

Cultural Competency in Nursing

By Robin Gerber

The Florence Nightingale Pledge

I solemnly pledge myself before God and presence of this
assembly;

To pass my life in purity and to practice my profession
faithfully.

I will abstain from whatever is deleterious and mischievous
and will not take or knowingly administer any harmful
drug.

I will do all in my power to maintain and elevate the standard
of my profession

and will hold in confidence all personal matters
committed to my keeping

and family affairs coming to my knowledge in the
practice of my calling.

With loyalty will I endeavor to aid the physician in his work,
and **devote myself to the welfare of those committed to
my care.**

Total Native Populations

- In the US there are 1,959,234 persons of Native Alaskan or Native American descent
- This is .8% of the total US population

(Source: www.census.gov)

Native Americans in Montana in the Year 2000

Montana total population= 926,865

Native American population= 56,068

Native Americans as a percentage
of MT population= 6.2%

(source: www.ceic.commerce.state.mt.us)

Montana Native American Residence Patterns

- Native Americans who live on reservations= 65%
- Native Americans who live off reservations= 35%

(source:www.ceic.commerce.state.mt.us)

TRIBAL NATIONS OF MONTANA

TRIBAL NATION

RESERVATION

Assiniboine

Fort Peck Indian Reservation

Assiniboine

Fort Belknap Reservation

Blackfeet

Blackfeet Indian Reservation

Chippewa-Cree

Rocky Boy's Reservation

Crow Tribe

Crow Reservation

Gros Ventre

Fort Belknap Reservation

Kootenai (Confederated Salish & Kootenai)

Flathead Reservation

Little Shell Band of Chippewa's

"Landless Indians"

Northern Cheyenne

Northern Cheyenne Reservation

Pend d'Oreille

Flathead Reservation

Salish (Confederated Salish & Kootenai)

Flathead Reservation

Sioux

Fort Peck Indian Reservation

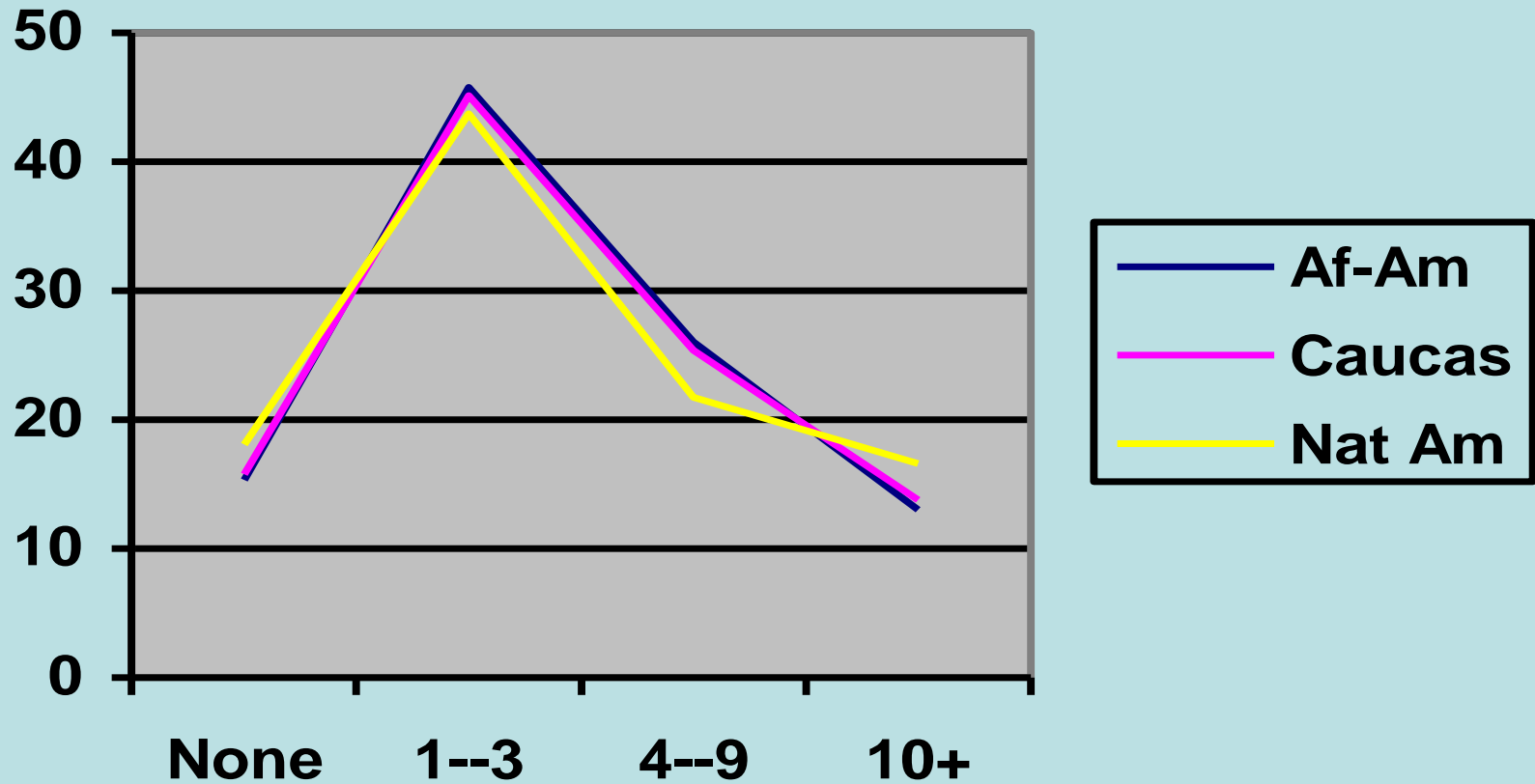
Swan Creek & Black River Chippewa

Visits to Health Care Professionals by Americans in 2002

	<u>None</u>	<u>1-3</u>	<u>4-9</u>	<u>10+</u>
African-Am.	15.3%	45.8%	26.0%	13.0%
Caucasian	15.8%	45.1%	25.4%	13.8%
Native Am.	18.1%	43.7%	21.7%	16.6%

(source: www.census.gov Statistical Abstract of the United States, 2001-2004)

Visits to Health Care Professionals Chart



Conclusion:

Native Americans do not see
Healthcare Professionals as often
as do most other Americans,
*until plagued with chronic illnesses
that require regular maintenance.*

Average Life Expectancy in America

- Caucasian Americans 76.9 years
- African-Americans 71.4
- Native Americans 65.0

(source: www.cdc.gov/nchs/data)

Causes of death in Americans

Caucasian

#1 Heart Disease

#2 Cancer

#3 Strokes

#4 Respiratory Disease

#5 Accidents

#10 Suicide

(www.cdc.gov/nchs/data)

Causes of Death in Americans

Native Americans

#1 Heart Disease

#2 Cancer

#3 Accidents

#4 Diabetes

#5 Respiratory Disease

#6 Suicide

(source:www.cdc.gov/nchs/data)

How can Healthcare
Professionals assist in
helping their Native
American patients receive
preventative healthcare?

1. Recognize that cultural and religious differences exist between the Nations.

Pan-Indianism is a term that indicates all Nations are the same. They are not.

Be vigilant about treating your patients as individuals.

2. Gain an acquaintance of traditional understandings of illness processes.

For many Nations...

Health is viewed as a holistic relationship between these components:

- Mental
- Spiritual
- Emotional
- Physical
- Social

(Source: www.ihs.gov/NonMedicalPrograms)

Treatment of an illness can include consideration of the whole person, and may consist of:

- Herbal Medicines
 - Prayers
 - Ceremonies
- The closeness of loved ones to offer emotional support.

(source:www.ihs.govNonMedicalPrograms)

Important elements of traditional healing:

- Time. A 'cure' is never immediate.
- Relationship with the 'healer.' The closer and more caring the relationship between the healer and the sick person, the more likely the sick person is to recover.
- Developing a 'healing rhythm', based on time spent addressing the illness.
Generally, it is believed that the more time, the better.

(source: www.healing-arts.org/mehl-madrona/mmtraditionalpaper.htm).

3. Learn to perform a cultural assessment.

A 'cultural assessment' can inform healthcare professionals about how a patient may react to modern western medicine, which tends to be very bold and aggressive. The care giver can then accommodate the patient's beliefs.

When beginning an assessment, spend a few minutes on small talk to allow the patient to become comfortable with you. As you begin to ask questions, let the patient talk or be silent. You may also remain silent for short period of time, which is seen as non-confrontational and shows that you are prepared to listen.

(source: Culture Clues by U. of WA Medical Center).

In a cultural assessment, begin by observing:

- Patient's physical appearance (age, clothing, gender etc)
- Patient's physical condition (body size and shape, cleanliness etc.)
- Patient's body language (gestures, facial expression)
- Patient's voice (vocal tone, etc)
- Patient's escorts (family, friends etc)

(source: "The Influence of Culture on Patient Care" by Patricia Knott, PH.D.)

Be *aware* of...

- **Eye contact.** In some cultures, making direct eye contact is considered rude, especially between different age groups or genders.
- **Conversational style.** In some cultures, being soft-spoken or maintaining silence is a sign of respect.

(continued)

(source: "The Influence of Culture on Patient Care" by Patricia Knott, PH.D.)

- **Personal Space.** Some cultures encourage the development of a large circle of personal space. A healthcare provider who sits too close, or touches the patient (especially on the head or chest) while talking to them may not realize they are offending the patient. However, touches by family or friends are not offensive. Explain what you are going to do and why before touching a patient. In some cases, consider ensuring that a patient has a same-gender healthcare provider.

(continued)

- **Time.** Some cultures view time as very fluid. In order to best serve the patient, schedule an appointment within a window of time, rather than at a specific time. When prescribing medications, link natural events with the taking of meds, such as sunset, meal times or bed time.
(continued)

(source: Culture Clues by U of WA Medical Center.)

- **Expression of Pain.** Some Native groups do not easily express physical pain. Instead, the patient may simply say they are uncomfortable, but not be able to explain the severity of pain on the usual scales.
- **Storytelling.** Older patients may use storytelling to describe symptoms. (A story about a sick relative may really be describing the patient's situation.) (continued)

(source: Culture Clues by U. of WA Medical Center.)

- Talking about deceased relatives. Some groups (such as the Crow) traditionally do not talk about deceased loved ones. This can make getting a family health history more difficult. Instead of asking direct questions, ask them in a more roundabout way. “Do you know anyone who had cancer (etc)?” rather than “What did your father die of?” (continued)

- **Culturally specific disease patterns.** For example, diabetes.
- **Dietary customs.** Acceptable foods vary from Nation to Nation. In a hospital situation, the menus provided to patients may contain foods that are inappropriate, especially if a person is practicing a traditional healing ceremony.

Then inquire about:

- Where was the patient born?
- What group does the patient identify with?
- What is the patient's religion? If Christian, do they practice any traditional ceremonies?
- What are the primary and secondary languages of the patient (if applicable)?
- Are there any food preferences or restrictions based on custom?

(source: "The Influence of Culture on Patient Care" by Patricia Knott, PH.D.)

- What is the patient's economic situation?
- Who acts as a support network for the patient?
- Are there specific customs concerning major life transitions (birth, death, illness) that should be considered?

(source: "The Influence of Culture on Patient Care" by Patricia Knott, PH.D.)

Ascertain the patient's view of the illness...

Questions:

What do you call the illness?

What do you think has caused the illness?

Why do you think the illness started when it did?

What problems do you think the illness causes?

How does it work?

How severe is the illness? (continued)

Will it have a long or short course?

What kind of treatment do you think is necessary?

What are the most important results you hope to receive from this treatment?

What are the main problems the illness has caused you?

What do you fear most about the illness?

(source: www.aafp.org on cross-cultural medicine)

Determine...

who the patient would like to have involved in their medical decisions. This can include family, tribal members and spiritual leaders.

Allow the patient time to consult with all concerned.

Finally...

Ask if the patient is receiving traditional treatments.

Make no judgments about the practice. Some patients will continue traditional practices, but not tell their health care provider, if they feel the provider is not sympathetic.

4. Use knowledge gained from the cultural assessment to provide appropriate care.

Will the traditional beliefs
of the patient need
accommodation?

These accommodations may take the form of:

- Offering alternative treatments, or deciding how to combine traditional and modern medicines.
- Working with family, or religious professionals.

REMEMBER...

If forced to choose between customary treatments and modern medical treatments, some Native Americans will reject long term modern medical treatments to focus on the traditional.

What is **best for the patient** is the right form of treatment.

For many, a **combination** of modern and traditional treatments work best.

Some traditional ceremonies or elements that may be combined with modern medicine include:

- Smudging: a ceremony that uses smoke, often from burning sweet grass, to purify the air or a space, like a hospital room.
- Musical therapy
- Aromatherapy
- Sweat lodge (be careful of dehydration)
- Herbal medicines (obviously, must be closely monitored) (continued)

- Allowing family members to be near the patient at all times. Visiting hours in a hospital situation may need adjustment. As well, cots may need to be moved into the hospital room.
- In a hospital, the patient may want to have an item on their body that has spiritual significance. If the item must be removed, ask a family member or friend to remove and hold it. Never remove the item yourself. In case of surgery, return the item as soon as possible, such as the recovery room.

If bad news needs to be told, go slow. In many traditional cultures the statement of a terminal illness to a person makes the illness a reality, and removes hope. You may wish to consider talking to the family first, within the confines of privacy laws. Ask them how the news should be addressed.

When dealing with any patient:

- **Listen** with sympathy and understanding to the patient's perception of the problem
- **Explain** your perceptions of the problem and your strategy for treatment.
- **Acknowledge** and discuss the differences and similarities between these perceptions.
- **Recommend** treatment while remembering the patient's cultural parameters.
- **Negotiate** agreement. It is important to understand the patient's explanatory model so that medical treatment fits in their cultural framework.

(source: www.amsa.org/programs).

*Thank you for your
attention.*