

Karen Ann Quinlan Hospice



Objectives

- Develop a knowledge base about the major cultures served in the programs in which we work.
- Adapt and accommodate assessment and interventions to respect cultural and spiritual variation.
- Know the areas of healthcare that can be impacted by cultural and/or religious beliefs and values.

What is culture?

- Culture is the values, beliefs, norms and practices of a particular group that are learned and shared and that guide thinking, decisions, and actions in a patterned way.

What is cultural competence?

- Developing one's awareness of one's own existence, sensations, thoughts and environment without letting it have an undue influence on those from other backgrounds:
- demonstrating knowledge and understanding of the client's culture:
- accepting and respecting cultural differences
- adapting care to be similar with the client's culture.

Definition of acculturation

- Cultural modification of an individual, group, or people by adapting to or borrowing traits from another culture; a merging of cultures as a result of prolonged contact.

So where do we begin?

- By understanding our own culture and biases.
- By increasing our sensitivity to the culture of others, and appreciating the differences.
- By acquiring knowledge and understanding of other cultures, especially their values and beliefs.
- By applying what we are learning and experiencing with those we care for, work and live with.

The US Healthcare Culture

- Appointments are run by clock time and promptness is valued. Appointments may be shorter than some patients expect.
- Checkups, immunizations and screening are valued as preventive health measures.
- Illness generally is seen as having a physical cause. Treatment emphasizes technology and physical procedures.
- Patients are expected to take medications exactly as prescribed.
- Facilities often set specific rules about visitors and visiting hours.
- Americans value individualism and autonomy. Informed consent is held in high regard.

US Cultures – Death and Dying

- Many Americans feel it is important to be with their loved one at the moment of death so the patient doesn't have to die alone.
- Patients die at:
 - Home
 - Nursing homes
 - Hospitals
- Funerals:
 - Wake (open or closed casket)
 - Cremate
 - Repast – to honor the dead and be their emotionally for families

Cultural Data Sheet – African American

- Cultural – health
 - Affectionate
 - Maintain eye contact
 - Lack of trust in healthcare professionals
 - Emotional: loud, anxious, agitated
 - Family is nuclear – father has final decision
- Religion – church is important
 - Baptist, Jehovah's Witness, Protestant, Muslim

Cultural Data sheet – African American

- Symptom Management Issues

- * Pain – Expressions of pain are generally open and public but can vary. They may avoid pain medication for fear of addiction.

- * Dyspnea – usually there is an acceptance of oxygen and/or opioids for control of dyspnea if treatment explained (fear of addiction is strong).

- * Depression – seldom acknowledge depression – may view it as a tired state.

Death and dying – African Americans

- Rituals – death & dying
 - * Open emotions.
 - * Like professionals to clean and prepare the body.
 - * Cremation is avoided.
 - * Important that body is laid out properly.
 - * Funerals – long and emotional sermons, wailing and sobbing.
- Grief Rituals
 - * Death is perceived as a celebration of life.
 - * Grieving may be emotional and loud.

Cultural Data Sheet – Indian & South Asian

- Religions: Hindu, Muslim, Christian, Sikh, Buddhist and others
- Cultural:
 - * Men shake hands with men only
 - * Touching is not common. Love and care is expressed through the eyes and facial expression
 - * Direct eye contact seen as a sign of rudeness or disrespect
 - * Silence usually indicates acceptance, approval, and/or tolerance
 - * Must use their left hand to wash and wipe perineal area
 - * Modesty, humility, shyness, tolerance and silence are admired traits.
 - * Nuclear/ extended family

Cultural Data Sheet – Indian & South Asian

- Cultural differences:

Hindus – refrain from eating any kind of meat and fish. Foods may not be eaten during periods of fast.

Muslims – observe fast during month of Ramadan. No food or fluid allowed from sunrise to sunset each day until month is completed. Persons that are ill are exempt from fasting. Pork and alcoholic beverages prohibited. Meat products allowed if halah (a special method to kill an animal) is used

Sikhs- no dietary restrictions, some may fast or refrain from eating meat products. Smoking and alcohol consumption generally discouraged.

Cultural Data sheet – Indian & South Asian

- Health

- * Disclose diagnosis of serious illness to family first, then family will decide whether to tell patient.
- * Male family member, usually eldest son is decision maker
- * Health professionals highly respected
- * Female members prefer to stay with sick patient and assist in care
- * Some women object to being examined by male doctor
- * Family members told first about imminent death and they will decide whether or not to tell patient

Cultural Data Sheet – Indian & South Asian

- Symptom Management Issues
 - * Pain – Hindu and Sikh patients will accept narcotics for pain. Muslim patients may refuse narcotics for mild to moderate pain, as narcotics are forbidden in their religion. However, they will accept them for severe pain.
 - * Dyspnea – May get anxious and hyperventilate as it is seen as a sign of death.
 - * Tend to rely on home remedies rather than Western medications to alleviate symptoms. Medical advice is sought as a last resort.

Cultural Data Sheet – Indian & South Asian

- Rituals

- * Family may prefer that non-Hindus not touch the body and wash it themselves.
- * Muslim families offers special prayers for dying to ease suffering. Some may call spiritual leader to give the dying person holy water to drink to purify body internally before death.

Cultural Data Sheet – Indian & South Asian

- Death & Dying
 - * Discuss death openly
 - * Strongly favor death to occur at home
 - * Family members like to stay with patient at bedside when death is imminent
 - * Express grief openly, mourning and crying. Hindu families mourn for 40 days. Muslims mourn for 3 days
 - * Concept of death well accepted
 - * Hindus, Muslims, Sikhs believe that the body dies, but the soul remains alive and is immortal

Cultural Data Sheet - Jewish

- Belief in God
- Kocher foods should be available in in-patient hospice units
- Patient's total welfare takes precedence over truth telling in some cases
- In eyes of Judaism the dead body is considered helpless and vulnerable, therefore it is the responsibility of those who are alive to shield and protect it.
- "Sitting with the dead" is considered an expression of honor

Death & Dying- Jewish

- Before death
 - * Jewish community expected to visit the sick and dying
 - * Telling life story is expected to validate the sick person's personhood
- Rites before death
 - * Orthodox – rite of confession in which patient may seek forgiveness for errors in judgment or action
 - * Conservatives – a gathering and farewell rite where good
byes
are said and prayers of affirmation and hope are offered

Death & Dying - Jewish

- At the time of death
 - * Do not cover face of the deceased
 - * Body is not to be left alone – from time of death until the body is in the ground, it is watched and protected
 - * Body may be ritually washed three times and dressed in a linen shroud. The body is never seen naked. Only the hand and feet are left uncovered.
 - * No autopsies
 - * Cremation is considered unusual
 - * Feet should face doorway
 - * Candle should be placed near the head of the deceased or all around the room
 - * The community comes every night for 1 week to hold services in the house of mourning – so family need not have to go out – this is called Shiva
 - * during Shiva – men don't shave, men and women may avoid wearing new clothes and forego physical intimacy

Death & dying – Jewish Culture

- Children are encouraged to participate in rituals of death
- Death is viewed as a necessary part of God's creation, not as punishment for sin
- Burial is encouraged within 24 hours of death
- After death, a son or relative closes the body's eyes and mouth
- Hospice staff should not attempt to lay out the body without the permission from family members

Cultural Date Sheet - Hispanic

Hispanic describes Mexican, Cuban, Central American, Spanish and Puerto Rican

- * 80 to 90% are Catholic
- Important to assess reading skills and provide clear verbal and visual instructions and demonstrations as only speak Spanish
- Non-verbal communication strongly influences by respect
- Direct eye contact frequently avoided with authority figure such as health care providers
- Silence sometimes shows lack of agreement with plan of care
- Touch by strangers generally not appreciated and can be stressful or perceived as disrespectful

Cultural Date Sheet - Hispanic

- Handshaking considered polite and usually welcomed
- Privacy about health issues are kept within the family
- Bedpans and commodes disliked. Considered unclean and immodest
- Religious items, especially rosaries, kept on person
- Processed foods are discouraged
- Believe that truth telling when a family member is ill will worsen health status
- Information about seriousness of illness usually handled by family spokesperson

Cultural Data Sheet - Hispanic

- Avoid use of first names when addressing elders
- Use of hospice services may be embarrassing because it may mean that the family is incapable of caring for their loved one
- Discussions about dying are discouraged
- Illness is seen as a social crisis
- May use healers
- Illness is associated with being good or bad. The devil is often mentioned as a primary cause of illness or death.
- Accept terminal illness.

Cultural Data Sheet - Hispanic

- Symptom Management issues
 - * Pain – patients tend not to complain of pain. May need to assess for non-verbal cues. Stoicism is common.
 - * Dyspnea – tendency to feel something is very wrong if oxygen is required
 - * Nausea, vomiting, constipation, diarrhea – only disclosed if asked
 - * Depression – not easily disclosed. Seen as mental illness.
 - * Desire to die without pain or suffering

Hispanic Community

- Rituals of Death & Dying
 - * Extended families obligated to attend to sick and dying.
 - * Pregnant women prohibited from caring for dying person or attending the funeral.
 - * Dying in the hospital not desirable- feel soul will “get lost” and not be able to find its way home.
 - * Prayer at bedside common when pt. is dying.
 - * Death is an important spiritual event.
 - * Relative or family member may help with body.

Korean Culture

- 50% Buddhist – 50% Christian
- Use of Mr./Mrs. and last name unless patient requests otherwise.
- Direct eye contact may be infrequent.
- Hand holding and touching between friends of same sex is accepted.
- May say 'yes' to a request just to avoid saying 'no' - so they may not follow through.

Korean culture (con't)

- Among strangers touching is considered disrespectful unless for examination purpose.
- Cold fluids such as iced beverages usually not welcome. Koreans relate cold with imbalance or causing illness.
- Family considered very important.
- Eldest treated with utmost respect.

Korean Health Concerns

- Healthy seen as having harmony or balance between physical being and soul.
- Buddhist influence views life as birth; old age, illness, and death as birth into another life.
- Doctors well respected.
- Some view illness as bad luck or misfortune.
- In obtaining informed consent, do not rush or make patient feel pressured.
- Family, preferably spokesperson should be informed of a terminal diagnosis and this person or family member will then inform patient of prognosis
- May practice both Eastern and Western Medicine.

Korean Symptom Management

- Pain – may be stoic, especially men. Need to frequently ask how bad the pain is. Pain medication not used frequently for fear of addiction.
- Common for family members to behave as very ill.
- Dyspnea – Oxygen may not be welcomed due to fear of progression of the disease or worsening of the condition.
- Role – Patient expected to be passive and family takes care of patient's basic needs.
- Medicine – Herbal remedies
- Diet-High in fiber and spicy, lactose intolerance is common.

Korean Rituals of Death & Dying

- Buddhist doctrine accepts death as birth into another life.
- Chanting, incense burning, and praying may be incorporated into environment.
- Mourning may include loud wailing and intense emotion.
- Family may want to spend time with the patient after death.
- Cremation and organ donation are not common.

Cultural Data Sheet -American Indian

- Tribal
- Use anecdotes as metaphor to discuss a situation.
- Long pauses are part of conversation.
- Don't interrupt speaker.
- Avoid eye contact shows respect
- Stay at a respectful distance.
- Tone of voice expresses urgency.
- Use light handshake.
- Illness is a family matter.

Cultural Data Sheet-American Indian

- Religion

PRAYER is the medium
by which one comes
to accept a situation.

Cultural Data Sheet-American Indian

- Symptom Management

- * Pain – patient may state ‘discomfort’ but will not repeat the request for relief.
- * Dyspnea – may say ‘Fir is not right’
- * Fatigue – maintain a high level of activity in spite of impairments.
- * Depression – may describe as ‘being out of harmony’.

Death & Dying – American Indian

- Many tribes avoid contact with dying.
- Ask family's permission to prepare the body.
Care varies among the culture.
- Some families may want the body to rest at the place of death for up to 36 hrs., when the soul is believed to depart.
- Some may prefer to have a window open.

Death & Dying – American Indian

- Grief
 - * Sadness and mourning are done in private, away from the patient.
 - * Atmosphere may be jovial. A positive attitude is maintained.
 - * The family may avoid discussing the impending death.

How can we help?

- Be mindful of your touch and space and how you address individuals. Ask “How would you like to be addressed?”
- Ask the patient/family about any cultural/religious practices or beliefs during admission process.
- Ask about special diets/ practices.
- When in doubt?
 - *Use available resources: KAQ Resources, Cultural Competency Binders (both offices), internet, etc.
 - *Respectfully ask the family to guide you – “I want to support you all and not to offend anyone. Please guide me to do the right thing.”

HOSPICE GOAL

- The ultimate goal is a culturally competent healthcare system that is able to deliver the highest quality hospice care to every patient regardless of race, ethnicity, cultural background, sexual orientation or English proficiency.