



Culturally Sensitive Care MODULE 04

Prepared by:

Donna Rothwell, RN, BScN, MN Wharton Fellow
FEBRUARY 22, 2015

Elements of Providing Culturally Sensitive Care: Acquiring Cultural Knowledge

The goal of this learning module is to identify elements of providing culturally sensitive care.

What Will I Learn?

By completing this learning module on Acquiring Cultural Knowledge you will learn to:

- Identify the importance of acquiring more knowledge about different cultures
- Understand the importance of your own culture and that of the nursing profession
- Develop an understanding of how culture influences individuals' beliefs and behaviors

How Will I Learn?

- By reviewing the content provided relating to how one acquires cultural knowledge
- By reviewing the case study
- By analyzing the case study and reflecting on the content and how it relates to your values and beliefs
- By utilizing your nursing knowledge, experience and expertise to determine if there are other alternatives or approaches
- By applying what you have learned in this module to your nursing practice

Acquiring Cultural Knowledge

Given the cultural diversity we as nursing professionals experience each and every day in both our personal and professional lives, it is clearly not a reasonable expectation that we have extensive knowledge and expertise of all cultures. However, it is possible as professionals to acquire a broader understanding of how culture can affect beliefs and behaviors.

The College of Nurses of Ontario (2009) indicates that acquiring cultural knowledge begins with the recognition that behaviours and responses that are viewed one way in one cultural context, may be viewed in another way, or have a different meaning, in another cultural context.

In healthcare today, areas in which an individual's culture may affect beliefs and values include the following:

- perception of health, illness and death
- meaning and role of suffering
- perceptions of hospitals, nurses, doctors and other healers or healthcare providers
- rituals and customs (religious and other)
- boundaries related to privacy, age, gender and relationships
- effectiveness and value of different types of therapies
- individual time-keeping beliefs and practices that may direct activities (e.g., medical testing appointments before sunset, or instructing clients to take medication before or after an event (such as breakfast) instead of at a specific time, such as 0800 hrs)
- family and social relationships (e.g., roles of family members in decision-making and care giving, perception of what is best for the individual versus the family and what is best for the family as a whole)
- decision-making and consent to treatment (e.g. sharing information versus clients being shielded by family and having decisions made for them)
- independence/self-care versus interdependence/being cared for by others
- communication norms (e.g., eye contact versus avoiding direct eye contact, asking questions versus avoiding direct questioning)

Keep a notebook to write down your ideas and answers to the questions in this Case Study

Case Study

Mrs. Angelina Napolitano, an elderly Italian woman, was diagnosed with basaloid carcinoma and is being cared for in a palliative care unit. She has five children, three sons and two daughters. Her husband passed away several years ago due to a heart attack.

Mrs. Napolitano shares a room with another woman who is from Somalia and who has several young children and an extensive family caring for them. Her name is Wida Mikulah and she has a rare form of cancer.

Mrs. Napolitano listens attentively to her Physician and follows all of his orders against her children's advice. She prays and cries constantly. Her family never leaves her bedside.

Mrs. Wida Mikulah is very quiet and keeps to herself. Although she has lots of family visitors they are private and eat special foods that are important to her healing.

Mrs. Mikulah asks to see you as her nurse, as she is afraid of all the loud voices and crying from Mrs. Napolitano and her family. She finds this behavior unacceptable and demands that she be moved to another room so she can pray unafraid.

The palliative care unit is full and there are four patients waiting in the ED to be admitted to your unit.

Reflection

Based on the information presented in this case study:

1. What are some strategies the nurse should consider to resolve this situation?
2. Does this nurse have a culturally sensitive practice issue or the potential for a problem?
3. Do you think the nurse should tell Mrs. Napolitano about Mrs. Mikulah's concerns? If so why? If not, why not?
4. In your analysis, identify the Professional Standards that are not being met in this situation.
5. Review this case with a colleague and discuss your results. Consider the following when determining if a culturally sensitive situation is a problem.

Consider the following when determining if a culturally sensitive situation is a problem.

The following worksheet allows you to capture your ideas!

- The nurse needs to understand that patients and families react and respond to illness in many different ways and that we need to respect their cultural needs.
- The nurse should discuss in greater depth and breadth Mrs. Mikulah's concerns so she has a clear understanding of her issues.
- The nurse should also discuss this issue with her colleagues and immediate supervisor.

1. What are the potential or actual risks to the patient if this situation does not get resolved?

2. How does this issue conflict with CNO's Standard of Practice? Which Standards?

3. What practice setting or unit policies/procedures are you unable to meet?

4. Who else is affected by this issue/problem?

5. How could you resolve this issue or problem? If you are not able to, who would you go to?

6. What resources might give direction to resolve the issue/problem?

7. What ideas or suggestions can you offer to resolve the problem?