CULTURAL DIVERSITY IN DELIVERING PATIENT CARE

Why is there a Compelling Need for Cultural Competence?

To improve the quality of services and health outcomes.

Despite similarities, fundamental differences among people arise from nationality, ethnicity and culture, as well as from family background and individual experience. These differences affect the health beliefs and behaviors that both patients and providers have of each other.

Health care providers must be sensitive to beliefs shaping a person's approach to health and illness, whether their own or their loved ones. Knowledge of customs and healing traditions are indispensable to the design of treatment and interventions.

What do we mean by "culture"?

Culture can be defined as patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups (Health Resources & Services Administration, 2004).

What difference does a patient's cultural background make?

Health care services must be received and accepted to be successful. According to Culture and Nursing Care: a Pocket Guide (Lipson, Dibble & Minarik, 1996), a patient's particular cultural background could influence their:

- Food practices, preferences, and prohibitions
- Health and illness beliefs & practices
- Customs and beliefs around birth, illness & death
- Symptom management
- Communication (accepting/disagreeing with the diagnosis, home care instructions, etc.)
- Family relationships (role in decision-making, spokesperson, gender issues, visitors/children/elders/caregivers/etc.)
- Spiritual/religious orientation (affiliation/practices)
- Illness belief (causes, sick role, remedies, acceptance of procedures, care-seeking)
- Support group of the patient

What are the predominant backgrounds of our patients at St. Francis?

**ASIAN 1%**
**BLACK 20%**
**LATINO 76%**
**CAUCASIAN 3%**

How can I as a caregiver impact the patient's experience? If cultural differences are not recognized or acknowledged, the quality of care could be affected (Lipson, et al: 1996) leading to:

- Patient dissatisfaction
- Poor adherence to medication & health promotion strategies, and poorer health outcomes
- Misinterpretation of a patient's behavior influencing clinical decisions
What if I think I may have inadvertently offended a patient or overlooked something?

- Apologize, as soon as possible (Baptist Health Institute, 2005). Or simply tell the patient/visitor that you didn’t mean to offend them and explain what you really intended to do. Be genuine.

A good general rule…

Approach others cautiously and gauge their response to your reactions. If it’s unusual or unexpected, ask yourself if this may be due to their cultural or religious practices or beliefs. It won’t always be of course; it’s just another thing to consider in your assessment.

Where can I find more information?

A good reference for learning more about specific health issues and beliefs of different groups is the book, Culture and Nursing Care: a Pocket Guide. Our patient care areas have copies of the book. If you cannot find a copy, speak with your supervisor, manager or director to locate a copy. Associates in ancillary, support, and other non-patient care departments can request a copy through their director.

Attestation Statement

I attest that I have read and understand the contents contained in this Cultural Diversity Self Study Module

Print: _____________________________

Signature: _________________________

Date: ____/_____/______

RH/2013

General Guidelines for Performing a Cultural Assessment

Take the time to learn about the patient. Work with the patient and others to find the best approach to his or her care.

Step 1 – Obtain background information on the patient.
- Degree of acculturation –what generation, preferred language, level of literacy.
- Patterns of decision-making in the patient’s family. Who makes the decisions? Males? Elders?
- Style of verbal & non-verbal communication.

Step 2 – Obtain information about the patient’s health.
- Patient’s reason for seeking help?
- Patient’s ideas about cause of illness?
- Patient’s description of any previous treatment and use of home remedies, complementary therapies, healers, etc?
- Patient’s expected outcomes.

Step 3 – Obtain information on cultural/religious factors that affect treatment.
- Healing beliefs and practices. Are they congruent with healthcare approach?
- Values – ethnic pride, spirituality, family interdependence.
- Diet – is it congruent with prescribed treatment?