



Joint Commission
Resources

CULTURAL SENSITIVITY

A POCKET GUIDE FOR
HEALTH CARE PROFESSIONALS
SECOND EDITION



By **Geri-Ann Galanti, PhD**
with a foreword by **Michael S. Woods, MD**



Senior Editor: Robert A. Porché, Jr.

Project Manager: Andrew Bernotas

Manager, Publications: Lisa Abel

Associate Director, Production: Johanna Harris

Executive Director: Catherine Chopp Hinckley, PhD

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permissions@jcrinc.com

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FOREWORD



The World Is a Small Place.


AND THE SMALLER IT GETS, THE MORE IMPORTANT IT BECOMES THAT WE UNDERSTAND EACH OTHER.

As health care professionals in the United States, we're likely to count among our patients people from all over the globe. Hmong in Minneapolis. Chinese in Atlanta. Vietnamese in Wichita. Russians in Denver. Africans in Seattle. All of the above and more in New York, Chicago, and Los Angeles.

These various peoples carry with them cultures and customs that affect the way they interpret the world, their experiences, and their relationships.

When it comes to health care, the United States might have great technology and dedicated, intelligent health care staff, but these advantages are lost if our patients can't understand the **"why"** and **"what"** of their care.

If a patient, because of a cultural "disconnect," can't appreciate what we're prescribing or why it's necessary, or if the information is delivered in a way that inadvertently frightens or offends the patient, ***how can we fulfill our mission as health care providers?***





THE ANSWER IS PATIENT-CENTERED HEALTH CARE.

Take a minute to think of the patient as a customer —how would that change our behavior? We'd be obliged to give the patient what he or she wants. Doing that (within the boundaries of the right medical solution, of course) means being sensitive to each patient's culture-driven expectations.

If patients feel we understand and respect them as individuals, they'll be more likely to trust us and comply with our prescribed therapies and treatments. The greater the trust, the better the outcomes. The better the outcomes, the lower the risk of medical malpractice liability.

Joint Commission Resources has published this guide as a service to our colleagues in the health care industry. The information in this **CULTURAL SENSITIVITY POCKET GUIDE** comes from www.ggalanti.org and from "Caring for Patients from Different Cultures" by Geri-Ann Galanti, PhD. Each section addresses a few core cultural patterns that can lead to misunderstandings. By using this guide, physicians, nurses, and other health care professionals can take an important step toward better patient relationships.

Michael S. Woods, MD

A WORD OF CAUTION



GENERALIZATIONS SHOULD NOT BE MISTAKEN FOR STEREOTYPES

If I meet Rosa, a Mexican woman, and say to myself, “Rosa is Mexican; she must have a large family,” I am stereotyping her. However, if I think, “Mexicans often have large families,” and then ask Rosa how many people are in her family, I am making a generalization.

A **STEREOTYPE** is an ending point. No attempt is made to learn whether the individual in question fits the statement. Given the tremendous variation within each culture, stereotypes are often incorrect and can have negative results.

A **GENERALIZATION** is a beginning point. It indicates common trends, but further information is needed to ascertain whether the statement is appropriate to a particular individual. Generalizations may be inaccurate when applied to specific individuals, but when applied broadly, they can indicate common behaviors and shared beliefs. They can be helpful in suggesting possible avenues to consider and questions to ask.



A FEW FUNDAMENTALS






Let's look at some core causes for cultural “disconnects” between health care providers and patients, beginning with **VALUES**. Simply put: different cultures promote different values.

Right now, US culture values such things as money, freedom, independence, privacy, health and fitness, and physical appearance. But another culture—say, the Mbuti of central Africa—might value social support. To punish a wrongdoer, US courts may take the person's money (through a fine of some sort) or the person's freedom (through incarceration). The Mbuti, on the other hand, punish wrongdoers by ignoring them. When the US health care system makes decisions based on finances, people from a social-centric culture like the Mbuti may not “get it.”

Similarly, in the United States the value of **INDEPENDENCE** is evident in children moving away from home as soon as they are financially able. In other cultures, children might not move out until they are able to do so, and often not even then. Our health care providers might tell a patient to “take care of yourself” without considering the role of family members in the dynamics of the individual's daily activities of life. For example, nurses encouraging “self-care” might want to consider the home situation to which a patient will be returning, and, when appropriate, distinguish between self-care that is medically necessary and self-care that is merely an imposition of dominant culture values.

Because **PRIVACY** is also important in the United States, most hospitals try to limit visiting hours and rarely offer sleeping accommodations for visitors. Many non-Anglo patients, however, would prefer just the opposite. Similarly, the US health care culture values **SELF-CONTROL**, but many patients come from cultures in which **emotional expressiveness** is the norm.




Similar illustrations could be made for all the things people value. But the point is that understanding people's values is key to understanding their behavior, because people's behavior generally reflects their values.

TIME ORIENTATION

Time orientation, one's focus regarding time, varies from culture to culture. No individual or culture will look exclusively to the past, present, or future, but most will tend to emphasize one over the others.

Past-oriented cultures are traditional and believe in doing things the way they have always been done. These cultures usually prefer traditional approaches to healing rather than accepting each new procedure or medication that comes out. People with a predominantly present-time orientation may be less likely to utilize preventive health measures. They may reason that there is no point in taking a pill for hypertension when they feel fine, particularly if the pill is expensive and causes unpleasant side effects. They may not look ahead in hope of preventing a stroke or heart attack, or they may feel they will deal with it when it happens.

Poverty often forces people into a present time orientation. They are not likely to make plans for the future when they are concerned with surviving today. Time orientation can also refer to degree of adherence to clock time versus adherence to activities. From the perspective of one oriented to the clock, someone who arrives at 3:15 for a 2:30 appointment is late. For someone who does not focus on clock time, both represent midafternoon. To this person, the time to arrive at an afternoon appointment is after the morning activity is completed.






SOCIAL STRUCTURE

The US model of **SOCIAL STRUCTURE** is egalitarian, which in theory means that everyone is equal. Status and power come from an individual's achievements rather than from age, gender, family, or occupation. Other cultures, such as Asian, are hierarchical, where everyone is not considered equal. Status comes from age, gender, and occupation and these differences are considered important.

RELEVANT ANTHROPOLOGICAL CONCEPTS


One way to discuss the impact of culture on our thinking and behavior is through two anthropological concepts:

1. ETHNOCENTRISM, which is the view that the way of doing things in one's own culture is the right and natural way to do them. Most humans are ethnocentric; that is only natural. But ethnocentrism can impede cross-cultural communication and understanding.

2. CULTURAL RELATIVISM, which is the attitude that other ways of doing things are different but equally valid. This is the attitude we should all strive for, as it will lead to better communication and trust.

The practitioners of Western health care tend to believe that their approaches to healing are superior to all others. **But the goal of all healing is the same: to help people get well. If different cultures studied each other's techniques with an open mind, the cause of modern medicine would be greatly advanced.**

Poor health outcomes are often associated with lack of adherence. Trust is an important key to adherence. One avenue to creating trust is for the health care provider to demonstrate concern for and understanding of the patient's perspective. The best way to achieve that is to ask a some important questions, and then listen—**really listen**—to the answers.





THE 4 C'S OF CULTURE: A MNEMONIC FOR HEALTH CARE PROFESSIONALS






One way to remember what questions to ask is to use the following mnemonic:



1. Call: What do you *call* your problem? (Remember to ask “What do *you* think is wrong?” This gets at the patient’s perception of the problem. You should *not* literally ask, “What do you call your problem?”)

The same symptoms may have very different meanings in different cultures and may result in barriers to compliance. For example, among Asia’s Hmong people, epilepsy is referred to as “the spirit catches you, and you fall down.” Seeing epilepsy as spirit possession (which has some positive connotations for the possessed) is very different from seeing it as a disruption of the electrical signals in the brain. This might lead to a very different doctor-patient conversation and might help explain why such a patient may be less anxious than the physician to stop the seizures. Understanding the patient’s point of view can help the health care provider deal with potential barriers to compliance.

2. Cause: What do you think *caused* your problem? (This gets at the patient’s beliefs regarding the source of the problem.)

Not everyone believes that disease is caused by germs. In some cultures, it is thought to be caused by an upset in body balance, a breach of taboo (similar to what is seen in the United States as diseases due to “sin” and punished by God), or spirit possession. Treatment must be appropriate to the cause, or people will not perceive themselves as cured. Physicians thus need to find out what the patient believes caused the problem, and treat that as well. For example, it may sometimes be appropriate to bring in clergy to pray with them if they believe God is punishing them for some transgression.



3. Cope: How do you *cope* with your condition? (This is to remind the practitioner to ask, “What have you done to try to make it better? Who else have you been to for treatment?”)

This will provide the health care provider with important information on the possible use of alternative healers and treatments. Most people will try home remedies before coming to a physician; however, few will share such information due to fear of ridicule or chastisement. Because the occasional traditional remedy may be dangerous, or could lead to a drug interaction with prescribed medications, it is important that health care providers ask about them. However, it is essential that the question be asked in a nonjudgmental way, or patients will likely not share such information. Ask in a tone that implies that *of course, everyone tries home remedies before coming in to the doctor.*

4. Concerns: What are your *concerns* regarding the condition and/or recommended treatment? (Perhaps pose questions such as the following: “How serious do you think this is?” “What potential complications do you fear?” “How does it interfere with your life, or your ability to function?” “Do you know anyone else who has tried the treatment I’ve recommended? What was their experience with it?”)

You want to understand patients’ perception of the course of the illness and the fears they may have about it so you can address their concerns and correct any misconceptions. You also want to know what aspects of the condition pose a problem for the patient, which may help you uncover something very different from what you might have expected. It is also important to know their concerns about any treatment you may prescribe. This can help avoid problems of nonadherence, because some patients may have misplaced concerns based on the experiences of friends and relatives.

AFRICAN AMERICAN

CAUTION: These are broad generalizations and should not be used to stereotype any individuals.

VALUES, WORLDVIEW, AND COMMUNICATION

- **African American patients, particularly older ones, may not trust hospitals,** due to a long history of racism and discrimination. Also, they may be aware of current studies documenting racial disparities in health care.
- **African Americans may be very sensitive to discrimination, even when it is not intended.** For example, do not use the term *gal* to refer to a woman. It has the same connotations as *boy* for an African American male. Address the patient as Mr., Mrs., or Ms., or by professional title and last name. As with all patients, apologize and explain if a patient is kept waiting, or it may be interpreted as a sign of disrespect or discrimination.
- **Religion is important to many African Americans.** Clergy should be allowed to participate when appropriate. Privacy and quiet time for prayer are important. Health care practitioners may offer to pray with a patient if all parties are comfortable. It is customary for clergy and acquaintances from the patient's place of worship to visit the sick on Sundays, often directly from church.

TIME ORIENTATION

- **Those of lower socioeconomic status may have a present time orientation, which may impede preventive medicine and follow-up care.** Explain the need for preventive medication (such as for hypertension) or to finish antibiotics even when symptoms disappear. Some may delay seeing a physician until symptoms are severe.

PAIN

- **Expressions of pain vary widely.** It is equally acceptable to be expressive or stoic.

AFRICAN AMERICAN

FAMILY/GENDER ISSUES

- **Family structure may be nuclear, extended, or matriarchal.** Close friends or church members may be considered kin and even referred as “sister” or “brother.” Households headed by women are common. In such cases, a grandmother or aunt may be the patient’s spokesperson. Often, the father or eldest male may take this role.
- **Generally, women are considered equal to men.** Many women achieve higher socioeconomic status and educational levels than men.

PREGNANCY AND BIRTH

- **Prenatal care is common.**
- **Traditionally, only females attended birth, but this now varies.** Today, a male partner often assists the delivery.

END OF LIFE

- **The incidence and death rates for some types of cancer, including prostate and cervical, are particularly high among African Americans.** This may be due in part to the lack of trust in the health care system that leads to delays in screening.
- **Patients may be reluctant to sign a DNR (Do Not Resuscitate) for fear that physicians will withhold beneficial treatment.**
- **There may be reluctance to remove life support due to a belief in miracles.** The thought may be that God may create a miracle and save the patient. Another source of reluctance may be distrust for the medical community.
- **Some consider it taboo to donate organs or blood except to a family member, for fear it will hasten one’s own death.**

HEALTH BELIEFS AND PRACTICES

- **Some may believe that disease is due to punishment for sin,** so it may be helpful to involve clergy or to have the patient pray for God to guide the physicians.

AFRICAN AMERICAN

HEALTH BELIEFS AND PRACTICES, CONTINUED

- **In rural areas of the South, rich foods (red) may be thought to cause “high” blood, which may be confused with high blood pressure.** Attempts may be made to treat “high” blood with clear, white foods to “lower” the blood. Because white foods can include things high in sodium, this should be discussed with the patient. “Low” blood is thought to result from too much vinegar, lemon juice, and garlic, and not enough red meat. Be sure to clarify the difference among “low” blood, low blood count, and low blood pressure.
- **The African American culture has a rich tradition of herbal remedies.** Be sure to discuss the use of home or herbal remedies to prevent potential drug interactions.

NOTE: Material is drawn from the work of Loudell Snow on African Americans of lower socioeconomic status in the rural South, as well as Waters CM, Locks S. African Americans. In Lipson JG, Dibble SL, editors: Culture & Clinical Care. San Francisco: UCSF Nursing Press, 2005, 14–26; and National Cancer Institute. Fact Sheet: Cancer Disparities. Accessed Feb 1, 2012. <http://www.cancer.gov/cancertopics/factsheet/cancer-health-disparities>.



ANGLO-AMERICAN

CAUTION: These are broad generalizations and should not be used to stereotype any individuals.

VALUES, WORLDVIEW, AND COMMUNICATION

- **Independence is valued**, so patients are likely to be receptive to self-care.
- **Both direct eye contact and emotional control are expected.** However, try to avoid excessive direct eye contact with members of the opposite sex to avoid any hint of sexual impropriety.
- **Privacy is important**, yet the patient may want/expect nurses to provide psychosocial care.

TIME ORIENTATION

- **Lower-income people tend to be present oriented**, while middle- and upper-class individuals tend to be future oriented.

PAIN

- **Patients tend to be stoic**, although most will want pain medication.

FAMILY/GENDER ISSUES

- **Generally, family size is small, and *immediate family* typically refers to spouse, siblings, parents, and children.** Families are often spread out, and the patient may have fewer visitors than those of other ethnic groups.
- **Among gay and lesbian patients**, friends may take on the role of family.
- **Husbands and wives usually have equal authority**, with either parent making decisions for the child.

PREGNANCY AND BIRTH

- **Prenatal care is generally sought.**
- **The husband or domestic partner, regardless of gender, is usually the preferred labor partner.**
- **Hospital births are generally preferred**, even if an alternative birthing center is used. This may be related to a cultural desire to control events.

ANGLO-AMERICAN

PREGNANCY AND BIRTH, CONTINUED

- **There are no postpartum rituals other than those associated with specific religions.**
- **Breast feeding may be practiced for three to six months.**

PEDIATRIC

- **Some upper-middle-class parents believe there is a link between childhood vaccinations and autism and refuse to get their children vaccinated.**

END OF LIFE

- **Patients will generally want to know their diagnosis and prognosis.**
- **Although many want “everything done,” hospice is an acceptable alternative.** Often, however, hospice is not seriously pursued until the last few days before death.
- **Stoicism is valued** when someone dies.
- **Organ donations and autopsies are acceptable,** as are cremation or burial unless forbidden by the patient’s religion.

HEALTH BELIEFS AND PRACTICES

- **A patient may prefer to be left alone when ill.**
- **Patients generally prefer an aggressive approach to treating illness.**
- **Biomedicine is preferred, although many may also use complementary and alternative medicine.** Be sure to inquire about the use of herbal medications.
- **Germs are thought to cause disease, and patients expect treatment to destroy germs.** Antibiotics are often requested, even for treating viral illnesses. Be sure to explain the difference between treating viral and bacterial conditions. Explain why antibiotics must be finished, even after symptoms subside.
- **Middle-class patients commonly use the Internet to obtain information** and may want to dictate specific treatment based on what they learn from that source.

ASIAN

CAUTION: These are broad generalizations and should not be used to stereotype any individuals. They are most applicable to the least acculturated members. Individuals from China, Japan, Korea, and the Philippines are included in this group.

VALUES, WORLDVIEW, AND COMMUNICATION

- **Harmony and avoidance of conflict are highly valued.** For this reason, patients may agree to things on which they have no intention of following through. Similarly, agreement may also be offered out of respect. Make sure the reasons for any directives or recommendations are explained and stressed. Avoid asking questions requiring a “yes” or “no” response. Find a way to have the patient demonstrate an understanding of what you expect.
- **Filial piety (respect for and duty to one’s parents) is an important value.**
- **As a sign of respect, patients might avoid direct eye contact.** Do not assign other meanings to this.
- **Avoid hand gestures in case they are offensive.** For example, beckoning with the index finger may be insulting to Filipinos and Koreans.
- **Giggling at “inappropriate” times usually indicates nervousness or discomfort.**
- **Make offers several times,** as patients may refuse at first in order to be polite.
- **Pronouns do not exist in most Asian languages** so patients may confuse *he* and *she*.

TIME ORIENTATION

- **Traditional Chinese patients may be past oriented, placing a heavy value on tradition.** Filipinos may be both past and present oriented, and may not always adhere to *clock time*. Japanese may be both past and future oriented, and generally on time. Many Koreans are future oriented and adhere to clock time for appointments but not social events.

ASIAN

PAIN

- **Stoicism is highly valued.** Pain may be expressed only by a clenched jaw. Offer pain medication when the condition warrants it, even if the patient does not request it. When it is medically necessary, explain why and insist on giving it.
- **Filipinos may be particularly concerned about addiction to pain medication.**

FAMILY/GENDER ISSUES

- **Most Asian cultures tend to be hierarchical,** with the elderly afforded more respect than younger people, and males more than females. Accept that wives may defer to husbands in decision making and that sons may be valued more than daughters.
- **Allow family members to spend as much time as possible with the patient, as many consider it their familial duty.** Involve the family in decision making when it comes to the patient's care.

PREGNANCY AND BIRTH

- **Traditionally, the birth partner was the mother-in-law or another female relative, and may still be the case.**
- **Because pregnancy is thought to be a *yang* or "hot" condition in traditional Chinese medicine, birth is believed to deplete the body of heat.** Restoration of warmth is important. With this in mind, offer new mothers liquids other than ice water, which may be deemed too *yin* or "cold." There may be traditional soups or foods the new mother may desire. Offer them, if possible, or allow family members to bring them in. Also respect postpartum prescriptions for rest.
- **Traditionally, bathing is avoided for a month after giving birth.** If a patient is reluctant to shower, offer a sponge bath.
- **Parents may avoid naming the baby for up to 30 days.** Traditionally, a child is given an unattractive nickname before then so as to avoid attracting the attention of spirits who might want to steal the child.

ASIAN

PEDIATRIC

- **A great deal of pressure is often put on children to succeed in school.**
- **“Mongolian spots” are common in Asian babies and should not be misinterpreted as bruises.** This congenital birthmark usually fades as the infant grows into childhood.

END OF LIFE

- **When a patient is diagnosed as terminal, family members may wish to shield him or her from that fact.** Upon admission (or before the need arises, if possible), ask the patient to identify how much information he or she wants regarding his or her condition, or to whom the information should be provided. If the patient requests that all information be given to a family member, be sure to investigate the legal implications of doing so. Be aware that in most parts of Asia, diagnoses are usually given to the family, who decide whether or not to tell the patient.
- **Patients and their families may not want to discuss end-of-life issues in advance.**
- **Cancer is both highly feared and stigmatized.** If it has been agreed that the patient *not* be informed of a cancer diagnosis, subsequent discussions should involve terms such as *growth* or *lesion* rather than *cancer*, and *medication* rather than *chemotherapy*.
- **Due to the high level of respect for parents and the elderly, some adult children may be reluctant to withdraw life support** for fear of giving the appearance of not honoring their parents.

HEALTH BELIEFS AND PRACTICES

- **In China and Korea, coining and cupping therapies are traditional medical practices** and not forms of abuse, despite the marks these practices may leave on a patient's body.

ASIAN

HEALTH BELIEFS AND PRACTICES, CONTINUED

- **Fevers are often treated by covering the patient in warm blankets** and offering warm liquids.
- **Avoid giving ice water without asking if the patient prefers it to water at room temperature.** Patient may prefer hot liquids, such as tea.
- **The use of herbs is common.** Be aware that if patients have used only traditional Chinese herbs, they may not know how to take Western medications, because the herbs are usually boiled in water and then drunk.
- **Avoid the number 4.** Because the character for the number 4 is pronounced the same as the character for the word *death* in several Asian languages, avoid putting these patients in rooms or operating rooms identified with that number if possible.
- **Mental illness can be highly stigmatizing in Asian countries.** Patients with emotional problems are likely to present with physical complaints. They may be reluctant to discuss emotional problems with anyone outside the family, including health care professionals.

HISPANIC/LATINO

CAUTION: These are broad generalizations and should not be used to stereotype any individuals. They are most applicable to the least acculturated members. Although many of the patterns described are common to many Latin and Central Americans, they are most applicable to Mexicans.

VALUES, WORLDVIEW, AND COMMUNICATION

- **Personal relationships are valued.** Asking about the patient's family and interests before focusing on health issues will generally increase rapport and trust.
- **Patients may have a fatalistic view of the world,** which can interfere with preventive behavior.

TIME ORIENTATION

- **Many people in this culture have a present time orientation, which may impede preventive medicine and follow-up care.** Explain the need for preventive medication (such as for hypertension) and to finish antibiotics even after symptoms have disappeared. Tie adherence to something they care about (for example, dancing at a daughter's wedding or holding a grandchild).

PAIN

- **While patients may tend to be expressive (loud) when in pain,** males may be more expressive around family members than around health care professionals. Do not make the mistake of stereotyping Hispanic patients as "loud" and thus ignore a real medical problem.

FAMILY/GENDER ISSUES

- **Large numbers of family members may visit the patient.** It is a cultural way to express love and concern. Allow family members to spend as much time as possible with the patient. Allow them to assist the patient with the activities of daily living if the patient is reluctant to do self-care.
- **Realize that patients may not want to discuss emotional problems outside the family.**

HISPANIC/LATINO

FAMILY/GENDER ISSUES, CONTINUED

- **Modesty is important**, particularly among older women; try to keep them covered whenever possible.
- **Accept that more traditional wives, especially recent immigrants, may defer to husbands in decision making**, both for their own health and for that of their children. When a patient comes in, find out with whom he or she may want to consult before making decisions.

PREGNANCY AND BIRTH

- **Pregnancy is seen as a normal condition**, so prenatal care may not be sought.
- **The woman's mother may be the preferred birthing partner.**
- **Laboring women may be quite vocally expressive**, while others may be surprisingly stoic.
- **Traditionally, new mothers avoid cold, bathing, and exercise for six weeks postpartum.** Respect postpartum prescriptions for rest. Sponge baths may be preferred.
- **Pregnancy is considered a "hot" condition**; birth is thought to deplete the body of heat. Restoration of warmth is important. Offer liquids other than ice water, which may be deemed too "cold."

PEDIATRIC

- **There are a number of folk diseases that affect children**, including *mal de ojo* (evil eye), *caída de la molle-
ra* (fallen fontanelle, often cause by dehydration), and *empacho* (stomach pain).
- **"Evil eye" is generally believed to be caused by envy when someone compliments a child.** Be sure to touch the child when complimenting him or her to prevent this. The child may be wearing a red string or "deer's eye" (a large brown seed with red string) to prevent it.

HISPANIC/LATINO

PEDIATRIC, CONTINUED

- **Herbal remedies are often used.** Be sure to ask about them. Chamomile tea (*manzanilla*), used to treat colic, is generally safe and sometimes helpful. However, *greta*, a yellow to grayish-yellow powder, and *azarcón*, a bright reddish-orange powder, both used to treat *empacho* (stomach pain), contain lead and can be dangerous.
- **A chubby baby is seen as a healthy baby**, so additional teaching regarding diet and diabetes may be warranted.
- **When a baby has a fever, he or she will often be bundled up**, which may run counter to the use of cooling measures that may have been instructed.
- **It is important to include the grandmother in patient teaching** because she may have the most to say in terms of day-to-day health care issues, particularly if she lives with the family.
- **Belly button binders may be used to prevent an “outie.”** Your concerns should be with the cleanliness of the coin and the tightness of the binder. Instead of advising caregivers not to use a binder, teach them to make sure the coin is clean and that the binder is not too tight.

END OF LIFE

- **When a patient is diagnosed as terminal, family members may wish to shield him or her from that fact.** Upon admission (or before the need arises, if possible), ask the patient to identify how much information he or she wants regarding his or her condition, or to whom the information should be provided. Family members may resist hospice for fear it will emphasize the fact that their loved one is dying and thus encourage the individual to give up hope and lose the will to live.

HISPANIC/LATINO

END OF LIFE, CONTINUED

- **The family of a terminal patient may be reluctant to remove life support lest it be seen as encouraging death.** If the illness is determined to be “punishment by God,” life support may be considered interfering with the opportunity for the patient to redeem his or her sins through suffering. At the same time, however, traditional respect and courtesy toward physicians may lead the patient or the patient’s family to agree with a physician who suggests removing life support, even when they are opposed to it.

HEALTH BELIEFS AND PRACTICES

- **A predominant theory of illness is that it results from an upset in body balance.** Patients may refuse certain foods or medications that upset the hot/cold body balance, even if they do not verbalize it as such. With this in mind, offer alternative foods and liquids. Ask if they prefer water with ice or at room temperature.
- **Among those following traditional cultural practices, fat is seen as healthy.** Many Mexican foods are high in fat and salt. Because of this, nutritional counseling may be necessary for diabetics and individuals with high blood pressure or heart disease.
- **Ask what remedies the patient tried before coming in.** Ask in a way that implies that *all* of your patients attempt self-treatment before coming in and that you need to know what those attempts were to avoid prescribing something that could result in a bad interaction. Do not let the patient believe you are criticizing him or her for trying home remedies or seeing other healers. Doing so might lessen the patient’s trust in you.

JEWISH

CAUTION: These are broad generalizations and should not be used to stereotype any individuals.

Note: *Orthodox, Conservative, and Reform designations are based on the degree of adherence to, and the interpretation of, the Torah and Jewish tradition. Orthodox Jews are the most adherent, Reform Jews the least. Israeli Jews may or may not be religious. Sephardic Jews are those who were expelled from Spain in 1492 and largely settled around the Mediterranean. Ashkenazi Jews are from Europe and Russia. Sephardic and Ashkenazi foods, languages, and customs are different.*

VALUES, WORLDVIEW, AND COMMUNICATION

- **Knowledge is highly valued.** Patients may ask a lot of questions. Health is often a source of great concern.
- There is much disagreement among rabbis in interpreting the Torah, and thus there is **much variation in religious beliefs.**
- **Family is often expected to care for the sick.** They are usually very interested and involved in the patient's diagnosis, treatment, and personal care.
- **American Jews speak English,** but those of Ashkenazi descent may also speak Yiddish, while older Sephardics may also speak Ladino (fifteenth century Spanish).

TIME ORIENTATION

- **Patients and their families are generally future oriented.**

PAIN

- **An open expression of pain is acceptable.**
- **Patients may be more concerned with the meaning and repercussions of what is causing their pain than with the sensation itself.** For example, they may ask, *“Does this mean I have cancer?”* or *“How can I support my family if I can't work?”* A social worker may be helpful in addressing some of their concerns.

JEWISH

FAMILY/GENDER ISSUES

- **Sexual segregation is important to the Orthodox.** Married women may cover their heads with a wig or scarf and may not shake hands with men, including health care providers. Orthodox women may prefer a female physician (although male physicians are allowed). Female nurses should be assigned to these patients whenever possible.

PREGNANCY AND BIRTH

- **Prenatal care is generally sought by this group.**
- According to the Torah, a husband may not touch his wife when she is bleeding vaginally. Because of this teaching, **some Orthodox Jewish husbands may not even attend their wives during labor.** If they do, they may avoid touching them.

PEDIATRIC

- **Males are circumcised on the eighth day after birth.** This is done at the hospital, at home, or in a synagogue during a ritual ceremony (*bris*) performed by a specialist called a *mohel*.
- **A traditional rite of passage** for a 13-year-old boy is the Bar Mitzvah. For a 12- or 13-year-old girl, it is the Bat Mitzvah. Both involve years of after-school study, culminating in a public ceremony at the synagogue, usually followed by an increasingly elaborate celebration.

END OF LIFE

- **Cancer is stigmatized among the Orthodox,** to the extent that it may interfere with the marriage prospects of young cancer patients. The stigma can even extend to a patient's siblings.
- **There is wide variation surrounding beliefs about an afterlife,** including whether or not it exists. The emphasis is on one's current life.

JEWISH

END OF LIFE, CONTINUED

- **The body of the deceased is washed and dressed by someone Jewish according to a prescribed ritual.** The Jewish Burial Society (an organization that assists in funerals that conform to Jewish law) may handle this task. Someone may be assigned to watch over the body until the process can be arranged. The body is not embalmed and is buried within 24 hours if possible. If hospital staff must touch the body, they should wear gloves.
- **Some do not believe in organ donation** because religious laws forbid disfiguring the body. However, others believe it is their duty to donate in an effort to save a fellow human being. Some do not believe in harvesting organs from a patient on mechanical ventilation, but otherwise classified as brain dead.
- **Jewish law forbids autopsies unless required by law.** The Orthodox may bury amputated limbs or bloody clothing because the body must be buried whole.

HEALTH BELIEFS AND PRACTICES

- **For Orthodox and Conservative Jews, the Sabbath (sundown Friday to sundown Saturday) is for rest and religious observance.** Orthodox Jews do not touch money, write, or use electrical appliances. Electrical appliances include bed controls, call buttons, light switches, elevators, cars, and so forth. A non-Jewish person may operate these controls for the patient. Elective surgery should not be performed on the Sabbath, nor should patients be discharged on this day because they cannot travel. Ultra-Orthodox patients may even refuse to take non-lifesaving medications on the Sabbath.
- **The highest Jewish law is that you must do everything you can to save a life,** even if it means violating all other laws.

JEWISH

HEALTH BELIEFS AND PRACTICES, CONTINUED

- **Observant Jews follow a kosher diet.** They eat only ritually slaughtered meat, do not eat pork or shellfish, and do not mix meat and dairy products. During Passover (which takes place in the spring, though the date varies according to the Jewish calendar), observant Jews will not eat bread or other leavened products. Ashkenazi Jews will not eat rice, while Sephardic Jews will.
- **While praying, Orthodox men may wear a shawl and *tefillin*.** (These are boxes attached to the arm and head containing verses from the Torah). They may also wear a yarmulke (skull cap).
- **Some Orthodox men do not shave,** while others do, but not with a straight-edge razor.

MIDDLE EASTERN

CAUTION: These are broad generalizations and should not be used to stereotype any individuals. They are most applicable to the least acculturated members.

Note: *The following includes Arabs and Iranians (Persians). Although most Middle Easterners are Muslim, there is a large population of Jewish Iranians who fled Iran after the Islamic revolution in 1979. Most live in greater Los Angeles and Great Neck, New York.*

VALUES, WORLDVIEW, AND COMMUNICATION

- **Effective communication is often assumed to be two-way.** You may need to share information about yourself before these patients will share information about themselves. Health care providers may be expected to take a personal interest in their patients.
- **Female patients may avoid direct eye contact** with health care providers of the opposite sex to avoid any hint of sexual impropriety.
- **Islam is a dominant force for many Middle Easterners.** Give patients the opportunity to pray privately several times a day (five times daily is prescribed), facing east toward Mecca. Many have a fatalistic attitude regarding health (it is all in Allah's hands), so they may see their health-related behavior as being of little consequence. *Inshallah* means "God willing."
- **Repetition of demands** is often made to show emphasis, as is a loud tone of voice.
- **For many Iranians, "thumbs up" is a rude gesture.**

TIME ORIENTATION

- **Arabs tend to have a past and present time orientation.** Human interaction is given higher priority than clock time; so if being on time is important, emphasize it.
- **Iranians tend to be more future oriented,** although a fatalistic attitude can interfere with adherence to preventive medicine. Social time can be flexible.

MIDDLE EASTERN

PAIN

- **Patients tend to be very expressive about pain**, particularly in front of family. Pain is feared and should be minimized. Explaining the source of pain and the prognosis may improve these patients' ability to cope with it.

FAMILY/GENDER ISSUES

- **Middle Easterners are very family oriented.** The family is seen as more important than the individual. Expect many familial visitors to see the patient.
- **Be patient with "demanding" family members. They may see it as their job to make sure that the patient gets the best care possible.**
- **Personal problems are usually taken care of within the family.** They may not be receptive to counseling.
- **Traditionally, the eldest male is the decision maker.** Even among the more acculturated, the entire family (including extended family) may participate in decision making.
- **Sexual segregation can be extremely important.** Assign same-sex caregivers whenever possible, and respect a woman's modesty at all times. Offer a gown that provides maximum coverage if possible.
- **Accept the fact that women may defer to husbands for decision making about their own and their children's health.** In fact, the husband may answer questions addressed to his wife.
- **Middle Eastern cultures are patriarchal**, and men receive more respect and status than women. Thus, male physicians may be accorded more respect.

PREGNANCY AND BIRTH

- **Arab women may delay prenatal care** because pregnancy is seen as a normal condition.
- **There may not be any plan for birth** because planning can be seen as challenging the will of Allah.

MIDDLE EASTERN

PREGNANCY AND BIRTH, CONTINUED

- **Women in labor tend to be vocally expressive of pain.** Iranian women often receive a gift of expensive jewelry to compensate for their “suffering.”
- **A female relative may be the birth attendant;** Arab men are not expected to participate. However, acculturated Persian men are more likely to participate.
- **The initial secretion from mammary glands, colostrum, is believed to be harmful to the baby,** so breastfeeding is often delayed for the first few days.

END OF LIFE

- **When offering chemotherapy, offer all options for administration.** Although a ventricular assist device may seem the most convenient, it may be determined that it has rendered a Muslim “unclean,” thus preventing him or her from praying.
- **When a patient is terminal, family may wish to shield him or her from that fact.** Upon admission (or before the need arises), ask the patient to identify how much information he or she wants regarding his or her condition, or to whom the information should be provided.
- **Patients may not want to plan for death** because doing so can be seen as challenging the will of Allah.
- **Avoidance of planning for death may interfere with acceptance of hospice care.** Also, they may believe that the family should care for the patient. When discussing hospice, explain that it can be done at home.
- **Muslims may not allow organ donation,** as tradition dictates that the body should be returned to Allah as it was given: whole. Those in favor say that because it can save a life, it falls under the Islamic doctrine that “necessity allows the prohibited.” For the same reason, they may not allow an autopsy but will if required by law.

MIDDLE EASTERN

HEALTH BELIEFS AND PRACTICES

- **Muslims may not take medications, eat, or drink from sunrise to sunset during Ramadan.** This month of fasting, self-sacrifice, and introspection is based on the Islamic calendar and thus occurs at a different time each year. Although they may be exempt during illness or pregnancy, Muslims may have to make up for it later when doing it alone is more difficult.
- **Family members are often expected to take care of patients.** Because of this, include family members in any patient education.
- **Injections may be preferable to pills** based on the belief that injections are more effective. Offer options when available.
- **Damp, cold, and drafts may be thought to lead to illness.** Strong emotions are also suspect. For example, the “evil eye” (envy) may be thought to cause illness or misfortune. Amulets to prevent this may be worn and should not be removed.
- **The patient may feel slighted if not given a prescription.**
- **Observant Muslims and Jews do not eat pork.** Muslims are also expected to abstain from alcohol, which may be in cough medicine. Medications that contain gelatin may also be a problem.
- **If a patient or family member offers you food, it may be perceived as rude to refuse it.**

NOTE: Some of this information is based on material from Meleis AI. Arabs. In Lipson JG, Dibble SL, editors: Culture & Clinical Care. San Francisco: UCSF Nursing Press, 2005, 42–57; and Hafizi H. Iranians. In Lipson JG, Dibble SL, editors: Culture & Clinical Care. San Francisco: UCSF Nursing Press, 2005, 264–276.

NATIVE AMERICAN

CAUTION: These are broad generalizations and should not be used to stereotype any individuals. There are more than 550 different Native American tribes, with much variation among them.

VALUES, WORLDVIEW, AND COMMUNICATION

- **Anecdotes or metaphors may be used by the patient to describe his or her own health status.** For example, a story about an ill neighbor may be the patient's way of saying that the individual is experiencing the same symptoms.
- **Long pauses often indicate that careful consideration is being given to a question.** Do not rush the patient.
- **Both loudness and a firm handshake are often associated with aggressiveness** and should be avoided.
- **Lack of direct eye contact could be a sign of respect** or possibly a desire to avoid loss or theft of one's soul. Do not misinterpret it as lack of interest or evasiveness.
- **Due to a history of misuse of signed documents, some Native American patients may be unwilling to sign informed consent or advance directives.** In fact, some may display hostility toward health care providers due to the history of poor treatment of Native Americans.
- **The names of deceased relatives may be avoided,** though a relationship term (for example, "brother," "father," "sister") may be used instead.

TIME ORIENTATION

- **A present time orientation is common.** Patients are generally oriented to activities rather than to the clock.

PAIN

- **These patients generally tend to be stoic,** not expressing pain other than by mentioning, "*I don't feel so good*" or "*Something doesn't feel right.*" Offer pain medication when the condition warrants it, even if the patient does not appear to be in pain.

NATIVE AMERICAN

FAMILY/GENDER ISSUES

- **Extended family is important**, and any illness concerns the entire family.
- **Decision making varies with kinship structure.** Patients will generally make their own decisions.

PREGNANCY AND BIRTH

- **Prenatal care is uncommon.**
- **A female relative may be the birth attendant.** Stoicism is encouraged during labor and delivery.
- **Postpartum, the mother and infant may stay inside and rest for 20 days** or until the umbilical cord falls off, depending on custom. Some may want to save the umbilical cord because it may be seen as having spiritual value.

PEDIATRIC

- **In some tribes, long, thick hair is the sign of a healthy child;** cutting it is taboo and believed to lead to illness or even death. Check with the family before cutting a child's hair.
- **Teen pregnancy rates are high** and may be more culturally acceptable than in other populations.

END OF LIFE

- **Some tribes may prefer to avoid discussion of terminal prognosis or DNR** because they believe that negative thoughts hasten death. Others will use the information to make appropriate preparations.
- **Some tribes may avoid contact with the dying,** while others will want to be at the bedside 24 hours a day. Visitors may display a jovial attitude so as not to demoralize the patient. Mourning is often done in private, away from the patient.
- **After death, wailing and shrieking may occur.**
- **Some may want to leave a window open for the soul to leave at death;** others may orient the patient's body to a cardinal direction before death.

NATIVE AMERICAN

HEALTH BELIEFS AND PRACTICES

- **Before cutting or shaving hair, check to see if the patient or family wants to keep it.** Realize that in some tribes, cutting hair is associated with mourning.
- **A medicine bag may be worn by the patient.** Do not treat it casually or remove it without discussing it with the patient. If it is absolutely necessary to remove it, allow a family member to do so, keep it as close to the patient as possible, and return it as soon as possible.
- **Food that is blessed (in a traditional religion or Christianity) may be thought to be harmless.** Nutritional guidance should take this into account. Many traditional foods are high in fat.
- **Similarly, tobacco is seen as sacred and has important ceremonial use in some tribes.** This may provide a challenge when counseling against smoking.
- **A traditional ritual that may be used for healing is the sweat lodge.** It is akin to an outdoor sauna and involves long rounds of prayer while sweating.
- **Traditional healers may be combined with the use of Western medicine.** Allow traditional healers to perform rituals whenever possible.

NOTE: Much of the material contained in this profile is adapted from Kramer J. *American Indians*. In Lipson JG, Dibble SL, Minarik PA, editors: *Culture & Clinical Care: A Pocket Guide*. San Francisco: UCSF Nursing Press, 1996, 11–22; and Palacios J, Butterfly R, Strickland CJ. *American Indians/Alaskan Natives*. In Lipson JG, Dibble SL, editors: *Culture & Clinical Care*. San Francisco: UCSF Nursing Press, 2005, 27–41.

RUSSIAN

CAUTION: These are broad generalizations and should not be used to stereotype any individuals. They are most applicable to the least acculturated members.

VALUES, WORLDVIEW, AND COMMUNICATION

- To help allay the anxiety of family, **provide frequent updates on treatments and progress.** Patients may expect nurses to be friendly, warm, and caring—that is, to “feel” for them.
- **Family and friends are expected to visit patients in the hospital;** they may participate in providing care. Family may want to stay overnight.
- **They may speak loudly;** this was likely necessary in Russia to get attention in the health care system.
- **Make direct eye contact, be firm, and be respectful.** Address patients using their last names preceded by Mr., Mrs., or Ms.
- **They tend to be very direct and straightforward** and do not spend time on small talk.

TIME ORIENTATION

- **These patients are mostly future oriented,** and punctuality is valued. They may arrive early to appointments to be seen first, or late in the day so as to not waste time waiting.

PAIN

- **These patients generally tend to be very stoic.** They also may fear drug addiction, so discuss the importance of pain medication.

FAMILY/GENDER ISSUES

- **Patients often have a strong extended family,** with mothers and the elderly often well regarded.
- **The sex of the provider is usually not an issue,** but a patient may prefer to have a family member of the same sex present when receiving personal care.

RUSSIAN

PREGNANCY AND BIRTH

- **Exercise and lifting heavy objects are often avoided during pregnancy** for fear of harming the unborn baby.
- **A female relative is often the preferred labor and delivery partner.**

END OF LIFE

- **Autopsies and organ donations may be refused** due to what may be considered the sacredness of the body.
- **When a patient is terminal, family members may wish to shield him or her from that fact.** Upon admission (or before the need arises) ask the patient to identify how much information he or she wants regarding his or her condition, or to whom the information should be provided.
- **These patients generally accept hospice care.**

HEALTH BELIEFS AND PRACTICES

- **Many, particularly the elderly, believe that illness results from cold.** Therefore, keep a patient covered, close windows, keep the room warm, and avoid iced drinks, particularly if the patient has a fever. These patients may also prefer sponge baths to showers.
- **They may not like taking a large number of pills.** Space out medication administration so that as few pills as possible are given at one time.
- **They may prefer nonpharmacologic interventions for nausea,** including lemon slices, ginger ale, mineral water, or weak tea with lemon.
- **They may practice cupping therapy,** so any resulting marks should not be misinterpreted as abuse or a symptom.

NOTE: Information in this profile is based on the work of Peter Anderson, RN, and from Evankoff del Puerto L, Sigal E. Russians. In Lipson JG, Dibble SL, editors: Culture & Clinical Care. San Francisco: UCSF Nursing Press, 2005, 415–430.

SOUTH ASIAN

CAUTION: These are broad generalizations and should not be used to stereotype any individuals. They are most applicable to the least acculturated members. Hindus, Sikhs, and Muslims from India, Pakistan, Bangladesh, Sri Lanka, and Nepal are included in this group.

VALUES, WORLDVIEW, AND COMMUNICATION

- **Hindus and Sikhs may believe illness is the result of karma**, due to actions in a past life. Those who follow Ayurvedic medicine may see it as resulting from an imbalance in bodily humors.
- **Patients may not express feelings openly**, so observe facial expressions closely.
- **Direct eye contact may be considered rude or disrespectful**, particularly among the elderly.
- **Silence often indicates acceptance or approval.** With some South Asians, a side-to-side head bob may indicate agreement or uncertainty. An up-and-down nod may indicate disagreement, while acknowledging what the speaker is saying.
- **Some patients may not want to sign consents**, as they may consider health care professionals to be the authorities and thus may prefer to have them make the decisions.

TIME ORIENTATION

- **This group is generally future oriented.** Some, including some Pakistanis, may not be oriented to clock time.

PAIN

- **These patients generally tend to be stoic**, except during childbirth.
- **There is a great concern regarding drug addiction**, and thus there may be a reluctance to take pain medication. When pain medication is necessary, explain why. Muslims may not want narcotics for anything other than severe pain.
- **Some Pakistani Muslims may prefer injections to pills.**

SOUTH ASIAN

FAMILY/GENDER ISSUES

- **Women are often modest** and may prefer a gown that provides better coverage. Many may prefer female caregivers as well.
- **Male health care providers should not shake hands with a female** unless she offers her hand first.
- **Close female family members may insist on remaining with the patient.** Family members may take over the activities of daily living for the patient, such as feeding, grooming, and so on. Because of this, do not insist that the patient practice self-care unless medically necessary.
- **The father or eldest son usually has decision-making power,** but generally family members are consulted before decisions are made. Husbands may answer questions addressed to the wife.

PREGNANCY AND BIRTH

- **Pregnant Hindu women are often encouraged to eat nuts, raisins, coconuts, and fruits in the belief that doing so will lead to a healthy, beautiful baby.** After delivery, dried ginger powder, celery seeds, nuts, and puffed lotus seeds may be given to a new Hindu mother in an effort to cleanse her system and restore her strength.
- **Moaning and screaming are acceptable during childbirth.**
- **Traditionally, female relatives serve as labor partners,** though it is becoming more common for the husband to assist.
- **South Asian women may practice a postpartum lying-in period.** Although they are expected to feed the baby, everything else is done for them. Traditionally, female relatives take over. If none are around, the patient may expect nurses to do this.
- **Baby naming may be delayed for a week among Hindu Indians.** It should not be misinterpreted as a lack of bonding.

SOUTH ASIAN

END OF LIFE

- **When a patient is diagnosed as terminal, family members may wish to shield him or her from that fact.** Upon admission (or before the need arises, if possible) ask the patient to identify how much information he or she wants regarding his or her condition, or to whom the information should be provided.
- **Most family members will not allow an autopsy unless absolutely necessary.**

HEALTH BELIEFS AND PRACTICES

- **Use of home and folk remedies is common but may not be disclosed to physicians.** Explain in a nonjudgmental way that most patients try home remedies first and why it is important that you know what self-treatment regimens they have tried.
- **Sikhs are required not to cut their hair or shave their beards.** Their hair will usually be worn in a turban. Consider this before cutting or shaving any hair in preparation for surgery.
- **Observant Hindus will generally not eat meat or fish; some may not eat eggs.** Observant Muslims will not eat pork.
- **Muslims may not take medications, eat, or drink from sunrise to sunset during the month of Ramadan.** This period of fasting, self-sacrifice, and introspection is based on the Islamic calendar and thus occurs at a different time each year.
- **Those who practice Ayurvedic medicine (Hindus, Sikhs, and some Muslims) classify food in terms of either hot or cold,** based on qualities inherent in the food rather than on its temperature. “Hot” foods, including meat, fish, eggs, yogurt, honey, and nuts, are encouraged for “cold” conditions, such as fever, or in anticipation of surgery, particularly in winter. “Cold” foods, such as milk, butter, cheese, fruits, and vegetables, are encouraged during the summer and for “hot” conditions, including pregnancy.

SOUTH ASIAN

NOTE: *Some material adapted from Zachariah R. East Indians. In Lipson JG, Dibble SL, editors: Culture & Clinical Care. San Francisco: UCSF Nursing Press, 2005, 146–162; Rajwan RJ. South Asians. In Lipson JG, Dibble SL, Minarik PA, editors: Culture & Clinical Care: A Pocket Guide. San Francisco: UCSF Nursing Press, 1996, 264–279; and Hashwani SS. Pakistanis. In Lipson JG, Dibble SL, editors: Culture & Clinical Care. San Francisco: UCSF Nursing Press, 2005, 360–374.*

SOUTHEAST ASIAN

CAUTION: These are broad generalizations and should not be used to stereotype any individuals. They are most applicable to the least acculturated members. People from Cambodia, Laos, and Vietnam are included in this group.

VALUES, WORLDVIEW, AND COMMUNICATION

- **Keep in mind that many Southeast Asians are refugees** who fled to the United States to save their lives rather than simply to improve them.
- **Many Southeast Asians are Buddhist** and believe in reincarnation. Many traditionalists are animists, believing that spirits inhabit objects and places and that ancestors must be worshipped so their spirits do not harm their descendants. It is not unusual for members of this cultural group to practice Christianity, however.
- **Modesty is highly valued**, and this value may interfere with some screening procedures, such as Pap smears and colonoscopies. Clinicians may need to take extra time to explain procedures and to accommodate modesty concerns as best as possible.
- **Giggling at “inappropriate” times usually indicates nervousness or discomfort.**
- **Realize that it may be difficult to obtain an accurate health history**, as patients were rarely told the name of illnesses, medicines given, or procedures performed.

TIME ORIENTATION

- **Present time orientation is common**, though emphasis on remembering ancestors reflects a past time orientation as well.
- **Older, less acculturated members may not be oriented to clock time** and may thus arrive early or late for appointments.

PAIN

- **This group is generally stoic.** Pay attention to non-verbal indications, such as a clenched jaw. Anticipate the need for pain medication, even if a patient does not ask for it, and explain that the physician ordered it.

SOUTHEAST ASIAN

FAMILY/GENDER ISSUES

- **Great respect for elders is common.** Adult children are expected to care for their parents.
- **Among older generations, men are the decision makers,** and either the husband or eldest son (if his father is deceased) may take on the role. Note that the family spokesperson may not be the decision maker, but merely the one who speaks English.
- **When a patient is accompanied by relatives,** address the eldest person present—particularly if male.

PREGNANCY AND BIRTH

- **Either the mother or her husband may be the preferred labor partner. When asked, they may not give an accurate count of pregnancies** because many count only live births.
- Some Hmong new mothers may want to **take home the placenta for burial.**

PEDIATRIC

- **A baby may not be seen as “human” until several days old**—a tradition that probably developed to discourage mothers from bonding too closely in an environment with high infant mortality rates.
- **The head is the seat of life and is thus considered very personal, vulnerable, honorable,** and untouchable (except by close intimates), so avoid putting intravenous lines in an infant’s scalp unless necessary, and then only with explanation.
- **Some Vietnamese mothers may appear to have difficulty bonding; this is an illusion.** If they pay little attention to their newborns, it is probably out of fear that if they call attention to how attractive their infant is, spirits may want to steal the child, which could result in the child’s death.
- **Children may wear “spirit-strings” around their wrists or “neck rings.”** Neither should be cut or removed, as some consider these to carry the children’s life-souls.

SOUTHEAST ASIAN

END OF LIFE

- **When a patient is diagnosed as terminal, family members may wish to shield him or her from that fact.** Upon admission (or before the need arises, if possible) ask the patient to identify how much information he or she wants regarding his or her condition, or to whom the information should be provided. Be aware that in most parts of Southeast Asia, diagnoses are usually given to the family, who decide whether or not to tell the patient.
- **Some may believe that at death parents and grandparents become ancestors,** who should be worshipped and obeyed. Because these ancestors shape the well-being of living descendants, a child (regardless of age) may have trouble agreeing to terminate the care of a parent.
- **Family may want to wash body at death,** and some may want to place a coin in the deceased's mouth, according to custom.
- **Hmong may refuse autopsies and organ donations** because they believe that whatever is removed from the body will be missing when they are reincarnated.

HEALTH BELIEFS AND PRACTICES

- **Patients (particularly rural non-Christians) may fear surgery because many believe that souls are attached to different parts of the body. They may feel that a surgical procedure might sever this connection, thus causing illness or death.** Some may believe that if the body is cut or disfigured or parts are amputated, the patient will remain in a state of imbalance for life. This may be thought to trigger frequent illnesses for a lifetime and render the person physically incomplete in his or her next incarnation.
- **Some Hmong believe that when people are unconscious, their souls can wander, so anesthesia is dangerous.**

SOUTHEAST ASIAN

HEALTH BELIEFS AND PRACTICES, CONTINUED

- **Some believe that verbal statements in and of themselves can cause illness or death** and for this reason may not want to discuss potential risks and dangers. Less acculturated patients may want to consult a shaman (a traditional healer believed to have the ability to communicate with the spirit world).
- **Therapies such as cupping and coining (or coin rubbing) are traditional remedies, not forms of abuse.** So ascertain how and why any observed markings on a patient's body were made before reporting them.
- **Some patients may have concerns about blood being drawn.** They may fear it will sap their strength, cause illness, force their souls to leave their bodies, or that it will not be replenished. If a patient is anxious, ask about his or her concerns so they can be addressed.

NOTE: Information for this profile was adapted from several sources, including Kulig JC, Prak S. Cambodians (Khmer). In Lipson JG, Dibble SL, editors: Culture & Clinical Care. San Francisco: UCSF Nursing Press, 2005, 73–84; Johnson S, Hang AL. Hmong. In Lipson JG, Dibble SL, editors: Culture & Clinical Care. San Francisco: UCSF Nursing Press, 2005, 250–263; and Muecke MA. Caring for Southeast Asian refugee patients in the USA. Am J Public Health. 1983 Apr;73(4):431–438. Additional information on Hmong beliefs was taken from Fadiman A. The Spirit Catches You and You Fall Down. New York: Farrar, Straus, and Giroux, 1997.

AFTERWORD

A Word from The Joint Commission

This *Cultural Sensitivity Pocket Guide* from Joint Commission Resources highlights the importance of incorporating the patient's cultural perspective into his or her health care and provides helpful information to health care professionals as they strive to meet each patient's unique needs.

The Joint Commission is committed to improving communication and patient- and family-centered care. Over the past few years, The Joint Commission has engaged in several activities and initiatives to better understand the issue of cultural sensitivity and how it intersects with other aspects of communication and patient- and family-centered care:

- Comparison of Joint Commission accreditation standards to the Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services (CLAS)
- *Hospitals, Language, and Culture: A Snapshot of the Nation (HLC)*, a research study focused on culturally and linguistically diverse patient populations
- *"What Did the Doctor Say?": Improving Health Literacy to Protect Patient Safety*, a public policy white paper
- Analysis of adverse event data for limited English proficient and English-speaking patients at Joint Commission-accredited hospitals

AFTERWORD, CONTINUED

- New and revised accreditation requirements addressing patient-centered communication for hospitals, effective July 2012
- *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*, a monograph with implementation recommendations and examples of practices promoting communication and patient engagement
- *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide*, a publication urging hospitals to create a more welcoming, safe, and inclusive environment for LGBT patients and their families

Most of the white papers, reports, and resources listed here can be found at the Joint Commission's website at www.jointcommission.org. We hope that you find these Joint Commission and JCR resources valuable to you in your efforts to provide the best quality of care to your patients.

Christina L. Cordero, PhD, MPH

Associate Project Director
Department of Standards and Survey Methods
Division of Healthcare Quality Evaluation
The Joint Commission



Photo by Todd Cheney.

Geri-Ann Galanti, PhD

Dr. Geri-Ann Galanti is a leading expert in the field of cultural diversity, with more than 25 years of experience. She received her doctorate in anthropology from UCLA with an emphasis in medical anthropology. She has been on the faculty of the School of Nursing at Cal State University, Dominguez Hills, and the Anthropology Department at CSU Los Angeles, and is currently teaching in the Doctoring Program at UCLA's David Geffen School of Medicine, where she received an Outstanding Teacher Award. She has written numerous articles, as well as the highly acclaimed book, *Caring for Patients from Different Cultures*, now in its fourth edition.





Joint Commission Resources
One Renaissance Boulevard
Oakbrook Terrace, IL 60181 U.S.A.

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