cultures in a specific region or in the world as a whole. There are also more obvious cultural differences that exist between people, such as language, dress, and traditions.

Geographic culture

Some culture originates from the area of the world that the person is from. This is called geographic culture. There are many geographic cultures that greatly influence a patient's views on diet and medical care.

The following are some types of geographic cultures. They are listed here to give you a better idea of the variety within these cultures and not to provide specific information about an individual patient or family. Keep in mind that these are very general and will not apply to all patients.

Eastern Asian and Pacific Islanders

Eastern Asian and Pacific Islanders contain many different ethnic groups. These groups include, but are not limited to, Chinese, Korean, Japanese, Vietnamese, Hmong, Indonesian, Filipino, and Samoan people. Dietary habits are varied, based on the culture, and there are often special diets to be taken into consideration during illness. Fish, fruits, vegetables, and rice are the primary diet, along with small amounts of chicken, pork, or beef. In most of these cultures, a meal is almost like a ceremony and should not be interrupted. There are several religions practiced, including Confucianism, Buddhism, Taoism, Islam, Shintoism (Japan), and Roman Catholic. Medicinal herbs and folk remedies and rituals are commonly used to prevent or treat illness. Most believe that good health is a result of harmony and may use health healers and spiritual healers before seeking standard medical care. Drawing of blood is especially upsetting to many. There is a tendency to hide outward signs of pain, so it may be difficult to determine how much pain a patient is having. Many believe in some type of reincarnation.

Haitian, Puerto Rican, Cuban

Generally, diet is very important for maintaining good health for people of Haitian, Puerto Rican, or Cuban culture. Many believe foods have “hot/cold” properties, and these must be in harmony. Some believe illness is supernatural and caused by evil spirits or enemies of deceased relatives. They may wear amulets to protect against evil spirits. Most consult folk healers or spiritualists before seeking standard medical care. Use of herbs and rituals for healing is common. Many are suspicious and fearful of hospitals. Cuban-Americans are most likely to use the standard medical practices in combination with religious or home remedies.

Religious culture

In addition to cultures passed on from different geographic areas, there are many general religious cultural beliefs you may find among your patients. Keep in mind that not all members of a particular religious group will hold the same beliefs. These are generally held beliefs and may not be those of each and every member.

CULTURAL DIVERSITY

Baptist

Almost all Baptist groups prohibit alcohol as a beverage. Many groups strongly believe in faith healing or “laying on of hands” by preachers or others empowered by God to heal. Many believe that when medical treatment cures them, it is because God is functioning through the doctors and nurses. They may refuse ventilators or resuscitation, believing it interferes with God’s will. Mission work is very much part of most Baptist churches, because many of them believe that only Christians will go to Heaven.

Church of Jesus Christ of Latter Day Saints

People who practice at the Church of Jesus Christ of Latter Day Saints are commonly referred to as Mormons. While meat is not forbidden, members are encouraged to eat meat “infrequently,” and they generally do not drink tea, coffee, or alcohol. Most will fast for 24 hours on the first Sunday of the month. They are strong believers in divine healing with anointing and “laying on of hands” by church elders but do not prohibit standard medical care. On their wedding day, they are given special undergarments that are always worn. Never remove these undergarments without discussing the process with the patient or family. The church headquarters is in Salt Lake City, Utah.

Islam

People who practice Islam are referred to often as Muslims or Nation of Islam. Muslims do not eat pork and pork products and generally do not use alcohol. During Ramadan (the last month of the Mohammedan year), they do not eat during daylight hours. They accept standard medical care and generally oppose faith healing. Muslims perform prayers five times daily. There is usually ritual washing after prayers. There are several different sects of Islam, and each is somewhat different.

Jewish

Dietary habits depend upon whether they are Orthodox, Reform, or Conservative. Jews do not eat pork; they eat only meat that comes from animals that eat vegetables, have cloven hooves, or chew their cud. Meat must be ritually slaughtered to make it “kosher.” They do not eat seafood unless it has scales and fins. Orthodox and other Jews who strictly observe kosher laws never combine meat products and dairy products and do not store them together. They may have two sets of dishes—one for meat and one for dairy. During Passover, they do not eat any leavened bread (bread containing yeast or other ingredients

to cause it to ferment and rise). Jews may refuse surgery during the Sabbath (sundown on Friday until sundown on Saturday). Since kosher foods are high in sodium, patients on low-salt diets do not have to use kosher meats. Jews generally oppose prolonging life with life support. Amputated limbs and other parts of the body removed by surgery are given to family for burial. There is no single Jewish authority over all Jewish synagogues. All congregations are independent and control their own activities. On the Sabbath, Orthodox Jews do not use cars, do not cook, and do not do work of any kind.

Roman Catholic

Catholics fast and do not eat meat on Ash Wednesday or Good Friday. Most still do not eat meat on Fridays during Lent, and some Catholics may still follow the old practice of not eating meat on any Friday during the entire year. The church does not approve of contraceptives, abortion, or fertility treatments. Most request anointing of the sick during major illness. Homecare patients may refuse to eat or drink for an hour before someone is bringing them communion. The authority over all Roman Catholic churches is the Pope.

Stereotypes

All information in this lesson reflects general cultural beliefs of many geographic and religious cultures. That said, it is important to understand that not every person, even if they are of a particular culture, practices that way. For example, someone may be Roman Catholic, but they may not go to church or take communion. Or maybe someone from Puerto Rico never eats the types of food from their region. Every person is different.

One thing that we must always be careful to never do is to stereotype someone based on their physical features. Just because someone is from the Middle East, it does not mean that they are Muslim. Just because someone is Mormon, it does not mean that they never drink alcohol. There are many stereotypes in the world, and they are often reflected on TV, the Internet, and more. It is important to never assume and always make sure you listen and communicate with the patient so that you understand what cultural beliefs they hold.

Communication and Active Listening

Patients from different cultures will communicate in different ways. It is hard to know what is appropriate for patients of different cultural backgrounds. Observation between family members and nonverbal reactions to communication can be clues to aid you. Always address a person from a different culture by his or her formal name. In some cultures, direct eye contact may be considered disrespectful and communicating with eyes downcast is a sign of respect. Be aware of personal body space. Some cultures may see a close body space as threatening, whereas others may maintain a close body space. Cultures vary with regard to comfort with physical contact, especially when from someone of the opposite sex. When providing personal care for someone from a different culture, ask permission to touch or uncover areas of the body and expose only one area at a time.

It is so important for home health staff to listen to their patients. Many patients may not share their culture with you right away, but if they do, it is important to listen and retain that knowledge. An important part of effective communication is the art of active listening.

All of us are distracted by our personal lives and work responsibilities. This can interfere with our ability to be active listeners. Active listening does not always come easy. It is a technique that takes practice and a dedicated effort to maintain. But once you learn how to become an active listener, there is so much more information that can be gained from our patients or caregivers, and there is much more that we can do for them. Tools used in active listening are not complicated; they just take consistent use for them to become second nature.

The following are guidelines to use in active listening:

- Pay attention to what the patient or caregiver is saying
- Maintain eye contact
- Face the patient or caregiver directly
- Acknowledge that you are listening to the patient
- Do not interrupt the patient or caregiver when he or she is talking
- Do not talk when the patient is talking

- Ask questions to clarify what the patient or caregiver said if you did not understand him or her
- Repeat back to the patient or caregiver what you thought you heard by paraphrasing
- Be aware of the patient or caregiver's nonverbal communication
- Be honest in your response
- Treat patients as you would want to be treated

Home health's role

A person's culture is a part of them. As someone who cares for people in their homes, you may witness different cultures you have never encountered before.

Your role may include:

- **Respecting the patient's beliefs.** You may not always agree with a patient's values or lifestyle, but you must respect his or her beliefs, lifestyle choices, culture, attitudes, and other preferences. You must not be judgmental, and you must honor his or her choices.
- **Observing, reporting, and documenting.** Keen observation skills are important for anyone who works with patients in healthcare. Observation can be important to notice cultural practices. Patients may not always be open to communicate with you about their beliefs and rituals, but by observing the patient you may be able to understand them better. Sometimes patients will expect you to understand without communicating with you at all. Although this is unrealistic, you can get a headstart to understanding by observing the patient. Report anything out of the ordinary to your supervisor, even if you don't think it's important. You should document anything that can improve care (types of food they don't eat, pray schedule, etc.). This is important information that should be documented. An example of when cultural diversity may need to be observed, documented, and reported is as follows:

A patient always prays at certain times during the day. Although he didn't mention his prayers to you, he gets upset if he is busy during his prayer times. Once he even tried to get out of the bath in the middle of bathing to prepare to pray. The home health staff member tries to talk to the patient about it, but he does not want to talk about his religion, and there is a slight communication gap because of a language barrier.

CULTURAL DIVERSITY

Home health staff first need to respect the patient's choice to not discuss his religious practices. Since the patient doesn't communicate, you must observe the patient and help base his care on the observations. By observing the times that the patient prays, the home health staff can document and let the clinician know when the patient prefers to be visited and cared for. If there is a routine in the patient's prayer schedule, as there often is, make sure you document it. This information can make it easier for you to schedule care and also make the patient happier.