

Basic Cross Cultural Care Strategies

- When speaking to persons who have difficulty understanding English, speak slowly and clearly without raising the voice.
- Some clients may be able to read English better than they understand spoken English.
- Use same-sex interpreters when translating matters that are of a private or sexual nature. In some cultures, it is inappropriate for persons of the opposite sex (including children) to discuss matters of this nature. Avoid using family members as interpreters if at all possible to maintain patient confidentiality. This includes having husbands translate for wives in areas such as Labor and Delivery, informed consent for surgeries related to reproductive organs, etc. Generally, older, mature interpreters are preferred. It is also preferable to use an interpreter who has a health care background so that medical information is communicated in its proper context.
- Sign languages of various countries are not mutually understandable.
- Use objective descriptions instead of slang terms, idioms, etc. e.g. "The patient is getting cold feet" may be understood as symptomatic of vascular/circulatory problems.
- Address all adults as Mr., Miss, Ms., or Mrs., unless otherwise instructed. Using a first name to address anyone other than family or a close friend is discourteous and inappropriate in most cultures.
- Avoid using terms such as "boy," "girl," "gal," etc. when addressing or referring to others.
- Refrain from making assumptions relative to beliefs/practices based on an individual's cultural or religious affiliation. While there are commonalities among and across cultures, each individual must be assessed relative to his or her specific beliefs and practices. Individuals may accept the "official" doctrines, but practice in varying degrees.
- Members of some ethnic groups believe that illness is caused by supernatural sources or by environmental factors such as cold air, impurities in the air, etc. and seek folk healers to cure illness. It is important that health care workers not dismiss these beliefs as "old wives tales," "silly," or "strange," as they play important roles in individuals' lives.
- Avoid sentences or questions with negatives. The person may answer with an affirmative answer, meaning that you are correct that an event has not occurred e.g. "You haven't had your bath yet, have you?" Instead, ask "Have you had a bath today?"
- Many languages lack pronouns that reflect sex. Pronouns such as "he" or "she" may not exist and will be confusing.
- Health care workers should take the time to assure that clients are familiar with the operation of electronic-based communication methods used in Western Culture, including telephones, voice-mail, etc.
- Calendar date sequences differ in other countries. Assure clarity by writing out the full name of the month.
- Some clients do not own clocks or watches. Inquire about availability of time devices if discharge components are time dependent.
- Avoid using gestures during communicating. Note the difference in meanings of common American gestures.
 - Beckoning with the index finger to come closer is a gesture only used in some cultures for the purpose of calling animals.
 - The "okay" sign (thumb and index fingers together in a circle) is a crude sexual invitation in some cultures.
 - The "thumbs-up" sign and the "V" sign for victory are insulting gestures in some cultures meaning the same as the raised middle finger in United States culture.

- Placing one's foot on a desk or footstool pointing toward persons of many Asian cultures may offend them because the feet are considered the lowest part of the body.
- Talking while the hands are in one's pockets is considered impolite in some cultures.
- Members of many cultures carry or wear religious symbols. Symbols that must be removed for diagnostic purposes such as x-rays should be removed gently, respectfully, and kept in contact with the patient's body if at all possible. The person and/or family should be given an explanation of why the symbol needs to be removed prior to any attempts to remove it. Following are some religious symbols:
 - Catholics may wear a rosary or jewelry with images of the Virgin Mary.
 - Sacred threads may be worn by persons of the Hindu religion around the neck or arms.
 - Native Americans may carry medicine bundles.
 - Mexican children may wear small red ribbons.
 - Persons from the Mediterranean may wear a special charm on a chain, such as mustard seed in the blue circle of a ram's horn to ward off the 'evil eye'.
- When complimenting babies and children of cultures that believe in the evil eye concept, watch for nonverbal cues from the mother. If she seems uncomfortable with your compliments, she may believe in the evil eye. For Mexican Americans who believe in the evil eye, touching the infant or child while offering the compliment neutralizes the effects of the evil eye.

Patient Teaching

- Foods considered edible or inedible are primarily influenced by culture. Do not assume that the client shares your beliefs about which foods are edible or inedible. Consider typical ethnic diets when discharging patients with special dietary restrictions. Do not assume that persons from other countries eat the usual three meals a day as many Americans eat. When teaching about medications that must be taken with food, it is important that to be specific in saying to take the medication the designated number of times/day with food, rather than instructing the patient to take the medication with meals (assuming that all persons eat three meals a day).
- Almost all cultures, other than Anglo-American, emphasize the family over the individual and interdependence over independence. Self-care is not an important concept in most other cultures.
- Persons from the same country may not necessarily share the same culture.
- Always approach discussions about birth control cautiously. Some religions do not support artificial forms of birth control. In some cultures, the number of children sired or borne is a major source of self-esteem.
- Cutting or shaving hair from the body and/or head is forbidden in many cultures. This should be considered when there is a need to shave or cut one's hair to prepare for procedures.
- In some cultures, elimination is considered unclean and therefore, should not be done in bed. In the native country, the bowel elimination is accomplished by squatting over a hole in the ground. If the family has a toilet, it is located separately from the tub or sink. One places the feet on the toilet seat and squats to have a bowel movement. Patients who are forced to use a bedpan in the hospital may insist on getting out of bed if at all possible and squatting over the bedpan to have a bowel movement.²
- In some cultures, the patient or parent of a child is not the primary decision-maker. Health care providers must identify the primary decision-maker when there is a need to make a choice about treatment measures.

- Families should be asked how they wish to participate in preparation of the body after death. In some cultures, the family 'washes' the body of a relative after death and may consider it an infringement if health care personnel proceed with the usual preparations for the morgue. Funeral directors should be notified prior to transport of the body to the funeral home if the preparation of the body is different from mainstream practices.
- Many cultures highly value modesty and may be suspicious about personal questions. When the admission assessment is done, the relationship between the medical problem and the need for asking personal questions should be explained clearly.
- When assessing the growth status of children, it is important to remember that standard growth charts used in the United States have been developed based primarily on growth patterns among Anglo-Americans. Children of varying ethnic groups may exhibit growth patterns that may not be considered "normal" according to U.S. standards. Therefore, the overall status of the child must be assessed before a conclusion is drawn.
- If members of the clergy routinely visit clients who are hospitalized, clients should have this practice explained prior to the visit since persons of some cultures associate visits by the clergy with imminent death.
- The common practice of sending flowers to hospitalized clients is not a practice in some cultures and is frequently associated only with rites for the dead.

Tips Related to Patient Teaching

- **Speak slowly**
- **Plan the teaching session to last at least twice as long as usual.**
- **Use simple sentence structure.**
- **Avoid the use of technical terms e.g. heart instead of cardiac.**
- **Provide instructional material in the same sequence in which the patient should carry out the health care plan.**
- **Ask the patient to give a return demonstration or explanation of the procedure.**
- **Include family members in the teaching process.**

Betty Parry

food, drink
comida/bebida

blanket
manta

pillow
almohada

chest pain
dolor de pecho

toilet
baño

telephone
teléfono

nurse
enfermera

doctor
doctor

television
televisión

glasses
lentes

lie on back
tenderse de espalda

lie on side
tenderse de lado

up
arriba, alto

down
abajo

religion
religion

sleep
dormir

hot
caliente

cold
frio

medicine
medicina

pen paper
pluma y papel

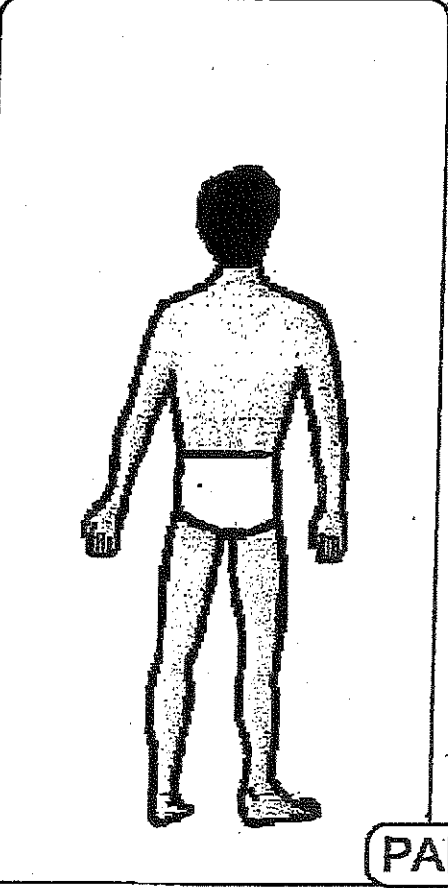
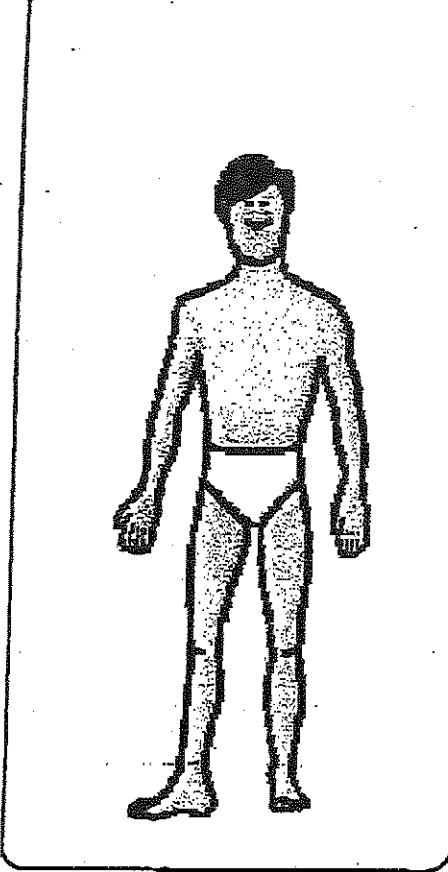
off
apagado

on
encendido

no
no

family
familia

Please make a referral to Speech Therapy and/or Language Services as appropriate.



	A	B	C	D
1	E	F	G	H
2	I	J	K	L
3	M	N	O	P
4	Q	R	S	T
5	U	V	W	X
6		Y	Z	
7				
8				
9				
10				

yes ↑ ↓	no ← →
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PAIN SCALE

Resources

Culture & Nursing Care: A Pocket Guide, Lipson, JG, Dibble, SL, Minarik, PA, UCSF Nursing Press, 1996.

Labor & Birth. Terms, Techniques, Problem Solving, Jamie Eloise Bolane, Childbirth Graphics, 1994. Terms and translations in 6 different languages.

National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS), Federal Register: December 22, 2000; Vol 65, number 247;
www.omhrc.gov/gov/clas/finalculturalla.htm

National Center for Cultural Competence run by Georgetown University.
<http://www.clcpa>

NHeLP Language Services Resource Guide for Healthcare Providers.
<http://www.healthlaw.org>

Spanish Pocket Guide for Breastfeeding Support, Breastfeeding Education Resources, Inc. PO box 18173, Raleigh, North Carolina 27619-8173. (available through Childbirth Graphics).

The Federal Interagency Working Group on Limited English Proficiency.
www.lep.gov

DuoCharts.com Provides pocket charts and instructions in several languages

www.speedylanguage.com pocket language booklets.

www.kwikpoint.com pocket visual language translators.