# Learning Module
# Cultural and Spiritual Sensitivity

## *A Quick Guide to Cultures and Spiritual Traditions*

## Teaching Notes

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# Introduction to Learning Materials

Why do we need to be culturally and spiritually sensitive? The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) holds hospitals accountable for addressing and maintaining patient rights. These rights include *"respecting and acknowledging one's psychosocial, spiritual and cultural values and how they impact a patient's response to their care."*

Health care professionals are entrusted to care for patients as whole persons – body, mind and spirit. The health care approach is interdisciplinary and encompassing. It is important, then, for that approach to be culturally and spiritually sensitive. In addition, health care professionals need to be empowered with the capacity, skills, and knowledge to respond to the unique needs of each patient and their loved ones.

As a Level 1 Regional Trauma Center and a provider of Level 3 enhanced newborn care, St. Joseph's Hospital and Medical Center provides expert and comprehensive care to patients from throughout the state of Arizona and beyond. Yuma Regional Medical Center, on the border of Arizona, California, and Mexico, is a level 2 Trauma Center that provides care to patients from within its diverse geographical area. Patients and families receiving care from both institutions include Anglo, Hispanic, Native American, Asian, African American, and other cultural groups, including immigrants and refugees. Within this diversity are various beliefs, traditions, and customs – all of which impact those who seek healthcare services.

This self-learning module has been developed to assist the user to:

- Address the issues of cultural and spiritual diversity
- Provide tools to understand one's own cultural and spiritual heritage and beliefs
- Develop the ability to provide culturally and spiritually sensitive approaches to care
- Identify appropriate interventions

Accompanying this learning module is *A Quick Guide to Cultures and Spiritual Traditions*, designed as a resource for health care professionals to use to heighten their awareness of issues to be sensitive to in their care of diverse patients. In addition, resources from which this material was compiled are listed at the end of this resource for further information.



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# Cultural and Spiritual Sensitivity
# Self-Learning Module

## Objectives:

On completion of this learning packet, the individual will:

1. Identify and acknowledge one's own cultural and spiritual heritage, including one's cultural values, biases and subjectivity and how it impacts one's attitudes in providing care.

2 Describe the various components in culture and spirituality.

3. Identify and demonstrate appropriate cultural and spiritual sensitivity in one's approach to providing care.

## Self-Assessment Tools

Completing these activities **FIRST** is an essential part of your learning.
It is designed to assist you in identifying your own
cultural and spiritual heritage and beliefs.

This section is for **YOUR USE ONLY.**
It is **NOT** to be turned in. It is **NOT** part of the test.

## Assessing Your Own Cultural Heritage

Adapted from: *Strategies for Working with Culturally Diverse Communities and Clients,* 1989.
Permission granted by Elizabeth Randall-David.

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The culture in which we are raised greatly influences our attitudes, beliefs, values, and behaviors. Our families taught us how to believe about and treat people who were different than we are.

In order to promote sensitive and effective care to persons from cultures that are different from our own, two things must occur:

1. An awareness of one's own cultural values and beliefs and recognition of how they influence our attitudes and behaviors.

2. An understanding of the cultural beliefs and values of others and how they are influenced by them.

There are **NO** right or wrong answers to these questions; however it is important to answer them honestly and completely to facilitate self-awareness.

**These exercises are for your personal use. They are NOT to be shared with or turned in to anyone else.**

The following exercises will help you clarify your attitudes and beliefs and how these influence your ability to work with people from diverse cultural backgrounds.

# Exercise 1: Getting in Touch with Your Own Social Identity

Adapted from: *Strategies for Working with Culturally Diverse Communities and Clients,* 1989.
Permission granted by Elizabeth Randall-David, Ph.D.

**Identifying Your Social Roles**

1. Circle the items in each of the four columns that best describe you.
2. Place a check mark by the items that you circled that seem to be the most important or significant for any reason to you at this time in your life.

| A | B | C | D |
|---|---|---|---|
| Lower economic class | Anglo Saxon | Female | Business person |
| Middle economic class | American | Male | White collar |
| Upper economic class | Anglo | | Professional |
| | White | Married | Technical |
| Militant | Ethnic | In a relationship | Blue-collar |
| Radical | Black | Single | Skilled |
| Liberal | African-American | Separated | Student |
| Moderate | Negro | Divorced | Service provider |
| Conservative | Hispanic | | Laborer |
| Reactionary | Latino | Wife | |
| Indifferent | Chicano | Husband | Other: |
| | Latin-American | Partner | _____ |
| Republican | Asian-American | Significant other | |
| Democrat | Asian | Mother | |
| Independent | Oriental | Father | |
| | Native American | Step-parent | |
| Other: | Indian | Son | |
| _____ | American Indian | Daughter | |
| | | Godparent | |
| | Other: | Grandmother | |
| | _____ | Grandfather | |
| | | Aunt | |
| | | Uncle | |
| | | Brother | |
| | | Sister | |
| | | Other: | |
| | | _____ | |

## How Did You Identify Yourself?

1. I best describe myself as a (an):

   Column A: _____

   Column B: _____

   Column C: _____

   Column D: _____

2. According to my check marks, the most important roles in my life at this time are:

   _____

**Some questions to think about:**

1. What are the best things about the descriptions you came up with?

2 What are the things you would most like to change?

.

## Exercise 2: Spiritual Self-Knowledge

1. The most important relationships in my life include:
   - ☐ My family of origin (parents, siblings, etc.)
   - ☐ A significant other or spouse
   - ☐ Children
   - ☐ Friends
   - ☐ God or a Higher Power
   - ☐ People I work with
   - ☐ Other _____

2. Who or what helps you find meaning and a sense of purpose?
   - ☐ Family relationships
   - ☐ Friendships
   - ☐ Work
   - ☐ Relationship with the earth/environment
   - ☐ God
   - ☐ Other: _____

3. What helps you cope in difficult times?
   - ☐ Support of family/friends
   - ☐ Belief in the basic goodness of life
   - ☐ Faith in God/Higher Power
   - ☐ Music/poetry
   - ☐ Prayer or meditation
   - ☐ Other: _____

4. How do you take care of yourself?
   - ☐ Time alone
   - ☐ Talking to others
   - ☐ Physical exercise, diet
   - ☐ Prayer, meditation or other ritual
   - ☐ Nothing
   - ☐ Other: _____

5. Do you believe in God/a Higher Power?
   - ☐ Yes ☐ Somewhat ☐ No

6. If yes, how would your describe God/your Higher Power?
   - ☐ Angry
   - ☐ In control of all events
   - ☐ Judging
   - ☐ All-knowing
   - ☐ Kind
   - ☐ Able to do anything
   - ☐ Loving
   - ☐ Other: _____

7. Are there any spiritual practices that are important to you?
   - ☐ Attending worship services
   - ☐ Prayer
   - ☐ Reading Scripture
   - ☐ Meditation
   - ☐ Rituals
   - ☐ Yoga
   - ☐ Other: _____

# Exercise 3: Acknowledging Your Cultural Heritage

Adapted from: *Strategies for Working with Culturally Diverse Communities and Clients,* 1989.
Permission granted by Elizabeth Randall-David, Ph.D.

- What cultural group do you belong to?

- How do you relate to people who are **NOT** of your culture?

- Have you ever been discriminated against because of your race or your spiritual and/or religious beliefs?

- What were those experiences like? How did you feel about them?

- When you were growing up, what did your family and significant others say about people who were culturally, ethnically, or religiously different than your family?

# Exercise 4: Personal Cultural Assessment

***Sense of Self and Space***

1. How do you greet people you don't know?
2. What is a comfortable talking distance between you and a colleague?

***Communication and Language***

3. If you were visiting a friend or the home of a colleague, how would you let them know you were cold while in their home?
4. When you smile at someone, what does that mean?

***Dress and Appearance***

5. Is the way you dress important?
6. What does "dress for success" mean to you?

***Food and Eating Habits***

7. Do you have food restrictions? What drives them?
8. How do you eat your food and behave at the table?

***Time and Time Consciousness***

9. Are you ever late for a meeting?
10. Do you consider time linear and finite or more elastic and relative?

***Relationships***

11. List who you would consider family members.
12. Do you discuss important decisions with your family?

***Views and Norms***

13. How do you feel when you are praised in public?
14. Do you prefer working alone or in groups?
15. Do you discuss your thoughts, feelings, and problems with people outside your family?

***Beliefs and Attitudes***

16. How would you describe your religious practices?
17. When major decisions are made in your family, who participates?
18. How do you respond when given an assignment by your boss?

***Mental Process and Learning***

19. Do you prefer getting directions in words or with a map?
20. Do you learn best by listening, taking notes, being involved in activities, seeing models, diagrams, graphs, etc., or by taking part in a lively conversation?
21. Do you like to get information one step at a time or see the whole process first?

***Work Habits and Practices***

22. How do you view your work: as a means of survival or a way to attain self-esteem and achievement?
23. Do you like to be given the opportunity to take initiative, or prefer to check with your boss before making a judgment or decision?
24. If someone upsets you, do you confront him or her directly or indirectly?
25. Do you believe that individuals control their own destiny?

| Aspects of Culture | Mainstream American Culture | Other Cultures |
|---|---|---|
| Sense of self and space | Informal: handshake | Formal: bows, handshakes |
| Communication and language | Explicit, direct. Emphasis on content – meaning found in words | Implicit, indirect. Emphasis on context – meaning found around words |
| Dress and appearance | "Dress for success" ideal. Wide range of accepted dress | Dress seen as a sign of position, wealth, prestige. Religious rules |
| Food and eating habits | Eating as a necessity – fast food | Dining as a social experience. Religious rules. |
| Time and time consciousness | Linear and exact time consciousness. Value on promptness. Time = money. | Elastic and relative time consciousness. Time spent on enjoyment of relationships. |
| Relationships, family, friends | Focus on nuclear family. Responsibility for self. Value on youth, age seen as a handicap. | Focus on extended family. Loyalty and responsibility to family. Age given status and respect. |
| Values and norms | Individual orientation. Independence preference for direct confrontation of conflict | Group orientation. Conformity. Preference for harmony |
| Beliefs and attitudes | Egalitarian. Challenging of authority. Individuals control their destiny. Gender equality. | Hierarchical. Respect for authority and social order. Individuals accept their destiny. Different roles for men and women. |
| Mental processes and learning | Linear, logical, sequential, problem-solving focus. | Lateral, holistic, simultaneous. Accepting of life's difficulties. |
| Work habits and practices | Emphasis on task. Reward based on individual achievement. Work has intrinsic value. | Emphasis on relationships. Rewards based on seniority, relationships. Work is a necessity of life. |

# Exercise 5: Exploring Specific Cultural Attitudes

Adapted from: *Strategies for Working with Culturally Diverse Communities and Clients,* 1989.
Permission granted by Elizabeth Randall-David, Ph.D.

| | Agree | Disagree |
|---|---|---|
| I would like to travel to different countries. | _____ | _____ |
| I accept opinions different from my own. | _____ | _____ |
| I respond with compassion to those who are poor. | _____ | _____ |
| I think interracial marriage is a good thing. | _____ | _____ |
| I would feel uncomfortable in a group in which I am the ethnic minority. | _____ | _____ |
| I consider failure a bad thing. | _____ | _____ |
| I invite people from different ethnic groups to my home. | _____ | _____ |
| I believe that the Ku Klux Klan has its good points. | _____ | _____ |
| I am concerned about the treatment of minorities in employment and health care. | _____ | _____ |
| I tell or laugh at ethnic jokes. | _____ | _____ |
| The U.S. should tighten up its immigration policy. | _____ | _____ |
| People who speak a different language and who act differently from me interest me. | _____ | _____ |
| The refugees should be forced to return home. | _____ | _____ |
| I feel uncomfortable in low-income neighborhoods. | _____ | _____ |
| I prefer to conform rather than disagree in public. | _____ | _____ |
| I spend a lot of time worrying about social injustices without doing much about them. | _____ | _____ |
| I believe that almost anyone who really wants to can get a good job. | _____ | _____ |
| I have a close friend who is of another race or ethnic group. | _____ | _____ |
| I would enjoy working with patients from a different racial or ethnic group. | _____ | _____ |

## Exercise 6: How Do You Relate to Various Groups of People in the Society?

Adapted from: *Strategies for Working with Culturally Diverse Communities and Clients,* 1989.
Permission granted by Elizabeth Randall-David, Ph.D.

Described below are different levels of response you might have toward a person:

1. **Greet:** I feel I can **greet** this person warmly and welcome him or her sincerely.
2. **Advocate:** I feel I could honestly be an **advocate** for this person that he or she be treated with dignity and respect by the whole healthcare team.
3. **Accept:** I feel I can honestly **accept** this person as he or she is and be comfortable enough to listen to his or problems and give him or her support.

The following is a list of individuals. Read down the list and place a check mark by anyone you believe you would be able to "**greet**". Then move to response level 2 and place a check mark by those you believe could be an "**advocate**" for. Then move to response level 3 and place a check mark by those you believe you could "**accept**". Try to respond honestly, not as you think might be socially or professionally desirable. *Your answers are only for your personal use in clarifying your initial reactions to different people.*

| | **Level of Response** | | |
|---|---|---|---|
| **Individual** | **Greet** | **Advocate** | **Accept** |
| Child abuser | _____ | _____ | _____ |
| Jew | _____ | _____ | _____ |
| White Supremacist | _____ | _____ | _____ |
| Arab American | _____ | _____ | _____ |
| Street drug user | _____ | _____ | _____ |
| Senile, elderly person | _____ | _____ | _____ |
| Native American | _____ | _____ | _____ |
| Capital punishment supporter | _____ | _____ | _____ |
| Jehovah's Witness | _____ | _____ | _____ |
| Blind person | _____ | _____ | _____ |
| Abortion provider | _____ | _____ | _____ |
| Asian American | _____ | _____ | _____ |
| Gay/Lesbian | _____ | _____ | _____ |
| Atheist | _____ | _____ | _____ |
| Person with AIDS | _____ | _____ | _____ |
| Rapist | _____ | _____ | _____ |
| Black American | _____ | _____ | _____ |
| Pregnant teenager | _____ | _____ | _____ |
| Gun rights advocate | _____ | _____ | _____ |
| Murderer | _____ | _____ | _____ |
| White American | _____ | _____ | _____ |
| Political refugee | _____ | _____ | _____ |
| Person with cancer | _____ | _____ | _____ |
| Pro-life advocate | _____ | _____ | _____ |
| Moslem | _____ | _____ | _____ |

# Learning Module Information

*This is the information to read and review in order to complete the self-test.*

There has been a dramatic increase in the population of the United States in recent decades, as well as changes within the population itself. As health care providers, we find ourselves providing services in an environment where patients and families may be of different cultures, traditions, languages, and spiritual backgrounds. The goal of the medical system and the institutions in which we serve is to provide the best possible care for all patients. In our multicultural society, the challenge is in determining how we can provide services in ways that are appropriate and sensitive to these differences.

"Ask not what disease the person has, but rather what person the disease has."

-- William Osler, M.D.

Culturally insensitivity is usually not intentional. It is, rather, caused by not having the knowledge we need to understand another person's frame of reference. Sometimes our insensitivity is a result of our fear of the unknown or of something new, or we try to deny that there are differences by viewing everyone as the same. At other times, our insensitivity is simply due to time constraints; have to much to do and feel pressured to complete our tasks and move on to the next patient who is waiting. When we are culturally insensitive, misunderstandings can result between the patient and/or family's expectations and ours. Miscommunication can occur. It becomes difficult for us to provide the best and appropriate care.

Cultures vary in their beliefs of the prevention, cause, and treatment of illnesses as well as in their understandings of the processes of life and death. These beliefs dictate the practices used to maintain health and to prepare for and experience the processes of life, including pregnancy, birth, postpartum, infant care illness, and death.

Too often we interpret the behaviors of others as negative because we don't understand the underlying value system of their culture. It is a natural tendency for us to assume that our own values and customs are more sensible and right. It is necessary, then, for us to become aware of the cultural assumptions from which we develop our judgments. This is the first step to becoming more culturally sensitive.

A 27 year old Vietnamese woman was in active labor with very strong and closely spaced contractions. The baby was positioned a little high and there was some discussion of a possible c-section. Despite her difficulties, she cooperates with the doctor's instructions and labors in silence. The only signs of pain or discomfort were her look of concentration and her white knuckles.

*Traditional Vietnamese women, as most traditional Asians, believe that a woman must experience pain and discomfort as part of childbirth. To express these feelings, however, brings shame upon the woman. It might be very upsetting for an Asian woman to go through labor near a highly expressive woman.*

-- Fernandez, V.M. and Fernandez, K.M. (1999), Transcultural Nursing: Basic Concepts and Case Studies (online). Used by permission.

Providers of health care and patients often begin their relationship separated by a huge cultural gap. As providers, we live within the atmosphere of the medical profession, with a set of beliefs, practices, habits, likes, norms, and rituals. These are all factors that comprise a given culture. We speak a different language filled with medical terminology, and our understanding and beliefs regarding health and illness can differ greatly from the population we serve.

## The Health Care Provider Culture

Spector, R.E.: CULTURAL DIVERSITY IN HEALTH AND ILLNESS , © 1979. Reprinted by permission of Prentice Hall, Upper Saddle River, New Jersey.

| | |
|---|---|
| Beliefs | a) Standardize definitions of health and illness<br>b) The omnipotence of technology |
| Practices | a) Maintenance of health and prevention of disease via mechanisms such as the avoidance of stress and the use of immunizations<br>b) Annual physical examinations and diagnostic procedures such as Pap smears |
| Habits | a) Charting<br>b) Constant use of medical jargon<br>c) Use of a systematic approach and problem solving methodology |
| Likes | a) Promptness<br>b) Neatness and organization<br>c) Compliance |
| Dislikes | a) Tardiness<br>b) Disorderliness and disorganization |
| Customs | a) Professional deference and adherence to the "pecking order" found in autocratic and bureaucratic systems<br>b) Hand washing<br>c) Employment of certain procedures attending birth and death |
| Rituals | a) Physical examination<br>b) Surgical procedure<br>c) Limiting visitors and visiting hours |

Western medicine, by its very nature, often treats patients as though they were objects - machines to be put back into "proper working order" or which fail. Patients who are hospitalized, as well as their families, are removed from their own lives and life stories and taken from their familiar homes into the strange and often fearful world of the hospital. Numerous different people come uninvited into their room to treat them.

***Care*** means that patients and their families are treated as human beings that have lives beyond the hospital and meaning beyond the medical world of diagnoses, medications, treatment and prognosis. ***Competence*** means that we are able to provide that care.

Cultural sensitivity and competence embodies attitude, knowledge and skills. It permits individuals to respond with dignity and respect to all people. It is a continuum that encompasses several stages.

We don't become culturally sensitive or competent overnight. It is a process that takes time, attention and self-awareness. Unless we can identify and then step outside our own framework, it can be difficult for us to understand another person's point of view.

Cultural competence can and should occur in both individuals and organizations. It is the state of being capable of functioning effectively in the midst of cultural differences. It is being sensitive not to impose our personal values on someone else because they are different. It is the ability to establish relationships with people in the midst of diversity. It is celebrating differences, the recognition of similarities, and a clear commitment to seeing differences as differences and not deficits.

A 27 year old Arab man refused to allow a male lab technician to enter his wife's room to draw blood. The staff finally convinced the husband of the need and he reluctantly allowed the technician into the room. However, he took the precaution of making sure his wife was completely covered. Only her arm stuck out from beneath the covers.

*For Arab families, honor is one of the highest values. Since family honor is dependent upon female purity, extreme modesty and sexual segregation must be maintained at all times. Male nurses should not be assigned to traditional female Muslim patients. In many parts of the world, female purity and modesty are major values.*

-- Fernandez, V.M. & Fernandez, K.M. (Nov. 1999), Transcultural Nursing: Basic Concepts and Case Studies (online). Used by permission.

The culture in which we are raised or in which we work greatly influences our beliefs, values, and behaviors. Assessing our individual cultural heritage is the first and most important step to identifying what may cultivate or block our communication with and care of a person from another culture. Completing the exercises in Part 1 of this Self-Learning Module is a way to begin that process.

Culture is the learned or shared knowledge, beliefs, traditions, customs, rules, arts, history, folklore and institutions of a group of people used to interpret experiences and to generate social behavior.

Cultural identity includes a number of different things, including:

**SYMBOLIC OBJECTS,** such as spiritual or religious items of clothing.

*When encountering objects with which you are not familiar, politely ask about their significance, but don't press the issue if the patient or family does not appear willing to explain.*

**LANGUAGE**, which includes slang terms, words that indicate status, and level of intimacy.

*Always use surnames unless you are given permission by the patient or family member to use their first name.*

**TOPICS AND PATTERNS OF CONVERSATION**

*In many cultures, it is inappropriate to initiate a serious conversation immediately. Take a few moments to introduce yourself to the patient and family in order to build rapport and trust.*

**TONE OF VOICE**

*Use a soft tone of voice, emphasize courtesy and respect, and refrain from harsh criticism or confrontation.*

**NON-VERBAL CLUES SUCH AS GESTURES, FACIAL EXPRESSIONS, BODY LANGUAGE AND PERSONAL SPACE**

*A handshake is customary among many Americans, however it is not always welcome among other cultures where it may be considered rude or intrusive, especially between opposite genders.*

**CONCEPT OF TIME, INCLUDING PASSAGE, DURATION AND POINTS WITHIN**

*Individuals who are past-oriented value tradition and doing things the way they have always been done. They might be reluctant to try new procedures. Present-oriented people focus on the here and now and may be relatively unconcerned with the future, dealing with it when it comes. They may show up late or not at all for appointments. Future-oriented people may become so caught up in the "what-ifs" of the future that focusing on the present moment may be difficult.*

**FAMILY AND KINSHIP STRUCTURE, COMPOSITION AND AUTHORITY**

*How the family is constructed determines one's values, the decision-making patterns within the household, and who will be responsible for the patient and health care decisions.*

**COOKING AND DINING TRADITIONS**

*What time of day does the patient eat their main meal? Do they have special needs for preparation, utensils, or diet? Some cultures place great value on the meal as an event when the entire family gathers together.*

**SPIRITUALITY AND RELIGION**

*What one believes affects one's responses to health, illness, birth, dying, death and other life events. A person's source of meaning and purpose fosters a sense of well-being as well as solace and comfort during times of crisis.*

The patient was a nine month old African-American male. His hands and feet were in restraints to prevent him from pulling out the IV lines. When his grandmother saw him tied down, she became very angry. "How come you got him tied down? He's not a dog!"

*This grandmother had experienced much discrimination at the hands of whites. She perceived her grandson's treatment as a racist act. Once the purpose of having the baby in restraints was explained to her, she relaxed.*

-- Fernandez, V.M. & Fernandez, K.M. (Nov. 1999), Transcultural Nursing: Basic Concepts and Case Studies (online). Used by permission.

Being culturally sensitive or competent does NOT mean knowing everything about every culture. ***It is instead respect for differences, eagerness to learn, and a willingness to accept that there are many ways of viewing the world.***

The particular behaviors themselves are not as significant as the relationship of those behaviors to the personal values held by the patient and family. By incorporating sensitivity to cultural beliefs and practices into a patient's plan of care, we demonstrate respect and reduce stress due to feelings of isolation and alienation.

Spirituality is an important part of culture. One's spirituality can be religious, non-religious, or both.

Spirituality involves finding meaning and purpose in one's life and experiences. It encompasses a person's philosophy of life and world view. Spirituality is expressed through concepts and ideas about God/the Deity/Higher Power, one's sacred beliefs, and one's religious rituals or practices.

There is a significant difference between spirituality and religion.

**SPIRITUALITY** refers to our inner belief system. It is a delicate "spirit-to-spirit" relationship to oneself, others, and the God of one's understanding. *Everyone is a **SPIRITUAL** being.*

A 24 year old Korean man, visiting family in the United States, became ill and was hospitalized. With a diagnosis of renal and respiratory failure, was put on strict bed rest because exertion would be dangerous. Conflict arose when the family would get him out of bed to squat over the bedpan on the floor. The nurse tried to explain that the bedpan was to be used in bed, but they spoke little English and became very upset.

*In most Asian countries, traditional toilets are holes in the ground. To eliminate from the bowels, one squats over the hole. There is no other way to do it. Elimination is considered unclean and certainly should not be done in bed. The patient was trying to maintain standards of cleanliness and decency. He was using the bedpan in the only way he knew how. After a co-worker explained the patients behavior, the nurse called the doctor and had him rewrite the orders from strict bed rest to bathroom privileges as needed with assistance. The patient and family were much happier and more cooperative as a result.*

-- Fernandez, V.M. & Fernandez, K.M. (Nov. 1999), Transcultural Nursing: Basic Concepts and Case Studies (online). Used by permission.

**RELIGION** refers to the externals of our belief system: church, prayers, traditions, rites, rituals, etc. *Not everyone is **RELIGIOUS.***

Sensitivity to spiritual issues and the inclusion of spiritual care is an essential and necessary component in patient care and family support.

# Spiritual Well-Being

***Handbook of Nursing Diagnosis*; Carpenito, 7th Ed.; 1997**

**"An individual who expresses affirmation of life in a relationship with a higher power (as defined by the person), self, community, and environment that nurtures and celebrates wholeness."**

Spiritual needs can be identified in a variety of ways:

- **Environment** - visual clues and symbols
  Bible, Torah, Koran, Book of Mormon, prayer beads, rosary, medals, pictures, foods, cross, Star of David, crescent moon, Buddha, etc.

- **Behavior**
  Prayer, meditation, grace before meals, playing music, singing, etc.

- **Verbalization**
  Talking about God, prayer, faith community or one's spiritual leader, "It's all in God's hands", "Why?", "A lot of people are praying...", etc.

- **Interpersonal relationships**
  Family, significant other, friends, extended family, tribe, church, work, etc.

Triggers which can lead to a spiritual focus or crisis in a person's life can include:

**PHYSICAL FACTORS** such as disease, an accident, surgery or another invasive procedure, a lack of sleep or food, or the experience of childbirth.

**EMOTIONAL EXPERIENCES OR TRANSITIONS** including birth, making a commitment such as a significant relationship, marriage, or becoming a member of a faith community, a change in lifestyle, moving, stress, or the loss of a job, marriage, friendship or death.

**NEAR DEATH EXPERIENCES**, whether it be one's own or that of a loved one

**SPIRITUAL PRACTICES**, such as meditation, prayer, ritual, or church attendance.

All of our human experiences can be interpreted
as opportunities for spiritual growth and enlightenment.

# Spiritual Distress

*Handbook of Nursing Diagnosis, Carpenito; 7th Ed.; 1997*

**"The state at which an individual or group experiences or is at risk of experiencing a disturbance in the belief or value system that provides strength, hope, and meaning to life."**

Signs of Spiritual Distress include:

- Crying
- Expressions of guilt
- Disruption of trust
- Feeling alienated from God/Higher Power
- Moderate to severe anxiety
- Anger toward staff, family, God
- Refusal to participate in treatment or teaching

When the nurse entered the room of her Iranian patient, she found the patient huddled on the floor, mumbling. At first she thought the patient had fallen out of bed, but when she tried to help her up, the patient became visibly upset. She spoke no English and the nurse had no idea what the problem was.

*The patient had been praying. She was practicing her religion in the traditional manner. Since she was scheduled for surgery the next day, she thought it was especially important to pray. Devout Muslims believe they must pray to Mecca, the Holy Land, five times a day. Traditionally, they pray on a prayer rug placed on the floor. If the nursing staff had some understanding of Muslim customs, they could have arranged to provide the patient some privacy during certain times of the day so she could pray.*

-- Fernandez, V.M. & Fernandez, K.M. (Nov. 1999), Transcultural Nursing: Basic Concepts and Case Studies (online). Used by permission.

**Appropriate Interventions for Spiritual Distress**

- **Convey a caring and accepting attitude.**
  *Facilitate the process of finding meaning and purpose in life. Attempt to understand the patient or family's way of experiencing and expressing their culture and/or spirituality.*
- **Provide support, encouragement, and respect.**
  *Support faith needs and safely provide time for ritual and devotional practices. Be knowledgeable about different spiritual and religious traditions. Be prepared to cooperate with the patient's and family's spiritual leader.*
- **Provide presence.**
  *Be fully present and open to issues as they arise.*
- **Listen actively.**
  *Establish trust and unconditional acceptance.*
- **Refer to spiritual care provider/chaplain for further intervention.**
  *Know the other members of the health care team and what they can provide.*
- **Document.**

# Approaches to Respecting Diverse Beliefs and Practices

**PRESERVE beliefs and practices that have a beneficial effect on health.**

- *Acupressure or massage may be of comfort to a woman in labor.*
- *Parents of a premature infant may wish to have their tape recorded voices played to the baby regularly in the isolette.*

**ADAPT OR ADJUST those that are neutral or indifferent.**

- *A Native American family may wish to have, as part of a ritual, cornmeal sprinkled around the floor around the patient's bed. Arrange to have ritual done at a time that does not interfere with patient care.*
- *A Catholic family requests that a blessed rosary be taped to the patient's bed. Tape rosary as requested in a place that is visible yet will not interfere with either patient care or linen changes.*

**REPATTERN those that have a potentially harmful effect on health.**

- *Parents of a fragile preemie believe that their child should be picked up immediately when it cries or shows discomfort. Teach the parents about baby's medical status; assist them in appropriate interaction with baby, such as talking to baby or touching gently.*
- A Muslim antenatal patient wishes to fast during the month of Ramadan, unaware of the negative impact that could have upon her and the baby. Ask spiritual care provider/chaplain to assist with intervention; patient's spiritual leader can assist in explaining to her that, being pregnant, she is exempt from the requirement to fast.

A Chinese woman in her mid-twenties had just given birth. The staff became concerned when she would not eat the hospital food and did not bathe. She would only eat foods that her family brought to her. The patient later explained her custom prevented her from bathing for seven days after childbirth and permitted her to eat only certain foods.

*This patient was practicing the traditional lying-in period observed in much of Asia and Latin America. It is believed that for a period of time after childbirth, a woman's body is weak and susceptible to outside forces that may cause illness. In addition, pregnancy is thought to be a hot condition. Giving birth causes a loss of* yang*, or heat, which must be restored. This is accomplished by eating* yang *foods such as chicken and avoiding cold liquids. The woman is to rest, stay very warm, and avoid bathing and exercise. Compromises can be made in the care of this patient. The use of boiled water, which removes impurities, may make a sponge bath more acceptable. Do not assume that the patient will follow orders that would violate the traditions and wisdom of her own culture.*

-- Fernandez, V.M. & Fernandez, K.M. (Nov. 1999), Transcultural Nursing: Basic Concepts and Case Studies (online). Used by permission.

# Case Study

(Source: Multicultural Health Care Solutions; www.mhcs.com)

It's 9:30 p.m. on a Saturday night. Cherie is a 19 year old mother of 3 children, ages 4, 2, and 10 months. Her 10 month old, Tyron, has a high fever (she doesn't have a thermometer so she doesn't know how high) and has been screaming for three hours. The other children are stressed by the situation and are being demanding. Cherie worked until midnight last night at the Hamburger Hut and got up at 5:30 a.m. when her boyfriend came home and woke her up.

Cherie doesn't know what is wrong with Tyron but he's never been that hot before and he won't stop screaming. She keeps remembering a story that her grandmother used to repeat about how her uncle got brain damage when he was 5 because the doctor didn't take his fever seriously.

Cherie takes out her new Medicaid card to see what it says. Her phone service was disconnected again last Wednesday. The pay phone in the parking lot of her apartments was vandalized two weeks ago. The only place Cherie ever goes to for health care is the Riverside Clinic. She doesn't have a 'regular' pediatrician (even though she was assigned one when she enrolled in the state Medicaid program).

Busses are still running, but she only has $3.87 until her next paycheck. Her boyfriend is out drinking with the boys again and her mother is visiting her grandmother out of town, so there's no one else to take the other kids.

Cherie goes to the Emergency Room and is explaining the situation to the triage nurse. The nurse is of a different ethnicity than Cherie. When Cherie says that she came in without calling the doctor first, the nurse gives her a dirty look. When she's done talking to Cherie, Cherie sees her roll her eyes and shake her head in disgust.

Cherie's been waiting her turn in the ER for over an hour. Her two year old has blown out his diaper and she doesn't have any more with her. The diaper is such a mess that it's going to have to be removed right now. The four year old is getting very cranky because she's hungry.

*Awareness of cultural differences in health care is that moment when we realize - if we do realize! - that something much deeper than the surface issue is affecting the relationship between provider and patient.* ***Developing our cultural awareness means developing our ability to see when and how good communication is breaking down or could break down.*** *Many people are unaware of how widely and how surprisingly cultures may differ, thinking that 'if your heart's in the right place, everything will work out.' But sometimes there's more to it than that.*

**In this case study, a culturally aware provider might....**

Realize that Cherie may have had a logical reason for not calling the doctor first. Keep in mind that it would be far easier for Cherie to abandon her attempts to get Tyron in at this point than to continue her struggle in the ER. A culturally aware provider might also sense that Cherie may not see her in the same light as she sees herself in; for example, Cherie may see her as intimidating.

*Our emotional reactions to a cultural encounter may range from mild to intense, but it's important to realize that* ***we almost always experience some emotion when we are confronted with values and customs different from our own.*** *These can range from distrust ("Why don't they look me in the eye?") to awe ("How can they be so stoic?") to anger ("Why do they do that to their kids?") to admiration ("They're so polite!") to scorn ("How can they eat that stuff?") Rather than acting on these emotions before we understand the other person's perspective, we can recognize them, yet keep them to ourselves (not act on them) unit we have more perspective. And we should always remember, the other person has emotions about us, too!*

**Possible emotions in this case are…**

Consider the emotional stresses in this case study: the cultural differences of ethnicity and socioeconomic status compounded by the high-pressure ER environment. Cherie's likely to have a strong distrust of providers, given the family story about her uncle that she has heard so many times. She may also feel shame and embarrassment at her lack of control over her circumstances as well as over her treatment as a "Medicaid mom." Cherie may possess anxiety, fatigue, and fear at being stuck in an inner-city ER at midnight with all her children and no car. The ER staff may feel impatience with someone who uses the ER inappropriately, doesn't call the nurse line first, drags small children out at midnight, and hasn't prepared herself by bringing extra diapers and food.

***Knowledge of cultural differences refers to specific 'facts' we may know about a given cultural group****, such as "mainstream Caucasians tend to be future-oriented" or "many Hispanics place the highest priority on family relationships." Knowledge is different from Awareness in that someone may 'know' a piece of information about a culture but not be aware of when and how that information comes into play in real life. In other words****,*** *knowledge is what you may bring with you to an encounter, while awareness emerges during the encounter****.*** *Relying too much on knowledge alone can be risky, since one can never know all there is to know about another culture, let alone every culture, and the knowledge you have will never apply to every member of a culture.*

**What is the relevant knowledge in this case study?**

People of lower socioeconomic status often have coping strategies and reasoning patterns that are designed to help them function in environments and situations that are radically different than the environments and situations most health care professionals encounter; hence they may seem irrational to the provider when in fact they are highly functional - in another context.

People of lower SES face formidable barriers in following expected procedures for accessing health care, including:

- Lack of knowledge of how the health care 'system' is organized, of what is and is not an 'emergency', and lack of personal familiarity with various types of health care professionals
- Lack of 24 hour indoor access to telephones
- Lack of reliable childcare options or money to pay for them
- Lack of simple home remedies and tools such as thermometers, heating pads, even ice if the refrigerator is broken or there is no electricity, etc.
- Lack of knowledge of basic "first resort" procedures, such as appropriate use of fever reducers, cool sponge-bathing, etc.

Medicaid patients frequently deal with real and/or perceived discrimination from providers and, naturally, may feel intimidated, embarrassed, or defensive. Regardless of who it is that is dismissive or gruff, the patient experiences the entire system negatively.

*You can learn and develop good cross-cultural skills. The **skill set** that a culturally adept provider has includes:*

- *good communication skills*
- *ability to recognize cross-cultural encounters (heightened Awareness)*
- *proper management of the Emotions involved,*
- *ability to find creative compromises to reach a solution satisfactory to all*

**Some skills that would be useful for the provider in this case are…**

Make sure that Medicaid patients feel comfortable and acceptable by all personnel. The baby's health is at stake. A scornful glance or harsh word could be the last straw that pushes Cherie out the door. Prepare for situations such as this by having some children's and baby's supplies tucked away for emergencies, having a simple rest area for children with books or videos, having a procedure that patients can call their plans from the ER to arrange for transportation home (if offered by the plan) or arrange for taxi vouchers to be provided, etc. These kinds of services not only help the patient but also helps reduce the stress of the other waiting room patients as well. Take the opportunity to kindly educate Cherie on how to handle this situation next time. Explain to her how to call the nurse line (if she has access to a phone). Give her a thermometer and show her how to decide what is an is not an emergency when a baby has a fever. Give her samples of a fever reducer and tell her about sponging the baby. Encourage her to get to know her plan pediatrician. Listen to her and offer her encouragement and acceptance.

# Multicultural Health Care Tips

**Don't treat others as YOU would want to be treated.**

*Try to learn how THEY want to be treated. What is viewed as polite, caring, quality health care in one culture may be considered rude, uncaring, or even evidence of poor standards of care in another.*

**Address all adult patients from other cultures by their surnames unless specifically asked to use a first name.**

*Most other cultures are more formal than American culture and many people who were born and brought up in another cultural environment consider it a lack of respect to address others (or be addressed) by their first names.*

**Mind your tone of voice.**

*When speaking to a patient who seems to have a limited knowledge of English, don't shout! Remember the patient is hard of understanding, not hearing. Speak slowly and softly. Try to avoid words and expressions that are dependent upon one's knowledge and familiarity with American life and culture. You can help improve a person's comprehension of what you are saying by repeating it several times in different ways and using gestures, pictures and other non-verbal forms of communication.*

**Every culture has it's own rules for touching and distance.**

*When either you or the other person breaks any of these rules, the other will feel uncomfortable. For example: Americans often feel uncomfortable when someone stands less than three feet away from them, while most people from the Middle East need to stand almost nose to nose with the person to whom they are speaking. Traditional Koreans believe that the soul rests in the head and may become uncomfortable, even fearful if a provider or staff member pats their child on the head or ruffles his or her hair.*

**Don't ask a limited English-speaking patient or family member: "Do you understand?"**

*If the patient nods his or her head or answers "yes" to your question, it only means that the patient has heard you, not that he/she has understood your question and agrees with your diagnosis or plan of treatment. Try to ask questions beginning with the words "when, where, why, how". Then listen carefully to the answer for clues to the patient's degree of understanding or real agreement. You can also check understanding by and agreement by asking the patient to repeat to you, step by step, exactly what you have said.*

**Patient and family compliance with treatment is heavily dependent upon**

*The 'fit' of the treatment plan with the patient's lifestyle and eating habits.*

**Informed consent forms and regulations can be extremely upsetting and frightening.**

*For patients and families who believe that talking about an event may make the event take place or for those whose conceptual framework does not include the concept of "what if..." Anyone administering the consent form should patiently and completely explain each procedure and each form as well as the likelihood of a negative outcome.*

**Making a telephone call is just about the most difficult thing to do in a foreign language.**

*Make a concerted effort to lower the stressfulness of making a phone call. When speaking to anyone who has a foreign accent over the telephone, speak especially simply, slowly and clearly. Don't show impatience, and give that person all your attention.*

**English-speaking cultures, as reflected in our language, tend to be precise and ruled by the dates and the clock.**

*Many other cultures think globally and pay less attention to a particular hour or day than to events or seasons. If a person seems to have difficulty relating to a particular time, day or hour, help this to first connect to another event, such as season, meal time, sunshine, moonlight, etc.*

# Three Things to Remember
# to Provide Sensitive Care

## 1. Different is different; it's not right or wrong.

- **Applied to you:**
  - Each of us is unique because of our own cultures and experiences.
  - We are all more comfortable with what is familiar to us.
  - We have individual comfort levels for dealing with what we don't know.
  - It's okay if you aren't comfortable with something; it just means you have something new to learn about.
  - Patients, families – and chaplains – can be your best teachers in the areas of cultural diversity and spirituality.

- **Applied to patients and families:**
  - Being human, we all have a tendency to think that what we do/think/know is "better", but that's only because it's the lens we happen to look through.
  - Patients and families feel the same way about what they do/think/say
  - Nobody's better or worse, we're all just wonderfully, beautifully and fascinatingly different

## 2. I'm not afraid to ask (even if I feel uncomfortable)

- **Applied to you:**
  - None of us can know absolutely everything about everyone.
  - We have a tendency to feel like we look stupid if we have to ask, but the truth is that asking only makes us look interested and caring
  - People generally *really* appreciate being asked about themselves.
  - Find your resources for cultural and spiritual traditions and use them. **Most often, your best resource is the professional chaplain.**

- **Applied to patients and families:**
  - What's true for us is true for patients and families
  - They don't want to look stupid and they don't want to "bother" anyone.
  - But, because they often get information that
    - They don't want to hear
    - Have never heard before, and
    - Scares the heck out of them
  - They don't always actually hear it, so they don't understand it, and may need to hear it again.] They don't always actually hear it, so they don't understand it, and may need to hear it again.]
  - A critical part of our job as caregivers is to make sure that they know they need not be afraid to ask.

## 3. It's not about me!

- **<u>Applied to you:</u>**
  - Sometimes we operate out of our own zones, and our own "to-do" lists, and forget that everything we do here is for the patient
  - Remembering that "it's not about me" means remember that our contact with the patient is about what the patient (and family) needs to know and understand, not *our* schedules, timelines, and agendas.

- **<u>Applied to patients and families:</u>**
  - People often need to blame someone when the news is bad:
    - If not the doctor, then the nurse, or God, or themselves
    - Chaplains are often one of the few exceptions
    - We are your allies and your resources, because we are trained to be "lightening rods"
    - We are comfortable with being uncomfortable
    - We know how to redirect people's feelings, to help their healing and to assist them in identifying and utilizing their spiritual and religious resources

## The three things to remember:

1. **Different is different, it's not right or wrong.**

2. **I'm not afraid to ask, even when I feel uncomfortable.**

3. **It's *not* about me!**

# Role of the Chaplain

**The following is reprinted from: *"Professional Chaplaincy: It's Role and Importance in Healthcare"*** 

# Spiritual Care: It's Relationship to Healthcare

1. Healthcare organizations are obligated to respond to spiritual needs because patients have a right to such services

   *The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO, 1998) in the U.S. states: "Patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values." A Canadian accreditation agency makes similar statements. Such regulations, and efforts to meet them, flow from the belief that attention to the human spirit, including mind, heart, and soul, contributes to the goals of healthcare organizations.*

2. Fear and loneliness expressed during serious illness generate spiritual crises that require spiritual care.

3. Spiritual care plays a significant role when cure is not possible and persons question the meaning of life.

4. Workplace cultures generate or reveal the spiritual needs of staff members, making spiritual care vital to the organization.

5. Spiritual care is important in healthcare organizations when allocation of limited resources leads to moral, ethical and spiritual concerns.

# Qualifications of Professional Chaplains

In North America, chaplains are certified by at least one of the national organizations that sponsored the writing of the paper identified above and are recognized by the Joint Commission for the Accreditation of Pastoral Services.

Whether in the United States or Canada, acquiring and maintaining certification as a professional chaplain requires:

- Graduate theological education or its equivalency
- Endorsement by a faith group or a denomination connection to a recognized religious community.
- Clinical pastoral education equivalent to one year of postgraduate training in an accredited program recognized by the constituent organizations

- Demonstrated clinical competency
- Completing annual continuing education requirements
- Adherence to a code of professional ethics for healthcare chaplains
- Professional growth in competencies demonstrated by peer review

## Functions and Activities of Professional Healthcare Chaplains

1. Provide a powerful reminder of the healing, sustaining, guiding, and reconciling power of religious faith.

2. Reach across faith boundaries and do not proselytize. Acting on behalf of their institutions, they also seek to protect patients from being confronted by other, unwelcome, forms of spiritual intrusion.

3. Provide supportive spiritual care through empathic listening, demonstrating an understanding of persons in distress, including:
   - Grief and loss care
   - Risk screening – identifying individuals whose religious/spiritual conflicts may compromise recovery or satisfactory adjustment
   - Facilitation of spiritual issues related to organ/tissue donation
   - Crisis intervention/Critical Incident Stress Debriefing
   - Spiritual Assessment
   - Communication with caregivers
   - Facilitation of staff communication
   - Conflict resolution among staff members, patients, and family members
   - Referral and linkage to internal and external resources
   - Assistance with decision making and communication regarding decedent affairs
   - Staff support relative to personal crises or work stress
   - Institutional support during organizational change or crisis

4. Serve as members of patient care teams by;
   - Participation in medical rounds and patient care conferences
   - Offering perspectives on the spiritual status of patients
   - Participation in multidisciplinary education
   - Charting spiritual care interventions in medical charts.

5. Design and lead religious ceremonies of worship and ritual, such as:
   - Prayer, meditation and reading of holy texts
   - Worship and observance of holy days
   - Blessings and sacraments; memorial services and funerals
   - Rituals at the time of birth or other significant times of life cycle transition
   - Holiday observances.

6. Lead or participate in healthcare ethics programs by:
   - Assisting patients and families in completing advance directives
   - Clarifying value issues with patients, family members, staff and the organization
   - Participating in Ethics Committees and Institutional Review Boards
   - Consulting with staff and patients about ethical concerns

- Pointing to human value aspects of institutional policies and behaviors
- Conducting in-service education.

7. Educate the healthcare team and community regarding the relationship of religious and spiritual issues to institutional services in the following ways:
   - Interpreting and analyzing multi-faith and multi-cultural traditions as they impact clinical services
   - Making presentations concerning spirituality and health issues
   - Training of community religious representatives regarding the institutional procedures for effective visitation
   - Training and supervising volunteers from religious communities who can provide spiritual care to the sick
   - Conducting professional clinical education programs for seminarians, clergy, and religious leaders
   - Developing congregational health ministries
   - Educating students in the healthcare professions regarding the interface of religion and spirituality with medical care

8. Act as mediator and reconciler, functioning in the following ways for those who need a voice in the healthcare system:
   - As advocates or "cultural brokers" between institutions and patients, family members, and staff
   - Clarifying and interpreting institutional policies to patients, community clergy, and religious organizations
   - Offering patients, family members, and staff and emotionally and spiritually "safe" professional from whom they can seek counsel or guidance
   - Representing community issues and concerns to the organization

**9.** May serve as contact persons to arrange assessment for the appropriateness and coordination of complementary therapies, such as guided imagery, relaxation training, meditation, music therapy, or healing touch.

10. Encourage and support research activities to assess the effectiveness of providing spiritual care.

Name _____ Unit/Dept. _____
SSNumber _____ Date: _____

# Cultural and Spiritual Sensitivity Post-Test

1. When encountering a patient's possession with which you are not familiar, you should:
    a) Have Security paged to lock it up in the safe
    b) Put it in the patient's bedside drawer
    c) Politely ask its significance
    d) Tell a family member to take it home

2. Spiritual distress can be displayed by anger expressed toward family members or staff.
    ____ True ____ False

3. The first step in becoming more culturally sensitive is:
    a) Learning a second language
    b) Becoming aware of the assumptions from which we develop our judgments
    c) Reading hospital policies
    d) Taking a class at the community college about different cultures

4. Sensitivity to language and communication does NOT include:
    a) Awareness of slang terms used by the patient or family
    b) Calling the patient by their first name when meeting them upon their arrival to the unit
    c) Emphasizing respect and courtesy
    d) Introducing yourself to the patient and family

5. The oldest male always makes the decisions in most families.
    ____ True ____ False

6. Cultural sensitivity and competence by healthcare providers:
    a) Is not important to a patient's experience or outcome
    b) Is an impossible expectation in today's managed care environment
    c) Focuses on unimportant issues
    d) Permits dignity and respect for all people

7. Culturally symbolic objects may include:
    a) A head covering
    b) Prayer beads
    c) Neither A nor B
    d) Both A and B

8. It is always polite to shake hands when meeting a patient or their family members.
    ____ True ____ False

9. A mom is standing beside her baby's isolette in the Nursery ICU. She is crying. You ask her what is wrong, and she says, "I don't understand why God is doing this!" The best response would be to:
    a) Assure her that God has a plan for the baby.
    b) Ask her if she goes to church.
    c) Listen actively and allow her to express her feelings.
    d) Ignore her comments and check the baby's IV.

10. Non-verbal clues to be sensitive to include:
    a) Gestures
    b) Facial expressions
    c) Body language
    d) Personal space
    e) All of the above

11. Every culture has it's own rules for touching and distance.
    ____ True ____ False

12. The health care provider culture:
    a) Emphasizes structure and expected outcomes
    b) Is easily understood by everyone
    c) Is sensitive to individual needs
    d) Does not include any rituals

13. Foods or their preparation never have an impact on a patient's experience of illness.
    ____ True ____ False

14. A spiritual crisis can be triggered by:
    a) An accident or disease
    b) Birth of a child
    c) Lack of sleep
    d) None of the above
    e) All of the above

15. Individuals who are past oriented:
    a) Are always late
    b) Don't worry about the future
    c) Value tradition and doing things the way they've always been done
    d) Are eager to try new things

16. Culturally and spiritually sensitive or competent care includes:
    a) Respecting differences
    b) Eagerness to learn
    c) Willingness to accept other views
    d) All of the above

17. Spirituality can be both religious and non-religious in its expression.
    ____ True ____ False

18. The skill set of a culturally adept provider includes:
    a) Good communication skills
    b) Awareness of cross-cultural issues
    c) The ability to manage one's own emotions
    d) The ability to compromise to find satisfactory solutions
    e) All of the above

19. Which of the following strategies can you implement when interacting with a person who speaks a language different from you own?
    a) Give written instructions
    b) Speak slowly and loudly
    c) Don't make direct eye contact
    d) Use body language to communicate caring

20. An Asian American woman is your patient in the antenatal unit. You notice that her meals are for the most part uneaten. You:
    a) Tell her she needs to at least eat the soup on the lunch tray to keep up her strength for the baby.
    b) Ask her if there are certain foods she would prefer to have.
    c) Remind her that it is silly to think that what she eats is harmful to the baby.
    d) Don't say anything for fear of embarrassing her.

NAME:_____TITLE:_____
SS#:_____DEPT:_____DATE: _____

## CULTURAL AND SPIRITUAL SENSITIVITY COMPETENCY SKILLS VALIDATION

**Competency Statement:** The aforementioned person correctly states how to identify and acknowledge one's own cultural and spiritual heritage and how it impacts one's attitudes in providing care.

The following populations will be assessed for age-specific care utilizing this competency:

☐ Neonates ☐ Pediatrics ☐ Adolescents ☐ Adults ☐ Geriatrics

**Verification Methods:** (Check all applicable methods)
☐ Course/class ☐ Written Materials ☐ Self- Test ☐ Clinical Experience

☐ Audiovisual ☐ P&P Review ☐ Verbalization/Demonstration

| | Critical Elements | Yes | No |
|---|---|---|---|
| 1 | Demonstrates evidences of awareness of one's own cultural and spiritual heritage. | | |
| 2 | Identifies components that make up cultural beliefs and traditions. | | |
| 3 | Demonstrates ability to provide culturally sensitive approaches to care. | | |
| 4 | Identifies appropriate interventions to spiritual distress. | | |
| 5 | Demonstrates ability to provide spiritually sensitive approaches to care. | | |

Verification Codes: (Check One) ☐ Satisfactorily completed ☐ Improvement needed

Action Plan (if "Improvement needed" was checked):

_____

_____

Trainer's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

## Cultural and Spiritual Sensitivity
## Post-Test Key

1. C
2. True
3. B
4. B
5. False
6. D
7. D
8. False
9. C
10. E
11. True
12. A
13. False
14. E
15. C
16. D
17. True
18. E
19. D
20. B

# Introduction
# A Quick Guide for Cultures and Spiritual Traditions

This guide is a combination of new material and the compilation of research from materials identified in the Resources section located on the last page. It is designed to aid health care professionals in providing culturally and spiritually sensitive care to patients and families as well as in interacting with colleagues.

This material is designed to give a general overview of cultures and spiritual traditions. Remember that within all traditions are individual differences, and that all people will not necessarily fall into one category.

These materials are authorized for use per the following license agreement: *"Cultural and Spiritual Sensitivity: A Learning Module"* and *"A Quick Guide to Cultures and Spiritual Traditions"* are joint works created by Sue Wintz, BCC and Earl Cooper, BCC. These materials are intended for educational and non-profit use only, and are for use in their entirety unless written permission is obtained from the author(s).

For more information about these materials and their use, or if you know of tradition that needs to be included or corrected, contact:

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# African American/Black American Culture

| | |
|---|---|
| **Clothing or amulets** | • Muslim women will cover hair |
| **Communication/greetings** | • May have regional dialects<br>• Refusal to sign forms could indicate literacy issues<br>• Address by title and last name; handshake appropriate |
| **Decision-making/spokesperson** | • Determine who has final role within nuclear family<br>• Spokesperson usually father or eldest male of family |
| **Family structure** | • Nuclear, extended, matriarchal<br>• May include close friends |
| **Food practices/beliefs** | • Greens often seen as essential for good health<br>• May have religious restrictions |
| **Interpreter use** | • Show respect for gender-to-gender communication |
| **Nonverbal** | • Maintain eye contact to show respect and to assess and establish trust<br>• Silence may indicate lack of trust |
| **Time orientation** | • Life issues may take priority over keeping appointments |
| | **Health, Illness, and Death** |
| **Consents** | • Avoid using medical jargon<br>• Elicit feedback to assess understanding<br>• Long history of African Americans being abused as experimental subjects may prevent volunteering for research |
| **Death – body care** | • May want professionals to clean and prepare body |
| **Death – special needs** | • May have spiritual practices or religious rituals |
| **Dying process** | • May have open and public display of grief |
| **End of life discussion** | • Patient and family may wish to include spiritual or religious leader |
| **Illness beliefs** | • Varies from natural causes and exposure to cold air to God's punishment or work of devil or spell<br>• Attendance from family and relatives expected but independence maintained |
| **Invasive Procedures** | • Historically skeptical, though with clear explanations, needed surgery is accepted |
| **Organ Donation** | • Might have religious restrictions |
| **Pain** | • Pain scales helpful<br>• May not wish medication due to fear of addiction |
| **Visitors** | • May bring in food and/or desserts<br>• May sleep at bedside |

# African American/Black American Culture – 2

| | Pregnancy, Birth, Postpartum |
|---|---|
| **Breastfeeding** | • Give instructions about benefits |
| **C-section** | • Accepted if indicated |
| **Genetic defects** | • May be viewed as God's will |
| **Labor** | • Active participant<br>• Father's role varies; may have only females present |
| **Postpartum** | • May refuse bath/shower or hair washing until bleeding stops |
| **Prenatal care** | • Varies; may wait until after first trimester |
| **Sick baby** | • Older females in family relied on for support |
| | **Religious and Spiritual Practice** |
| | • Prayer, visits from spiritual or religious leader and/or faith group members depending on spiritual tradition<br>• May incorporate faith and folk healing |

# Arab American Culture

| | |
|---|---|
| **Clothing or amulets** | • Scarves may be important and essential for women<br>• May wear blue beads or other amulets to ward off evil eye<br>• Koran or Bible nearby<br>• May be concerned about catching cold or interference with recovery and avoid washing hair |
| **Communication/greetings** | • Major language Arabic, however many variations in dialects, words, and meanings<br>• May speak English but be too proud to admit not understanding<br>• Head nodding and smiles do not always mean comprehension<br>• Will tend to repeat same information several times if feeling misunderstood<br>• Use title and first name<br>• Approach by shaking hands and acknowledge country of origin and something personal about patient or family<br>• Smiling face helps as well as direct eye contact, even if avoided by patient |
| **Decision-making/spokesperson** | • Families may collective decisions<br>• If there is a grandmother, may defer to her counsel<br>• Physicians expected to make decisions related to care of patient |
| **End of life discussion** | • May find it difficult to decide on DNR; may lose trust in health care providers if this option is offered |
| **Family structure** | • Includes nuclear and extended family<br>• Children are sacred (parents usually very strict); expected at bedside |
| **Food practices/beliefs** | • Eating is important for recovery; offering food is associated with nurturing, caring for, accepting, and trusting<br>• Take time to share a cup of tea or a sweet offering; it indicates acceptance<br>• May follow hot/cold theory; i.e. hot soup helps recovery, do not give ice with drinks, etc.<br>• If Muslim, will have food restrictions |
| **Interpreter use** | • Do not assume persons do not speak English; many languages are often spoken |
| **Nonverbal** | • Expressive, warm, other-oriented, shy and modest<br>• May have flat affect to protect others from accessing their inner feelings<br>• Respect elders and professionals and are reluctant to take up their time |

# Arab American Culture – 2

| | |
|---|---|
| **Time orientation** | • "On time" kept for official business and more spontaneous for social and informal gatherings; emphasize importance of appointment times |
| | **Health, Illness, and Death** |
| **Consents** | • Written consents may be problematic because verbal consent based on trust is a more acceptable mode of contracting<br>• Dislike listening to all possible complications before procedure<br>• Explain need for written consent, emphasize positive consequences and humanize process |
| **Death – body care** | • May have special rituals for washing body due to spiritual beliefs |
| **Death – special needs** | • Be sensitive to spiritual needs |
| **Dying process** | • Traditionally do not openly anticipate or grief before death<br>• Inform designated head of family of impending death or death<br>• Prepare private room for family members to meet and grieve |
| **End of life discussion** | • Will find it difficult to decide on DNR; may lose trust in health care providers if this option is offered |
| **Illness beliefs** | • Health defined as a gift from God; illness may be caused by evil eye, bad luck, stress in family, germs, wind, drafts, imbalance in hot and dry and cold and moist, and sudden fears<br>• Being overweight associated with health and strength<br>• Pt encouraged to be passive, pampered, and not to make decisions |
| **Invasive Procedures** | • Children may have morbid fear of injections and invasive procedures<br>• High acceptance of treatments and procedures expected to cure; low acceptance of complications – viewed as negligence or lack of expertise |
| **Organ Donation** | • Usually not allowed due to spiritual belief of respect for body |
| **Pain** | • Very expressive, especially in presence of family<br>• Pain feared and causes panic; better able to cope if source and prognosis of pain is understood<br>• May have difficulty with numerical scale; use metaphors (fire, knife, etc) |

# Arab American Culture – 3

| | |
|---|---|
| **Visitors** | • Social expectations high priority; entire families may visit patient and family |
| | **Pregnancy, Birth, Postpartum** |
| **Breastfeeding** | • May believe colostrum is harmful to baby<br>• May not request assistance for fear of imposing on staff |
| **C-section** | • May be greatly feared |
| **Genetic defects** | • May be believed to be due to wrath of God, God's will, test of endurance |
| **Labor** | • Tend to be passive; i.e. tense muscles and wait for delivery<br>• Father not expected to participate<br>Mother, sister, or mother-in-law expected to be present and supportive |
| **Postpartum** | • Expect complete bed rest<br>• May resist bathing or showering<br>Very difficult time for first time mother without extended family; needs more understanding, support and networking |
| **Prenatal care** | • May believe pregnancy is not an illness and prenatal care unnecessary<br>• Encouraged to rest, do minimal work, and eat well<br>• Little or not preparation for birth or baby; very present-oriented |
| **Sick baby** | • Include mother, father, aunts or grandparents when discussing baby |
| | **Religious and Spiritual Practice** |
| | • Prayers usually done in silence and privacy<br>• See specific spiritual traditions (Moslem, etc)<br>• Western medicine respected and sought after<br>• Home and folk remedies may be used |

# Chinese American Culture

| | |
|---|---|
| **Clothing or amulets** | • Good luck articles (jade, rope around waist) may be worn; avoid removing<br>• May not want to wash hair while sick |
| **Communication/greetings** | • Elderly, especially women, may be unable to read or write<br>• Nodding politely does not mean understanding<br>• Often shy, especially in unfamiliar environments<br>• Use of first name could be considered disrespectful |
| **Decision-making/spokesperson** | • Patriarchal society; oldest male usually makes decision and is spokesperson |
| **Family structure** | • Extended families common; wife expected to become part of husband's family<br>• Children highly valued<br>• Elders very respected and honored |
| **Food practices/beliefs** | • Important belief may be to maintain hot and cold balance in body |
| **Interpreter use** | • Use professionals to translate about complicated medical issues<br>• Same sex preferred for modesty reasons |
| **Time orientation** | • Being on time not valued by traditional societies |
| | **Health, Illness and Death** |
| **Consents** | • Involve oldest male in family<br>• Assess understanding by asking clear questions |
| **Death – body care** | • Family may prefer to bathe body after death |
| **Death – special needs** | • Special amulets and cloths may be placed on body |
| **Dying process** | • May believe dying at home brings bad luck<br>• May be concerned that a person's spirit may get lost |
| **End of life discussion** | • Family may prefer that patient not be told of terminal illness or may prefer to tell patient themselves<br>• Patient may become fatalistic and not want to talk about it |
| **Illness beliefs** | • Most physical illnesses thought to be caused by imbalance of yin and yang (hot and cold) in the body and environment<br>• Harmony of body, mind, and spirit important<br>• Patient often takes passive role; family expected to care for patient |
| **Invasive Procedures** | • May be fearful of having blood drawn believing it will weaken body<br>• May avoid surgery wanting body to be kept intact |

# Chinese American Culture - 2

| | |
|---|---|
| **Organ donation** | • Not common; want body to remain intact |
| **Pain** | • May not complain so be aware of non-verbal clues |
| **Visitors** | • Common for large numbers of family members to visit |
| | **Pregnancy, Birth and Postpartum** |
| **Breastfeeding** | • Mom may expect to eat hot foods to strengthen health of baby |
| **C-section** | • Allowed if necessary |
| **Genetic defects** | • Usually blamed on mother as something she did or ate |
| **Labor** | • Acceptable to moan, etc<br>• Father usually does not play active role<br>• Female family members present |
| **Postpartum** | • During first 30 days, mother's pores believed to remain open and cold air can enter body so may be forbidden to go outdoors or shower/bathe<br>• Diet high in "hot" foods avoided |
| **Prenatal care** | • May believe certain activities will affect baby during pregnancy |
| **Sick baby** | • Address head of household<br>• Treat with utmost importance; new baby is center of focus and attention for family |
| | **Religious and Spiritual Practices** |
| | • Various, including Buddhist, Catholic, and Protestant<br>• Incense burning, good luck symbols and special foods may all be spiritual practices<br>• May use herbs, acupuncture, acupressure along with<br>• Western medicine |

# East Indian Culture

| | |
|---|---|
| **Clothing or amulets** | • May include sacred thread around the body, cloth around chest, wooden comb, iron bracelet, scripture verses folded in cloth, etc. Do not remove without permission of patient or family member<br>• Long hair considered sign of feminine beauty<br>• Women usually wear head covering |
| **Communication/greetings** | • Many dialects<br>• Hindus and Sikhs press palms of hand together in front of chest while expressing verbal greeting<br>• Muslims take right palm to forehead and bow down slightly while expressing verbal greeting<br>• Shaking hands common among men but not women<br>• Elders addressed by titles<br>• Loud voice may be interpreted as disrespect, command, emotional outburst and/or violence |
| **Decision-making/spokesperson** | • Male family members, usually eldest son, has decision-making power in family, however other family members are consulted<br>• Father, eldest son, or any other male person in family |
| **Family structure** | • Nuclear and extended family structures |
| **Food practices and beliefs** | • May prefer metal utensils for cooking and eating<br>• Food given much respect<br>• May use fingers of right hand to eat food and prefer to wash hands before touching food<br>• May refrain from meat and fish; may fast daily or weekly |
| **Interpreter use** | • If possible, use close family members of same gender and older in age |
| **Nonverbal** | • Touching not common; love and caring expressed through eyes and facial expressions<br>• Direct eye contact may be considered sign of rudeness or disrespect<br>• Silence usually indicates acceptance, approval and/or tolerance |
| **Time Orientation** | • May not be extremely time conscious<br>• May not like to monitor every moment which may impact treatment |

# East Indian Culture – 2

| | Health, Illness and Death |
|---|---|
| **Consents** | • Approach with close family members present for moral support and consultation<br>• May feel uncomfortable giving written consent<br>• Explain procedure in simple terms<br>• May rely completely on health professionals to make decisions |
| **Death – body care** | • May have rituals for body care, including washing |
| **Death – special needs** | • If death is imminent, call family members and relatives and allow to stay at bedside<br>• Spiritual needs to be met include prayer and ritual<br>• Grief expressed openly |
| **Dying process** | • Unusual to inform dying person of impending death; family members told first and decide whether to tell patient |
| **End of life discussion** | • May prefer to have doctor disclose diagnosis and prognosis to family first, who will determine whether to and when to tell patient |
| **Illness beliefs** | • May believe illness due to actions (karma) in past lives or a result of past actions not necessarily in a past life, and that illness washes away person's sins, or that illness results from body imbalance |
| **Invasive procedures** | • Receptive to blood transfusion and surgery; may prefer to receive blood from individuals of own caste or religion |
| **Organ donation** | • Not usually allowed |
| **Pain** | • May accept medication, however may also decline except for severe pain |
| **Visitors** | • Close female family member may stay and participate in care<br>• May bring food for patient |
| | **Pregnancy, Birth and Postpartum** |
| **Breastfeeding** | • Encouraged |
| **C-section** | • Accepted if necessary |
| **Genetic defects** | • May believe to be a result of actions in a past life |
| **Labor** | • Mother may be passive; may moan, grunt or scream Female family member present; fathers may not be present at delivery<br>• Pain medications may not be accepted<br>• After birth, allow Muslim father or grandfather to recite prayers in baby's ears<br>• After birth, sex of child may not be told to mother until placenta delivered |

# East Indian Culture – 3

| | |
|---|---|
| **Postpartum** | • Mother may want to keep warm<br>• May not want to shower |
| **Prenatal care** | • Pregnancy considered "hot" state and cool food encouraged<br>• Hot foods avoided as they may be believed to cause miscarriage |
| **Sick baby** | • If serious, approach father or mother-in-law first<br>• Doctor expected to reveal diagnosis |
| | **Religious or Spiritual Practices** |
| | • Most may be Hindu, Muslim or Sikh, however may also be Jewish or Christian<br>• While Western medicine accepted, may also believe in spiritual healing, including recitation of scripture and ritual |

# Gypsy (Romani) Culture

| | |
|---|---|
| **Clothing/amulets** | • Most wear an amulet around neck, especially children<br>• Allow amulet under pillow or at bedside table<br>• Never put amulet at food of bed<br>• Man's hat and women's scarf must also be kept at head and not at food of bed<br>• Separate soap and towels are used on the upper and lower parts of the body and must not be allowed to mix; washing hands after touching the lower body before touching the upper body is required. |
| **Communication/greetings** | • Usually know English, however Romanes may be first language and have a strong accent<br>• Common greeting is to raise hand palm up and call out *baxt hai sastimos* (luck and health)<br>• Normally very animated but in illness becomes very anxious<br>• Naturally very loud (shouting) and argumentative; doesn't always mean fighting<br>• Real anger does erupt, however is usually contained by family members. Rarely violent. Best not to overreact<br>• Grief expressed by wailing and calling out to God (*delva*) over and over. Women may beat breasts and tear out hair |
| **Decision-making and spokesperson** | • Individuals make own decisions, but prefer to consult entire family first; young people (35 and under) may prefer to leave decisions to older relatives<br>• Eldest person usually in authority<br>• Spokesperson usually male<br>• Parents speak for their children, however also listen to wishes of child, often in detriment to child's long term health |
| **Family structure** | • Large extended families of at least 3 generations<br>• Fierce family loyalty<br>• Women generally keepers and communicators of medical and spiritual knowledge; have very important role in time of illness<br>• Children indulged and allowed to express themselves freely<br>• Family cares for each other; rarely send ill/elderly to institution<br>• Large number of visitors expected. If a problem, ask elder in authority to organize system which family member(s) will stay at all time and when and how many at a time may visit. Provide a room where all can gather (preferably outside and separate from non-Gypsies) |

# Gypsy (Romani) Culture – 2

| | |
|---|---|
| **Food practices/beliefs** | • Food must be prepared in a way that is "clean" – wrapped in plastic, on paper plates or anything disposable, including plastic utensils. Diet is heavy, greasy, and high in salt and in cholesterol. May fast on Fridays |
| **Nonverbal** | • Concern over illness shown by being gregarious and assertive<br>• Can alternate moods quickly<br>• First reaction often mistrustful; important to take time to establish trust<br>• May dismiss younger medical personnel as too young to know everything; bring in older professional with younger to establish authority<br>• Patient likely to desire close personal contact with family members; very anxious when alone; avoid contact with non-Gypsies |
| | **Health, Illness, and Death** |
| **Consents** | • Illiteracy may be a sensitive issue<br>• Confirm understanding of medical terminology<br>• Invasive procedures, operations, anesthesia highly feared<br>• Autopsy usually not accepted |
| **Death – body care** | • Body after death may be source of spiritual danger for relatives until it is embalmed |
| **Death – special needs** | • May ask for religious objects in room or favorite foods and personal article of dying person<br>• May want to have older female relative present<br>• May want window open to allow patient's spirit to leave<br>• Moment and death and last words of patient highly significant; relatives will want to be present and to hear them |
| **Dying process** | • First inform eldest in authority and ask for help with relatives<br>• May want chaplain present for purification of body<br>• Dying person anxious to have all arrangements made |
| **End of life discussion** | • When a Rom is about to die, there is an extensive ritualistic process that must initiated |

# Gypsy Culture – 3

| | |
|---|---|
| **Illness beliefs** | • Lack of spiritual and moral cleanliness results in disease and bad luck; also attracts certain spirits or devil<br>• Sick person expects family to attend to needs and care for them<br>• Illness seen as crisis for the whole family<br>• Recognize western medicine is powerful and will be accepted although will also use traditional medicine |
| **Invasive procedures** | • Usually fearful of any surgical procedure that requires general anesthesia because of a belief that a person under general anesthesia undergoes a "little death"<br>• For the family to gather around the person coming out of the anesthesia is especially important. |
| **Organ donation** | • Usually not accepted |
| **Pain** | • Sharing medications is common; may request a specific color of medication |
| | **Pregnancy, Birth and Postpartum** |
| **Breastfeeding** | • Will avoid cabbage and other green vegetables and tomatoes, believing they will give baby colic, while drinking beer or whiskey to calm baby |
| **C-section** | • If necessary, may prefer to be conscious |
| **Genetic defects** | • May be viewed as “bad luck” due to an impurity suffered or “the night” (spirit of death) |
| **Labor** | • Father usually present not present due to modesty at birth process<br>• Assistance from older women relatives expected<br>• Most Romani women will not agree to a gynecologic examination unless the procedure is clearly explained as being essential to her well being<br>• A new baby is immediately swaddled tightly and should only be handled by his/her mother to remain “pure”<br>• Mother should be allowed to practice ritualistic cleansing. There are rituals (that vary with tribe) involving the formal recognition of the infant by its father. |

# Gypsy (Romani) Culture – 4

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|---|---|
| **Postpartum** | • Considered "polluted" for nine days; must not cook foods or touch men<br>• Older women relatives may be nearby, but visiting is kept to minimum for fear of bringing in spirits that may harm baby<br>• Babies believed to be vulnerable to Evil Eye. Giver of evil eye must make a cross with spittle on baby's forehead; *if asked to do so, it is best to comply*. People with busy or heavy eyebrows or lots of body hair believed to often have Evil Eye |
| **Prenatal Care** | • A woman is considered to be marimé (polluted or unclean) during her menses, pregnancy and for six week after the birth of the child |
| **Sick baby** | • If a baby dies, it is bad fortune and the parents must avoid the baby's body, which is traditionally buried in a secret place by grandparents. Or to avoid bad luck parents may leave the funeral and burial to hospital authorities |
| | **Religious and Spiritual Practices** |
| | • Nominally Christian with a belief system related to spirits, saints, and other supernatural beings.<br>• Shrine in home – or even in hospital room – common<br>• May wish chaplain or priest to offer blessing<br>• Spiritual leaders usually older female relative who may bring in certain plants and medicines for patient |

# Hispanic American Culture

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|---|---|
| **Clothing or amulets** | • Religious items, such as rosaries, frequently kept on person or on bed |
| **Communication/greetings** | • Differences in word usage depending on individual's home region<br>• Oral English skills may exceed skill in reading and writing English<br>• Address individuals formally, especially elders; include children |
| **Decision-making/spokesperson** | • Important decisions may require consultation among entire family<br>• Traditionally father or oldest mail holds ultimate authority and is usually spokesperson |
| **Family structure** | • Immediate and extended family all important |
| **Food practices/beliefs** | • Some patients may adhere to "hot/cold" theory |
| **Interpreter use** | • Same gender if possible |
| **Nonverbal** | • Strongly influenced by respect<br>• Direct eye contact may be avoided<br>• Handshaking considered polite and usually welcomed |
| **Time orientation** | • Traditionally present-oriented and punctual |
| | **Health, Illness, and Death** |
| **Consents** | • Requires clear explanation of situation and choices for intervention |
| **Death – body care** | • Death a very important spiritual event<br>• Relative or member of extended family may help wash the body |
| **Death – special needs** | • Prayers commonly practiced at bedside<br>• Family time with body before it is taken to morgue |
| **Dying process** | • Extended families obligated to attend to sick and dying and pay respects<br>• Hospital environment may be seen as restrictive to family needs |
| **End of life discussion** | • Family may want to protect patient from knowledge of seriousness of illness due to concern that worry will worsen health status<br>• Information usually handled by family spokesperson |
| **Illness beliefs** | • Holistic understanding of emotional, spiritual, social, and physical factors<br>• Illness seen as a crisis for the entire family |

# Hispanic American Culture – 2

| | |
|---|---|
| **Invasive procedures** | • Usually accepted if practitioner is trusted |
| **Organ donation** | • May decline due to belief that body must be intact |
| **Pain** | • Tend not to complain of pain; assess by nonverbal clues |
| **Visitors** | • Stressful for individual to be separated from family group<br>• Large numbers of visitors; usually quiet and respectful |
| | **Pregnancy, Birth and Postpartum** |
| **Breastfeeding** | • May believe breastfeeding provides protection from pregnancy |
| **C-section** | • May be feared |
| **Genetic defects** | • Usually described as will of God; may believe are a result of behavior<br>• Family may prefer to take care of disabled rather than considering long-term care facility |
| **Labor** | • Walking recommended to encourage a quick birth<br>• Fears include unnecessary or dangerous medical interventions, separation from family members, and loss of privacy<br>• Laboring women seen as strong and participatory<br>• Family women may assist; may involve several |
| **Postpartum** | • May resist getting out of bed or taking showers for several days<br>• Folk belief is to cover back and wear a wide cloth band around abdomen |
| **Prenatal care** | • May believe unnecessary<br>• May use folk medicine; be sure to ask<br>• Culture may prohibit pregnant women from caring for dying persons or attending funerals<br>• Medications, including iron and vitamins, may be seen as potentially dangerous and avoided, even after delivery |
| **Sick baby** | • Traditional family may feel that new mother should be sheltered from worry<br>• Baptism of infants may be especially urgent to Christian/Roman Catholic families if prognosis is grave |

# Hispanic American Culture – 3

| | Religious and Spiritual Practices |
|---|---|
| | • Virgin of Guadalupe may be important image<br>• Anointing of the Sick and prayers before death often very important<br>• May use traditional healers or healing remedies |

# Iranian Culture

| | |
|---|---|
| **Clothing or amulets** | • May try to keep body covered to avoid draft<br>• May wear gold charm on neck symbolizing Islam |
| **Communication/greetings** | • Various dialects<br>• May prefer use of last name<br>• Handshake, a slight bow, even standing when someone enters the room are appropriate; greet elderly first |
| **Family structure** | • Family oriented |
| **Food practices/beliefs** | • Hot and cold balance emphasized |
| **Interpreter use** | • Children often used as interpreters |
| **Nonverbal** | • Cautious in disclosure of thoughts to non-intimates<br>• Aware of external judgment and concerned with respectability and good appearance<br>• Silence can have many meetings |
| **Time orientation** | • May have fatalistic beliefs which can hinder understanding and compliance to present needs |
| | **Health, Illness, and Death** |
| **Consents** | • Explain procedure or treatment to family spokesperson<br>• Some families may believe in protecting loved one from information |
| **Death – body care** | • Family may wish to wash body; do not usually view after this is done |
| **Death – special needs** | • Prefer to have family at bedside |
| **Dying process** | • Notify head of family or spokesperson first<br>• Death is seen as a beginning, not end, of spiritual life |
| **End of life discussion** | • Talk with family spokesperson first<br>• Bad news may be kept from patient by family |
| **Illness beliefs** | • Health a deeply rooted cultural concept<br>• Body viewed in relationship with environment, society, God, nutrition, family, etc.<br>• Patiently generally assumes passive role<br>• Sense of hope always important |
| **Invasive procedures** | • Accepted |
| **Organ donation** | • Accepted |
| **Pain** | • Expressed by facial grimaces, guarded body posture, moan<br>• More easily expressed by quality than numeric scale |
| **Visitors** | • Welcomed and considered helpful in recovery |
| | **Pregnancy, Birth and Postpartum** |
| **Breastfeeding** | • Preferred |

# Iranian Culture – 2

| | |
|---|---|
| **C-section** | • Acceptable if necessary |
| **Genetic defects** | • May be viewed in scientific terms or as God's punishment |
| **Labor** | • Walking encouraged<br>• Fathers involved<br>• Female family members supportive and present |
| **Postpartum** | • Showering common shortly after birth<br>• Emphasis on rest, diet, hygiene and emotional care |
| **Prenatal care** | • Diet and rest encouraged as well as refraining from heavy work |
| **Sick baby** | • Talk first to father of child |
| | **Religious and Spiritual Practices** |
| | • Primary Shiite Moslems, Jewish, Christian, Bahai<br>• May have sense of passivity (God wills over one's fate)<br>• Silent prayers at bedside<br>• No religious leaders expected to visit |

# Japanese American Culture

| | |
|---|---|
| **Clothing or amulets** | • May use prayer beads |
| **Communication/greetings** | • May not ask questions about treatment or care<br>• Illness, especially those such as cancer, may not be freely discussed outside family<br>• May be stoic, self-restrained, hesitant<br>• Formal use of surname |
| **Decision-making/spokesperson** | • Both men and women involved in process<br>• Father, perhaps mother, eldest son, eldest daughter |
| **Family structure** | • Family oriented; family as main unit rather than individuals<br>• Hierarchical with father being head of household and main authority |
| **Food practices/beliefs** | • Chopsticks<br>• Rice with most meals |
| **Interpreter use** | • Family members preferred for translation; use same gender |
| **Nonverbal** | • Typically quiet and polite, may be reserved and formal<br>• Tend not to disagree<br>• May have little direct eye contact<br>• Nodding doesn't necessarily mean understanding or agreement |
| **Time orientation** | • Promptness important |
| | **Health, Illness and Death** |
| **Consents** | • Emphasize important details |
| **Death – body care** | • Cleanliness important<br>• Dignity and preservation of modesty for viewing |
| **Death – special needs** | • Family members may wish to stay |
| **Dying process** | • Family and patient may avoid discussing dying |
| **End of life discussion** | • DNR is difficult choice; decided by entire family |
| **Illness beliefs** | • May believe chronic illnesses are due to karma/bad behavior in this life or past life, or from actions of another family member<br>• Sick cared for primarily by women<br>• Patient assumes passive role |
| **Invasive procedures** | • Generally accepted |
| **Organ donation** | • May prefer body to be kept intact |
| **Pain** | • May be stoic |
| **Visitors** | • Family members, particularly spouse, may wish to stay by bed<br>• Entire family and closer friends will visit |

# Japanese American Culture – 2

| | Pregnancy, Birth and Postpartum |
|---|---|
| **Breastfeeding** | • Accepted |
| **C-section** | • Vaginal delivery preferred |
| **Genetic defects** | • May be interpreted as punishment for parents' or family's bad behavior |
| **Labor** | • Modesty important<br>• May attempt to control vocal expressions of pain<br>• Father actively involved |
| **Postpartum** | • New mother expected to rest and recuperate for several weeks |
| **Prenatal care** | • Expected from early in pregnancy<br>• Encouraged to rest and not "overdo" |
| **Sick baby** | • Best to consult with father before telling mother<br>• Have father or other family members present to discuss with mom |
| | **Religious and Spiritual Practices** |
| | • Buddhist, Shinto, Christian<br>• Depends upon religious beliefs |

# Korean Culture

| | |
|---|---|
| **Clothing or amulets** | • May wear religious symbols<br>• Very modest |
| **Communication/greetings** | • Ability to speak English does not necessarily equate with capability of reading and writing English<br>• Use title and surname<br>• Respect towards elders and authority demonstrated by quick quarter-bowing<br>• Believe that direct eye contact during conversation shows boldness |
| **Decision-making/spokesperson** | • Family-focused, although husband, father, eldest son or eldest daughter may have final say<br>• Family welfare is much more important than the individual |
| **Food practices/beliefs** | • May use chopsticks and/or big soup spoons<br>• Cold fluids with ice may not be welcome |
| **Interpreter use** | • One language; |
| **Nonverbal** | • Considered rude to direct sole of shoe or foot toward another person<br>• Eye contact depends on comfort and trust with others<br>• Personal space important<br>• Number four is considered unlucky (like 13) |
| **Time orientation** | • Punctuality important<br>• Fate commonly accepted; everything happens for a reason |
| | **Health, Illness and Death** |
| **Consents** | • Time to think or review may be requested; do not rush or make patient feel pressured if possible |
| **Death – body care** | • Family will likely want to spend time with body |
| **Death – special needs** | • Mourning and crying by family expected<br>• May use incense, prayer, chanting |
| **Dying process** | • Imminence of death should be told to spokesperson, who will relay information to family |
| **End of life discussion** | • May be preferred for family spokesperson to be informed first, then family will inform patient |
| **Illness beliefs** | • Health seen as harmony or balance between soul and physical being<br>• May be viewed as result of bad luck or misfortune; concept of karma<br>• Common for patient to behave as very ill, possibly worse than they actually feel<br>• Passivity expected |

# Korean Culture – 2

| | |
|---|---|
| **Invasive procedures** | • Use clear, slow explanations |
| **Organ donation** | • May believe body needs to remain intact |
| **Pain** | • May be stoic<br>• May be very expressive and dramatic, especially when family present |
| **Visitors** | • Frequent<br>• Family members may wish to stay with patient |
| | **Pregnancy, Birth and Postpartum** |
| **Breastfeeding** | • Education may be needed to supplement family teaching |
| **C-section** | • Will usually accept if indicated |
| **Genetic defects** | • Parents may feel responsible, having done something wrong |
| **Labor** | • Give lukewarm water; no ice<br>• Father usually involved<br>• Mother active and involved |
| **Postpartum** | • Rest considered of primary importance |
| **Prenatal care** | • Diet important as pregnancy viewed as "hot" condition; avoidance of cold foods |
| **Sick baby** | • Tell father of baby first<br>• Important to reassure mother and family that no one is to blame |
| | **Religious and Spiritual Practices** |
| | • Religious tradition often primarily Christian, however may be Taoist, Buddhist, or Confucianism<br>• Chanting and praying common<br>• Spiritual healing modalities may be utilized |

## Native American Culture

| | |
|---|---|
| **Clothing or amulets** | • Do not casually move, examine, or admire medicine bag<br>• If removal of medicine bag is required, allow patient or family to handle it; keep it close to person and replace as soon as possible<br>• If procedures require cutting or shaving hair, give extra care to family concerns and ask if hair needs to be returned to patient or family<br>• May include avoidance<br>• Family members may wish to ceremonially wash hair of very ill patient, including infants |
| **Communication/greetings** | • Do not interrupt speaker<br>• Long pauses are part of conversation<br>• Light touch handshake appropriate<br>• Tone expresses urgency; when imperative command required, be direct, emphatic, clear, and calm<br>• In making request, explain why it is needed; be personable and polite<br>• Loudness associated with aggression |
| **Decision maker/spokesperson** | • Autonomy highly valued; do not assume spouse would make important decision for patient<br>• Includes responsibility to community, family and tribe in decision<br>• Generally, individuals speak for themselves; family members may speak on behalf of person who is ill<br>• Give information and let family know providers need to know family wishes for care/treatment; let spokesperson emerge from family<br>• Spokesperson may not be decision maker |
| **Family structure** | • May be either matriarchal or patriarchal<br>• Elders respected<br>• Children not encouraged to find help outside family |
| **Food practices, beliefs, and rituals** | • Hospitality and respect may lead patient to sharing hospital food with visiting family and friends as well as to consume food brought by visitors<br>• Nutritional guidance should respect religious choices and incorporate them; patient may believe that when food is blessed, it becomes no longer harmful |

# Native American Culture – 2

| | |
|---|---|
| **Interpreter use** | • Use mature persons, not child; same gender preferred<br>• Be sure to indicate if statements are based on fact or probability<br>• Listening is a highly valued cultural skill |
| **Nonverbal** | • Respect communicated by avoiding eye contact<br>• Keep respectful distance |
| **Time orientation** | • Emphasis on present motion may conflict with appointment schedules<br>• Expect careful consideration in answering questions<br>• Rushing an elder is considered rude and very disrespectful |
| | **Health, Illness and Death** |
| **Consents** | • Talk about everyone's role in procedure, family's as well as patient's<br>• Allow time for consultation with family before consenting, if possible<br>• May be unwilling to sign written consents based on political and history of documents being misused or fear that the "worst will happen"<br>• Consent processes may lead families to believe they are not being heard, or not considered competent |
| **Death – body care** | • Traditional practices include turning and/or flexing body, sweet grass smoke or other purification; women may want to prepare and dress body<br>• Family may choose to stay in room with deceased for a time, then have individual visitation<br>• Ask if it is acceptable to prepare body in the room before individual visits |
| **Death – special needs** | • Be prepared to support or inquire if family wants to bring in tribal healers to attend to spiritual health |
| **Dying process** | • Some tribes avoid contact with the dying<br>• Family may include immediate and extended family and close friends; close children also included<br>• Outcome may be tacitly recognized, however family may avoid discussing impending death and maintain a positive attitude<br>• Sadness and mourning done in private<br>• May prefer to have body oriented a certain direction<br>• Family may hug, touch, sing, stay close to deceased<br>• Waiting, shrieking, or other outward signs of grieving may occur |

# Native American Culture – 3

| | |
|---|---|
| **End of life discussion** | • Some tribes prefer not to openly discuss terminal status and DNR orders due to belief that negative thoughts may hasten loss |
| **Illness beliefs** | • Mental illness a culturally specific concept; beliefs abut cause may include ghosts, breaking taboos, or loss of harmony with environment<br>• Sick role is to be quiet and stoic<br>• Home and folk remedies may be common |
| **Invasive procedures** | • Seen as last resort<br>• May be skeptical of procedures but will usually allow treatment if needed |
| **Organ donation** | • Be sure to distinguish fact from probability<br>• Indicate that consent or refusal are equally welcome<br>• Organ donation generally not desired |
| **Pain** | • Generally under-treated<br>• May complain in general terms or may complain to trusted family member or visitor who will relay message to health care worker |
| **Visitors** | • Extended family may visit or hold rituals for critically ill person |
| | **Pregnancy, Birth and Postpartum** |
| **Breastfeeding** | • Acceptable, as is bottle |
| **C-section** | • May be feared |
| **Genetic defects** | • Beliefs in cause vary with individual and tribal culture |
| **Labor** | • Practices may vary<br>• Mother or other female relative may be present<br>• Laboring woman encouraged to be stoic<br>• Father may be expected to practice certain rituals and be absent following birth |
| **Postpartum** | • Mother and infant may rest and stay indoors for 20 days or until cord falls off<br>• Remnant of umbilical cord may have spiritual value; family may request it |
| **Prenatal care** | • Prenatal care expect and exchange of ideas generally appreciated<br>• May include avoidance of cutting hair while pregnant |

# Native American Culture – 4

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|---|---|
| **Sick baby** | • If mother too ill or too young to make decisions, family will be involved<br>• If baby not expected to live, family may wish to conduct naming or other ritual |
| | **Religious and Spiritual Practices** |
| | • Do not expect traditional religion to be openly discussed<br>• Spiritual healing may be combined with Western medicine<br>• Sacred items may be utilized or nearby; do not casually admire, examine or move but, if necessary, have family member move them |

# Russian Culture

| | |
|---|---|
| **Clothing and amulets** | • Some elderly women may prefer to wear warm clothing on top of hospital gowns to avoid cold<br>• May wear religious necklaces |
| **Communication/greetings** | • Russian is a major language with few differences in dialect<br>• May use loud voice, even in pleasant conversations<br>• Greetings taken very seriously<br>• Elders may be called "uncle" or "aunt" even if unrelated by blood |
| **Decision-making/spokesperson** | • Father, mother, eldest son or eldest daughter<br>• Spokesperson same as decision-maker or strongest personality |
| **Family structure** | • Extended family with strong family bonds<br>• Great respect for elders |
| **Food practices/beliefs** | • When ill, prefer soft, warm, or hot foods<br>• May have religious preferences |
| **Nonverbal** | • Direct eye-to-eye contact used<br>• Nodding is a gesture of approval<br>• Personal space varies; closer for friends/family |
| **Time orientation** | • Will try to be early or on time for appointments |
| | **Health, Illness, and Death** |
| **Consents** | • Explain procedures, tests, etc with patient and family together and allow time for family discussion<br>• Generally will not consent to research participation |
| **Death – body care** | • Family members may want to wash body and/or put special clothing on deceased |
| **Death – special needs** | • May have religious/spiritual ritual requests and needs |
| **End of life discussion** | • Inform head of family first |
| **Illness beliefs** | • Good health maintained by dressing warmly, avoiding stress, regular bowel movements, nutrition<br>• May believe illness is "will of God", "testing of faith", or "punishment" |
| **Invasive procedures** | • May be fearful of blood transfusions, unfamiliar routines or unfamiliar equipment<br>• May be fearful of IV tubing developing "air in the line" |
| **Organ donation** | • May wish body to remain intact |
| **Pain** | • May be stoic and not ask for medicine<br>• Comfortable with numeric pain scale |

# Russian Culture – 2

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|---|---|
| **Visitors** | • Family members and friends expected to visit to provide support |
| | **Pregnancy, Birth and Postpartum** |
| **Breastfeeding** | • Very important, supported and encouraged within culture<br>• Important for breast feeding mothers to be at peace<br>• Believe breasts must be kept warm |
| **C-section** | • Vaginal delivery highly preferred |
| **Genetic Defects** | • Same as illness beliefs |
| **Labor** | • Women generally passive; follow commands of doctor/midwife<br>• Traditionally believe that drinking castor oil or having an enema will encourage an easier birth<br>• May not desire pain medication<br>• May wish lighting dim due to belief that it will harm baby's eyes |
| **Postpartum** | • Traditional practice is 15 days of bed rest with household help for up to 40 days<br>• May wish to stay at home for up to 40 days following birth<br>• May wear pelvic binder to regain figure |
| **Prenatal care** | • May not be utilized unless there is a problem<br>• Believe pregnant women should be protected from bad news<br>• Believe certain activities, such as lifting, heavy exercise, or skipping steps when going downstairs will result in harm to baby |
| **Sick baby** | • Tell mother first |
| | **Religious and Spiritual Practices** |
| | • Predominately Jewish and Eastern Orthodox<br>• May not disclose beliefs freely<br>• Spiritual leaders may be considered important to healing process<br>• May use folk remedies |

# Somali Culture

| | |
|---|---|
| **Clothing/amulets** | • Muslim women will cover hair<br>• Baby/child may wear bracelet made from string or herbs to ward away Evil Eye<br>• Women may carry a metal object, often a knife, with her at all times to ward off Evil Eye |
| **Communication/greetings** | • Many social norms are delivered from Islamic tradition<br>• Common greeting is *salam alechem* ("God bless you") and to shake hand<br>• Islamic tradition is that men and women do not touch each other |
| **Decision-making /spokesperson** | • Usually male head of family |
| **Family structure** | • Large extended family includes clans and sub-clans<br>• Muslim prohibitions will separate adult men and women in most spheres of life |
| **Food practices/beliefs** | • May have religious restrictions |
| **Interpreter use** | • Use same gender and age if possible |
| **Nonverbal** | • Right hand is considered the clean and polite hand to use for daily tasks such as eating, writing, and greeting people<br>• It is impolite to point the sole of one's foot or shoe at another person<br>• It is impolite to use the index finger to call somebody; that gesture is used for calling dogs<br>• The American "thumbs up" is considered obscene |
| **Time orientation** | • Based around Muslim prayers 5 times a day |
| | **Health, Illness and Death** |
| **Consents** | • Avoid using medical jargon<br>• Elicit feedback to assess understanding |
| **Death – body care** | • Important to be aware of Muslim spirituality requirements regarding washing, position of body, etc |
| **Death – special needs** | • Be aware of Muslim spirituality needs |
| **Dying process** | • Birthdays are not celebrated, rather the anniversary of a person's death is commemorated |
| **End of life discussion** | • It is considered uncaring for physician to tell patient or family of pending death; it is acceptable to describe the extreme seriousness of an illness |

# Somali Culture – 2

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|---|---|
| **Illness beliefs** | • May participate in traditional cultural medicine, which includes fire-burning, herbal remedies, casting and prayer<br>• May believe illnesses are caused by spirits which reside within individuals and desire a healing ceremony according to cultural tradition<br>• May believe in concept of Evil Eye, which can be given purposefully by directing comments of praise at that person, thereby causing harm or illness to befall them – for example, telling parents that their babies are "adorable" or "big". More acceptable comment would be to say that the child is "healthy"<br>• Concept of using the western medical system to keep one healthy is unfamiliar |
| **Invasive procedures** | • May want to include traditional practices, such as reading from the Koran |
| **Organ donation** | • May not desire due to religious beliefs |
| **Pain** | • May expect medication, as that is usually given when one is ill or hospitalized in Somalia |
| **Visitors** | • Extended family may visit |
| | **Pregnancy, Birth and Postpartum** |
| **Breastfeeding** | • Expected until about age 2<br>• Colostrum may be considered unhealthy for baby; supplementation common in early neonatal period<br>• May believe human milk shouldn't be stored because it will go bad |
| **C-section** | • May be refused |
| **Genetic defects** | • May believe is the result of Evil Eye |
| **Labor** | • Men traditionally do not participate in delivery which is often at home with a midwife<br>• Husband must be involved in any decisions for surgical interventions but may defer the decision to wife or female relatives<br>• Female relatives strong presence and support |

# Somali Culture – 3

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|---|---|
| **Postpartum** | • Traditionally mom and baby rest in bed indoors for 40 years when female friends visit and prepare food<br>• During the first 40 days, mom may wear earrings made from string placed through a clove of garlic and baby may wear a bracelet made from string and herbs to ward away Evil Eye<br>• At the end of 40 days a celebration is held at home of a friend or family member when baby's naming ceremony may occur<br>• Incense (myrrh) is burned twice a day in order to protect baby from the ordinary smells of the world which has potential to make him/her sick |
| **Prenatal care** | • A woman's standing is enhanced by the number of children she has<br>• Concept of family planning has little cultural relevance |
| **Sick baby** | • Be aware of issues regarding end of life discussion |
| | **Religious and Spiritual Practices** |
| | • Primary Muslim/Islamic<br>• For those who practice, religion has a much more comprehensive role in life than is typical in the Americas or Europe<br>• During religious holidays, fasting is primary and medications will be taken only at night, although people who are very ill, pregnant women, and children under age 14 are exempt according to Islamic law |

# Vietnamese Culture

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|---|---|
| **Clothing or amulets** | • If Catholic, rosary beads or figure of saint<br>• If Buddhist, incense may be lit<br>• May believe that if hair is wet at night, it will cause headaches |
| **Communication/greetings** | • Major languages are Vietnamese, French, and Chinese<br>• In formal setting family name mentioned first; in casual conversation may prefer<br>• Do not shake woman's hand unless she offers hers first |
| **Family structure** | • Very family oriented, both nuclear and extended |
| **Food practices/beliefs** | • May use chopsticks<br>• May prefer warm, soft food when ill; nothing cold by mouth |
| **Interpreter use** | • Use same gender for sensitive subjects |
| **Nonverbal** | • Gentle touch may be appropriate when having conversation<br>• Head may be considered sacred and feet profane; be careful in what order you touch them<br>• Respect shown by avoiding eye contact<br>• Personal space more distant<br>• Head nodding doesn't necessarily mean understanding or approval |
| **Time orientation** | • Emphasize importance of appointments and medication schedules |
| | **Health, Illness and Death** |
| **Consents** | • Explain procedures as precisely and simply as possible |
| **Death – body care** | • Body is highly respected |
| **Death – special needs** | • May wish a spiritual or religious ritual<br>• Important to allow family extra time with body<br>• May cry loudly and uncontrollably |
| **End of life discussion** | • Do not tell patient without consulting head of family<br>• DNR a sensitive issue and a decision made by entire family |
| **Invasive procedures** | • May wish a second opinion |
| **Organ donation** | • May not be allowed due to respect for body and desire for it to remain intact |

# Vietnamese Culture – 2

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|---|---|
| **Pain** | • May be stoic<br>• Talk about intensity rather than numeric scale |
| **Visitors** | • Female family member may stay at bedside |
| | **Pregnancy, Birth and Postpartum** |
| **Breastfeeding** | • During lactation, mother may adhere to restricted diet which avoids "cold" and "windy" foods |
| **C-section** | • Vaginal delivery highly preferred |
| **Genetic defects** | • Accept loved ones unconditionally, but believe genetic defect in family is god's punishment for wrong behavior |
| **Labor** | • Expectation to "suffer in silence"<br>• Personal hygiene important<br>• Father's present but may assume passive role<br>• Female family friend may serve as labor coach |
| **Postpartum** | • Seen as a critical time<br>• New mother expected to be with baby at all times<br>• Not allowed full shower for 2-4 weeks; sponge bath acceptable |
| **Prenatal care** | • Mothers must be kept warm and have special hygiene measures, such as only using salt water to clean teeth |
| **Sick baby** | • Consult father or other family support person who will decide who will tell mother; best to have doctor present |
| | **Religious and Spiritual Practices** |
| | • Catholic and Buddhist predominant<br>• May wish to see chaplain or spiritual leader daily<br>• Belief in prayer and support of spiritual leader important |

# Baha'i Spirituality

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|---|---|
| **Beliefs** | • The oneness of God, of religion, and of humanity<br>• All great religions are divine in origin and represent successive stages of revelation<br>• Unification of humanity and end of racial and religious prejudice<br>• Search for truth is an individual responsibility<br>• Harmony of religion and science<br>• Basic education for all children<br>• Abolition of extreme wealth and poverty<br>• Equality of the sexes |
| **Daily practices** | • Daily prayer and reading of Baha'i sacred writings<br>• All work performed in the spirit of service is considered to be worship |
| **Dying and death** | • An individual's reality is spiritual, not physical<br>• The body is seen as the throne of the soul, worthy to be treated with honor and respect, even when dead<br>• After death, the soul continues to progress to the next stage of existence closer to God<br>• Body should be buried, not cremated, preferably without embalming unless required by law<br>• For person over 15 years old, the Prayer for the Dead as recited as burial |
| **Facilitating practices** | • Provide privacy and supportive environment |
| **Food** | • Baha'i Fast March 2-20: Baha'is over the age of 15 who are in good health abstain from food and drink from sunrise to sunset each day |
| **Health** | • Consumption of alcohol or mind-altering drugs is forbidden except when prescribed by a physician |
| **Holy days/festivals** | • 7 festivals per year in which one does not work or go to school; other holy days also observed |
| **Pregnancy and birth** | • No special requirements |
| **Rituals/ceremonies** | • Daily private prayer and annual fast lasting throughout the day from sunrise to sunset March 2-20 |
| **Instruments/structure/symbols** | • Prayer<br>• Local, national and international representatives<br>• Authorized representatives perform special religious rituals<br>• 9 pointed star is symbol |

# Buddhist Spirituality

| | |
|---|---|
| **Beliefs** | • Central focus is the attainment of a clear, calm state of mind undisturbed by worldly actions or suffering and full of compassion and enlightenment (the state of Buddhahood)<br>• Personal insight replaces belief in God with the complete study of the laws of cause and effect, or karma<br>• Basic tenet is reincarnation |
| **Daily practice** | • Chanting, meditating, observing other rites and/or rituals according to the form of Buddhism they follow |
| **Dying and death** | • Death is regarded as the actual time of movement from one life to another<br>• All rituals at death are aimed at promoting human rebirth in the next life, as well as preventing lower forms of rebirth taking place<br>• Person's state of mind at moment of death is believed to influence rebirth<br>• Imperative that a Buddhist representative be notified well in advance to see that appropriate person presides over the care of a dying person<br>• Acceptance of death does not mean resignation or refusal of conventional medicine<br>• Unexpected death or death of small child may necessitate special rituals<br>• Traditionally there is a 3 day period when the body is not disturbed following death |
| **Facilitating practices** | • Avoid embarrassment or discomfort by having a direct discussion of religious practices and needs<br>• Ensure calm and peaceful environment and comfort, especially for dying persons |
| **Food** | • May be vegetarian |
| **Health** | • Illness is a result of karma (law of cause and effect), therefore an inevitable consequence of actions in this or a previous life<br>• Illness not due to punishment by a divine being<br>• Healing and recovery promoted by awakening to wisdom of the Buddha, which is spiritual peace and freedom from anxiety<br>• Do not believe in healing through faith<br>• No restrictions on blood or blood products, surgical procedures, organ donation, autopsy<br>• Medications acceptable if in great discomfort as long as they do not affect state of mind |

# Buddhist Spirituality – 2

| | |
|---|---|
| **Holy days/festivals** | • While some celebrations are common to all Buddhists, many are unique to particular schools |
| **Pregnancy/birth** | • Artificial insemination, sterility testing and birth control all acceptable<br>• Buddhists do not condone taking a life; however circumstances of patient determine whether abortion is acceptable |
| **Rituals/ceremonies** | • Blessing and giving of Dharma name to baby<br>• Lengthy pre-death counseling and rituals |
| **Instruments/structure/symbols** | • Incense burning, flower and fruit offerings, altars in temples and homes with images of Buddha and ancestors, prayer beads<br>• Ordained spiritual community involves full ordination for women and men as well as lay vows for both<br>• No institutionally organized hierarchical structure |

# Catholic Spirituality

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|---|---|
| **Beliefs** | • Strong liturgical tradition<br>• Emphasis on sacraments, including baptism, Eucharist, prayers for the sick, marriage, confirmation and confession/penance<br>• Dedication to creeds<br>• Belief in Apostolic succession in leadership |
| **Daily practices** | • Prayers at table, bedside and other times<br>• May desire daily Eucharist or attendance at Mass |
| **Dying and death** | • Belief in life after death<br>• Sacrament of the Sick very important<br>• Autopsy and organ donation acceptable<br>• Body to be treated with respect |
| **Facilitating practices** | • Ask patient and family about preferred practices<br>• Arrange with spiritual care chaplains for identified ritual needs such as Eucharist/Communion<br>• Provide for privacy as needed |
| **Food** | • Traditional Catholics may fast prior to receiving Eucharist and may wish to avoid meat on Fridays, especially during season of Lent; offer to provide fish instead |
| **Health** | • Blood and blood products acceptable<br>• May wish major amputated limb to be buried in consecrated ground<br>• Sacrament of the Sick (anointing, blessing by priest and Eucharist if possible) very important<br>• May believe suffering is "part of one's fate" or punishment from God. |
| **Holy days/festivals** | • Traditional Christian holidays as well as observances of special holy days when attendance at Mass is viewed as an obligation |
| **Pregnancy/birth** | • Natural means of birth control only<br>• Abortion and sterilization prohibited<br>• Baptism of infants required and urgent if prognosis is grave |
| **Rituals/ceremonies** | • Attending Mass on Sunday, Holy Days, sometimes daily<br>• Sacraments observed<br>• Praying the rosary (beads to aid in saying prayers)<br>• Lighting candles |

# Catholic Spirituality – 2

| | |
|---|---|
| **Instruments/structure/symbols** | • Rosary (prayer beads)<br>• Holy water<br>• Devotion to saints, especially Mary, the mother of Jesus<br>• Name of Jesus important, crucifix, statues, pictures<br>• Only (male) priest ("Father"), deacon ("Mr." Or "Deacon"), nuns ("Sister") and brothers ("Brother") who have taken vows as well as Eucharistic Ministers (lay men and women who bring Eucharist/communion) and other men and women who are trained, including chaplains who are specially trained and certified. |

# Christian Science Spirituality

| | |
|---|---|
| **Beliefs** | • Includes study of Metaphysics, which suggests the presence of spiritual powers operating on the mind and body<br>• Faith does not rest on blind belief but understanding perfection of God's spiritual creation in the present<br>• All religions have value |
| **Daily practices** | • Prayer and sacraments |
| **Dying and death** | • Euthanasia contrary to teachings<br>• Most do not donate body or organs<br>• Disposal of body and burial family decision |
| **Facilitating practices** | • Always clarify if and what medical and/or psychological techniques, procedures, or medications patient and family wish to use |
| **Food** | • No restrictions |
| **Health** | • Believed to be the result of disharmony between mind and matter<br>• Belief that healing occurs when one draws closer to God and experiences moral and spiritual change<br>• Not completely opposed to medical treatment but may be fearful of being forced to accept unwanted treatments which violate individual personal beliefs |
| **Holy days/festivals** | • None |
| **Pregnancy/birth** | • Abortion incompatible with faith<br>• Birth control an individual decision<br>• May desire midwife |
| **Rituals/ceremonies** | • No outward ceremonies or other observances |
| **Instruments/structure/symbols** | • Primary text is *Science and Health With Key to the Scriptures*<br>• No clergy, but full-time healing ministers (practitioners) who practice spiritual healing, which is uniquely different from medical or psychological techniques |

## Hindu Spirituality

| | |
|---|---|
| **Beliefs** | • A wide variety of beliefs held together by an attitude of mutual tolerance and belief that all approaches to God are valid<br>• Humankind's goal is to break free of this imperfect world and reunite with God<br>• Reincarnation and karma (law of cause and effect)<br>• One must perform his/her duties to God, parents, teachers and society |
| **Daily practices** | • Personal hygiene very important and bath required every day, but bathing after meal may be viewed as injurious<br>• Hot water may be added to cold, but not the opposite |
| **Dying and death** | • The atmosphere around the dying person must be peaceful<br>• The last thoughts or words are of God; the Gita (scripture) is recited to strengthen the person's mind and provide comfort. Religious chanting before and after death is continually offered by family, friends, and priest<br>• Prefer to die at home, as close to mother earth as possible (usually on the ground)<br>• Active euthanasia viewed as destructive<br>• No custom or restriction on prolongation of life<br>• Immediately after death priest may pour water into mouth of deceased and family may wash the body<br>• Customary for body not to be left alone until cremated<br>• Autopsy and organ donation acceptable<br>• Cremation is common on day of death<br>• Fetus or children under age 2 may be buried; no rituals observed |
| **Facilitating practices** | • Provide supportive environment and privacy for rites<br>• Involve family members in plan of care and determine which member will provide personal care<br>• Father/husband is primary spokesperson to whom questions should be directed |
| **Food** | • Usually vegetarian<br>• According to dietary law, right hand is used for eating and left hand for toileting and hygiene<br>• May fast on special holy days |

# Hindu Spirituality – 2

| | |
|---|---|
| **Health** | • Prayer for health considered low form of prayer; stoicism preferred<br>• Medication, blood and blood products, donation and receipt of organs acceptable<br>• Pain and suffering seen as result of past actions<br>• Future lives influenced by how one faces illness, disability and/or death |
| **Holy days/Festivals** | • Several, which are observed at home; some take place in a temple<br>• Must be barefoot during religious worship or any kind of religious celebration<br>• Must sit at a lower elevation than where the image of the deity has been placed |
| **Pregnancy/birth** | • Birth control, artificial insemination and amniocentesis acceptable |
| **Rituals/ceremonies** | • On $10^{th}$ or $11^{th}$ day after birth, priest performs naming ceremony<br>• Specific ceremonies vary according to local customs |
| **Instruments/Structure/Symbols** | • Various sacred writings<br>• Various objects for rituals, including sandalwood, incense, candle, symbols or picture, fresh flowers<br>• Not a church-based religion; no hierarchical structure<br>• Religious practitioner is priest<br>• "Om" symbol, a Sanscrit term for the Supreme Reality or God, taken from the sacred writings of the Vedas |

# Jehovah Witness Spirituality

| | |
|---|---|
| **Beliefs** | • No holy trinity. God is the Father, while Jesus Christ is His son, a separate person. The holy spirit is God's motivating force<br>• Do not participate in nationalistic ceremonies (i.e. saluting the flag), give gifts at holidays or celebrate traditional Christian days<br>• Believe that after world has been restored to state of paradise, beneficiaries of Christ will be resurrected with healthy, perfected physical bodies and will inhabit earth |
| **Daily practices** | • Prayer and reading of Scriptures |
| **Dying and death** | • Death is a state of total unconsciousness<br>• Euthanasia forbidden<br>• Autopsy acceptable if legally required<br>• Donation of body or organs is personal choice |
| **Facilitating practices** | • Be sensitive to strong religious beliefs opposing use of blood or blood products<br>• Encourage patient/family to consult with congregational elders or to contact the local Jehovah Witnesses Hospital Liaison Committee |
| **Food** | • Avoid food that contains blood |
| **Health** | • Strongly opposed to blood transfusions<br>• Medications from blood products may not be acceptable<br>• Use of extraordinary means to prolong life or right to die is an individual choice |
| **Holy days/festivals** | • Meetings held 3 times a week in local Kingdom Halls with focus on education rather than ritual as well as weekly meetings in homes<br>• Most important meeting of the year is a congregational celebration of the Memorial of Christ's sacrificial death |
| **Pregnancy/birth** | • Abortion and artificial insemination by a donor are forbidden<br>• Birth control an individual choice<br>• No infant baptism |
| **Rituals/ceremonies** | • Adult baptism<br>• No special rituals for sick or dying |
| **Instruments/structure/symbols** | • None |

# Jewish Spirituality

| | |
|---|---|
| **Beliefs** | • Existence of one, indivisible God by whose will the universe and all that is in it was created<br>• Commitments, obligations, duties, and commandments have priority over rights and individual pleasures<br>• Sanctity of life; saving life overrides nearly all religious obligations |
| **Daily practice** | • Prayer three times daily |
| **Dying and death** | • Belief that every human being is composed of a soul which returns to heaven and the body which returns to the dust of the earth<br>• Euthanasia prohibited<br>• Right to death with dignity<br>• Autopsy discouraged but permitted when legally required<br>• All body parts buried together; including amputated members<br>• May ritually wash body and not leave unattended until burial<br>• Organ donation personal choice |
| **Facilitating practices** | • Discuss expected observances occurring during hospital stay with patient/family<br>• Find out if patient wants kosher food and whether patient is referring to a type of food or how the food is prepared |
| **Food** | • Kosher means fit or proper as related to dietary laws. It means that a given product is permitted and acceptable according to religious law. There can be many complicated details depending upon choice of observance.<br>• A small cup of wine may be part of religious observance |
| **Health** | • No restrictions on medications or transfusions<br>• Unless surgical procedure is immediately necessary for preservation of life, may be avoided during Sabbath or other holy days<br>• Orthodox Jews have very specific beliefs and practices that must be considered, such as patient not being touched by a care provider of the opposite sex |
| **Holy days/festivals** | • Many holy days and celebrations |
| **Pregnancy and birth** | • Miscarried fetus considered a potential human being and buried<br>• Artificial insemination permitted<br>• Birth control permitted except with Orthodox Jews |

# Jewish Spirituality – 2

| | |
|---|---|
| **Rituals/ceremonies** | • Worship takes place in a synagogue<br>• Sabbath from sundown Friday to Saturday; it is a time to rest |
| **Instruments/structure/symbols** | • Scriptures<br>• Strictly observant males may wear cap and prayer shawls<br>• Rabbi is the spiritual leader<br>• Six-pointed star of David |

# Mormon (Latter Day Saints) Spirituality

| | |
|---|---|
| **Beliefs** | • Centered and focused on Jesus Christ as the firstborn of God<br>• Members are literal spiritual sons and daughters of a living Father in Heaven<br>• Mortality is a probationary period in which people are tested to see if they will obey the Lord's commandments given through ancient and current prophets<br>• Building of temples where sacred and personal covenants can be entered into with the Lord |
| **Daily practices** | • Prayer and reading scripture |
| **Dying and death** | • Belief that all individuals will be resurrected, and will attain a degree of glory in heaven for which they qualified while living in mortality<br>• Euthanasia not practiced<br>• Promote peaceful and dignified death if inevitable<br>• Organ donation an individual choice<br>• Autopsy permitted |
| **Facilitating practices** | • Allow for visits by church representatives; privacy for prayer or ritual |
| **Food** | • Coffee and tea prohibited along with tobacco and alcohol<br>• Fasting (no food or drink for 24 hours) required once each month; ill people not required to fast |
| **Holy days/festivals** | • Follow basic Christian holidays such as Christmas and Easter, as well as national holidays and church specific holidays |
| **Pregnancy and birth** | • Belief that one central purpose of life is procreation<br>• Birth control contrary to beliefs<br>• Abortion forbidden except when mother's life in danger or event of rape<br>• Artificial insemination acceptable between husband and wife |
| **Rituals/ceremonies** | • Naming and blessing of children<br>• Two elders required for ritual of blessing for sick<br>• "Family Home Evenings" held once week |
| **Instruments/structure/symbols** | • King James Version of the Old and New Testaments, the Book of Mormon and other scriptures<br>• No formal clergy but designated leaders for specific roles |

# Muslim (or Islam) Spirituality

| | |
|---|---|
| **Beliefs** | • One God, or *Allah*, is most important principle<br>• Prophet Mohammed and Holy Koran<br>• A judgment day and life after death<br>• Commitment to fast during the holy month of Ramadan; abstaining from food, drink, sexual intercourse, and evil intentions and actions<br>• Commitment to attempt a pilgrimage to Mecca at least once in life<br>• Duty to give with generosity to poor people |
| **Daily practices** | • Prayer 5 times a day facing Mecca, after ritual (dawn, mid-day, mid-afternoon, sunset, night); face, hands and feet are washed before prayer.<br>• Days of observance occur throughout the Muslim lunar calendar |
| **Dying and death** | • Euthanasia or any attempt to shorten life prohibited<br>• Organ or body donation acceptable<br>• Autopsy permitted only for medical or legal reasons<br>• Confession of sins and begging forgiveness must occur in presence of family before death<br>• Important to follow five steps of burial procedure which specifies washing, dressing, and positioning of the body; first step is traditional washing of the body by Muslim of same gender<br>• As moment of death approaches, Islamic Creed should be recited<br>• Grief expressed by shedding tears, but are forbidden to wail, beat breast, slap face, tear hair or garments, complain or curse |
| **Facilitating practices** | • Explore what practices are most important to patient/family<br>• Be aware that some customs prohibit handshakes or any contact between genders |
| **Food** | • Pork, alcohol and some shellfish prohibited; ask about dietary requirements<br>• Only vegetable oil to be used<br>• Prohibited is any food upon which any other name has been invoked besides that of God<br>• Children, pregnant women, and those who are ill are exempt from fasting laws, however may need support from faith group/leader |
| **Health** | • No restrictions on blood or blood products, medications, amputations, organ transplants or biopsies<br>• Most surgical procedures permitted |

# Muslim (or Islam) Spirituality – 2

| | |
|---|---|
| **Holy days/festivals** | • Friday is holy day when Muslims pray together at noon as a congregation at the mosque; may work except during prayer time<br>• Do not work on two annual holy days |
| **Pregnancy and birth** | • Only female health care staff to care for Muslim girls and women when possible<br>• Muslim women should be allowed to wear own gowns as desired to observe clothing restrictions which require women's clothing to cover all of body, including the head<br>• As women patients if they wish a "please knock" sign on door to warn them of persons entering room<br>• If husband cannot be present at delivery, a female friend or relative should be allowed to attend<br>• Birth control acceptable<br>• Religious objection to abortion except in instances of great risk to mother's life<br>• Artificial insemination permitted between husband and wife<br>• Before 130 days gestation, fetus discarded as any other tissues; after 130 days considered full human being |
| **Rituals/ceremonies** | • After birth, father or grandfather recites prayers in each ear of baby<br>• Male infants are circumcised |
| **Instruments/structure/symbols** | • Koran<br>• Prayer mats, a rug or towel<br>• Spiritual leader often referred to as Imam<br>• Crescent moon |

# Native American Spirituality

| | |
|---|---|
| **Beliefs** | • Creator – some tribes use "God" and "Creator" interchangeably<br>• Fundamental interconnectedness of all natural things, all forms of life, with the land, or Mother Earth, is of primary importance<br>• Basic sense of community or group/tribe |
| **Daily practices** | • Prayers may include using sacred objects, usually private and without strangers present |
| **Dying and death** | • Beliefs and practices vary widely from tribe to tribe<br>• Body is sometimes prepared for burial by family or tribe members<br>• After person dies, some tribes will not touch deceased person's clothes or belongings |
| **Facilitating practices** | • Provide time, space, privacy, and include tribal spiritual leader<br>• Do not pretend to be familiar with traditions and do not interfere with them |
| **Food** | • After ceremony or prayer, foods consumed will likely be provided by family |
| **Health** | • Health care practices intertwined with religious and cultural beliefs<br>• May believe that ill health results from not living in harmony or being out of balance with nature and social and supernatural environments |
| **Holy days/festivals** | • Closely related to seasonal changes, the moon, provision of food and other life essentials |
| **Pregnancy and birth** | • Pregnant women included in religious ceremonies until delivery |
| **Rituals/ceremonies** | • Performed with intent of seeing, understanding, or obtaining a vision of clarity of oneself and the individual issues in order to relate it to oneself and others<br>• Prayer accompanied by burning of sacred plants, such as sweet grass, sage, cedar or tobacco |

# Native American Spirituality - 2

| | |
|---|---|
| **Instruments/structure/symbols** | • No written scriptures; ceremonies and beliefs are learned by word of mouth and experience<br>• Sacred and should not be touched without permission, especially by a stranger<br>• Medicine bag: a leather pouch usually worn around neck. Do not open it or question patient about it<br>• Religious articles carried by elders must not be touched by anyone other than the elder; if inspection is required, an elder should be invited to provide inspection services<br>• A woman should not come near sacred objects during menstruation<br>• Elders may be either men or women<br>• Medicine Man or Woman will probably not have identification defining him/her as member of clergy<br>• Include elder, medicine person, or spiritual leaders as colleague to assist in healing process<br>• A great variety of symbols are used which vary from one tribe to another |

# Protestant Christian Spirituality

| | |
|---|---|
| **Beliefs** | • Jesus of Nazareth is the son of God<br>• Emphasis on Scripture/Holy Bible as word of faith and life<br>• Traditionally two Sacraments: Baptism and Eucharist/Communion/Lord's Supper<br>• Community worship important |
| **Daily practices** | • Prayer, Scripture reading |
| **Dying and death** | • Organ donation, autopsy, and burial or cremation usually an individual decision<br>• Euthanasia beliefs vary from individual decision to religious restrictions<br>• Body to be treated with respect |
| **Facilitating practices** | • Ask patient and family what practices are meaningful sources of support to them<br>• Provide privacy as needed |
| **Food** | • No restrictions; personal decision |
| **Health** | • In most denominations, decisions about blood, blood products, vaccines, biopsies, amputations and transplants are individual choice<br>• Prayer, anointing, Eucharist, or other rituals may be important, as well as contact with clergy |
| **Holy days/festivals** | • Traditional Christian holidays and observances, including Christmas and Easter |
| **Pregnancy and birth** | • In most denominations, decisions about genetic counseling, birth control, sterility tests, and artificial insemination are individual choice<br>• Some denominations may have restrictions<br>• Baptism of infants practiced in some denominations; other may desire a blessing or dedication ritual |
| **Rituals or ceremonies** | • Prayers for healing and comfort of the sick, commendation of the dying, personal prayer, Sacraments of Baptism and Eucharist |
| **Instruments/structure/symbols** | • Bible<br>• Cross<br>• Many mainline denominations ordain both men and women while some conservative denominations may have only male leadership |

# Seventh Day Adventist Spirituality

| | |
|---|---|
| **Beliefs** | • Bible accepted literally<br>• Belief duty to warn others to prepare for second coming of Christ<br>• Body considered temple of god and must be kept healthy<br>• Operate one of world's largest religious health care systems |
| **Daily practices** | • Prayer |
| **Dying and death** | • Euthanasia not practiced<br>• Autopsy, donation of body or organs acceptable<br>• Disposal of body and burial individual decision<br>• Do not believe in a continuation of life after death until return of Christ |
| **Facilitating practices** | • Ask patient and family about beliefs and preferences<br>• Provide privacy |
| **Food** | • Vegetarian diet encouraged<br>• Alcohol, tea, and coffee prohibited<br>• May practice fasting |
| **Health** | • Believe healing can be accomplished both through medical intervention and divine healing<br>• Chaplains and physicians inseparable<br>• Emphasize physical medicine, rehabilitation and therapeutic diets<br>• No restrictions on medications, blood or blood products, or vaccines<br>• May not wish narcotics or stimulants<br>• No restrictions on surgical procedures although some may refuse interventions on Friday evening and Saturday Sabbath |
| **Holy days/festivals** | • Saturday is Sabbath, a day of worship and rest |
| **Pregnancy and birth** | • Birth control an individual choice<br>• Therapeutic abortion acceptable in cases of danger to mother, rape, or incest<br>• Opposed to infant baptism |
| **Rituals/ceremonies** | • Pastors and elders may pray and anoint ill person with oil |
| **Instruments/structure/symbols** | • Pastors and elders are male |

# Sikh Spirituality

| | |
|---|---|
| **Beliefs** | • One God, whose name is truth eternal, who is the supreme Guru, revealed as guide and teacher through the Word<br>• Reincarnation as a cycle of birth and rebirth<br>• Tension exists between God's sovereignty and human free will<br>• Salvation is liberation from the cycle of birth and rebirth<br>• Ideal life is one of work, worship, and charity<br>• Equality of all people |
| **Daily practices** | • Private worship twice daily, morning and night |
| **Dying and death** | • Body and bathed, dressed, and cremated<br>• Floor is washed and covered with white sheets; shoes taken outside of room |
| **Facilitating practices** | • Provide privacy<br>• Respect wearing of religious objects; do not remove without permission |
| **Food** | • Fasting not accepted as a religious practice, although it can be observed for medical reasons |
| **Health** | • Adult members have made a vow never to cut the hair on any part of their body |
| **Holy days/festivals** | • Meet as a congregation for prayer service and common meal on six primary holidays |
| **Pregnancy and birth** | • Child is often named by opening the Guru Granth Sahib (book of collected religious writings) at random: the first letter of the first verse on the left hand page becomes the first initial of the child's name |
| **Rituals/ceremonies** | • Various |
| **Instruments/structure/symbols** | • Guru Granth Sahib, collection of religious writings, is the "Living Word" and the "Living Guru" or teacher<br>• A turban may be worn as a symbol of personal sovereignty and responsibility to others<br>• Symbolic objects include wooden comb, cloth around chest, and iron bracelet which is believed must never be removed<br>• Local leadership consists of elected community of 5 elders<br>• Khandra, which reflects certain fundamental concepts of the faith, is the symbol |

# Wicca Spirituality

| | |
|---|---|
| **Beliefs** | • Polytheistic – many gods and goddesses<br>• Principal deity is the Earth/Mother Nature; concern for ecological issues<br>• Reconstructs the ancient worship practices of pre-Christian civilizations such as the Greek, Norse, Celtic, Sumerian or Egyptian<br>• Law of Nature dictates that no action can occur without having significant repercussions throughout the world, eventually returning to affect the original actor |
| **Daily practices** | • Individual study<br>• Principal form of worship is usually called "ritual" or "circle" |
| **Dying and death** | • Beliefs and practices vary<br>• No restrictions on autopsy |
| **Facilitating practices** | • Make time and space for rituals; provide privacy and quiet<br>• Consecrated items must not be removed from patient or handled by anyone but the wearer |
| **Food** | • May not desire various foods due to beliefs; ask for preferences |
| **Health** | • Patient may want to contact his or her coven community to request a healing rite |
| **Holy days/festivals** | • Various |
| **Pregnancy and birth** | • Rituals for blessing of pregnancy performed by women of community held during each of trimesters of pregnancy<br>• Ritual of naming and blessing of children |
| **Rituals/ceremonies** | • Rituals are a large part of Wiccan practice<br>• Full moon held to be a time of great magical energy, a good time for putting a lot of effort into one's spiritual life and work |
| **Instruments/structure/symbols** | • Written works and codes of conduct<br>• Consecrated pendant in the form of a pentacle (interlaced five point start within a circle) is often worn; don't remove without asking<br>• Various sacred objects including a wand, chalice, wine or juice, incense, candles, images of gods or goddesses, herbs, oil<br>• Weekly worship and classes<br>• Priests and priestesses perform special rituals |

# Cultural and Spiritual Sensitivity Teaching Notes

I. Introduction: Why do we have to be culturally and spiritually sensitive?

A. There has been a dramatic increase in the population of the United States, in Arizona, and here in the Valley in recent years, as well as changes within the population itself.

B. For example, in the Tempe Kyrene School district, a 1999 article in the Arizona Republic reported 78 different languages represented among its students.

C. Can use the following information either by reading, as an overhead, or making into a handout:

**If we could shrink the earth's population to a village of precisely 100 people, with all the existing human ratios remaining the same, it would look something like the following:**

57 Asians
21 Europeans
14 from the Western Hemisphere, both north and south
8 Africans

52 would be female
48would be male
70 would be non-white
30 would be white
70 would be non-Christian
30 would be Christian
89 would be heterosexual
ll would be homosexual

6 people would possess 59% of the entire world's wealth and all 6 would be from the United States

80 would live in substandard housing
70 would be unable to read
50 would suffer from malnutrition
3 would be infected with Hepatitis C
1 would be near death
1 would be near birth
1 would own a computer

http://www.humboldt.edu/~tml2/EarthShrinkage.html

D. As healthcare providers, we find ourselves providing services in an environment where patients and their families are likely to be different from us in:
    1. Cultural background
    2. Traditions
    3. Language
    4. Spiritual background and practices

E. The challenge of a multicultural society is in determining how we can provide the best possible healthcare services in ways that are appropriate and sensitive to these differences

F. William Osler, a physician who was a pioneer in talking about patient/physician relationships, said:
    "Ask not what disease the person has, but what person the disease has."

G. *Cultural and Spiritual Sensitivity: A Learning Module* was developed as a resource for clinical staff. The module is for you to keep, review, and utilize.

II. Difference between cultural <u>competence</u> and cultural <u>sensitivity.</u>

A. We often think that competence means that we have to know everything about every culture and spiritual tradition

    1. This is an unrealistic expectation
        a. There are too many cultures and traditions to know
        b. People will often display a wide diversity within their culture or spiritual tradition which can make it difficult (if not impossible) to generalize about health beliefs and practices
        c. Individuals may subscribe to all, some, or possibly none of those identified as general for each group

B. So the key is sensitivity to those differences
    1. Without sensitivity, it doesn't matter how much we know intellectually
    2. What matters is the manner in which we act on what we know; whether we interact in a sensitive manner to patients and families, which leads to upholding their rights to be treated with dignity and respect

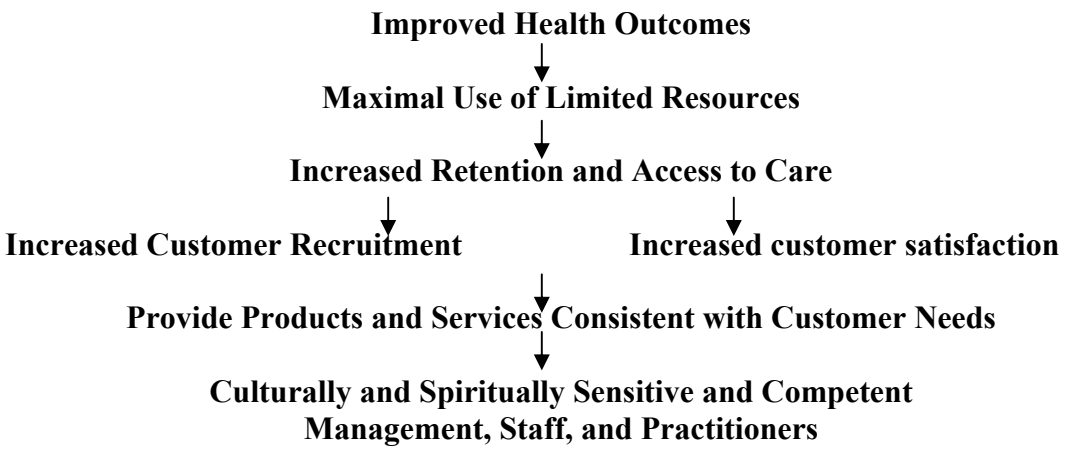
C. And that sensitivity is what leads to competence.

III. There are many reasons why we need to be culturally and spiritually sensitive.
A. Our values -- as a hospital and as individuals – are the primary reason
B. But even from a purely "business of healthcare" point of view, it is important:

Can make following diagram into overhead,
handouts, or write on white board/overhead as you go.

**Benefits of Cultural and Spiritual Competency**
**In Primary Health Care**

(Adapted from American Association of Health Plans,
Minority Management Program, 1997. Used by permission.)




IV. When talking about cultural and spiritual sensitivity, the place to start is with ourselves and our own personal assumptions.

*A.* It is a natural tendency for us to assume that our own values and customs are more sensible and right

1. It is necessary, then, for us to become aware of the cultural and spiritual assumptions from which we develop our judgments as the first step.

**Self-Assessment Exercises**

(Learning Module)

- Do separately and share results.
- Do as small groups.
- Do as large group.
- Don't do at all – tell folks to do them on their own

V. Dynamics of Cultural Insensitivity

A. Cultural insensitivity is usually not intentional, but can be caused by:

1. Not having the knowledge we need to understand another person's frame of reference
2. The result of fear of the unknown or something new
3. Viewing everyone as the same and ignoring differences
4. Time constraints: Too much to do; Feeling pressured to complete tasks; Needing to move on to the next person who is waiting

B. Cultural insensitivity can lead to misunderstandings between the patient and/or family's expectations and ours

1. Miscommunication occurs
2. It becomes difficult for us to provide the best and most appropriate care

C. Perceptions of health care, the effectiveness of therapy, and trust of health providers originates from family, role models, and previous experiences

1. Should the health provider fail to incorporate the person's cultural values when performing care the relationship may become impaired

D. Cultures vary in their beliefs in the prevention, cause, and treatment of illness as well as in their understandings of the processes of life and death.

1. These beliefs dictate the practices and actions used to:
    a. Maintain health
    b. Prepare for and experience the processes of life, including:
        - Pregnancy
        - Birth
        - Postpartum
        - Infant and child care
        - Illness and its various treatments
        - Trauma
        - Death
        - Grief

2. Too often we interpret the behaviors of others as negative because we don't understand the underlying value system of their culture.

E. Providers of health care and their patients and families often begin their relationships separated by a huge cultural gap

1. As providers we are socialized into the traditional atmosphere of the healthcare profession, with a set of beliefs, practices, habits, likes, norms, and rituals which make it a culture in itself

**Learning Module**

**The Health Care Provider Culture**

2. Western medicine, by its very nature, often treats patients as though they were objects – machines that can be put back into "proper working order" or that failed
    a. And often, patients' family and friends are viewed as "annoyances" to be put up with and "managed"

3. Patients who are hospitalized, as well as their families, are removed from their own lives and life stories and taken from their familiar homes….

   …Into the strange and often fearful world of the hospital to be treated by numerous different people who come into their rooms

4. Care means that patients and families are treated as human beings who have lives beyond the hospital and meaning beyond the medical world of diagnosis, medications, treatment, and prognosis

5. Competence means that we – both individuals and organizations – are able to provide that care by:
   a. Functioning effectively in the midst of cultural differences
   b. Being sensitive not to impose our personal values on someone else because they are different
   c. Being able to establish relationships with people in the midst of diversity
   d. Celebrating differences, recognizing similarities, and being committed to seeing differences and not deficits

6. Remember that this doesn't happen overnight but is a process that takes time, attention, and continual self-awareness

D. Culture is….

1. The learned or shared knowledge, beliefs, traditions, and customs used to interpret experiences and to generate what is considered to be appropriate social behavior. *Many of these were addressed in the self-assessment activities*

2. Cultural behavior, or how a person acts in select situations, is socially acquired and not genetically inherited.
   a. Enculturation (or socialization) is the process of learning patterns of cultural behavior; of acquiring knowledge and internalizing values
   b. In broadest definition, is groups whose members share a common social and cultural heritage

3. Ethnic refers to races or large groups of people classed according to common traits or customs
   a. Most important characteristic of ethnicity is that members feel a sense of identity
   b. Most Americans in the dominant culture do not view themselves as belonging to an ethnic group; however many minority groups are very proud of their ethnicity and choose to emphasize their cultural or racial differences

4. Race is a biological grouping
   a. Members of a particular group share distinguishing physical features, such as skin color, bone structure, or blood group

5. Minority is a particular racial, religious, or occupational group that constitutes less than a numerical majority of the population
    a. Unfortunately the term is often politicized to mean a lack of power or assumed inferior trait

6. The particular behaviors are not as significant as the relationship of those behaviors to the personal values held by the patient and family

7. By incorporating sensitivity and practices into a patient's plan of care, we demonstrate respect and reduce stress due to feelings of isolation and alienation

8. Share the following information by either lecture, overhead, or by preparing handouts; talk about what values (personal and corporate) can be identified in these indicators

**Indicators of Cultural Competence**

Adapted from the National Maternal Child Health Resource Center
On Cultural Competency for Children with Special Health Care Needs
And Their Families; Austin, TX. Used by permission.

- Recognizing the power and influence of culture.
- Understanding how your own background affects your response to others
- Not assuming that all members of a cultural group have the same beliefs and practices
- Approaching each family with no preconceptions
- Helping families learn how to use the influence the system developed by the mainstream culture
- Acknowledging how past experiences with cultural insensitivity have an affect on present interactions
- Actively eliminating cultural insensitivity in policies and practices
- Building on the strengths and resources of each person and family and their community.

9. Two important points about culture and treatment
    a. The treatment must be appropriate to the cause
        - If germs cause disease, kill the germs
        - If the body is out of balance, restore balance
        - If the soul is gone, retrieve it
        - If an object has entered the body, remove it.
    b. Whether these etiologies are the true causes of the disease is irrelevant.

c. Don't disregard the merits in the beliefs of other cultures.
   - They may be right.
   - All medical systems are based on observed cause-and-effect relationships.

VI. Spirituality

A. Spirituality involves finding meaning and purpose in one's life and experiences
   1. Encompasses a person's philosophy of life and world view
   2. Expressed through concepts and ideas about:
      a. God/the Deity/one's Higher Power
      b. One's sacred beliefs
      c. One's religious ideas or practices
   3. Spirituality refers to our inner belief system
   4. Spirituality is a delicate "spirit-to-spirit" relationship to oneself, others, and the God of one's understanding

B. Everyone is a spiritual being

C. Religion refers to the externals of our belief system, such as participation in:
   1. Church
   2. Prayers
   3. Traditions
   4. Rites
   5. Ritual

D. Not everyone is religious

E. Definition of spiritual well-being: "An individual who expresses affirmation of life in a relationship with a higher power (as defined by the person), self, community, and environment that nurtures and celebrates wholeness" (from *Handbook of Nursing Diagnosis; Carpenito, 7th Ed., 1997)*

F. Spiritual needs can be identified in a variety of ways (*examples on page 18 of learning module*)
   1. Environment
   2. Behavior
   3. Verbalization
   4. Interpersonal relationships

*G.* Triggers which can lead to a spiritual focus or crisis in a person's life
   1. Physical factors
   2. Emotional experiences or transitions
   3. Near death experiences
   4. Spiritual practices

H. All of our human experiences can be interpreted as opportunities for spiritual growth and enlightenment

I. Definition of spiritual distress: "The state at which an individual or group experiences or is at risk of experiencing a disturbance in the belief or value system that provides strength, hope, and meaning to life." (from *Handbook of Nursing Diagnosis; Carpenito, 7th Ed., 1997)*

*J.* Appropriate interventions for spiritual distress (*on page 19 of Cultural and Spiritual Learning Module)*

1. Convey a caring and accepting attitude
2. Provide support, encouragement, and respect
3. Provide presence
4. Listen actively
5. Make a referral to chaplain for further intervention
6. Document

*K.* Approaches to respecting diverse beliefs and practices

1. Preserve beliefs and practices that have a beneficial effect on health
2. Adapt or adjust those that are neutral or indifferent
3. Repattern those that have a potentially harmful effect on health.

VII. Case Study (ies)

VIII. Three Things to Remember

*A. Different is different, it's not right or wrong*
B. I'm not afraid to ask, even if I feel comfortable
C. It's not about me

VIII. Nursing Admission Screen – Cultural and Spiritual Screen (whatever questions your organization uses)

*A. Importance of Completing – Walk thru screen (make handouts)*

**IX.** Post-Test

# Resources

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