CHAPTER 7
Cultural and Ethnic Considerations

Overview of Culture

- The United States has been described as a "melting pot" of people from different countries.
  - This implies that people are so completely blended that everyone shares the same values, beliefs, health practices, communication styles, and religion.
  - A better description would be to say our country is like a pot of vegetable soup—many different, distinct pieces are mixed together to form a rich blend.

- Society
  - A society is a nation, community, or broad group of people who establish particular aims, beliefs, or standards of living and conduct.

Culture Defined

- Ethnic and Racial Groups in the United States
  - The United States has people from many cultures.
  - Most people belong to one or more subcultures.

  The Psych Tech should not make assumptions about a patient's beliefs or practices based on the person's name, skin color, or language.
Culture Defined

Race and Ethnicity
- Race
  - A group of people who share biologic physical characteristics
- Ethnicity
  - A group of people who share a common social and cultural heritage based on shared traditions, national origin and physical and biological characteristics

Culture Defined

Racial categories in 2000

Culture Defined

- Culture is a set of learned values, beliefs, customs, and practices that are shared by a group and are passed from one generation to another.
- Subculture
  - A subculture shares many characteristics with the primary culture but has characteristic patterns of behavior and ideals that distinguish it from the rest of a cultural group.
Culture Defined

Not all members of a culture have the same behavior.
- Some differences are
  - Age and their views on aging.
  - Religion
  - Dialect/language spoken
  - Gender identity and roles
  - Socioeconomic background
  - Geographic location of country of origin or current
  - Amount and type of interaction between younger and older generations
  - Degree of adoption of values in current country

Culture Defined

Because culture influences each person in various ways, the Psych Tech must not stereotype members of any culture group.
- Stereotype—a generalization about a form of behavior, an individual, or a group
- Ethnic stereotype—a fixed concept of how all members of an ethnic group act or think

Culture Defined

Methods of execution
- There were three guys, a Canadian, an American and a Newfoundlander. They were all going to be executed. The executioner said that since all three were to be executed that night, that they would each get to choose the method by which they would die.
  - Their choices were: lethal injection, electric chair or by hanging. The American was afraid of needles and didn't want to be hanged. The American chose the electric chair. He sat in the chair and they pulled the switch and nothing happened. The executioner said that if this happens a second time that he could go free. They tried a second time and again nothing happened so they set him free.
  - The guy from Canada was also afraid of needles and didn't want to be hanged so he too chose the electric chair. Once again, the chair didn't work and he was free.
  - Next it was the Newfoundlander's turn to pick how he was to be executed. He said "I'm afraid of needles, the electric chair won't work so you're going to have to hang me".
Culture Defined

Transcultural Nursing

• Understanding and integrating the many variables in cultural and subcultural practices into all aspects of nursing care
• Different cultures have a variety of practices related to
  • Health care and treatment methods
  • Responses to illness and death
  • Childbirth
  • Care of people of different age groups
  • Diet and nutrition

Culture Defined

Cultural Competence

• The nurse must be aware of personal cultural beliefs and practices and understand that these beliefs put some limitations on the ability to care for those from other cultures.
• Understanding these personal beliefs gives the nurse an ability to react to those from different cultures with openness, understanding, and acceptance of cultural differences between them.

Figure 7-1

The Psych Tech reaches past racial and cultural differences to assist the patient.

Culture Defined

**Personal Cultural Practices**
- It is important for the Psych Tech to recognize personal cultural beliefs when caring for others.

**Ethnocentrism**
- A person believes that the beliefs and practices of his or her particular culture are best.
- Psych tech’s must learn to value the beliefs of others and realize that practices of other cultures can be valuable in health care.

Culturally Related Assessments

**Communication**
- The most apparent communication variation is the language spoken.
- Do not automatically assume the patient or his or her family understands what is being said.
- It may be possible to find an interpreter—or the patient’s family members may be able to interpret.
- Even among English-speaking patients, words can have different meanings depending on demographic origin.
- Be brief and simple, but not demeaning.

**Silence**
- Silence may indicate a lack of understanding, stubbornness, apprehension, or discomfort.
- Among American Indian, Chinese, and Japanese cultures, it may be used to allow the nurse to consider what the speaker has said before continuing.
- In Russian, French, and Spanish cultures, it may be used to indicate agreement between parties.
- In Asian cultures, it may indicate a sign of respect.
- Mexicans may use it when they disagree with a person of authority.
Culturally Related Assessments

Communication

- **Nonverbal Communication**
  - Some groups are more comfortable when touching or maintaining eye contact than are others.
  - **Touch** is especially culturally related.
  - **Eye contact** also has significant cultural interpretations.

Culturally Related Assessments

- **Nonverbal Communication**: **eye contact**
  - In the United States, **eye contact** indicates openness, interest, attentiveness, and honesty. Lack of eye contact may be perceived as shyness, humility, guilt, embarrassment, rudeness, thoughtlessness, or dishonesty.
  - Some Asians or American Indians relate eye contact to impoliteness or view it as an invasion of privacy.
  - Certain East Indian cultures avoid eye contact with people of lower or higher socioeconomic classes.
  - Among some Appalachian people, maintaining eye contact may indicate hostility or aggressiveness.

Culturally Related Assessments

- **Space**
  - Cultures may have different comfort areas of personal space.
  - **Western cultures**—people in a casual or public setting are most comfortable when they can maintain 3 to 6 feet between them.
  - Another aspect of personal space may be a desire to use a certain space—sitting in a particular chair or a specific area of the room.
  - **Body movements may be culturally related**. Some gestures that are commonly used may offend someone from another culture.
**Culturally Related Assessments**

**Time**
- The measurement of time can have different meanings in various cultures.
- The United States and many northern European cultures generally regard being on time as a high priority.
- Eastern cultures view schedules and time as being much more flexible.
- Mexican-Americans are more concerned with a current activity than in going to a previously planned meeting. (Elasticity)

**Social Organization**
- Cultural behavior is socially acquired, not genetically inherited.
- Within a culture, there are varying social structures.
  - Patriarchal — men make most of the decisions.
  - Matriarchal — women make most of the decisions.
- Knowing the family structure will help the us better understand the patient.

**Religious Beliefs and Health Care**
- Religious beliefs are frequently entwined with cultural beliefs.
- Some cultures expect all members to adhere to a particular religion.
- As people from varying cultures intermarry, religious practices also vary.
- Nursing care is clearly affected by patients’ religious beliefs and practices, and it is important for PT’s to be aware of the wide range of such beliefs to ensure that the care given is sensitive to the needs of individual patients.
Culturally Related Assessments

- Three Basic Concepts of Health Beliefs
  - Biomedical health belief system
    - Western cultures have almost universally used the biomedical method of treating illness and maintaining health.
  - Folk health belief system
    - Folk medicine encompasses many different traditions in cultures around the world. It often includes native healers who use a variety of methods in treating disorders.
  - Holistic health belief system
    - This system operates on the premise that natural forces govern everything in the universe, including human beings and their illnesses. Methods are used to manipulate the environment to improve health.

Figure 7-2

This nurse compares traditional and Western remedies in a home care setting.


Culturally Related Assessments

- Biological Variations
  - Cultural groups are identified in a variety of ways. They may share strong biological characteristics.
  - Obvious characteristics
    - Body structure
    - Skin color
    - Hair color and texture
    - Family history of diseases that are common within the ethnic group
    - Cultural dietary practices
The Nursing Process and Cultural Factors

The nurse can assess a patient to determine cultural behaviors and then develop a plan of care based on the information gathered.

- The North American Nursing Diagnosis Association (NANDA) nursing diagnoses may not apply appropriately to culturally diverse patients.
- To provide care and lessen the limitations of the NANDA nursing diagnoses, the nurse must evaluate behavior from the perspective of the patient’s culture.
- The nurse, the health care system, or both may be required to change in order to accommodate, maintain, or reinforce patients’ health beliefs and practices.

Cultural Practices of Specific Groups

Mexican-Americans

- Health belief system
  - Biomedical mixed with folk practices
- Language
  - Spanish mixed with English
- Communication
  - Avoid eye contact
- Family roles
  - Families may expect to help care for the patient.
  - Male members are usually consulted for health care decisions.

Figure 7-3

Within the Mexican-American folk medicine system, the curandero is the folk healer.
Cultural Practices of Specific Groups

Mexican-Americans (continued)

- Birth rites
  - It is inappropriate for the husband to be present at a birth.
  - Female family members may be present at a birth.
- Death rites
  - Small children are shielded from the dying.
  - Families take turns staying around the clock.
- Dietary practices
  - Lactose intolerance is common.
  - Rice, corn, beans, beef, pork, poultry, and goat

Cultural Practices of Specific Groups

African-Americans

- Health belief system
  - Highly diverse; biomedical and folk health
- Language
  - English; Black English dialect
- Communication
  - Personal space comfort area tends to be close.
  - Eye contact may be uncomfortable.
- Family roles
  - Women are primary decision makers.
  - Extended family plays an important role.

African-Americans (continued)

- Birth rites
  - There are many folk customs.
  - Breastfeeding is not readily accepted.
- Death rites
  - Extended family is very supportive.
  - Some fear touching the body or being present.
- Dietary practices
  - Lactose intolerance common
  - Collard greens, leafy and yellow vegetables, legumes, beans, rice, and potatoes
Chinese Americans

- Health belief system
  - Holistic belief; will accept biomedical interventions
- Language
  - May continue to speak native language even after many years in the United States
- Communication
  - Eye contact may be considered ill mannered.
  - Face-to-face contact is uncomfortable.
  - Touching is regarded as disrespectful or impolite.

Chinese Americans (continued)

- Family roles
  - Loyalty and devotion to family are important.
  - Taking care of family members brings honor.
  - Older children have authority over the younger children.
- Birth rites
  - Fathers generally are not present.
  - Mother may prefer acupuncture for birth.
  - Traditionally, mother does not see the child for 12 to 24 hours.

Chinese Americans (continued)

- Death rites
  - There is an aversion to death and anything concerning death. (Some aren’t told)
  - Donation of body parts is encouraged. Eldest son is responsible for all arrangements. (contradiction)
  - White, yellow, or black clothing is worn for mourning.
- Dietary practices
  - Lactose intolerance common
  - Diet low in fat and sugar; high in salt
  - Rice, fish, pork, poultry, nuts, dried beans, and tofu
Cultural Practices of Specific Groups

- Muslim Americans
  - Health belief system
    - Holistic belief
    - **Modesty and privacy must be preserved.**
  - Same-sex health care providers are used if at all possible.
  - Patient may wish to have physician consult with imam.
  - Language
    - Varies with country of origin

- Muslim Americans (continued)
  - Communication
    - **Women do not usually shake hands with men.**
    - Women keep head, arms, and legs covered.
    - **Male staff members should avoid being in the room with a female Muslim.**
  - Family roles
    - Decision-making unit is the family, not the individual.
    - Husband will be consulted in any decisions about family.

- Muslim Americans (continued)
  - Birth rites
    - Men are not present during labor and delivery; some husbands may choose to be present during birth.
    - Women will seek a female physician.
    - Pregnant women are exempt from fasting during Ramadan.
Muslim Americans (continued)

- **Death rites**
  - Any intervention to hasten death is forbidden.
  - Autopsy is acceptable.
  - Organ donations are permitted.

- **Dietary practices**
  - Fasting during daylight hours is practiced during Ramadan.
  - Medical condition may exempt person from fasting.
  - **Alcohol and drugs are forbidden.**
  - Food should not include any pork products.