Culture Awareness- Being “culturally aware” can give insights into a person’s preferences for care such as how they are approached for personal care, how they dress, how they feel about expressing their emotions, their food preferences, and other inclinations. First and foremost is to remember that the person is an individual and is at the forefront of what their individual preferences are, regardless of their culture. Being aware of different cultures can help provide you with an understanding of the wide variety of cultures, subcultures, and beliefs that you may come into contact with that may be different from your own. It can also help you gain a better understanding of the different preferences that a client may have for their care. The United States has long been seen as a “melting pot” of people from many countries and cultures; this diversity will continue to increase. Misunderstandings caused by lack of cultural sensitivity and skills can lead to poor interaction with patients and their families.

Learning Objectives:
- Review of cultural awareness/diversity
- Information about various cultures
- The Aide’s Role in working with client’s of various cultures

Eye Contact:
Different cultures have different rules for every day interactions. For example, whether you should maintain eye contact can depend on a patient’s culture.

- In Asian and Hispanic cultures, avoiding eye contact demonstrates respect.
- In Middle Eastern culture, eye contact is avoided between men and women.
- Many Native American cultures believe that looking directly in someone’s eyes could steal the person’s soul or the person could steal your soul. Avoiding eye contact would be important to this culture.
- Take care to correctly interpret the significance of eye contact.

Touch:
Touch is also an everyday interaction that can have profound meaning. In Middle Eastern cultures, touching between members of the opposite sex is to be avoided. This is also true in the orthodox Jewish religion. Asians may not like being touched and physical contact is relatively infrequent in most Asian countries. Most Hispanics, however, will probably feel quite comfortable with hands-on care.

- Although home care emphasizes the importance of touch, home care aides must realize that this practice was developed in the context of certain nursing cultures, including the United States, and may not be appropriate for all ethnic groups.

Other Considerations:
- There are many other issues to consider as well.
- Are there gender issues – for example, do women defer to men? Or is it considered improper to be cared for by a person of the other gender?
- If your patient is elderly, how are the elderly viewed in your patient’s culture – with respect? Or are the elderly seen as a burden on society?
- Experiences of war, poverty, immigration, and political unrest all have profound effects on shaping an individual.
- Does the patient belong to a cultural group that has its own sense of community and resources?
- Many times, home care aides will know this cultural information because home care aides work so closely with the clients. Don’t assume that the nurses, supervisors, or other office staff know what you know. Share the information with them.
- As a home care aide, it is important to be aware of your client’s response to discussions about their illness. If the client seems to be avoiding the discussion, do not push the issue. Perhaps he/she wants a family member to make the decisions instead. Don’t ever assume anything your patients should be ok with when discussing their illness. Ask the nurse supervisor involved before you see the patient if there are any cultural beliefs you need to be aware of so that you can go into the home with a clear understanding of your role.
Pointers on dealing with client’s from various cultures:

- Don’t judge the patient based on your expectations.
- Do not discount the patient’s belief that sickness is caused by evil, etc.
- Quality of care may not mean the same to all patients.
- Certain sayings/slang may be confusing for patients who are not familiar with English or a certain area of the country.
- Speak slow and concise.
- Watch for non-verbal cues indicating understanding or misunderstanding.
- Individuals vary in many ways.

Addressing and respecting cultural differences will increase trust leading to better and more satisfactory care for patients and their families. We are better prepared to serve patients when we prepare ourselves to respect their hearts and their minds. Becoming culturally knowledgeable is an opportunity for our growth as individuals, as well as within our profession.

Many cultural norms may influence your patients’ behavior and appearance. Understanding, accepting, and respecting differences in lifestyle, beliefs, and customs is essential for building trusting interactions with your patients.

Some norms that may be determined by your patients’ culture and beliefs:
- Physical distance to maintain.
- Decision making- (example- with Hindus, the father or eldest son makes all decisions regarding the health care of a loved one, but will include a family discussion).
- Food- example- if meat can be consumed.
- Eye contact.
- Birth customs.
- Being alone.
- Beliefs about causes of illness, effects of treatment.
- Touching.
- Religious customs.
- Clothing.

Remember to ask yourself- How does this person want to be treated, not based on my values and culture, but theirs?

In-Home Aide Partners in Quality Care

The Aide’s Role:

- Working with clients from different cultures may seem challenging; however, it can be a wonderful and very educational experience. Here are some general approaches to improve your care and teamwork:
  - Ask questions. Most people will appreciate knowing that you respect their beliefs, values, and cultures enough to ask.
  - Seek opportunities to become more knowledgeable on issues of culture— for instance, conferences, reading, and in-services. Investigate resources in your own community— perhaps your agency has in-services and educational offerings. Look to resources among your coworkers.
  - When you work with someone who has a different background than yours, don’t stereotype the person. For example, don’t assume that a Filipino is Roman Catholic and adheres to practices that are common to the Filipino culture. Instead, find out about that individual’s beliefs.
  - Develop an attitude of respect and tolerance. When you cultivate a general attitude of respect, it’s easier to deal with differences in a specific situation.
  - Just because you learn to respect other people’s beliefs doesn’t mean you have to ignore your own beliefs. Think about your values and how they are reflected in your behavior. Sometimes we get into trouble because we’re not aware of what we believe.

- Developing an attitude of respect is the first step of becoming culturally competent. Once you cultivate a general attitude of respect, it’s easier to deal with differences in a specific situation.

4 parts of cultural competence:

- Self-Awareness
- Attitude
- Knowledge
- Cross-cultural skills

Culture involves a number of things, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups. For the provider of health information or health care, these elements influence beliefs and belief systems surrounding health, healing, wellness, illness, disease, and delivery of health services. Food customs may also be linked to culture and religious beliefs. If you are involved with meal preparation for your client, and there are cultural and religious considerations, talk with your supervisor if they conflict with the instructions on the plan of care. (Example- most Buddhists are vegetarian, Hindus tend not to eat meat, fish, or eggs).

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>CULTURE</th>
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<tbody>
<tr>
<td>Eye Contact</td>
<td>Many people of Haitian and Asian backgrounds believe that having direct eye contact is a sign of disrespect. African Americans prefer direct eye contact.</td>
</tr>
<tr>
<td>Displaying emotion</td>
<td>Northern Europeans, Russians, and Asians usually do not show strangers emotions of grief, anger, or sadness. Latinos, Arabs, and African Americans tend to show their emotions more openly.</td>
</tr>
<tr>
<td>Handshake</td>
<td>Most cultures prefer firm handshakes. Native Americans prefer a light handshake. In some cultures, handshakes between men and women are inappropriate.</td>
</tr>
<tr>
<td>Privacy</td>
<td>Most people need privacy during toileting and bathing. Most cultures prefer physical examinations by members of the same sex. People of the Islamic faith need privacy during prayer times (at least five times a day). Showing signs of pain to strangers is unacceptable to people from Japan. Those of English, German, and Irish backgrounds often “grin and bear” the pain instead of talking about it. In other cultures, people are very verbal in expressing pain—sometimes moaning and screaming.</td>
</tr>
<tr>
<td>Pain</td>
<td></td>
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</tbody>
</table>

Culture includes more than one’s race or ethnicity. It includes membership in certain groups or professions that influence our beliefs, values and practices. Examples of these groups include age/generational groups, religion, military, sexual orientation and spirituality.

Important information about your clients includes- what language they are most comfortable speaking; how they want to be greeted (some people want to be called by their first names and others want to be called by their last names); if they want to make their own decisions about their care, or if they want someone else to do it for them; who should be included when there are discussions about their care; are there practices that are important to their culture and to them. These are important questions in order for the agency to respect and support their practices in the provision of care.

If you learn of specific cultural or religious beliefs that are important to your client, be sure to share that information with your supervisor to determine if the plan of care needs to be adjusted to meet the client’s needs within their cultural preferences.

Kathie Smith, RN, VP State Relations, Home and Community Based Care, AHHC of NC; Editor in Chief.