CHAPTER 8

Transcultural Healthcare

LEARNING OBJECTIVES

1. Define and state the components of culture, subculture, race, minorities, and ethnicity.
2. Identify four major subcultural groups of your community, your state, and the United States.
3. Define and give examples of prejudice, ethnocentrism, and stereotyping.
4. Identify three barriers to providing culturally competent nursing care.
5. List at least eight nursing considerations that need to be considered as part of a cultural assessment.
6. Discuss at least two ways in which each of the following influence nursing care: values and beliefs, taboos and rituals, concepts of health and illness, language and communication, diet and nutrition, elimination, and death and dying.
7. Assess the importance of religious and spiritual beliefs for clients experiencing illness.
8. Compare and contrast the following belief systems: magicoreligious, scientific/biomedical, holistic medicine, yin–yang, and hot–cold.
9. Discuss the common philosophies of mental illness in at least three different cultures and state how these ideas affect nursing care.
10. Identify at least three important qualifications for a professional interpreter.
11. Discuss at least three cultural aspects of each of the following: personal space and touching, eye contact, diet and nutrition, elimination and concepts of death and dying. Relate these aspects to concepts of nursing care.

NEW TERMINOLOGY

beliefs
cultural diversity
cultural sensitivity
culture
curandero
ethnocentrism
ethnicity
ethnonursing
karma
minority
nirvana
norms
prejudice
race
rituals
stereotype
subculture
shaman
taboos
transcultural nursing
values
yin–yang

In the late 20th century, nurse and anthropologist Madeline Leininger, helped develop the concept that a client has physical, spiritual, psychological, and socioeconomic needs that exist in our complex, diverse world.

As a nurse, you are responsible for becoming acquainted with the predominant cultures in your community. Remember to view each person within a group as an individual and to provide care in a nonjudgmental way. Individuals identify with their cultural, ethnic, racial, and religious backgrounds to various degrees. The nurse must be aware of his or her own beliefs and be sensitive to the beliefs of others.

CULTURE AND ETHNICITY

Definitions of Culture

Culture is the accumulated learning for generational groups of individuals within structured or non-structured societies. Individuals experience a cultural heritage with others. It is a heritage that is learned through formal and informal experiences through the life cycle. Culture consists of the combined heritage of language and communication style, health beliefs and health practices, customs and rituals, and religious beliefs and practices. Culture is influenced by environment, expectations of society, and national origin.

☛ KEY CONCEPT 1

All cultural information in this book is general. These generalizations are used for descriptive purposes, but remember that not everyone in a particular group follows all the practices or shares the same beliefs and characteristics.

The way an individual behaves in social groups and as an individual within that group is also part of one's culture. An individual learns, evaluates, and behaves according to specified **values** within a culture. Cultural concepts and beliefs provide the blueprints or guides for determining one's personal and societal values, individual beliefs, and lifelong practices. A pattern of values, attitudes, social, political, economic, educational and other behaviors emerge from the learned culture and are shared in a defined group over time as an identifiable heritage. Box 8-1 presents some characteristics of culture.

Subcultures. **Subcultures** are groups within dominant cultures. Subcultures form because individuals share characteristics that belong to an identifiable group such as occupations (nurse, teacher, politician), religions (Islam, Methodist, Baptist), geographic origins (New Englander, Midwesterner, Californian), or age (infant, teenager, elderly). Nursing students also comprise a subculture because of the unique experiences and growth process that are universal components of all student nursing populations. Table 8-1 lists the major subcultures that exist in the United States. The term *American* is correctly used to define all persons living in North, Central, or South America.

Race. The term **race** is used to differentiate large groups of humankind that share common biological and sociological characteristics. *Race* implies genetic characteristics associated with having ancestors from a specific part of the world. Race should not be confused with ethnicity or culture. Box 8-2 defines the federal standards of race. Racial mixing has blurred the *physical* characteristics of individuals. The nurse must be aware that obvious physical attributes, such as skin, hair, or eye color, are not accurate indicators of race. Genetic diseases are not limited to individuals who physically appear to be of a particular race.

Minorities within a population may be identified as subcultures. Physical and cultural characteristics of a group may differ from the predominant group of a particular region. African Americans, Latinos (or *Hispanics*), Asian Americans and Native Americans are the four identified subcultures of the U.S., according to the Centers for Disease Control (CDC). Each group has specific and distinctive features and is also part of larger cultural groups. These groups can be divided into smaller groups; for example, Latinos include Mexicans, Puerto Ricans, Cubans, Guatemalans, and others. Minorities can also be identified according to religion, occupation, sexual orientation, or gender.

➤➤ BOX 8-1

CHARACTERISTICS OF CULTURE

- A *way of life* for a group of individuals
- The sum of *socially inherited* characteristics, handed down from generation to generation
- A group's *design for living*—socially transmitted assumptions about the physical and social world
- *Learned* from birth—socialization (not genetic)
- *Unique* to each ethnic group
- Shared by members of the same group (identity)
- *Complex* and all-encompassing
- Often an *unconscious process*
- An *adaptation* to various conditions (environmental, technical, available resources)
- *Dynamic* (always changing)

TABLE 8-1 MAJOR AMERICAN SUBCULTURAL GROUPS

Subculture	Countries of Origin
African American	Africa, Haiti, Jamaica, West Indian Islands, Dominican Republic
Latino/Hispanic	Mexico, Puerto Rico, Cuba, South and Central America
Asian American	China, Japan, Korea, Philippines, Thailand, Indochina, Vietnam, Pacific Islands
Native American	North American Indian nation and tribes including Eskimos and Aleuts

Timby, B., K., Scherer, J., C., Smith, N., E. (1999). *Introductory medical-surgical nursing* (7th ed., p. 89). Philadelphia: Lippincott Williams & Wilkins.

➤➤ BOX 8-2

RACE AND HISPANIC ETHNICITY

The categories and definitions for race and ethnicity used in this text are consistent with the federal standards established by the Office of Management and Budget (OMB). The federal government considers *race* and *Hispanic ethnicity* to be two separate and distinct concepts.

The five *racial* categories are:

1. **American Indian or Alaskan Native** refers to people having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.
2. **Asian** refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. It includes people who indicated their race or races as "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," or "Other Asian."
3. **Native Hawaiian and other Pacific Islander** refers to people having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.
4. **Black or African American** refers to people having origins in any of the Black racial groups of Africa.
5. **White** refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Hispanics may be of any race. The OMB defines Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." The terms "Hispanic" and "Latino" are used interchangeably.

The six *racial/ethnic* categories are:

1. All Hispanic
2. Hispanic Black
3. Hispanic White
4. All Non-Hispanic
5. Non-Hispanic Black
6. Non-Hispanic White

Further information can be found at the following websites:

http://www.census.gov/population/www/socdemo/race.html

http://www.census.gov/population/www/socdemo/hispanic.html

Source: U.S. Census Bureau website www.census.gov/population/prod/2001pubs/c2kbrol-1.pdf, *Overview of race and Hispanic origin, 2000*. Issued March 2001.

The term **minority** can be misleading. For example, a Texas rancher in the skyscrapers of Manhattan can be seen as a minority. A Vietnamese immigrant can be part of the majority of a population in one geographic location, just as a descendent of early European settlers can be part of a minority in parts of the United States. Global shifts of multiple groups of individuals are continually revising cultures and subcultures and remaking majority and minority groups. This phenomenon is happening on all continents. The results of these shifts can be beneficial to society or may lead to fervent nationalism and hostility.

Cultures are not stagnant or unchanging. Economics and politics influence culture. The "American Dream" was built upon the cultural belief that a better lifestyle for youth is possible than that which occurred in our parents' or grandparents' lifetime.

Ethnicity is the common heritage shared by a specific culture. Now many people work hard to retain their cultural and ethnic identification. This is demonstrated in Scandinavian celebrations in the Midwest; Hispanic celebrations of Cinco de Mayo in the Southwest; traditional Mardi Gras celebrations in Louisiana; Native American pow wows; and Chinese New Year celebrations. Many ethnic groups celebrate special occasions, such as weddings, with traditional activities and foods. Some people strongly identify with their culture of origin and make an effort to pass traditions along to their children. Tacos and burritos are examples of types of food in the southwestern United States that are shared with other ethnic backgrounds. Cultures are often associated with religious beliefs, and religion may be a strong factor in a person's ethnicity.

Groups show ethnic pride in various ways. For example, a celebration of religious and cultural heritage is demonstrated by the St. Patrick's Day Parade in New York City. Some ethnic groups retain links to their country of origin by wearing specific items such as an Asian Indian sari, clothing with African patterns, or Native American jewelry.

Cultural Diversity

Cultures are becoming so interwoven and blended that specific identification of cultural groups is difficult. The mix of cultural groups in the United States changed in the 20th Century. For example, the number of people who identify themselves as a minority in the U.S. census has increased. In 1970, the percentage of minorities was 12.5%; in 1990, it was approximately 25%. In the 2000 census, minorities such as Latino have surpassed the traditional majorities of ethnic Caucasians in several states. National projections predict that ethnic minority groups will compose 51% of the total U.S. population by the late 21st Century.

Currently, the Hispanic community is the fastest-growing group in the United States and is projected to be the largest nonwhite group in the country by 2005. The Asian/Pacific Islander group is also expanding rapidly, with a 95% growth rate expected in the early 21st Century. To date, as many as 150 different ethnic groups and more than 500 tribes of Native Americans have been identified in the United States.

In addition to expanding birth rates among specific ethnic groups, immigrants from many countries are entering the United States in large numbers. Both factors are influencing current population trends.

As you can see from the statistics and from your own experience, **cultural diversity** has become part of our world. Individuals will meet people of many ethnic groups both as a citizens and as nurses. When a nurse cares for clients from her own culture, she will likely understand their language, values, and beliefs. When a nurse encounters clients from cultures that are unfamiliar, however, understanding and communication may become difficult. To be effective, the nurse must transcend cultural barriers and approach every client with patience, empathy, concern, and competence. A high level of self-awareness is also important. Before you can understand another person's culture, you must first understand and accept your own.

The American Nurses foundation and its affiliate, the American Nurses Association (ANA), promote nursing issues of cultural competency and ethnic diversity. In a 1991 position statement, the ANA identified the critical need for nurses to be aware of cultural variations of clients. Three concepts are important:

- Knowledge of cultural diversity is vital at all levels of nursing practice.
- Approaches to nursing practice that do not incorporate cultural sensitivity are ineffective.
- Knowledge about cultures and their impact on interactions with healthcare is essential for nurses.

Census and culture statistics can currently be found on two websites. These websites have valuable information for healthcare providers. Local, state, and countrywide information can be obtained. A nurse should be aware of the cultures, subcultures, ethnic groups and races within the nurse's area of employment.

The National Center for Health Statistics maintains a comprehensive website with a large variety of health data relating to general and specific populations. The site can be found at *www.cdc.gov/nchs*. The Census 2000 website contains huge amounts of detailed information relating to population numbers and trends. Focus is given to the major U.S. subgroups. That site can be found at *www.census.gov/population/www/socdemo/race.html*.

Barriers to Culturally Competent Care

Prejudice is a belief based on preconceived notions about certain groups of people. Prejudices can be unfair, biased beliefs. Many people have been the victims of prejudice. Overweight individuals, homosexuals, racial groups, and others have been the victims of prejudice. Prejudice exists in subtler forms, an example being a fixed negative opinion against authority figures that some people harbor. Many individuals are prejudiced without realizing it. Consider that you may be prejudiced against men with beards, women in short skirts, individuals with high IQs, etc. Are you pre-judging others on the basis of personal appearance or a unique trait?

Ethnocentrism is the belief that one's own culture is the best and only acceptable way. It shows lack of cultural sensitivity. If a person is ethnocentric, he or she is unable to see the value in other cultures. As a nurse, seeing beyond your own particular ethnic/cultural group is important for effective communication and understanding.

The term **stereotype** refers to classifying or categorizing people, and believing that all those belonging to a certain group are alike. In the movies, the villain is often stereotyped as wearing the black hat while the hero wears the white hat. Stereotyping infers preconceived but often incorrect, negative notions. It is inappropriate to assign derogatory characteristics (such as lazy, dishonest, or stupid) to groups due to stereotyping. Additionally, individuals will always maintain some uniqueness within a group. People are all more alike than they are different.

Cultural Sensitivity

Cultural sensitivity is the understanding and tolerance of all cultures and lifestyles. It is crucial in the delivery of competent nursing care. Develop cultural sensitivity when working with individuals from every ethnic/cultural group. Cultural sensitivity allows the nurse to more accurately understand and to accept the behavior of others. Nurse are better able to deliver care, being sensitive to cultural factors involved in the client's health or illness.

No culture is better or worse than another. Additionally, cultures are ever changing; they evolve over many generations. Box 8-3 lists many nursing considerations that can be used as a part of cultural assessments.

CULTURALLY INFLUENCED COMPONENTS

Being a member of a cultural group means that certain components of that culture are common to many of its members. Common cultural components can be classified in terms of *values and beliefs, taboos and rituals*, concepts of *health and illness, language and communication, diet and nutrition* practices, *elimination* patterns, and attitudes toward *death and dying*. These factors are discussed throughout this text. Remember that you can learn much more about all aspects of ethnicity and culture than can be presented here. Three categories of cultural treatment, beliefs, and practices are summarized in Box 8-4.

Beliefs and Values

Each ethnic/cultural group has **beliefs**, or concepts the members believe to be true. Beliefs that an individual develops are ingrained by the age of 10 years old. Beliefs can be based on fact, fiction, or a combination of both. Beliefs can be difficult to change. A change in belief systems can be a milestone in an individual's life. The recognition of the reality or fantasy of Santa Claus usually denotes a change in a child's belief

➤➤ BOX 8-3

TRANSCULTURAL NURSING CONSIDERATIONS AND CULTURAL ASSESSMENT

Transcultural nursing stresses that many subgroups exist within each culture. Not all members of a group share the same beliefs or traditions. Consider the following elements as you work with others:

- Your own cultural background; differences and similarities between you and the client
- Definition of health and illness accepted by an ethnic group
- Importance of religion, religious beliefs, and religious practices
- Concepts relating to causes of illness and injury
- Ethnic/folk medicine practices; the use of special clothing, amulets, or rituals
- Attitudes toward various types and models of healthcare, eg, holistic, biomedical, spiritual
- Relationships, responsibilities, and roles of men and women (decision-makers)
- Economic level of client/family (socioeconomic status)
- Environmental factors and related disorders (eg, poverty, lead poisoning)
- Verbal and nonverbal communication patterns (personal space, touching, eye contact)
- Language differences between healthcare staff and client/family
- Modesty, machismo, and concept of human body
- Reactions to pain, birth, and death
- Reactions to aging and care of the elderly
- Capacity of, resources for, and sources of support persons such as family, friends, or religious groups
- Attitudes about mental illness or retardation
- Food restrictions or preferences
- Attitudes about factors such as physical appearance, amputation, obesity; adaptation to prescribed therapeutic diets
- Group identity; importance and type of family structure, cohesiveness within the group; traditional roles of men and women
- "Visibility" of ethnic background (eg, African American, Asian American)
- Disorders specific to an ethnic group (eg, Tay-Sachs, sickle cell anemia)
- Attitudes about education, time, and authority
- Predominant occupations within the group; role models
- "Westernization" of younger members
- Number of people belonging to that group in the same geographic area as the healthcare facility
- Prejudices within a cultural group relating to other members of the same group; stereotypes of and prejudices against other particular groups
- Mixed families (mixed race, religion, or cultural background)

Adapted from Timby, B., K., Scherer, J., C., Smith, N., E. (1999). *Introductory medical-surgical nursing* (7th ed.). Philadelphia: Lippincott Williams & Wilkins.

system. Historical belief systems can change, leading to new beliefs, such as the change from a monarchy to a democracy.

A group lives by **values**, which shape how an individual perceives right or wrong and what is desirable or valuable. Values influence a person's responses to the world and to others. People's values define who they are, their identity, and their views of the world. Each person's values are unique and influence behavior and self-esteem. From values evolve **norms**, which become rules for behavior in a group. Society develops sanctions or laws that serve to enforce norms.

Nurses must recognize that different beliefs and values exist. The issues of life and death are value-laden concepts that affect nursing. For example, the decision to terminate life-support, to have an elective abortion, or to refuse blood products may be related to the client's cultural, ethnic, or religious beliefs and values. Even if the nurse does not agree with the decision, the she must respect that individuals have the right and responsibility for their own beliefs and values.

☛ KEY CONCEPT 2

People are probably more tied to their cultural and ethnic beliefs when ill than when feeling well. Illness is stressful and may lead individuals to revert to what is known and comfortable.

Taboos and Rituals

Every culture has **taboos** that its members cannot violate without discomfort and risk of separation from the group. Each culture also has **rituals**, which members are often required to practice for comfort, acceptance, and inclusion. Rituals are usually performed by individuals within a culture who maintain a high level of respect and authority among their peers. Native Americans use the arts of a **shaman** (medicine man). Latinos have **curanderos** (traditional lay persons) who assist a client with herbs and counseling. Moslims (Muslims) follow the guidance of a mullah. Christians have ministers or priests, and Jews have rabbis. A person may be more likely to consider taboos and to follow rituals when experiencing illness than when feeling well because of their cultural beliefs or values.

Often, taboos and rituals are associated with religious or spiritual services pertaining to healing, death, or dying. Nurses need to be aware that these are important components of the client's system of health beliefs. See Table 8-2 for more on traditional health beliefs and practices.

➤➤ BOX 8-4

THREE CATEGORIES OF CULTURALLY INFLUENCED TREATMENT, BELIEFS, AND PRACTICES

1. Traditional Healers and Practices

- Clients from African American, Native American, and Hispanic cultures may use roots, potions, and herbs for treating illnesses. Native American Shamans, or Hispanic folk healers (**curandero** in Spanish) may see a client to administer herbs, at the client's request. Some people choose to wear herbs or an amulet around the neck. Do not remove such articles if at all possible.
- Chinese and Filipino cultures often use massage, herbal medicine, and acupuncture.
- Some groups wear copper bracelets as a preventive measure or cure for arthritis.
- Elders may place their hands on the head of a Mormon who is ill or injured, to bring a healing blessing.
- Approximately 80% of the world's people believe in mal ojo, the "evil eye." Families often put a bracelet or *amulet* on newborns to protect them. Even though this belief may not be firm, amulets may still be worn customarily. For example, in Greece, virtually everyone wears an amulet to ward off the evil eye.
- Some people who practice Roman Catholicism or Greek Orthodoxy want a small statue of the Virgin Mary next to their bed and a Catholic medal or cloth scapular pinned to their clothing. Do not remove these articles during examinations or surgery unless absolutely necessary.
- Some cultures customarily burn candles and keep bedside altars with statues of saints. Part of the Native American/Alaska Native culture and religion is the burning of certain plant substances, as well as the use of herbal medicine. Jewish people may wish to have a menorah (special candelabra) at the bedside. Clients may receive special permission to continue these cultural practices in the healthcare facility. (An electric version of the menorah is available if candles are not allowed.)
- In Puerto Rican and many Native American and Hispanic cultures, medical doctors provide most healthcare, but naturalists and spiritualists also play an important role.

2. Traditional Family Roles and Practices in Healthcare

- People of many cultures will supplement medicine prescribed by physicians with home remedies and herbal medicines. In other cases, they will buy prescribed medicines, but not use them. Discuss medication practices with clients, especially those with diabetes or other medication-dependent disorders, to ensure that they are using required insulin or other medication. Some people believe that diabetes will improve if they eat salty and sour foods, in combination with herbs.
- In many cultures, the family is of utmost importance, providing clients with total economic, physical, and psychological support. Hospitalized Hispanic, Southeast Asian, East Indian, or Amish clients may have one or more family members remain with them at all times. People of these cultures (and others) may often have large numbers of visitors from several generations.
- In many cultures, the immediate or extended family makes decisions about an individual's health care. The client may or may not have a say in decisions. For example, the role of women in East Indian, Pakistani, and Arab cultures is often to be subservient to men. A woman from these cultures may be more inclined to follow instructions from a male nurse or physician. Her husband or father may make all decisions for her.
- Virginity and machismo play important cultural roles. A young woman who is a virgin may be reluctant to talk to or be examined by a male physician or nurse. Amish women and women of many East Indian, Asian, Muslim, and Hispanic groups are often uncomfortable receiving care from male physicians or nurses. East Indian and Amish women, in particular, often wish to wear their native dress, even in the hospital. Amish, Somalian and many Arab women keep their heads covered. Some men are uneasy about being bathed by female nurses, especially if the nurses are young. They may prefer to wait until their wives or other family members visit to assist with baths and personal care.

3. Traditional Group or Societal Practices

- In some cultures, such as Northern European, time and punctuality are very important. In other cultures, such as many Native American and Mexican American groups, schedules are more flexible. Be aware of this difference when scheduling appointments or giving care instructions.
- Cultural groups react differently to pain. Some groups are stoic, whereas others tend to cry out with pain.
- Many people, especially those who speak only limited English, try to be cooperative and agreeable. They will nod and say "yes" when you ask if they understand, even if they do not. Make sure that these clients can explain procedures and instructions, in their own words, back to you, to facilitate understanding.

TABLE 8-2 TRADITIONAL HEALTH BELIEFS AND PRACTICES

Cultural Group	Health Belief	Health Practices
Anglo-Americans	Illness is caused by infectious microorganisms, organ degeneration, and unhealthy lifestyles.	Physicians are consulted for diagnosis and treatment; nurses provide physical care.
African Americans	Supernatural forces can cause disease and influence recovery.	Individual and group prayer is used to speed recovery.
Asian Americans	Health is the result of a balance between yin and *yang* energy; illness results when equilibrium is disturbed.	Acupuncture, acupressure, food, and herbs are used to restore balance.
Latinos/Hispanics	Illness and misfortune occur as a punishment from God, referred to as *castigo de Dios*, or they are caused by an imbalance of "hot" or "cold" forces within the body.	Prayer and penance are performed to receive forgiveness; the services of lay practitioners who are believed to possess spiritual healing power are used; foods that are "hot" or "cold" are consumed to restore balance.
Native Americans	Illness occurs when the harmony of nature (Mother Earth) is disturbed.	A *shaman*, or medicine man, who has both spiritual and healing power, is consulted to restore harmony.

*As reported by the U.S. Census Bureau in 1990.

Timby, B., K., Scherer, J., C., Smith, N., E. (1999). *Introductory medical-surgical nursing* (7th ed., p. 92). Philadelphia: Lippincott Williams & Wilkins.

Health and Illness

Culture greatly influences an individual's concepts of health and illness. Such beliefs can affect a person's recovery from illness or injury. Each society has norms relating to the meaning of illness, how an ill person should behave, and what means should be used to assist him or her. Strive to accommodate each client's healthcare beliefs and practices (as long as they are safe), even if you do not fully understand or agree with them.

Health Belief Systems

Several health belief systems exist. Among these systems are:

Magicoreligious: The belief that supernatural forces dominate. For example, the Christian Scientist religion believes in healing by prayer alone. Many people believe we are influenced by spirits, gods, or demons. Some cultures believe fate decides life, in that things happen for a purpose designed by a higher spiritual being. It is often not necessary that the individual understand the event. Other groups believe that illness and adversity serve as punishment for sins. Some people believe that trouble or pain is God's will.

Scientific/biomedical: The belief that physical and biomedical processes can be studied and manipulated to control life. For example, the Shintoist religion believes that people are inherently good; illness is caused when the person comes into contact with pollutants. Western medicine often takes the approach that the body has individual body systems, eg, pulmonary, integumentary, endocrine, and so on. Therefore, specialists are hired to address the specific concerns of diseased or injured parts of the human body.

Holistic medicine: The belief that the forces of nature must be kept balanced. The holistic approach combines the physical, psychological, and spiritual health or illness of an individual. Health is defined in terms of the person's relationship with nature and the universe (wholeness). Life is considered as only one aspect of nature. From this belief system come holistic medicine, herbal medicine, and concepts of Mother Earth. Many Native Americans and Asians follow the holistic approach. Therapies such as chiropractic and acupuncture are based on this theory (see Chap. 3). Native Americans often follow three holistic concepts: *prevention, treatment,* and *health maintenance*.

Yin–yang and hot–cold theories: The belief that illness develops when life forces are out of balance. Many cultures believe in the **yin–yang** or hot–cold aspects of wellness and illness, as summarized in Box 8-5.

Many people also believe in a complex system of five basic energies/elements/substances in nature (wood, fire, earth, metal, water). This theory is an expansion of yin–yang and is also involved in the healing process. Many Filipino and Hispanic groups believe that heat, cold, wetness, and dryness must be balanced for health. Certain illnesses are considered hot or cold, wet or dry. Foods, activities, medications, and herbal substances, classified as hot or cold, are added or subtracted to bring about balance. Other ethnic groups that use parts of the yin–yang or hot–cold theories include Asian, African American, Arab, Muslim, and Caribbean peoples. An important point is that various ethnic groups have differing beliefs as to which illnesses and which treatments are hot or cold.

➤➤ BOX 8-5

YIN–YANG

Yin and yang represent "unified opposites" that are interrelated. A yin condition requires a yang treatment and vice versa. The forces of nature are balanced to provide harmony and homeostasis.

Yin	Yang
matter	energy
female	male
negative	positive
darkness/night	light/day
cold	warmth
emptiness	fullness
weak	strong
expansion	contraction
hypofunction	hyperfunction

The U.S. healthcare system is constantly evolving and incorporating elements from many different belief systems. Be aware of popular and folk practices among members of your community. By doing so, you will better appreciate the range of services available for use by clients. Chapter 3 introduces some complementary therapies, many of which are based on elements of the above systems.

Treatment and Healing Beliefs and Practices

Cultural/ethnic groups have many beliefs and practices for times of illness. Table 8-2 gives some generalizations designed to provide you with an overview of the wide variations and similarities. Caution should be observed with learning concepts of culture because it is possible to stereotype individuals based on perceived cultural generalizations. Clients are often happy to explain their beliefs to you, so you can better understand and care for them.

Attitudes Toward Mental Illness

Mental illness is not accepted in all cultures as a consequence of biological disease. Western medicine and psychiatry and their approaches to mental illness are based on the accepted findings of late 20th century science. The belief that chemical changes in the brain can cause mental disorders is a relatively new concept for many cultures. Some cultures consider mental disorders a disgrace to the individual and to the family.

In contrast to the biological, scientific approach of Western medicine is the belief in the spirit world. Science may consider a person's behavior to be abnormal or even psychotic if spirits, angels, or a deity is involved. Members of that culture may hear the spirits talking. Some individuals believe in a curse or "evil eye." Western medicine traditionally considers this type of belief a deviation, whereas it may be an accepted belief in that client's culture.

Some may consider behavior to be deviant because an individual chooses not to follow cultural norms, eg, length of hair, type of dress, type of lifestyle.

Statistically, a higher percentage of people from groups other than white are diagnosed as mentally ill in the United States. Poverty and the inability to obtain early medical care may contribute to these figures. Western medicine's current diagnostic tools may also be unable to interpret and to evaluate properly the thought processes and beliefs of persons from diverse cultures.

Language and Communication

The nurse and the clients may speak different languages. In addition, a person may speak the English language in everyday life, but may be uncomfortable trying to use medical terms in their second language. Also, many people find it difficult to speak in a second language when they are ill. Difficulties arise when no one is available to translate. Such situations may interfere with client care. Accurate interpretation of verbal and nonverbal communication is particularly important in an area such as the mental health unit, where these factors are integral to diagnosis and treatment.

☛ KEY CONCEPT 3

A great deal of communication takes place using nonverbal cues, hand signals, and pictures. Clients will be appreciative if you learn a few words in their language. Remember that a smile is understood in almost any language.

Ways to Facilitate Communication

Methods are available to facilitate transcultural communication. One of the most common is through the use of a professional interpreter. Box 8-6 gives some practical solutions to English language barriers. Following is a list of various ways to communicate:

Professional interpreter: If possible, obtain the services of a trained interpreter, either in person or by telephone. An interpreter can help set up a list of common terms or a photo board for routine requests. In addition to providing the client with comfort and safety, a trained interpreter often understands the culture of the person, as well as the language. The skilled interpreter can explain nonverbal cues, in addition to what the client says. The objective interpreter is an invaluable staff resource, as illustrated in Figure 8-1.

Family as interpreter: Sometimes, a family member or significant other can act as an interpreter. Having a member of the family translate may be inappropriate, however. Most importantly, it may compromise the client's confidentiality. Translations are often inaccurate because family members may be unfamiliar with health care terminology. They may unintentionally change the meaning of what is said or may omit information, not realizing the importance of every word.

➤➤ BOX 8-6

COMMUNICATING WITH NON–ENGLISH SPEAKING CLIENTS

When Clients Speak No English

- Learn a second language, especially one spoken by a large ethnic population serviced by the healthcare agency.
- Speak words or phrases in the client's language, even if it is not possible to carry on a conversation.
- Refer to an English/foreign language dictionary for bilingual vocabulary words; *Taber's Cyclopedic Medical Dictionary* contains medical words and phrases in Spanish, Italian, French, and German.
- Construct a loose-leaf folder or file cards with words in one or more languages spoken by clients in the community.
- Develop a list of employees or individuals to contact in the community who speak a second language and are willing to act as translators; in an extreme emergency, international telephone operators may be able to provide assistance.
- Select a translator who is the same gender as the client and approximately the same age, if possible.
- Look at the client, not the translator, when asking questions and listening to the client's response.

When English is a Second Languange

- Determine if the client speaks or reads English, or both.
- Speak slowly, not loudly, using simple words and short sentences.
- Avoid using technical terms, slang, or phrases with a double or colloquial meaning like "Do you have to use the john?"
- Ask questions that can be answered by a "yes" or "no."
- Repeat the question without changing the words, if the client appears confused.
- Give the client sufficient time to process the question from English to the native language, and respond back in English.
- Rely heavily on nonverbal communication, and pantomime if necessary.
- Avoid displaying impatience.
- Ask the client to "read this line," to determine the client's ability to follow written instructions, which are provided in English.

Timby, B., K., Scherer, J., C., Smith, N., E. (1999). *Introductory medical-surgical nursing* (7th ed., p. 90). Philadelphia: Lippincott Williams & Wilkins.

Mistakes may also be intentional, to avoid embarrassment. Gender differences may increase translation difficulties. Men may not be comfortable discussing female problems or female anatomy, or vice versa.

FIGURE 8-1. Interpreters are important components of the healthcare team. An interpreter used in healthcare settings should have several qualities: a) the interpreter should know and understand the nuances of medical language; b) the interpreter should know the formal, slang, and conversational levels of the language that he or she is interpreting; and c) the interpreter should be able to communicate without inferring judgment, bias, or personal opinions. (Hosley, J. B., Jones, S. A., & Molle-Matthews E. A. [1997]. *Lippincott's textbook for medical assistants* [p. 65]. Philadelphia: Lippincott Williams & Wilkins.)

Nurse as interpreter: In some cases, a nurse or other healthcare worker is bilingual and can assist with translating; however, problems may arise. The bilingual healthcare worker may not know medical terminology in the native language and may not have time available to leave his or her own clients to translate for others.

Personal Space and Touching

Personal space refers to a person's comfort zone. Types of personal space include *intimate space* (reserved for close family members) and *personal space* (for contact with the general public). Americans, Canadians, and the British have the largest personal space zone of all cultures, requiring several feet for comfort. In many cultures, such as those of Latin America, Japan, and the Middle East, maintaining such a large space would be considered rejecting and insulting.

Touching is often culture related. Nurses must touch clients to perform treatments, however, need to remain aware that taboos are also involved. For example, Europeans often pat children on the head as a sign of affection. In some Asian cultures, however, touching a child on the head is a sign of disrespect and is believed to cause illness. A safer approach is to touch children on the hand or arm when talking to or looking at them, but not to touch them on the head without permission.

Hispanic people and people from Mediterranean regions frequently touch each other. Both males and females may

kiss each other when meeting, or hold hands while walking. When meeting clients, offer to shake hands, but do not be offended if they decline. Many cultures consider touching a member of the opposite sex or making the first move to offer the hand to a superior to be improper. For example, some Middle Eastern cultures teach that women may not touch any man other than their husbands.

A nurse may be in a particular dilemma if he or she needs to undress a client from particular cultures. For example, a young female nurse may ask an elderly gentleman to remove his shirt for an x-ray. The client may resist the request for two reasons. It may not be appropriate in his culture for a younger person to give commands to an older person. In addition, it may not be appropriate for a male to undress when requested by a stranger, especially if the stranger is female. If you were the nurse, what would you do?

Eye Contact

Eye contact can give important cues about clients. This action is culturally influenced. In most European-based cultures, direct eye contact is considered normal. If not part of the total body language, lack of eye contact in that culture may infer lack of respect, inattention, and avoidance of the truth.

In Native American, Arab, and some Southeast Asian cultures, members believe that looking a person in the eye during conversation is improper and impolite. It may also be interpreted as challenging or hostile. Some individuals may stare at the floor and hesitate before answering, a sign that they are concentrating on what is being said. Others are taught to respect their elders and authority figures. They often expect nurses to make eye contact with them, but do not reciprocate. The Muslim–Arab woman avoids eye contact, especially with men, as a sign of modesty. Facial expressions may be totally absent. Take care not to misinterpret these nonverbal cues. Consider the possibility of cultural influences.

Diet and Nutrition

Cultural eating rituals vary. In some cultures, women and men do not eat together or do not eat with children. In others, eating is a family event, and all family members eat together. Eating utensils vary from the knife, fork, and spoon of Western cultures to the chopsticks of many Asian cultures.

Some religions maintain strict dietary practices. For example, those who practice Orthodox Judaism and Islam follow Old Testament teachings. They do not eat pork and will not eat meat and dairy products together. They also keep separate dishes for these foods. People within the Islamic culture strictly observe religious holidays, keeping a long fast that is often followed by a large feast. In the Mormon and Seventh Day Adventist religions, diet also plays an important part. Most followers eliminate tea, coffee, alcohol, and strong spices. Some religious groups are vegetarians. Most ethnic groups have special food customs and rituals surrounding holidays and special events, such as weddings. Because nutrition and dietary customs play such a large part in health and treatment of illness, a separate chapter (Chap. 31) is devoted to this subject.

Elimination

People of various cultures treat the elimination of bodily wastes (voiding and defecation) differently. Many cultures consider elimination to be a private function. Some people are unable to void or to use a bedpan or commode unless they have complete privacy, which may be difficult in a healthcare facility. Many people of Arab cultures consider the left hand dirty and use it only to clean themselves after elimination.

Death and Dying

Each cultural group has an attitude or series of beliefs about death and dying. Some cultural groups consider death a natural part of life that is not to be feared. For example, many Asiancultures consider death to be preordained, believing that when a person's time to die has come, nothing can stop it. Traditional Western culture tries to prevent death and to prolong life at all costs. Ways of mourning also differ. Some cultural groups believe that the person is happier or better off and rejoice; others cry and mourn loudly. In some cultures, survivors formally mourn for a designated period of time. Others isolate children from death, not allowing them to see a dead body. In some cultures, a pregnant woman is not allowed to see a dead body, fearing danger to the fetus. Many cultures forbid suicide. In some cultures, the person who commits suicide may not be allowed a funeral or traditional burial. Table 8-3 summarizes general cultural factors that affect client care.

RELIGIOUS/SPIRITUAL CUSTOMS AND TRADITIONS

Religion is a vital part of many people's lives. In the United States, 35,000 churches with 1,500 different identified sects exist. Because the nurse will be caring for people of different faiths, she should learn about major religious differences. By doing so, she will be better equipped to determine, with the help of her clients, sources of spiritual and religious support. Important points about several major religions are presented in this section.

Those who are injured or ill need reassurance, and they may talk to a nurse about their illness and spiritual beliefs. Respect their confidences. Maintain a nonjudgmental attitude. Suggest a visit from a spiritual leader, but do not contact such a person without first asking if the client wants such counsel.

☛ KEY CONCEPT 4

Even though members of a religious, ethnic, or cultural group may share similarities, each person is different. Remember not to stereotype individuals. All members of a group do not behave or believe alike.

TABLE 8-3 CULTURAL FACTORS THAT AFFECT CLIENT CARE

White Middle Class

Family

- Nuclear family is highly valued.
- Elderly family members may live in a nursing home when they can no longer care for themselves.

Folk and Traditional Healthcare

- Self-diagnosis of illnesses
- Use of over-the-counter drugs (especially vitamins and analgesics)
- Dieting (especially fad diets)
- Extensive use of exercise and exercise facilities

Values and Beliefs

- Youth is valued over age.
- Cleanliness
- Orderliness
- Attractiveness
- Individualism
- Achievement
- Punctuality

Common Health Problems

As a result of the high value placed on achievement:

- Cardiovascular diseases
- Gastrointestinal diseases
- Some forms of cancer
- Motor vehicle accidents
- Suicides
- Mental illness
- Chemical abuses

African American

Family

- Close and supportive extended-family relationships
- Develop strong kinship ties with nonblood relatives from church or organizational and social groups
- Family unity, loyalty, and cooperation are important
- Frequently matriarchal

Folk and Traditional Healthcare

- Varies extensively and may include spiritualists, herb doctors, root doctors, conjurers, skilled elder family members, voodoo, faith healing

Values and Beliefs

- Present oriented
- Members of the African American clergy are highly respected in the black community
- Frequently highly religious

Common Health Problems

- Hypertension (precise cause unknown, may be related to diet)
- Sickle cell anemia
- Skin disorders; inflammation of hair follicles, various types of dermatitis and excessive growth of scar tissue (keloids)
- Lactose enzyme deficiency resulting in poor toleration of milk products
- Higher rate of tuberculosis
- Diabetes mellitus
- Higher infant mortality rate than in the white population

Asian

Beliefs and practices vary, but most Asian cultures share some characteristics.

Family

- Welfare of the family is valued above the person.
- Extended families are common.
- A person's lineage (ancestors) is respected.
- Sharing among family members is expected.

Folk and Traditional Healthcare

- Theoretical basis is in Taoism, which seeks a balance in all things.
- Good health is achieved through the proper balance of yin (feminine, negative, dark, cold) and yang (masculine, positive, light, warm).
- An imbalance in energy is caused by an improper diet or strong emotions.
- Diseases and foods are classified as hot or cold and a proper balance between them will promote wellness (eg, treat a cold disease with hot foods).
- Many Asian health care systems use herbs, diet, and the application of hot or cold therapy. Also, many Asians believe that there are points on the body that are located on the meridians or energy pathways. If the energy flow is out of balance, treatment of the pathways may be necessary to restore the energy equilibrium.
  Acumassage—Technique of manipulating points along the energy pathways
  Acupressure—Technique for compressing the energy pathway points
  Acupuncture—Technique by which fine needles are inserted into the body at energy pathway points

Values and Beliefs

- Strong sense of self-respect and self-control
- High respect for age
- Respect for authority
- Respect for hard work
- Praise of self to others is considered poor manners.
- Strong emphasis on harmony and the avoidance of conflict

(continued)

TABLE 8-3 CULTURAL FACTORS THAT AFFECT CLIENT CARE (CONTINUED)

Common Health Problems

- Tuberculosis
- Communicable diseases
- Malnutrition
- Suicide
- Various forms of mental illness
- Lactose enzyme deficiency

Hispanic, Mexican American

Family

- Familial role is important.
- Compadrazgo: Special bond between a child's parents and his or her grandparents
- Family is the primary unit of society.

Folk and Traditional Healthcare

- *Curanderas(os):* Frequently folk healers who base treatments on humoral pathology; Basic functions of the body are controlled by four body fluids or "humors":
  Blood—hot and wet
  Yellow bile—hot and dry
  Black bile—cold and dry
  Phlegm—cold and wet
- The secret of good health is to balance hot and cold within the body; therefore, most foods, beverages, herbs, and medications are classified as hot (caliente) or cold (fresco, frio) (a cold disease will be cured with a hot treatment).

Values and Beliefs

- Respect is given according to age (older) and sex (male).
- Roman Catholic Church may be very influential.
- God gives health and allows illness for a reason; therefore, may perceive illness as a punishment from God. An illness of this type can be cured through atonement and forgiveness.

Common Health Problems

- Diabetes mellitus and its complications
- Poverty and resultant problems, such as poor nutrition, inadequate medical care, poor prenatal care
- Lactose enzyme deficiency

Hispanic, Puerto Rican

Since the Jones Act of 1917, all Puerto Ricans are American citizens.

Family

- *Compadrazgo*—same as in Mexican-American culture

Folk and Traditional Healthcare

- Similar to that of other Spanish-speaking cultures

Common Health Problems

- Parasitic diseases, such as dysentery, malaria, filariasis, and hookworms
- Lactose enzyme deficiency

Values and Beliefs

- Place a high value on safeguarding against group pressure to violate a person's integrity (may be difficult for Puerto Ricans to accept teamwork)
- Reticent about personal and family affairs (psychotherapy may be difficult to achieve at times because of this belief)
- Proper consideration should be given to cultural rituals such as shaking hands and standing up to greet and say goodbye to people.
- Time is a relative phenomenon; little attention is given to the exact time of day.
- *Ataques*—Culturally acceptable reaction to situations of extreme stress, characterized by hyperkinetic seizure activity

Native Americans

Each tribe's beliefs and practices vary to some degree.

Family

- Families are large and extended.
- Grandparents are official and symbolic leaders and decision makers.
- A child's namesake may assume equal parenting authority with biological parents.

Folk and Traditional Healthcare

- Medicine men (shaman) are frequently consulted.
- Heavy use of herbs and psychological treatments, ceremonies, fasting, meditation, heat, and massages

Common Health Problems

- Alcoholism
- Suicide
- Tuberculosis
- Malnutrition
- Communicable diseases
- Higher maternal and infant mortality rates than in most of the population
- Diabetes mellitus
- Hypertension
- Gallbladder disease

(continued)

TABLE 8-3 CULTURAL FACTORS THAT AFFECT CLIENT CARE (CONTINUED)

Values and Beliefs

- Present oriented. Taught to live in the present and not to be concerned about the future. This time consciousness emphasizes finishing current business before doing something else.
- High respect for age
- Great value is placed on working together and sharing resources.
- High respect is given to a person who gives to others. The accumulation of money and goods often is frowned on.
- Some Native Americans practice the Peyotist religion in which the consumption of peyote, an intoxicating drug derived from mescal cacti, is part of the service. Peyote is legal if used for this purpose. It is classified as a hallucinogenic drug.

Taylor, C., Lillis, C., & LeMone, P., (1996). *Fundamentals of Nursing* (2nd ed., pp. 122–125). Philadelphia: Lippincott-Raven.

Hosley, J. B., Jones, S. A., Molle-Matthews E., A. (1997). *Lippincott's textbook for medical assistants* (pp. 62–64). Philadelphia: Lippincott Williams & Wilkins.

Christianity

Christians worship God and his son, Jesus Christ. Sunday is the major day of worship in most Christian sects. Easter (Christ's resurrection) and Christmas (Christ's birthday) are the most important holidays, but Christians also observe other holy days. Bible reading and prayer are important aspects of faith. Several rites exist within the Catholic Church, although the Roman Rite is the largest and most influential. Roman Catholics outnumber Protestants worldwide; however, the opposite is true in the United States. Box 8-7 discusses health care–related beliefs and practices of several Christian religions.

Judaism

The term *Jewish* refers to the total culture, religion, history, and philosophy of life shared by a group of people whose origins date back to the prophet Abraham. Their religious beliefs are called Judaism. Judaism is practiced at three major levels: Reform, Orthodox, and Conservative. Reform Jews are the most liberal in their beliefs; Orthodox Jews adhere strictly to their traditions; Conservatives fall in the middle. Within the Orthodox group are various branches, including a sect called Hasidism. Hasidic Jews live and work only within their own community and wear traditional clothing. Some of the strictest groups select only specific healthcare providers.

Within the Jewish faith, circumcision of male infants is considered a religious ceremony. The spiritual leader is called a rabbi. The Jewish day of worship, or Sabbath, is from sundown Friday to sundown Saturday. Other than the Sabbath, the most important Jewish holidays are Yom Kippur, Rosh Hashanah, and Passover. Elective procedures such as diagnostic tests are not performed on the Sabbath or holy days.

Kosher laws govern dietary practices for Orthodox Jews. This custom is often difficult for Jews to follow during illness. Although nonsectarian healthcare facilities do not prepare kosher meals, frozen kosher meals are available. The person's family can also bring in food. Not all Jews observe kosher dietary laws. Ask your clients and notify the dietary department accordingly. Practicing Jews generally do not eat pork or shellfish, even if they do not follow kosher laws otherwise.

Islam

Muslims (Moslems) are believers in Islam, the religion founded by Mohammed. Islam is one of the largest and fastest-growing religions in the world. Islam contains many divisions of varying strictness. Be sensitive to what type of Muslim a client is, because so many variations exist within the religion. Most Muslim groups in the United States are similar. They generally follow the teachings of the Koran, which influences diet, attitudes about women, and death. Muslims pray five times a day, facing Mecca. The Sabbath is Friday. Pork and alcohol are prohibited. Muslims do not believe in faith healing and do not baptize infants. In death, prescribed procedures for washing and shrouding the body are followed by the clergy person, also called the **imam**. Some African Americans who follow the basic teachings of the Koran are members of the Nation of Islam or are considered Black Muslims.

Eastern Religions

The number of people in the United States from China, Korea, Japan, India, and Southeast Asia is increasing. Many of these people practice various Asian religions, and numerous people of non-Asian descent are becoming followers as well. Asian religions have a great influence on Western medicine. North America is increasingly accepting of traditional Asian therapies, such as acupuncture, yoga, and biofeedback. Transcendental meditation influences hypnotherapy and relaxation practices.

Two main branches of the Buddhist religion exist, the northern (*Mahayana*) and southern (*Hinayana*). Based on the teachings of Gautama Buddha, Buddhists believe that hard work and right living enable people to attain **nirvana**, a state in which the soul no longer lives in a body and is free from desire and pain. On many holy days, Buddhists may decline surgery or other treatment. Baptism is performed after a child is mature. Life is preserved; life support is acceptable. If a Buddhist dies, the family will usually send for a Buddhist priest, who performs last rites and chanting rituals. Buddhists are often cremated.

➤➤ BOX 8-7

HEALTH BELIEFS OF CHRISTIAN RELIGIONS

Roman Catholic: During illness or an emergency, a Roman Catholic client may want a priest to hear confession and give communion. The priest may also say Mass (religious services) in the client's hospital, nursing home room, or in the home. At such times, provide privacy. A person may receive the sacrament of *anointing of the sick* (for comfort and consolation) many times; it is often given at communal services as well. (To prepare the client who is in bed, loosen the covers at the foot of the bed.) Once called *last rites*, this sacrament is now given regularly, not just in emergencies. If a Catholic person dies suddenly, this sacrament can be administered conditionally, within 2 hours after death. Infant baptism is mandatory for Catholics. A lay person can baptize in an emergency. Many Catholics wear a crucifix or have an amulet or scapular attached to their clothing. They should be allowed to wear such articles in the health care facility.

Orthodoxy: Teachings are similar to Roman Catholicism, but religious calendars differ.

Protestantism: The many denominations in the Protestant faith evolved from the Reformation of the 16th century. Protestant groups include Lutheran, Methodist, Episcopal, Baptist, and Congregational. Forms of worship vary from informal to highly ritualistic; basic beliefs are similar. Following the belief in the "priesthood of believers," many Protestant denominations permit baptism by a lay person in an emergency. Some Protestants believe in "faith healing" or healing by "laying on of hands." The ill person may wish to receive communion. Ask if the client would like you to contact the minister/pastor or a hospital chaplain.

Church of Jesus Christ of Latter Day Saints: This church, also known as the LDS or Mormon church, is growing rapidly worldwide. LDS members are often health-conscious and very devoted to family and church. Members of the priesthood are revered as healers; a bishop or elder is called on during illness. The LDS member is allowed to receive healthcare; however, extraordinary life support measures are evaluated individually. Although no specific healers or regular healing services are held, LDS members often believe in divine healing. No specific religious rite is needed if an infant dies, but baptism for the dead is important for adults, as is the person's genealogy. During illness, an LDS member may wish to use one of four books for spiritual healing: The King James Version of the Bible, Doctrine and Covenant, Pearl of Great Price, or The Book of Mormon. The LDS health code is The World of Wisdom. Adult Mormons wear a special undergarment (temple garment), which may be worn under a hospital gown, but which may also be removed at the individual's discretion. Mormons do not use alcohol, coffee, or tobacco.

Christian Science: Christian Scientists forbid surgery and many other forms of medical care, such as blood transfusions or taking medications. They view alcohol, coffee, and tobacco as drugs that are forbidden. They believe all illness stems from the mind and that appropriate mental processes can cure illness. Treatment consists of prayer and counsel for the ill person; certified practitioners perform healing. There is no formal clergy and no baptism. In the event of death, no last rites are performed. Autopsy is forbidden.

Seventh Day Adventist: Seventh Day Adventists believe that good health depends on an orderly life. They emphasize the holistic concept of health. Adventists do not use alcohol, coffee, tea, tobacco, and over-the-counter drugs and do not allow blood transfusions. They do not eat pork; many are vegetarian. In the event of death, there are no last rites. Communion or baptism by an elder may be desirable in serious illness, but infants are not baptized.

Jehovah's Witness: Jehovah's Witnesses believe that each person is a minister. Blood transfusions are prohibited and Witnesses will not eat anything that has ever contained blood. In the case of death, there are no last rites. Infants are never baptized.

Amish and Mennonite: The Amish ("plain people") lifestyle and traditions are closely tied to religion. Although variations exist among Amish groups, they share many common beliefs. Prayer is customary before meals and at bedtime. Women are very modest; most births are at home. If a man must be shaved, he loses ministerial rights until his beard regrows. Both men and women may object to a surgical prep. They may refuse to relinquish traditional clothing in acute care facilities. In case of death, established protocols are followed. Some groups allow embalming; others wash and dress the person and place them in the casket themselves. They most often do not smoke or drink. Contact with the outside world is discouraged, especially for children. Homes do not have electricity, television, radios, or telephones. Thus, contacting families in an emergency is difficult. Transportation is by horse and buggy, but in an emergency, modern conveniences may be used. Mennonites/Progressive Amish groups follow more modern practices. They may drive automobiles (dark color); electricity and modern farm machinery are allowed. Television and radios are discouraged, however. Nursing is accepted as a noble, helping profession.

Often considered the oldest religion in the world, Hinduism has many different divisions. U.S. Hindus generally follow a scripture (the *Vedas*) and believe that Brahman is the center and source of the universe. Reincarnation is a central belief. Life is governed by the law of **karma**, stating that rebirth (reincarnation) depends on behavior in life. Karma is also significant in promoting health or causing disease. The goal of life is to attain nirvana, as in Buddhism. Some Hindus believe in faith healing; others believe illness is punishment for sins. Hindus often do not eat meat, but the religion does not dictate this practice. Some religious practices are dictated by the caste system (hierarchy of society); others are based on race or skin color. There are many spiritualists in some Hindu sects.

Confucianists have a high appreciation of life. Their desire to keep the body from untimely death results in an emphasis on public health and preventive medicine. *Taoism* teaches that good health results from harmony of the universe with proper balancing of internal and external forces. Following Tao is to know and to live a natural life.

☞ KEY CONCEPT 5

No matter how different your beliefs might be from those of your clients, respect each person's values. Respond in a nonjudgmental manner.

IMPLEMENTING CULTURALLY COMPETENT CARE

This chapter has presented a great deal of information about various cultural, ethnic, and religious groups. Remember to consider all aspects of the total person. **Transcultural nursing** is defined as caring for clients while taking into consideration their religious and sociocultural backgrounds. Madeleine Leininger, the international leader in the field, has also called this *ethnic-sensitive nursing care* or **ethnonursing**. Many culturally related considerations and procedures are integrated throughout this text.

Cultural Influences on Individual Clients

Determine cultural influences that might impact the client's progress through the health care system. The registered nurse will perform a thorough nursing assessment that includes a cultural assessment. The nursing plan of care is written by the team with cultural assessment in mind. This assessment is one component in the information gathering and planning phases of the nursing process. The licensed practical nurse will assist in performing culturally competent nursing care, based on the nursing care plan. The client may be involved in the development of the plan. Client and family compliance with the plan of care depends largely on whether or not that plan is acceptable within the client's particular culture. Help to make sure that the client understands what is to be done and why. Figure 8-2 provides examples of common cultural concerns.

FIGURE 8-2. In the health care environment, nurses must communicate with clients of different ages, genders, races, and cultures. A nurse needs to remain sensitive to the needs of the client. In this example, imagine that the client being fitted for crutches has been told one of the following scenarios: a) she will not be able to go to the school prom; b) she will need to have her leg removed to save her life from the cancer in her leg; or c) she will not be able to lift her 2-year-old son until the injury is healed. Consider that there are differences in age, race, gender, or culture between the nurse and the client. How would these differences affect your approach to this client? (Hosley, J. B., Jones, S. A., & Molle-Matthews E. A. [1997]. *Lippincott's textbook for medical assistants* [p. 543]. Philadelphia: Lippincott Williams & Wilkins.)

The Culturally Diverse Healthcare Team

As seen in Figure 8-3, cultural, ethnic, and racial mixtures within the healthcare team are common. The number of nonwhite nurses in the United States has increased, but not as quickly as the overall minority population. The critical shortage of registered nurses in the United States has led to increased recruiting of foreign-born and foreign-trained nurses. It may be difficult for foreign nurses to work in the United States because of differences in educational background, difficulties in becoming licensed, and language barriers.

All nurses bring cultural, ethnic, and religious backgrounds to nursing. Learn from cultural diversity, whether from clients or coworkers. Nurses should capitalize on and appreciate the heritage of all peoples, including their own.

→ STUDENT SYNTHESIS

Key Points

- Many definitions are possible for *culture*. *Culture* refers to a shared set of beliefs and values among a specific group of people.
- Subculture, minorities, and ethnic and racial mixes are components of cultural heritage.

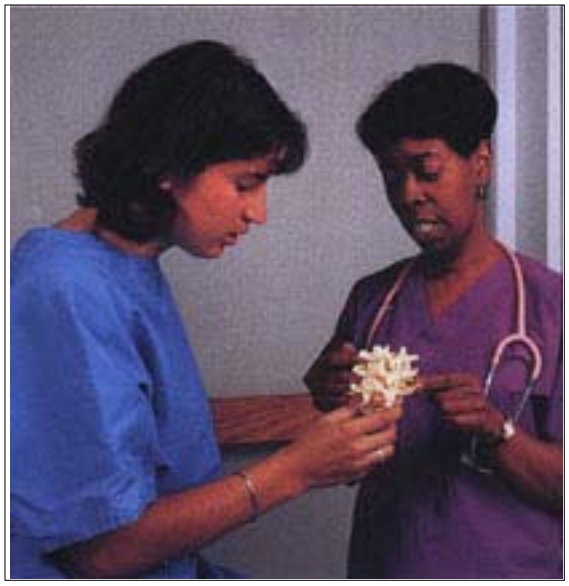

FIGURE 8-3. Within a culturally diverse health care system, communication is the key. Individuals communicate verbally, with the types of language that they use, with their body language, and with silence. Here, a nurse is communicating using a model of the spine. She uses lay terms for body parts and frequently asks the client to restate or explain what has been taught to her. (Hosley, J. B., Jones, S. A., & Molle-Matthews E. A. [1997]. *Lippincott's textbook for medical assistants* [p. 505]. Philadelphia: Lippincott Williams & Wilkins.)

- The mix of ethnic groups in the United States changes continually.
- Prejudice, ethnocentrism, and stereotyping interfere with providing culturally sensitive nursing care.
- Many ethnic/cultural factors affect the delivery and acceptance of traditional Western health care.
- Many cultures subscribe to beliefs such as karma, yin–yang, spirits, or fate as causes and cures for illness.
- Cultural and religious traditions are not always followed by every member of a group.
- To facilitate communication and promote good nursing care, the nurse should be acquainted with the predominant cultural and religious groups within the community.
- The nurse may suggest a visit from a spiritual leader, but should not call one without first asking the client.
- Transcultural nursing is nursing that considers the religious and sociocultural backgrounds of all clients.

Critical Thinking Exercises

1. Consider the beliefs of at least three cultures regarding illness and health. How do they compare with your personal beliefs?
2. Your Chinese American client follows the yin–yang principle. Explain how this client's beliefs may affect your nursing care.
3. Assess ways in which you can help your Jewish client keep kosher in the health care facility. Discuss similarities between kosher laws and dietary observances of other religions.
4. Reflect on and analyze an interaction that you consider inappropriate from a transcultural nursing viewpoint. What was inappropriate about the interaction? Why? Would your feelings change if the interaction had been between you and another person? Why or why not?
5. Quickly write your initial and immediate reactions to each of the following situations. Do not change or amend your initial answer after writing it. After you have responded to all the situations, evaluate and discuss your responses in terms of the transcultural nursing concepts presented in this chapter. How might any of these situations be modified to be more comfortable for the client, you, and the health care staff?
   - A Native American man wants to burn herbs in his room and wants to see a healer from his tribe while in the facility.
   - A lesbian is at your clinic for artificial insemination, accompanied by her female partner.
   - A Jehovah's Witness is seriously hemorrhaging and refuses to have a blood transfusion.
   - A man is accused of child abuse after performing religious healing rites that left scars on his child; the father is in the hospital for mental health evaluation to determine if he is competent to stand trial.
   - An Amish woman refuses to take off her customary clothing and put on a hospital gown before a diagnostic test.
   - A family from Somalia refuses to leave their child alone in the hospital.

NCLEX-Style Questions

1. When caring for a Muslim client, which dietary restrictions would you expect to see?
   a. Alcohol and caffeine
   b. Beef and pork
   c. Caffeine and fruit
   d. Pork and alcohol
2. Which action would be most appropriate when caring for a client whose health practices are different from the nurse's health practices?
   a. Ask the client to explain the practice.
   b. Ignore the practice and continue with care.
   c. Subtly ask family members about the practice.
   d. Watch the client and try to figure out the practice.
3. The nurse is caring for a client from an Asian culture. Which nursing action would be appropriate when caring for a child?
   a. Gently pat the child's head when talking to the child.
   b. Hug the child whenever entering the child's room.
   c. Never touch the child anywhere.
   d. Touch the child's hand or arm when looking at the child.