

Culturocity®

Cultural Awareness in End-of-Life Care

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Goal

- The goal of this presentation is to seek competence in cultural values and perspectives different than your own, to ensure that we provide culturally appropriate interactions with patients and their families.

Objectives

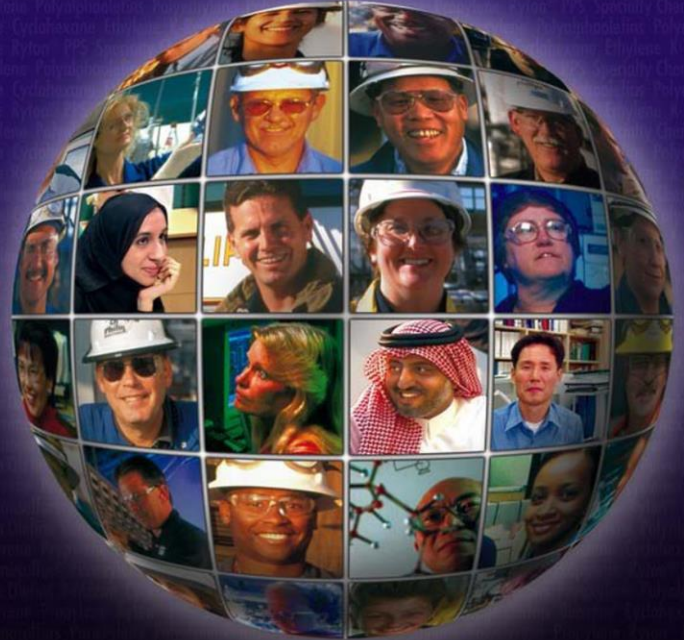
- Define awareness, sensitivity and competency
- Define the importance of cultural awareness and sensitivity at end-of-life
- Describe three American cultures:
 - African American
 - Asian American and four subcultures
 - Hispanic/Latino American
- Describe for each, their:
 - Culture's basic values
 - Cultural/spiritual perspectives
 - End-of-life process



Culturocity®

- 'Culture' + 'Curiosity' = Culturocity®
- A desire to learn about and interact with different cultures

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Cultural Definitions

- *Awareness*: developing sensitivity and understanding of another ethnic group
 - Internal changes in terms of attitude and values
 - Refers to openness and flexibility toward one another
- *Sensitivity*: knowing that cultural differences and similarities exist, without assigning values
- *Cultural competence*: behaviors, attitudes and policies that come together to work effectively in cross-cultural situations

Cultural Awareness

- Developing sensitivity and understanding of another ethnic group
 - Foundation of effective communication
- Cultural sensitivity
 - Recognizing other's values and perspectives
 - How we react to others in the world
- Vital to decision-making
 - Why we do things the way we do

“Misunderstandings arise when I use my meanings to make sense of your reality.”

Misinterpretations

- Lack of awareness
 - My way is the only way
 - I know their way, but my way is better
- Our own culture is not conscious to us
 - My way and their way
 - Look for cues – unspoken and spoken – be present
- Projected similarities
 - Assuming people are similar may lead us to act inappropriately

Embrace & Celebrate Diversity

- Admit you don't know
- Suspend judgments
- Use empathy
- Continually check your assumptions
- Become comfortable with ambiguity
- Celebrate diversity

Population Projections

Population Group	2008 Census	Projected 2050 Census
Hispanic/Latino Americans	46.7 Million	132.8 Million
African Americans	41.1 Million	65.7 Million
Asian Americans	15.5 Million	40.6 Million

Patients by Race/Ethnicity

Patient Race	2008	2007
Caucasian	81.9%	81.3%
Multiracial or Other Race	9.5%	7.8%
Black / African American	7.2%	9.0%
Asian, Hawaiian, or Other Pacific Islander	1.1%	1.6%

Patient Ethnicity	2008	2007
Non-Hispanic or Latino origin	94.4%	94.9%
Hispanic or Latino origin	5.6%	5.1%

African American's Countries of Origin

- Sub-Saharan Africa
 - Nigeria, Ghana, Ethiopia, Eritrea, Egypt, Somalia
- Caribbean Islands
 - Bahamas
- Haiti
- Latin America
 - Mexico
 - Panama



African American – Cultural Perspectives

- Wide range of:
 - Belief systems, traditions and practices
 - Socioeconomic classes and educational levels
- Shared history – victims of the slave trade
- Distrust of medical establishment
 - Healthcare disparities
 - e.g. 1932 Tuskegee experiments - men with syphilis were intentionally untreated for 40 years
- Care for loved ones at home

African American – Cultural Perspectives (Cont.)

- Western Medicine accepted, along with alternate remedies:
 - Folk healers, spiritual elders
 - Home remedies, rituals, herbs
- Always use direct eye contact
- Address patient/family formally
- Large extended families
 - May include non-blood ‘relatives’

African American – Spiritual Perspectives

- Church is a vibrant part of the community
- Embrace a broad range of religious beliefs
 - Protestant Christianity
 - Catholicism
 - Islam
 - Buddhism
- May view hospice services as “giving up”

African Americans – Death and Dying

- May feel conflicted
 - Aggressive treatment vs. death as a ‘welcome friend’
- Traditional ‘homegoing’ (funeral) services celebrate life
- Services delayed to allow family to gather
- Emotions are expressed openly at services
- Attitudes towards cremation, autopsy and organ donation

Asian American Subcultures

- Subculture
 - A group within a culture that has distinctive patterns of behavior and beliefs
- We will look at four subcultures
 1. Chinese Americans
 2. Japanese Americans
 3. Korean Americans
 4. Vietnamese Americans

Asian American Countries of Origin

- Bangladesh
- Burma
- Cambodia
- *China*
- India
- Indonesia
- *Japan*
- *Korea*
- Laos
- Malaysia
- Pakistan
- The Philippines
- Sri Lanka
- Taiwan
- Thailand
- *Vietnam*

Asian American Values

- Importance of family
- Hard work
- Self-discipline
- Respect for elders
- Commitment to education

Asian Americans – Cultural Perspectives

- Prefers to care for elders at home
- Prefers to obtain help within the family
- May not readily seek out services
- Difficulties with language – especially elders
- Male hierarchy of authority
- Suffers in silence

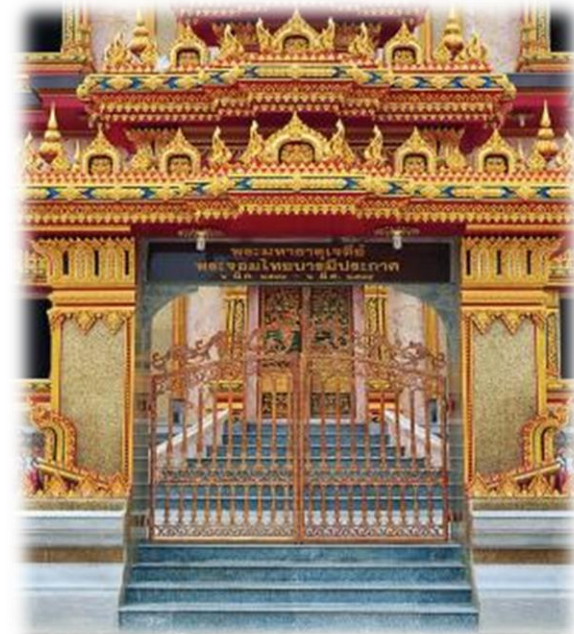
Asian Americans – Cultural Perspectives (Cont.)

- Guilt
- Shame
- Self-control
- Saving face



Asian Americans – Spiritual Perspectives

- Wide Spectrum:
 - Buddhism
 - Christianity/Catholicism
 - Confucianism
 - Hinduism
 - Judaism
 - Islam
 - Shintoism
 - Taoism

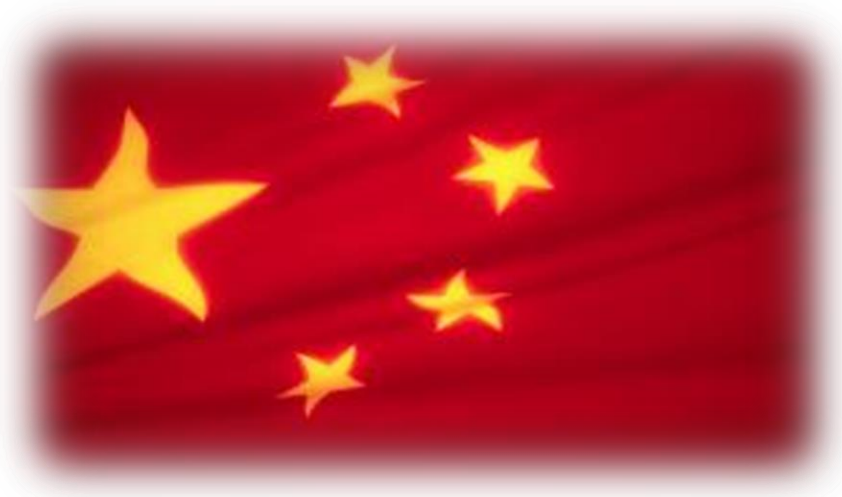


Asian Americans – Death & Dying

- Great respect for the body
- Stoicism
 - Depression may result from internalized grief
- Funeral planning
- Shrines
- Cremation
- Generally object to autopsy and organ donation

Chinese Americans – Cultural Perspectives

- First Asians to immigrate to the U.S. during the California Gold Rush
- Largest Asian American culture in U.S.
- Harmony of body, mind and spirit
- Shy and modest



Chinese Americans - Cultural Perspectives (Cont.)

- Use of family name important
- Yin and Yang
- Food to treat illness



Chinese Americans – Death and Dying

- Family loyalty is paramount
 - Decision-making authority given to male family members
 - First the husband/father, then the eldest son
- May not complain
 - Suffer in silence, may not verbalize pain
- Dying at home
 - May bring bad luck, spirit may get lost in the hospital

Chinese Americans – Death and Dying (Cont.)

- Response to the subject of death:
 - May not wish to discuss it
 - May want to talk with their loved ones themselves
 - May prefer patient not be told
- Special cloths placed on body at time of death



Chinese Americans – Death and Dying (Cont.)

- May prefer to bathe loved one
- End-of-life rituals may include:
 - Incense burning
 - Special foods
 - Good luck symbols
 - Weeping/wailing at funeral

Japanese Americans – Cultural Perspectives

- Education highly prized
- Humble, courteous and thoughtful
- Social codes and manners

Japanese Americans – Cultural Perspectives (Cont.)

- Foundation in Confucianism
 - Filial Piety - a respect for parents and ancestors
 - Devotion to family
 - Honor – Shame - Duty

Japanese Americans – Death and Dying

- Parents should be cared for at home
- Open discussions approached with respect
- Funeral/ceremonies give high honor to the dead
- Open coffin is common
- Monetary gifts may be given to the family

Korean American – Cultural Perspectives

- Assimilation & Integration
- High regard for family
- Indirect communication observed
- Stoicism
- Herbal, ancient remedies and acupuncture used at times

Korean Americans – Death and Dying

- Reluctant to use hospice
 - Longevity is a blessing
- Mourning style
 - Crying/wailing/chanting
 - May prefer to clean/bathe body
 - Incense burning
 - Praying
 - Cremation common



Vietnamese Americans – Cultural Perspectives

- Family is paramount
 - “A drop of blood is better than an ocean of water”
- Two sacred family obligations
 - Care for elderly parents and mourn them in death
- Immigrants were refugees
 - Many suffer from PTSD
 - Uses little resources outside of family

Vietnamese Americans – Cultural Perspectives (Cont.)

- May not seek outside resources
 - May experience PTSD
- Greet with smile and quarter bow
- Desires more distant personal space
 - Women do not usually shake hands
- Indirect communication observed
 - Open expressions considered rude
 - Avoidance of eye contact
 - May hesitate to ask questions/discuss death openly

Vietnamese Americans – Cultural Perspectives (Cont.)

- Disease caused by imbalance of forces
- Elders may not trust Western medicine
- Denial or high tolerance of pain – illness is their destiny
- *Tet* – Highly coveted Vietnamese New Year
 - January 19th – February 20th

Vietnamese Americans – Death and Dying

- Mourning begins before death is imminent
- During the death process:
 - Strict silence is observed
 - Entire family assembles around dying patient
 - Eldest child records last words and suggests a name
 - Ceremonial cleansing, body never left alone
 - Rituals performed, special mourning clothing, altars
 - Everyone is required to cover their heads

Hispanic/Latino Americans - Countries of Origin

- Argentina
- Belize
- Bolivia
- Chile
- Colombia
- Costa Rica
- Cuba
- Dominican Republic
- Ecuador
- El Salvador
- Guatemala
- Honduras
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Puerto Rico
- Spain
- Uruguay
- Venezuela

Hispanic/Latino Americans - Cultural Perspectives

- Country of origin defines subculture, dialect
- The family is paramount
- Western medicine accepted but may also observe:
 - Folk remedies,
 - Spiritual healers
 - Curanderismo

Hispanic/Latino Americans– Cultural Perspectives (Cont.)

- Cultural differences
 - Nodding of the head is done many times out of respect, and is not necessarily indicative of agreement or understanding
 - Comfortable social distance of Americans is about double that of Hispanics
 - Matriarchal family structure
 - Eldest daughter usually leads

Hispanic/Latino Americans – Death and Dying

- Low use of hospice
- Remaining at home is often the major concern
- Spiritual affiliations:
 - Roman Catholic – Last rites performed
 - Protestant/Evangelical Christian
- May observe altars, religious symbols

Hispanic/Latino Americans – Death and Dying

- Thoughts on talking about death:
 - Talking about death might make it happen
 - Talking about death is wishing it will happen
 - Belief that there's always room for a miracle
- Pre-planning funerals may be viewed as announcing death
- Elder Hispanics rarely attend bereavement groups
- Attitudes toward cremation, autopsy, and organ donation

Managing Language Barriers

- Provide an interpreter
 - Avoid using family members as interpreter
 - Be sensitive to dialects
- Ensure you distinguish their country of origin
 - Be very careful not to make **assumptions**
 - Example: Calling a person Chinese when they are Vietnamese or Korean
 - Ask country of origin if necessary

Communicating by Telephone

- Address person properly
 - Use correct title
- Speak warmly/slowly
 - Don't be in a hurry
- Practice name pronunciation
- Efforts to speak their language are appreciated
- Remember to smile
 - It reflects in your voice

In Summary

- Please remember:
 - Listen more, speak less, **be present**
 - Ask open-ended questions, **be curious**
 - Do not impose your judgment, **be empathic**
 - Respond to how others view the world, **be understanding**
- Presentation's objectives met?

Questions ?

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References

- Andrews, Janice D. Cultural, Ethnic, and Religious Reference Manual. Winston-Salem, NC: JAMARDA Resources, Inc. 1995 – 2005. www.jamardaresources.com
- Asian American Alliance. Asian American Culture - Perspectives, Experiences and Prospects [WWW page]. URL <http://www.asianamericanalliance.com/Asian-American-Culture-Perspectives.html>
- Autopsy 101: Family Concerns about Autopsy, Medscape Today, Geriatric Nursing, 2003. http://www.medscape.com/viewarticle/466795_6
- Cross, Bazron, Dennis and Isaacs, 1989. National Center Cultural Competence, Georgetown University Center for Child and Human Development
- Culture Care Connection Clinics Implementing Action Plans (2009) [WWW page]. URL http://www.stratishealth.org/documents/CCCNewsFall2009_092309.pdf

References (Cont.)

- Diversity and End-of-Life Care Tip Sheet. Hospice Foundation of America, 2009
- Lipson, Juliene G., Dibble, Suzanne L., and Minarik, Pamela A. Culture & Nursing Care: A Pocket Guide. San Francisco: University of California School of Nursing, 1996.
- National Hospice & Palliative Care Organization. NHPCO FY2008 National Summary of Hospice Care Washington, D.C., 2008.
- THINKs on Diversity
 - i-net at Learning Resources → Program Training and Resources → Team Meeting → THINKs on Diversity → THINK Asian American
- Quappe, Stephanie, Cantatore, Giovanna. What is Cultural Awareness Anyway? How Do I Build It?. Culturocity.com, 2007. www.culturocity.com

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