CONSIDERING CULTURE BOX 13.1

The Challenge of Understanding Your Own Cultural Beliefs—Sociocultural Self-Assessment

Directions: Use your answers to these questions to better understand your own social and cultural beliefs and expectations.

1. To what groups do I belong? What is my cultural heritage? My socioeconomic status? My age-group? My religious affiliation?
2. How do I describe myself? What parts of the description come from the groups to which I belong?
3. What kinds of contact have I had with people from different groups? Do I assume that others have the same values and beliefs that I have?
4. What makes me feel proud about my group affiliations? Am I ethnocentric in my attitudes and behavior? What would I change about my group affiliations if I could? Why?
5. Have I ever experienced the feeling of being rejected by another group? Did this experience heighten my sensitivity to other cultures or cause me to denigrate others different from myself?
6. When I was growing up, what messages did I get from parents and friends about people from groups different from mine? Do these attitudes cause me any difficulty today?
7. What are the major stereotypes I hold about people from different groups? Do these biases help or hinder me in developing cultural sensitivity?
8. To work effectively with people from different cultural groups, what do I need to change about myself?

providers should talk to in making a decision, and what the illness and its treatments mean to them (Fig. 13.3). Numerous cultural assessment instruments have been developed. Some of them require in-depth interviews and comprehensive data gathering, which may prove to be challenging for busy nurses. However, patients often find themselves "a stranger in a strange land" just by virtue of entering the health care setting with its own language, routines, and culture. For a patient who is from a country or culture that diverges greatly from American culture, being hospitalized poses numerous threats to his or her identity. A careful assessment is warranted, and if language is problematic, a professional interpreter should be used (see Chapter 12).

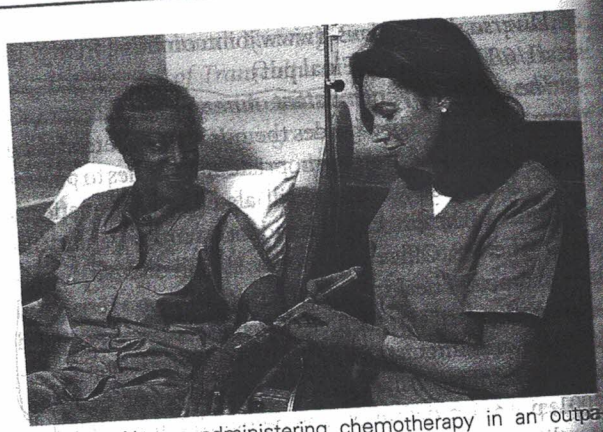

Fig. 13.3 Nurses administering chemotherapy in an outpatient setting often see the same patients over time. A cultural assessment at the onset of treatment can be useful in helping the patient feel accepted and supported as she faces the challenges of having cancer. (Photo used with permission from iStockphoto.)

Culturally competent nurses take cultural differences into consideration, are aware of potential "trouble spots" that can occur, usually interpret patient behavior accurately, and recognize problems that need to be managed. They realize that cultural norms must be included in the plan of care to prevent conflicts between nursing goals and patient/family goals. Planning culturally congruent care is the most time-effective way to achieve the desired goals.

In addition, being knowledgeable about other cultures promotes feelings of respect and enhances understanding of attitudes, behaviors, and the impact of illness. The accompanying interview with Dr. Madeleine Leininger provides insights into her vast experience and strongly held beliefs about cultural competence in nursing. Becoming culturally competent is a process. Nurses must remember that continuous learning and sensitivity to and respect for cultural differences are qualities required of culturally competent nurses (Interview Box 13.1).

THE IMPACT OF ILLNESS ON PATIENTS AND FAMILIES

Across all cultures, illness forces change in patients and their families: behavioral and emotional changes, role changes, and unpredictable changes in family dynamics. Illness creates stress and other emotional responses. The