Culture

- *Culture* refers to the learned, shared and transmitted knowledge of values, beliefs, and lifeways of a particular group that are passed down through generations and influence thinking, decisions, and actions in patterned or certain ways.
- Can include language, thoughts, communications, actions, customs, beliefs, values and institutions.

Culture and Healthcare

- Culture can influence what is viewed as a health problem, how symptoms are expressed and discussed, how healthcare information is received, what type of care should be given, and how protections are exercised.
- In the oncology world, a person’s culture may impact how they view a diagnosis of cancer, if/what they are open to talking about with the healthcare team, how they view treatment options, and who they are open to the team talking to (may not be the patient).

Cultural Considerations

- Hispanic/Latino – Diverse ethnic group with many subgroups. Family and extended family are of high importance, as well as providing respect to older adults. May focus on “machismo” and male head of household. Often the older women are counted on for emotional and spiritual strength.
- American Indians – There are over 500 distinct tribes within the United States. Family and extended family are important; elders are of great value and cherished for their wisdom. Traditional healing methods are often used. Pauses may be used in communication to show respect.
- Asian Americans – Diverse ethnic group with many subgroups. The family unit is very important and elders have a lot of influence. May not demonstrate eye contact when communicating. Privacy is important, as well as showing respect.
- Middle Eastern – Diverse ethnic group with many subgroups. The family unit is very important and elders are held in high esteem. May repeat questions/concerns for emphasis and may value closer personal space when talking. Modesty may be extremely important, and women may defer to male family members regarding decisions.

Reminder

We do not have to know everything about every culture! It is more important to recognize that culture plays a role in diagnosis and treatment. Be open to respectfully asking questions and learning how we can best serve people of a variety of cultures.
Spiritual and Religious Diversity

- **Spirituality** – According to the American Nursing Society, this is “how a person perceives his or her place in the world and determines how a person relates to and interacts with other people, animals, nature, and the world.”
- **Religion** – “An organized system of worship” Typically has the belief in a higher power with one or several gods.

As with culture, importance is placed on knowledge not just of specific religions, beliefs, and practices, but on the fact that these may impact coping and treatment decisions.

Examples: Does a person’s religion impact how a person views their diagnosis? Is it viewed as a punishment? Are there certain medical procedures that may be prohibited by a person’s religion?

Spiritual/Religious Assessment

- Diagnosis of cancer can bring on a crisis of faith or belief – may hear statements like, “Why is this happening to me?”, “I want nothing to do with God”, “I should have lived my life better,” “What does all of this mean?”
- Diagnosis of cancer may also strengthen faith and increase coping through religious/spiritual practices
- According to studies, a majority of patients who have been asked say that they consider attention to spiritual concerns to be an important part of care by physicians and nurses (Peteet and Balboni 2013).
- FICA Assessment – tool developed by physicians to assess spiritual and religious concerns – https://smhs.gwu.edu/gwish/clinical/fica

Spiritual/Religious Considerations

- **Judaism** – belief in one God. Orthodox Jews strictly observe the Sabbath and high holy days. May have dietary restrictions. Strong belief in physician’s role as healer. Many Jews may consider themselves more culturally Jewish than religiously Jewish.
- **Christianity** – belief in one God and an afterlife. May believe that sickness is a test of faith. Catholics may hold religious artifacts/symbols in high esteem as well as focus on sacraments and blessings.
- **Islam** – belief in one God, Allah. May have dietary restrictions and fasting concerns during the holy month of Ramadan. Modesty is extremely important. May believe that sickness is a test of faith.
- **Buddhism** – Focus is on personal growth to achieve “Enlightenment”; alleviation of suffering. Meditation is important as well as complementary therapies.

Cultural Competence

- **Cultural competence** is defined as the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the words of individuals, families, and communities and protects and preserves the dignity of each.
How do we become culturally competent providers?
- Increasing our own self-awareness and building our knowledge base of various cultures, ethnic groups, religions, etc.
- Ensuring that our clinics, settings, etc. are welcoming to people of various cultures
- Using trained interpreters and bicultural providers when possible
- Not making assumptions and communicating effectively

Learning Styles and Barriers to Learning

- Visual - learning by seeing. These learners prefer written instructions, photographs, illustrations. Suggested teaching strategies include providing a variety of written, well-organized materials; making handouts easy to read and visually appealing, directing people to websites.
- Auditory - learning by hearing. These learners prefer verbal instructions, saying things out loud, and may enjoy group discussions. Strategies may include videos, podcasts, varying the pitch and adjusting volume as appropriate.
- Active/Kinesthetic - learning by doing. Remembers best by getting actively involved in what is being learned. Hands-on teaching works well with this group. May learn by taking their own notes.

Most people are all of these at times and a combination of teaching techniques may be best.

One Study’s Preferences
- One study at a NCI-designated Comprehensive Cancer Center was conducted to see wanted to see what adults’ preferences for learning were in the oncology setting (Chelf, et al, 2002).
- Most favored method for learning about all cancer topics was discussion with physicians (66%), discussion with nurses (34%), brochures or booklets provided by doctor or nurse (33%), self-selecting materials from available displays (20%), and talking with other patients with cancer (14%).
Barriers to Learning
- Language
- Culture
- Learning Disabilities
- Cognitive impairments
- Pain
- Low health literacy – “the degree to which individuals have the capacity to obtain, process and understand basic health information to make decisions.”

Adjusting to and Overcoming Barriers to Learning
- Practicing cultural self-awareness as healthcare professionals; recognizing that cultural differences can influence how a person understands healthcare messages.
- Recognition that having several barriers to learning can make things more challenging – e.g., a non-English speaking patient with low health literacy.

Adjusting to and Overcoming Barriers to Learning
- Adjusting to learning styles – how can information be presented in a way that will best help patients as individuals?
- Arranging for interpreters
- Addressing any pain management issues prior to teaching/discussions
- If there is a concern regarding cognitive impairment, address this and make sure a family member or someone else is present

Social Relationships

Relationships and Cancer
- Diagnosis of cancer impacts everyone around a patient – spouse, children, parents, siblings, friends, dating partners, coworkers. These relationships may change as a patient moves through treatment and into the survivorship phase.
- Role changes/role reversals. Changes in responsibilities – at home, work. These changes can bring about many emotions – resentment, guilt, frustration.
- Changes in focus for patients – e.g. young adults.
- Patients with young children

Supporting Patients as Relationships Change
- Acknowledgment/validation of changes in relationships
- Offering support of social work services, counseling
- Offering support groups
- Providing online support tools
Families

- At times of serious illness, importance of family becomes magnified.
- What is the definition of family to the patient?

Family systems

- Key concept when working with families is based in systems theory – when there is a change in one part of the system, this influences the entire system.
- What are the family history and influences?

Family systems

- Spousal relationship – for people who had a strong relationship prior to the diagnosis, this may be even stronger. For those who already had discord, cancer diagnosis and treatment can further strain the relationship.
- Impact of diagnosis and treatment on young children
- Newly-formed families

Caregiving

- According to the National Alliance for Caregiving and AARP, there are 45.7 million adult caregivers who are providing care to someone who is ill, disabled, or aged (2012).
- The same group reports that 61% of caregivers taking care of someone over the age of 50 are working full or part-time
- A diagnosis of cancer can throw someone into the role of caregiver instantly and without preparation and can greatly change established roles within the family.
- Caregivers are often pulled in many different directions
As our healthcare system is changing with shorter hospital stays and more focus on outpatient services, caregivers have higher expectations placed on them.

- Effects of caregiving can be emotional, physical, social, spiritual
- “Caregiver syndrome” – feelings of stress, burnout, depression. According to the Family Caregiver Alliance, estimates show that between 40 to 70% of caregivers have clinically significant symptoms of depression, with approximately one quarter to one half of these caregivers meeting the diagnostic criteria for major depression.

Caregiving can be influenced by culture, gender, and health of the caregiver.

- Caregivers are often overlooked as the focus and treatment plan is on the patient. Several ongoing studies on the effect of cancer on caregivers show that caregivers report feeling less support than patients (Northouse, 2012). Other studies show that when a caregiver’s anxiety is addressed and decreased, the patient’s anxiety may be decreased as well (Northouse, 2012).

How we can help

- Recognize the role of the caregiver and look for needs in addition to those of the patient.
- Encourage support for caregivers as well as patients – utilization of behavioral health services, support groups, social work services.
- Checking in on confidence level of caregiver. Research shows that when caregivers feel more confident in providing care, patients have better quality of life (Northouse, 2012).
- There is an interdependence between patient and caregiver – we can help them by treating them as a unit of care. The more we can help caregivers we can also better help patients.

References