Ethics and Cultural Diversity

Presented by Lois May, RN, BSN, CCM
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AT THE END OF THIS PRESENTATION THE LEARNER WILL BE ABLE TO:

• Identify how ethics and cultural competence are related.
• Analyze their cultural competency.
• Evaluate their patient's cultural preferences.
• Define at least 3 cultural beliefs around illness and health.
Ethics refers to principles that define behavior as right, good and proper.
Values are the inner judgments that determine how a person actually behaves. Values concern ethics when they pertain to beliefs about what is right and wrong.
Values → Principles → Ethics
WHY BE ETHICAL?

• Inner Benefit
• Personal advantage
• Approval
• Religion
• Habit

CASE MANAGEMENT ETHICS

The CCMC’s Code of Professional Ethics (January 2015)

- Principle 2: Board-Certified Case Managers (CCMs) will respect the rights and inherent dignity of all their clients.
- It will specifically address how to meet the underlying value which states Board-Certified Case Managers (CCMs) recognize the dignity, worth and rights of all people.

Code of conduct for case managers – adopted by the Commission for Case Manager Certification® revised (part I) January 2015
DIGNITY

The Merriam – Webster Dictionary definition

• formal **reserve** or seriousness of manner, appearance, or language
• **the quality or state of being worthy, honored, or esteemed**
• high rank, office, or position
• a legal title of **nobility** or honor

DIGNITY

- Listening
- Asking questions
- Using the information
- Considering all people of equal importance

- Being patient
- Treating them as persons
- Being empathetic
- Making no assumptions
Our dignity is not in what we do, but what we understand.

George Santayana
Culture consists of a body of learned beliefs, traditions, and guides for behaving and interpreting behavior that are shared among members of a particular group.
WHAT IS CULTURE?

- Inherited view
- Set of guidelines
- Transmitted from generation to generation
- Without culture = no group

Tanner, J. K., RN-C, BSN, CTS. (2011, December 13). The Language You Cry In. Lecture presented at BlueCross BlueShield in South Carolina, COLUMBIA
WHAT CULTURE IS NOT

- Not necessarily national origin groups
- Not racial groups

CULTURE ENCOMPASSES

- Language
- Religion
- Cuisine
- Music
- Art
- Values
- Communication styles
- Social Habits
WHERE DO YOU “LEARN” YOUR CULTURE?

- Parents
- Family
- Religious Organization
- Neighbors

- School
- Friends
- Profession
- Employer
INFLUENCES

• Age
• Family background
• Socioeconomic status
• Educational background
• Urban vs. rural origin/geographic region
• Length of time in the United States
• Level of acculturation to U.S. lifestyle

College of Medicine, Medical University of South Carolina - Cultural Competency. (n.d.). Retrieved January 19, 2018, from http://etl2.library.musc.edu/cultural/index.php
CULTURAL COMPETENCE

What does that mean?

“Cultural competence” in health care entails:
• understanding the importance of social and cultural influences on patients’ health beliefs and behaviors;
• considering how these factors interact at multiple levels of the health care delivery system (e.g., at the level of structural processes of care or clinical decision-making);
• devising interventions that take these issues into account to assure quality health care delivery to diverse patient populations.

# Continuum of Cultural Competence

<table>
<thead>
<tr>
<th>Cultural Proficiency</th>
<th>Systems and organizations hold culture in high esteem, as a foundation to guide all of their endeavors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Competence</td>
<td>Systems and organizations that demonstrate an acceptance and respect for cultural differences.</td>
</tr>
<tr>
<td>Cultural Pre-competence</td>
<td>Awareness within systems or organizations of their strengths and areas for growth to respond effectively to culturally and linguistically diverse groups.</td>
</tr>
<tr>
<td>Cultural Blindness</td>
<td>Expressed philosophy of viewing and treating all people as the same.</td>
</tr>
<tr>
<td>Cultural Incapacity</td>
<td>Lack of capacity of systems and organizations to respond effectively to the needs, interests and preferences of culturally and linguistically diverse groups.</td>
</tr>
<tr>
<td>Cultural Destructiveness</td>
<td>Attitudes, policies, structures, and practices within a system or organization that are destructive to a cultural group.</td>
</tr>
</tbody>
</table>

CULTURAL COMPETENCY

- Value diversity and similarities among all peoples
- Understand and effectively respond to cultural differences
- Engage in cultural self-assessment at the individual and organizational levels
- Make adaptations to the delivery of services and enabling supports
- Institutionalize cultural knowledge

ON A MORE PERSONAL LEVEL

Level 1
• No insight about the influence of culture on medical care

Level 2
• Minimal emphasis on culture in medical setting

Level 3
• Acceptance of the role of cultural beliefs, values and behaviors on health disease, and treatment
MORE LEVELS

Level 4
- Incorporation of cultural awareness into daily practice

Level 5
- Integration of attention to culture into all areas of professional life

WHAT WE NEED TO DO TO BE CULTURAL COMPETENT

Have awareness and acceptance of cultural differences

Have awareness of one's own cultural values

Recognize that people of different cultures have different ways of communicating, behaving, interpreting, and problem-solving
WHAT WE NEED TO DO

Recognize that cultural beliefs impact patient's health beliefs

Have an ability and willingness to adapt

College of Medicine, Medical University of South Carolina - Cultural Competency. (n.d.). Retrieved March 14, 2018, from http://etl2.library.musc.edu/cultural/index.php
AWARENESS OF ONE’S CULTURAL VALUES

A brief quiz!
WHY SHOULD HEALTHCARE SYSTEMS BE CULTURALLY COMPETENT?

- To understand and respond effectively to diverse belief systems related to health and wellbeing
- To respond to current and projected demographic changes in the United States
- To eliminate long-standing disparities in the health and mental health status of diverse racial, ethnic, and cultural groups
- To improve the quality and accessibility of health care services.

WHY DO WE NEED TO BE CULTURALLY COMPETENT?

Chart 2-2. Minority groups will compose almost half of the U.S. population by 2050; the biggest increase will occur within the Hispanic population.

Projected percentage change in racial/ethnic composition of the United States population, 2000 to 2050

Note: Numbers add up to more than 100 percent because of rounding and because some categories are not mutually exclusive.
Note: “Other” includes the following categories: American Indian/Alaska Native, Native Hawaiian/other Pacific Islander, and two or more races.


WHY DO WE NEED TO BE CULTURALLY COMPETENT?

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage of U.S. Adults with One or More Chronic Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic white</td>
<td>63%</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>58%</td>
</tr>
<tr>
<td>Non-Hispanic other</td>
<td>50%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>49%</td>
</tr>
</tbody>
</table>

14-point gap across racial/ethnic groups

The difference between racial/ethnic groups for those with one chronic condition varies from a high of 63 percent for non-Hispanic whites to a low of 49 percent for Hispanics.

Source: Multiple Chronic Conditions in the United States, Christine Buttorff et al., RAND Corporation, TL221-PFCD, 2017 (available at www.rand.org/t/TL221).

WHY DO WE NEED TO BE CULTURALLY COMPETENT?

WHY DO WE NEED TO BE CULTURALLY COMPETENT?


**Chart 6-28. Patient-centeredness: Blacks and Hispanics are less likely to report confidence and trust in their specialty physician than whites.**

Percentage of patients reporting that they completely trusted their specialist physician, 1999–2000

- **Total:** 79
- **White:** 81
- **Black:** 63
- **Hispanic:** 72

Note: p = .005.

WHAT CAN WE DO?

• Don’t stereotype people
• Ask your patient what they think caused their illness
• Respect the patient’s beliefs
• Incorporate the patient’s beliefs
MORE WE CAN DO

- Be sure to include the family
- Have respect for concerns regarding supernatural influences
- Learn about the beliefs and practices in your patient population.
Ethics  
Culture  
Cultural Competency
BREAK
SOCIAL CULTURAL MODEL OF HEALTH

The sociocultural perspective has two important components:

1. Awareness of the powerful role social habits and cultural rules play in sickness and healing; and

2. Acceptance of the dignity of beliefs and practices that differ from one's own. A provider who has this perspective will generally (a) ask more questions about the patient’s perspective relevant to the encounter, and (b) be more conscious of how his/her own beliefs and values might affect the relationship, the diagnosis and treatment, and the outcome.

HEALTH, ILLNESS AND DISEASE

Disease refers to the malfunctioning of the physiological and/or psychological processes in an individual.

Illness refers to the psychosocial experience and meaning of the perceived disease for the individual (and those associated with the individual, i.e., family members).

College of Medicine, Medical University of South Carolina - Cultural Competency. (n.d.). Retrieved January 19, 2018, from http://etl2.library.musc.edu/cultural/index.php
REFLECTION:

Your assumptions about childbirth

1. At what age is it appropriate for a woman to get pregnant? Under what circumstances?
2. How many children should a family have?
3. To whom do children belong?
4. Who should be involved in the pregnancy? Childrearing?
5. What is the role of Medicine in reproductive health?
6. Where should women have their babies?
7. Who should deliver babies?

REFLECTION:

Social and Cultural Factors Related to Your Health

When you were sick as a child:
1. What did your family believe about taking care of you?
2. Foods that were good for you?
3. Causes of a fever & how to treat it?
4. When were you sick enough to stay home from school?
5. How did your family feel about going to the doctor?
6. Name something you learned about your health growing up that changed when you got to (nursing / SW) school.

## Tools for Cross Cultural Care

<table>
<thead>
<tr>
<th>L</th>
<th>Listen to the patient’s perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Explain and share one’s own perspective</td>
</tr>
<tr>
<td>A</td>
<td>Acknowledge differences and similarities between these two perspectives</td>
</tr>
<tr>
<td>R</td>
<td>Recommend a plan</td>
</tr>
<tr>
<td>N</td>
<td>Negotiate a mutually agreed-on Plan</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| **E** | **Explanation** | - What do you think may be the reason you have these symptoms?  
- What do friends, family, others say about these symptoms?  
- Do you know anyone else who has had or who has this kind of problem?  
- Have you heard about/read/see it on TV/radio/newspaper? (If patient cannot offer explanation, ask what most concerns them about their problems) |
| **T** | **Treatment** | - What kinds of medicines, home remedies or other treatments have you tried for this illness?  
- Is there anything you eat, drink, or do (or avoid) on a regular basis to stay healthy? Tell me about it.  
- What kind of treatment are you seeking from me? |
| **H** | **Healers** | - Have you sought an advice from alternative/folk healers, friends or other people (non-doctors) for help with your problems? Tell me about it. |
| **N** | **Negotiate** | - Negotiate options that will be mutually acceptable to you and your patient and that do not contradict but rather incorporate your patient’s beliefs.  
- Ask what are the most important results your patient hopes to achieve from this intervention. |
| **I** | **Intervention** | - Determine an intervention with your patient. May include incorporation of alternative treatments, spiritually, and healers as well as other cultural practices (e.g. foods eaten or avoided in general, and when sick). |
| **C** | **Collaboration** | - Collaborate with the patient, family members, other health care team members, healers and community resources. |

<table>
<thead>
<tr>
<th>B</th>
<th>Health Beliefs</th>
<th>What caused your illness/problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Explanation</td>
<td>Why did it happen at this time?</td>
</tr>
<tr>
<td>L</td>
<td>Learn</td>
<td>Help me to understand your belief/opinion.</td>
</tr>
<tr>
<td>I</td>
<td>Impact</td>
<td>How is this illness/problem impacting your life?</td>
</tr>
<tr>
<td>E</td>
<td>Empath</td>
<td>This must be very difficult for you.</td>
</tr>
<tr>
<td>F</td>
<td>Feelings</td>
<td>How are you feeling about it?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>R</th>
<th>Respect (show)</th>
<th>A demonstrable attitude communication the value and autonomy of the patient and validity of his/her concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Explanatory (ask)</td>
<td>The patient’s understanding of what causes their illness or what will help it.</td>
</tr>
<tr>
<td>S</td>
<td>Social (ask)</td>
<td>Impact of patient’s life upon illness and of illness on his/her life.</td>
</tr>
<tr>
<td>P</td>
<td>Power (share)</td>
<td>Access to status, control, resources, option and ability to produce desired outcomes.</td>
</tr>
<tr>
<td>E</td>
<td>Empathy (show)</td>
<td>Verbal and nonverbal responses that validate patient’s emotions and cause them to feel understood.</td>
</tr>
<tr>
<td>C</td>
<td>Concerns (ask)</td>
<td>Worries about symptoms, diagnosis, or treatment often unexpressed.</td>
</tr>
<tr>
<td>T</td>
<td>Trust (build)</td>
<td>Relationship built on understanding power-sharing and empathy; patient confident that you act on their behalf.</td>
</tr>
</tbody>
</table>

- Hi, I’m xxx and I’m looking forward to working with you.
- What would like me to call you?
- You, overcome a lot to get here today.

- What do you or family think is causing these symptoms?
- Why do you think this started when it did?
- What do you think will solve the problem?

- What should I know about your to care for you best?
- What is hardest for you?
- Who helps you the most?
- What keeps you going?
- What about religion?

- Besides your diabetes, what else should we talk about?
- What would make your medications easier?
- Thanks for telling me that you don’t agree. What do you think?

- That must be hard, anyone would feel that way
- This can be scary. Let’s talk about it.
- The injury changed everything for you.

- What worries you the most?
- What scares you about the medication?
- Are you worried about sex after your heart attack?

- People in my family have had the same thing.
- Should we get your family involved to help us?
- We’re here when you need us.
- Let’s make sure we answer all your questions so you feel comfortable making your decisions.

EXPLANATORY MODEL

- What do you call this problem?
- What do you believe is the cause of this problem?
- What course do you expect it to take? How serious is it?
- What do you think this problem does inside your body?
- How does it affect your body and your mind?
- What do you most fear about this condition?
- What do you most fear about the treatment?

The purpose of the CultureCompass is to make you aware of potential cultural pitfalls and to increase your effectiveness in dealing with those being born and raised in a country different from yours.
WHAT IS IT?

It’s an app!

• Go to Google Play and search for CultureCompass
HOW DID IT EVOLVE?

Gerard Hendrik (Geert) Hofstede

• Born 1928
• Dutch social psychologist
• Former IBM employee
• Well known for pioneering research on cross-cultural groups
• Developed cultural dimension theory

https://en.wikipedia.org/wiki/Geert_Hofstede
DIMENSIONS OF NATIONAL CULTURES
POWER DISTANCE - PDI

Low
- Low dependence needs
- Inequality minimized
- Hierarchy for convenience
- Superiors accessible
- All have equal rights
- Change by evolution

High
- High dependence needs
- Inequality accepted
- Hierarchy needed
- Superiors often inaccessible
- Power holders have privileges
- Change by revolution
**INDIVIDUALISM / COLLECTIVISM - IDV**

<table>
<thead>
<tr>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>“We” consciousness</td>
<td>“I” consciousness</td>
</tr>
<tr>
<td>Relationships have priority over tasks</td>
<td>Private opinions</td>
</tr>
<tr>
<td>Fulfill obligations to family, in-group, society</td>
<td>Fulfill obligations to self</td>
</tr>
<tr>
<td>Penalty: loss of face and shame</td>
<td>Penalty: Loss of self-respect and guilt</td>
</tr>
</tbody>
</table>
MASCUINITY /FEMININITY - MAS

Low
- Quality of life, serving others
- Striving for consensus
- Work in order to live
- Small and slow are beautiful
- Sympathy for the unfortunate
- Intuition

High
- Performance ambition, a need to excel
- Tendency to polarize
- Live in order to work
- Big and fast are beautiful
- Admiration for the successful achiever
- Decisiveness
<table>
<thead>
<tr>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Relaxed, less stress</td>
<td>▶ Anxiety, greater stress</td>
</tr>
<tr>
<td>▶ Hard work is not a virtue per se</td>
<td>▶ Inner urge to work hard</td>
</tr>
<tr>
<td>▶ Emotions not shown</td>
<td>▶ Showing of emotions accepted</td>
</tr>
<tr>
<td>▶ Conflict and competition seen as fair play</td>
<td>▶ Conflict is threatening</td>
</tr>
<tr>
<td>▶ Flexibility</td>
<td>▶ Need for agreement</td>
</tr>
<tr>
<td>▶ Less need for rules</td>
<td>▶ Need to avoid failure</td>
</tr>
<tr>
<td></td>
<td>▶ Need for laws and rules</td>
</tr>
</tbody>
</table>
LONG TERM ORIENTATION - LTO

Low
- One absolute truth
- Conventional / traditional
- Concern for Stability

High
- Many truths
- Long term orientation
- Acceptance of change
INDULGENCE VERSUS RESTRAINT - IND

Low

- Restraint stands for a society that suppresses gratification of needs and regulates it by means of strict social norm

High

- Indulgence stands for a society that allows relatively free gratification of basic and natural human drives related to enjoying life and having fun
WHAT YOU SEE
RESULTS

YOU SEE
MORE RESULTS
CULTURE AND MEDICINE
AFRICAN AMERICAN EXPERIENCE

“Tuskegee Study of Untreated Syphilis in the Negro Male.”
TUSKEGEE STUDY

- Started 1932
- 1947 Penicillin TX of choice
- 1968 Concerns about ethics raised
- Ended in 1972
- 1974 $10 million out-court settlement reached which included THBP.
- 1997 Clinton apologizes on behalf of the nation
- 2004 Last participant dies
- 2009 Last widow dies

HENRIETTA LACKS

- Died October 4, 1951 at 31 years
- HeLa cells
  - Over the past several decades, this cell line has contributed to many medical breakthroughs, from research on the effects of zero gravity in outer space and the development of the polio vaccine, to the study of leukemia, the AIDS virus and cancer worldwide.

IMPACT?

Trust
Gullah / Geechee Cultural Heritage Corridor
BELIEFS ON ILLNESS

Origins of illness

- A natural illness
- Spiritual illness
- Occult illness
BELIEFS

Natural Illness

- **Causes**
  - Illness brought on by weather, cold air and similar forces

- **Treated by**
  - An herbalist using natural therapeutic substances

- **Remedies**
  - Roots, herbs, barks, teas & honey

“Escorting of Ruth” by Jonathan Green
BELIEFS

Spiritual Illness

- **Causes**
  - Misdeed on the part of the individual

- **Treated by**
  - Ritual specialist such as a member of the religious community or a Root Doctor

- **Remedies**
  - Spells and remedies include feathers, animal blood, bones, human nail clippings and natural substances (leaves, sand and water)
BELIEFS

Occult Illness

- **Cause**
  - Root or hex placed on the individual at the request of another person by a conjurer

- **Treated by**
  - Root Doctor is the only effective means of healing

“The Reception” 1989 by Jonáthan Green
OTHER BELIEFS ON ILLNESS

- God and nature are intertwined
- God will heal all ailments
- Avoidance of modern medical care
- Modern medicine often associated with death.
LATINO VERSUS HISPANIC

Latino

• All persons living in the US whose origins can be traced to Spanish-speaking regions of Latin America

Hispanic

• Created by the US federal government in the early 1970s in an attempt to provide a common denominator to a large diverse population with connection to the Spanish Language.

REGIONAL DIFFERENCES

LATINO CULTURAL THEMES

FAMILISMO
A collectivist culture with strong family values

RESPECTO
Each person is expected to defer to those who are a position of authority

FATALISMO
Belief that the individual can do little to alter fate.

Espiritismo
Belief that good/evil spirits can affect well being and the spirit of the dead person

FUSION OF CULTURES ON HEALTH AND HEALING

- Central and South America
  - Natural forces – sea, earth and moon
  - Spanish conquistadors in the 16th century
  - Hippocrates’ humoral theory of health
    - Blood, phlegm, yellow bile and black bile
  - Catholic religion
- African slaves in Brazil and the Caribbean
  - Spiritual healing, magic and herbal remedies

THEORY OF HOT AND COLD

- Ailments are thought to develop as a result of an imbalance between 2 humors: hot and cold
- Specific diseases and conditions are classified as hot (caliente) or cold (frio)
- The treatment recommended for any condition will usually have the opposite classification or properties.
HOT AND COLD ILLNESSES

Cold
- Cancer
- Colic
- Empacho (indigestion)
- Frio de la matriz (decreased libido)
- Headache
- Menstrual Cramps
- Pneumonia
- URI
- Arthritis
- Muscle spasm

Hot
- Bilis (anger)
- Diabetes mellitus
- Diaper rash
- Reflux or peptic ulcer
- Hypertension
- Mal de ojo ("evil eye")
- Pregnancy
- Sore throat or infection
- Susto (soul loss)
- Constipation
- Diarrhea

# TREATMENTS

<table>
<thead>
<tr>
<th>Spanish Name</th>
<th>English Name</th>
<th>Used For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ajo</td>
<td>Garlic</td>
<td>Hypertension, antibiotic, cough</td>
</tr>
<tr>
<td>Azarcon/ Greta</td>
<td>Lead/ Mercury oxides</td>
<td>Empacho, teething</td>
</tr>
<tr>
<td>Eucalipto</td>
<td>Eucalyptus (Vicks Vapor Rub)</td>
<td>Asthma, bronchitis, TB</td>
</tr>
<tr>
<td>Manzanilla</td>
<td>Chamomile</td>
<td>Nausea, flatus, colic, anxiety, eyewash</td>
</tr>
<tr>
<td>Oregano</td>
<td>Oregano</td>
<td>Expectorant, menstrual difficulties, worms</td>
</tr>
<tr>
<td>Ruda</td>
<td>Rue</td>
<td>Antispasmodic, abortifacient, empacho, insect repellent</td>
</tr>
<tr>
<td>Salvia</td>
<td>Sage</td>
<td>Prevent hair loss, coryza, diabetes</td>
</tr>
<tr>
<td>Tilia</td>
<td>Linden flower</td>
<td>Sedative, hypertension</td>
</tr>
<tr>
<td>Yerba Buena</td>
<td>Spearmint</td>
<td>Dyspepsia, flatus, colic, susto</td>
</tr>
<tr>
<td>Zapila</td>
<td>Aloe Vera</td>
<td>External – cuts, burns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Internal – purgative, immune stimulant</td>
</tr>
<tr>
<td>Zapote Blanco</td>
<td>Sapodilla</td>
<td>Insomnia, hypertension, malaria</td>
</tr>
</tbody>
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WHO PROVIDES CARE?

- Curanderos – hot/cold
- Brujos or brujas – wizards or witches
- Yerberas - Herbalist
- Hueseros – bone setters
- Parteras - midwives
- Sobradores – similar to physical therapist
Retention of values and beliefs from one's own culture

Adoption of mainstream society's values and beliefs

UNACCULTURAED

Spanish Only

Bilingual / Bicultural

English Only

ACCULTURAED

Acculturation

Health, Illness and Disease

Tools

Three Cultures


