Staff Relief Inc.

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Cultural Competence – Introduction

With minority Americans expected to comprise more than 40% of the U.S. population by 2035 and 47% by 2050, addressing their health needs have become an increasingly visible public policy goal. Making sure that the health care provided to this diverse population takes account of their linguistic and cultural needs constitutes a major challenge of health systems and policy makers.

You have observed that patients from different cultures often respond to health care advice differently than expected. Culture influences a person's health beliefs, health-seeking behaviors, and health-related decisions. We, as health care providers, often have a difficult time understanding these cultural differences and knowing how to respond in ways which support client satisfaction, compliance, and positive clinical outcomes.

Knowledge of clients' cultural beliefs can positively affect these situations.

Definitions:

Competence: (cultural competence): means learning new patterns of behavior and effectively applying them in the appropriate settings. It means having the capacity to function effectively in other cultural contexts.

Racism: A set of implicit or explicit beliefs, assumptions, and actions based on an ideology of inherent superiority of one racial or ethnic group over another and evident within individual thought or behavior patterns as well as within organizational or institutional structures and programs.

Stereotype: A false or generalized conception of a group of people that results in an unconscious or conscious categorization of each member of that group.

Hispanic/Latino

"Hispanics" are from Mexico, Puerto Rico, Cuba, Central America and other Latin American countries.

The term "Hispanic" was created by the U.S. Census Bureau in 1970 as an ethnic category for persons who identify themselves as being of Spanish origin. Unlike other census Bureau designations, "Hispanic" denotes neither race nor color, and a Hispanic may be white, Black, or American Indian.

Although the term is widely used by non-Hispanics and Hispanics in Florida, many members of the Hispanic population prefer the term "Latino" (ask your patient which he/she prefers).

Since the classification "Hispanic" includes people of many different origins and cultures, the resulting diversity in these countries is considerable. Therefore, although there is unifying thread of language and some cultural similarities inherited from the Spanish settlers, there is also tremendous variety within the Hispanic community. Here are some of the commonalities that are emphasized.

Keys to a Good Professional Relationship with Hispanic Patients:

1. **Show respect.** People from many Hispanic cultures offer and expect to receive deference on the basis of age, sex and status. Patients will naturally offer respect to the health provider, an authority figure with high social, educational, and economic status. In return, patients rightfully expect to be treated with respect.

   The health provider shows respect by:
   - addressing adults by title and family name (Senor, Senora)
   - shaking hands at the beginning of each meeting (and often when leaving)
   - making eye contact, without necessarily expecting reciprocation, since some patients may consider it disrespectful to look at the health provider, and authority figure, in the eye.
   - speaking directly to the patient, even when speaking through an interpreter
   - by demonstrating a caring attitude
   - by respecting their cultural beliefs and practices (you don't have to agree)
   - not speaking with a "blaming" tone or words

2. **Show "personalismo" (personalism):** Patients from many Hispanic cultures expect to establish a personal, one-on-one relationship, not to be confused with an informal relationship, with the health provider. Defined as an orientation toward people rather than toward impersonal (e.g. institutions) relationships. Although establishing a relationship may seem time-consuming, it can actually save time and prevent negative outcomes that can result from misunderstanding of treatment or noncompliance with care.

Potential Culture Related Health Concerns

1. High incidence of teenage pregnancy among Mexican & Puerto Rican populations
2. Low incidence of breast-feeding especially in Puerto Rican population
3. Where breast-feeding is practiced, a tendency to do so for a short period and to introduce solid foods earlier than current recommended pediatric guidelines.
4. Low intake of Vitamin A
5. Alcohol abuse, especially by young Mexican males

The health provider shows personalizmo by:

- Treating patients in a warm and friendly-not unduly informal manner
- Showing genuine interest in and concern for patients by asking them about themselves and their family
- Sitting close, leaning forward, and using gestures when speaking with the patient

3. **Involve the family in decision making and care.** Families are a source of emotional and physical support and are expected to participate in important medical decision.
    - The "family" may include grandparents, cousins, aunts, uncles and even close family friends
    - The family may show loyalty and support by gathering at the hospital, the resulting 'noise and confusion' may result from the 'gathering of the clan'.
4. **Accept a different sense of time.** Many people from Hispanic cultures have what might be called a "global" or "indefinite" sense of time-rather than an exact sense of day and hour in making and keeping appointments. Similarly, they may not be able to attach a specific calendar date to the onset of a medical complaint. They may instead be able to link the event to a season, a phase of the moon or holiday.
5. **Take pains to establish understanding and agreement.** Many patients' sense of respect for authority may cause them to avoid confrontation or admitting they don't understand. The health provider must ensure that understanding is achieved and must try to gain a real acceptance of the treatment plan and commitment to follow it.
6. **Respect the spiritual side of physical complaints** Many Hispanic patients believe there are supernatural and psychological causes for a disease.
    - **Spirituality contains 4 themes:**
        1) The use of prayer
        2) The centrality of faith to the participants' lives
        3) Fatalism, -- a learned or generalized expectancy that the outcomes of situations are either controlled by external forces, such as luck, chance, fate, or powerful others
        4) The presence of spiritual dualism – a symbiotic relationship between God's power and individuals' power to exert control over their lives

Practitioners are advised to ask their patients what they believe to be the cause of a complaint and to refrain from ridiculing or discounting the patient's belief in supernatural or psychological causes. Taking time with patients, being respectful and attentive and communicating in Spanish (even if just a few words) is seen as essential for care to be personal and friendly.

Resources

Major Folk Illnesses among Hispanic Populations

Ataque. A culturally condoned emotional response to a great shock or bad news, characterized by hyperventilation, bizarre behavior, violence, and/or mutism.

Bilis. An illness believed to be caused by strong emotions that result in an imbalance of bile, which "boils over" into the bloodstream. Symptoms include vomiting, diarrhea, headaches, dizziness, and/or migraine headaches.

Diseases of hot/cold imbalance. The hot/cold theory of disease traces its roots to the Aristotelian system of humors, which were either hot or cold, wet or dry. The hot/cold portion of the theory survives in many Hispanic or Mexican and Puerto Rican origin. Body organs, diseases, foods and liquids may be "hot" or "cold", and good health depends on maintaining a balance of hot and cold. A "hot" ailment calls for "cold" herbs and foods to restore the balance and vice versa.

Note that temperature is not the key factor in the classification scheme: ice is "hot" because it can burn, and Linden tea, though served hot, is "cold" and is often used by Mexicans to treat "hot" ailments. Penicillin, neutral in temperature, is considered "hot" because it may cause hot symptoms, such as diarrhea or rash.
Acceptance of the hot/cold system can affect compliance with treatment. For instance, a patient suffering from a high fever may resist cold compresses, reacting against the treatment for a "hot" aliment (fever) with a "hot" treatment (ice).

Mollera cerrado or cerrado memollera (fallen fontanel). Said to exist when an infant's anterior fontanel is either visibly depressed or believed to have been depressed as the result of trauma. Symptoms are excessive crying, lack of desire or ability to feed, diarrhea, vomiting, restlessness, and irritability. Whether real or imagined, this problem warrants attention because the family may believe it to be fatal if not treated.

Embrujado (bewitchment). A socially accepted psychological disease (in contrast to being considered "mad"), embrujado may be mandifested through physical or psychological illness, depending on the intent of the bewitched (who is always female). Some researchers have suggested that embrujado may be a culturally accepted behavior for males who can not cope with the Anglo world.

Mal de ojo (evil eye) A spell usually cast on a child when a person with the evil eye admires the child without touching it. Children may be protected special earrings, necklaces, amulets or other jewelry, which should not be removed from the child's person during examinations. The most common treatment is prayer while sweeping the child's body with a mixture of eggs, lemons, and bay leaves – a treatment called *Iimpia* in Mexico or *Barrida* in Puerto Rico. This process is also used to diagnose mal de ojo.

Susto (soul loss). A disease that can attack anyone, regardless of gender, age, racial group or economic status, believed to result from a series of overwhelming events that causes the soul to become dislodged and escape from the body. It is manifested by a number of clinically diagnosed diseases, including cancer, kidney failure, diabetes, and high blood pressure. The variety of symptoms and pathologies through with *susto* is manifested absolves patients and relatives of any "guilt" for failing to take timely precautions or seek treatment for disease. A long time is usually said to elapse between the event or events and the physical manifestations of *susto*. Many Hispanics, regardless of their culture of origin accept this theory.

Major Systems of Folk Healing:

Guranderismo – a system of care which shares scientific concepts and procedures with modern scientific medicine and so should not be dismissed a "quackery". A practitioner is either a *curandero* (male) or a *curandera* (female) – may be a member of the patient's family, an older woman in the community or a male who heals through massage.

Santero or brujeria – a structured system of healing magic. The *santero*, a religious healer of "spirituals", performs religious or magical ceremonies, administers potions and prepares amulets.

<u>As a general rule</u>, providers may assume that Hispanic patients who come to them after having delayed seeking health care for an inordinate length of time may have unsuccessfully tried a folk healing system first. On the other hand, patients who disappear after receiving a negative prognosis or failing to experience an immediate cure may have left the health care system for some form of folk healing. Often, however, they return so late that successful treatment is no longer possible.

Health Care use by Hispanics

As a group, Hispanics are not receiving adequate medical care:

1. Many are uninsured. Many work for companies that do not subsidize health insurance coverage or they work in low-paying jobs and cannot afford insurance premiums
2. Monolingual fluency in Spanish is a factor. Language is a barrier to health care because there are few Spanish-speaking health care providers
3. Powerlessness and lack of ability to gain knowledge that would enable them to make informed choices
4. The role that culture plays in the access and acceptance of health care – many Hispanics see the medical system and other bureaucracies as unresponsive and discriminatory.

Asian Indians (not native Americans)

Keys to Good Professional Relationship with Asian Indian Patients:

1. The **men** typically are the managers of issues requiring interaction with individuals in the community. They will probably speak and understand English better than the women and so will answer the health questions for the wife or mother.
2. **Family members** are close and often live together, so healthcare decisions, may become a family matter. You can expect many visitors when a family member is in the hospital.
3. **Children** are often reared by grandparents as well as parents and may prefer the grandparents' presence more than the parents
4. More than 80% of people in India rely on **herbal remedies** as the principle means of preventing and curing illnesses. Ask what they have been taking.

Potential Culture Related Health Concerns:

1. Women, especially, may suffer from protein malnutrition and B12 deficiency due to poor nutrition and/or a vegetarian diet. Allowing the woman to continue eating her cultural or religious foods while teaching her how to make nutritious food choices is a challenge but very important. Rice is standard for every meal.
2. Belief in "hot" and "cold" foods. Cold foods are believed to produce diarrhea, indigestion and gas and are therefore avoided.
3. Hindu patients prefer to **die at home**. the idea that suffering is inevitable and the result of karma may result in difficulty with symptom control.
4. There is a high tendency of diabetes and Coronary Artery Disease in the Indian population

Resources

Religion

80% of the people in India practice Hinduism. Major scripture is the Vedas. The goal of Hinduism is freedom (of the soul) from endless reincarnation and the suffering inherent in existence and resulting from bad karma. Karma, in the Vedas, comprised the actions that individual commits while in this present life and also an accumulation of actions from past lives. The caste system is part of Hinduism. Caste divides society into four social classes. The highest class is called the priest class, or the Brahmans. The lowest class is referred to as the laborer class or sudras. One inherits class at birth, based on one's karma, or tally of good and bad deeds from previous lives.

Aspects of Hinduism that commonly affect health decisions:

- Karma is a law of behavior and consequences in which actions in past lives affects the circumstances in which one is born and lives in this life. Thus a patient may feel that his or her illness is caused by karma (even though there may be complete understanding of biological causes of illness).
- The Bindi is a sign worn by many women of the Hindu faith as a red dot on the forehead. Traditionally a symbol of honor and intelligence. Today it is common for women to wear it as decoration. The care provider should assess the client's personal reasons for wearing the Bindi, since it may vary for women depending on age, and assimilation into American culture.
- Meditation and prayer are used by many Hindus. Some mediate silently, while others chant "Om" and others pray aloud.

Vegetarianism is universal among devout Hindus.

These beliefs are not universal among Hindu Indians so it is helpful to have a basic understanding of the individual patient's chosen religion and how the person practices and lives out that faith.

Language

There are more than 300 languages and dialects spoken in India. Hindi, the national language is predominant. English is becoming a popular second language for many Indians.
In America today, Indians are commonly, well educated, English speaking individuals. They are also in the upper middle class.

Eastern European

The population groups discussed in this section include those from former **Soviet Union, former Yugoslavia (Bosnia and Kosovo), and Poland.**

These groups represent diverse cultures and religions. They may be Jewish, Catholic, Protestant, Pentecostal Christian, Orthodox Christian or Muslim. While members may follow these religious traditions, many of those grew up during the period when Communist governments actively discouraged religion, and therefore have no formal religious beliefs of any kind. Still, because of long histories of religious strife, members of these populations tend to group themselves on the basis of these religious backgrounds. In spite of the diversity of culture and religion, the former communist economy has created certain common attitudes about the balance between personal and public roles and responsibilities regarding health care. Under the communist system, health care, regardless of the quality, was considered the right of every citizen.

Keys to a Good Professional Relationship with Eastern Europeans:

1. **Introduce** yourself using your title and family name. Address all adult patients by their title (Mr., Mrs., Professor, etc.) and family name. Although Russia, Polish and Bosnian family names are difficult to pronounce and effort to try and a genuine request to be corrected and helped will be greatly appreciated.
2. Keep in mind that the health system that they had experienced at home was authoritarian and paternal. Often patients were not told what ailments they had nor given an explanation of treatment they would receive. Cancer, especially, was never mentioned to the patient.
3. **Patients and their families may distrust any care or advice given by a nurse** and may demand to see the doctor. This is because nurses in their countries have no autonomy and are not responsible for any treatment. One way around this is to explain that "Dr. X" instructed me to do this and tell you that…"
4. **Youth is suspect.** Age is often (especially by older patients) equated with wisdom, knowledge, and experience. Care given by young physicians may be considered inadequate. The patient or family may ask to see a specialist. This is because the specialist is equated with senior physicians referred to as a "professor" in their countries. These older physicians hold higher status in the medical community and tend to be older. A referral to a specialist is one way of developing confidence in an unfamiliar medical system.
5. **Hospital stays** are more frequent and last longer in the patient's home country then in the United States. Patients may be disturbed by the many treatments routinely offered as outpatient services as well as by the short hospital stays required for surgery or childbirth.
6. The purpose and value of a **diagnostic test** should always be explained carefully. However, it is not advisable to go into detail about the procedure. Diagnostic tests are used much less frequently in the patients'

home countries than in the United States. This is because they are often scarce and very costly. A patient may either associate a diagnosis test with being seriously ill, or discount its value and reliability because it is so readily available.

7. Since **salaries** for physicians and other health care workers are often so low in countries of the former Soviet Union, tips are given to ensure attentive care. While ethical standards in the US require that monetary gift be politely refused, the caregiver should not take offense if one is offered. When a non-monetary gift is offered, it is best to accept it graciously after explaining that gifts are not necessary or expected.
8. New immigrants may have more confidence in **herbal** combinations than patent drugs for chronic illnesses because of the common belief that too much of any medicine can be poisonous.
9. Specifically ask patients to bring any and all of the **medications** (herbal, or other) that they are taking. Many of the medications given in the US are unfamiliar, expensive and/or suspect. Sometimes, medications that are not known or used in the US are mailed or brought into the US by visitors from the patient's home country. While most of these medications are not intrinsically harmful, they may increase the effects of the dose of the American prescriptions or have negative interactions with them
10. In cases of **obesity, diabetes, heart disease, or high cholesterol,** it is important to question patients carefully about their diet. The cold climates that these patients come from, the poorer quality of meats available, and, in most cases, distances from the sea tend to encourage the consumption of root vegetables (boiled until there are few nutrients left) in stews, and soups high in fat content
11. The traditional Eastern European **diet** consists of breakfast of bread, tomatoes (when available) and ham and sausage (the sausage category includes salami, jellied tongue, liver sausage, etc.). a large hot meal with potatoes, midday and cold cuts (again including sausage) at night. Although the sequence of meals tends to shift to coincide with US working hours, the diet of newer immigrants often favors these high fat, high cholesterol foods. It is important to talk to the person responsible for shopping and cooking, about healthier choices, if any member of the family suffers from any of the above problem.

Potential Culture and Related Health Concerns:

1. **Obesity, gallbladder disease, diabetes, elevated cholesterol levels, cardiovascular disease.** All have a tradition of eating foods that are high in saturated fat. Russian Jews and Muslim Bosnians are forbidden to eat pork – a staple meat in the Polish diet, they still use a lot of dried sausage and the pickling of meats, fish and vegetables (high sodium)
2. **Smoking, pollution and related lung disease.** Many Bosnian men are heavy smokers and suffer the types of lung and throat problems caused or irritated by cigarette smoke.
3. **Alcoholism –** especially Ukrainians and Poles
4. **Somatization of Mental Illness –** Because mental illness is considered a stigma in most Eastern European cultures, the depression and stress which is often caused by the inherent problems of immigration such as having to deal with a strange culture, physical environment and language are often and are channeled into physical complaints.

Resource

General Perception of U.S. Health Care and the role of the Health Care Institution in the Patient's Life

Many Russian immigrant patients are frequently viewed as loud and complaining by US caregivers who soon come to suspect that they are exaggerating their pain or symptoms. It is important to understand that the patients come from a system in which it was definitely a case of "the person who makes the loudest noise" got the best (or often the only) treatment. A complaint of severe chest pain was often the only way to get seen by a physician.

Maternity Care -- Two most widely used methods of birth control are oral contraceptives and abortion. Caregivers are advised to discuss with all women of childbearing age the many options open to women in the US as a means of controlling and spacing pregnancies.

Childbirth is considered to be the "women's affair" and the women traditionally remain isolated from both her husband and immediate family while in the labor and delivery room. Because of this tradition, Polish American husbands may feel very uncomfortable with the American procedure of encouraging the husband's involvement in labor and delivery

Disclosure of Life Threatening or Terminal Illness

In many places throughout the world, a patient would never be told that he or she had a life threatening or terminal illness. This would be considered a death sentence – especially if that disease were cancer. Consult the family about how much information should be revealed to the patient. Poles often have a strong sense of stoicism as well as a sense that " this illness or trouble was meant for me". This often leads to an acceptance of the problem that causes the person to postpone seeking treatment until daily function is impaired – sometimes too late for cure.

Death & Dying

Family members will generally want to be present during the final moments of a patient's life. Poles may accept hospice care in the home and reject care outside the home. It is common for friends and family to wish to stay by the bedside of the dying person. Strong religious faith supports a belief in the supernatural healing powers of persons and sanctuaries. An important indication that a Pole, especially an older person, may hold such strong beliefs in religious medals is that might be pinned to the patient's undergarments. These should not be removed or ridiculed, but should suggest careful questioning regarding the patient's view of the cause of the illness and what he or she has been doing or taking to treat the problem.

Traditional Health Beliefs and Practices

The common practice of attempting to cure minor health problems and illnesses with herbs and special foods prior to seeking care at a health facility has been carried to the US by many Bosnian refugees. The home garden in which herbs are grown is extremely important. Common remedies include cabbage leaf pressed to a wound to reduce swelling, a potato slice pressed to the forehead or the oil of a plant to cure a headache, or a drink made out of boiled parsley for a stomach ache. These remedies may be continued when care by a biomedical physician is sought.

Suggestions for Caregivers of Bosnian Refugees

1. Try to learn when and under what circumstances the patient came to the US. This information is especially important in treating refugees from war-torn areas, to help identify or rule out illnesses/disease which may have their origins in deprivations suffered during the war or may be casued by post traumatic stress or depression.
2. Talk with the patient and/or the patient's family about their most common health practices. What do they usually do/take if they have a fever, stomach ache, etc? Whom do they consult prior to going to a physician? What home remedies do they give or take?
3. Address patients by their last name and shake hands. Do not expect a patient to address you by your first name.

Middle Eastern

These diverse groups of people often referred to by the general term "Middle Easterners" **include Arab and Iranian Americans**. Egyptian Americans speak Arabic but both their language and culture are very different from other Arab groups.

Iranian-Americans, speakers of Farsi (sometimes called Persian) are included here because of their strong cultural similarities.

The majority of Middle Easterners are Muslim, many are also Christian, Coptic Christian or Jewish. As religious factor may play an important part in health beliefs and practices, caregivers should not assume that every Middle Eastern patient is a follower of Islam.

Keys to a Good Professional Relationship with Middle Eastern American Patients

1. **Greet** family members by title, **shake hands** and say something personal about the patient, the patient's family or country of origin.
2. **"Personalize"** your relationship with Middle Eastern patients. Affiliation is the key social need with most members of these populations. Because trust is closely entwined with the involvement of one's "inner circle" of friends and extended family, those viewed as strangers or "outsiders" are often viewed with mistrust. Lack of trust and modesty can affect care by making patients unwilling to disclose information to a caregiver.

Trust is established only when a personal relationship is formed between the caregiver and the patient and his/her family. A caregiver who takes the time to "warm up" the patient by exchanging a few questions about his or her personal life and family and disclose some personal information, will develop a positive relationship much sooner than one who limits discussion to the purpose of the visit.

The **sharing of food and drink** is also an important means of establishing trusting relationships. The caregiver who offers a cup of tea or accepts a gift of a sweet will establish a positive beginning. NOTE: The first offer of a cup of tea may be refused, because it is considered impolite to accept the initial offer of food and drink. It is important to offer it a second or third time.

3. **Share some information about yourself** with the patient. The Middle Easterner needs to know more about another person in order to begin to trust.
4. **Always use an interpreter** when necessary. If you have to use a family member, be aware, that they may "edit" what is being said as a way of protecting the patient from bad news.
5. **Take the history and physical in stages.** Middle Eastern patients may resent the detailed questions asked because they cannot see their direct relationship with the current complaint. One barrier to patient providing information is a reticence for disclosing personal information to strangers,

and another is that the high respect for Western medicine may lead some patients to wonder why the physician can't diagnose the illness without irrelevant test and questions.

DO NOT interpret the loud voice of a patient or family member as anger or displeasure with treatment. Volume is increased as a means of demonstrating the importance of the matter, not as anger.

6. **Include the family,** especially older male relatives in the medical decision-making process. Autonomous decision making is not part of the Middle-eastern culture. The immediate and extended family forms the most important social institution. Married children are expected to care to aged parents as long as they live. When this close family structure is broken down because of immigration to the US, children become more independent and aging parents often experience a strong feeling of isolation and abandonment.
7. **Disclosing Bad News**: In Middle Eastern cultures, negative information is usually presented in stages and incorporated within the context of other information and events. Patients who are told about a fatal illness often give up hope. The family can serve as both a buffer and a clearinghouse for information that can be the "filter" to the patient. In general, there is a belief that to speak of death is to bring it about. Hope is kept alive until the last moment, family and friends will not show their grief at the bedside of a dying patient.
8. The length of **mourning** for family and relatives is specifically stated in the Koran as limited to 3 days. The wife may mourn her husband for a period of 4 months and 10 days.
9. **Double-check the patient's intention to follow instruction.** The may seem passive and will probably not question treatment decision. This is because the physician (especially an older male physician) is viewed as an authority figure who should not be questioned or contradicted. This failure to challenge the physician does not necessarily mean that the patient has accepted a diagnosis and will comply with medical advice.
10. Don't be put off if the patient or the patient's family members seem to move in on you and invade your sense of **personal space.** The Middle Easterners' "comfort zone" for any sort of personal interaction is much closer than that of most other groups-especially Americans. Nose to nose contact during conversation is not meant aggressively or as a personal offense. It's best to "grin and bear" this contact or place a piece of furniture between you as they can't move closer to you.
11. Whenever possible, **match the patient and caregiver by gender.** Interacting with caregivers of the opposite gender may prove embarrassing and stressful. When having to deal with a medical professional of the opposite sex, the patient may refuse to disclose personal information and may be reluctant to disrobe for a physical exam.

12. **Do not expect future planning** in issues of childbirth and death. For Arab-Americans, planning ahead can be interpreted as an attempt to predict God's will.
13. Respect a patient's concerns regarding the **source of ingredients of a medication** or treatment. Remember that there may be strong objections to the insertion of a gip's valve or organ in a Muslim patient, the ingestion of a cough medicine or other medication with an alcohol base, or insulin or capsules derived from a pig.
14. Don't be surprised if the patient (his family) chooses the most intrusive treatment out of a number of options. Arabs tend to believe that the most intrusive a medical intervention is, the more effective it is for example, in matters of cancer, surgical removal is preferred over radiation or chemotherapy.

Folks Beliefs and Practices

1. The **humoral theory** described in ancient Greek texts is the basis of traditional Islamic medicine, Many aspects of life are divided into four: the year is divided into four seasons; matter into fire, air, earth, and water; the body into black bile, blood, phlegm, and yellow bile; and the environment into hot, cold, moist, and dry. Each illness is treated with opposite humor – for example, a hot disease is treated with cold therapy, a "wet" illness with a dry therapy, etc. cupping, cautery, phlebotomy are also used, although special prayers or foods such as honey, dates, olive oil, and salt are preferred to these approaches.
2. The evil eye, the powers of jealous people, supernatural powers such as the devil and jinn are all part of the Muslim culture. The gaze of an envious person gives one the evil eye and is believed to upset the victim's natural balance. Children, especially newborns, are thought to be very susceptible to this and amulets such as blue beads and figures involving the number 5 are often pinned to the infants clothing. The devil is thought to be responsible for unacceptable wishes, feeling and acts. In this way those that experience them can blame them on the devil rather than themselves.

Resources

Attitudes toward the Criticisms of Western Medicine

In most oil-rich Arab countries, medical care is free. It is possible to medicate oneself through the availability of over-the counter pharmaceuticals. The Arab-American is frequently shocked or resentful of the high cost of care and limited number of over-the-counter medications available in the U.S.

Germ theory is generally accepted by most members of Arab cultures but is often combined with stronger beliefs in the evil eye, bad luck, emotional and spiritual distress, winds and drafts, and a lack of balance in hot and cold, many Arabs attribute illness such as headaches, colds, flu, and other bodily aches and pains to extreme shifts from hot to cold and vice versa. For this reason, parents may over-dress their children (as a precaution for a possible change in weather) and exposure of one's stomach during sleep, as a possible cause for physical illness.
Arabs attribute the genetic defect of a child to God's will, but many try to isolate themselves or hide the defective child because of social expectations.

Attitudes toward Fertility and Birth Control

Due to the belief that "God decides the size of the family", there are formal Islamic rules regarding the treatment of infertility and birth control. Procreation is considered the purpose of marriage and therefore, irreversible forms of birth control such as vasectomy and tubule ligation are forbidden

Childbearing

The craving of the pregnant women are eagerly satisfied because of a belief that she or the unborn child may develop a birthmark in the shape of the unsatisfied craving. While the pregnant woman is indulged by all, the preference for a male child is often a stressor of the mothers who have no sons.

As is many other cultures, there exists a belief that air may enter a postpartum woman and cause illness if she bathes. There is also a belief that her milk is thinned by washing the breasts. A belief that the postpartum woman must have complete rest in order to recover from the ordeals of labor may delay breast feeding for 2-3 days. It is also thought by some that nursing at birth causes "colic" pain for the mother and that this condition of the mother can make the baby dumb. Special foods, such as lentil soup, are often given to the mother to increase her milk production, special teas are also drunk to flush and cleanse her body.

It is customary to wrap the baby's stomach at birth to protect the child from cold or wind which are believed to enter the child's body through the stomach. Circumcision of the male child is required by Muslim law.

Response to Pain

Arabs feel that pain need not be endured and should be relieved through medication or other measures. They anticipate immediate relief from pain after surgery and they are often confused and disappointed by the discomfort that often occurs postoperatively. This belief combined with that of complete bed-rest being necessary for a fast and full recovery makes Arab patients non-compliant with postoperative ambulatory regimes.

Pain is expressed more freely in the presence of the family than in the presence of caregivers. Therefore, conflicts often arise when nurses assess that pain medication is adequate and the patient's family demands the administration of stronger doses.

Death and Dying

A dying patient's bed is often turned to face Mecca. Family and friends may also read to the patient from the Koran – sections that stress hope and acceptance are particularly favored. After death, the body is washed 3 times by a Muslim of the same sex and then wrapped in white material and buried as soon as possible. All body orifices are closed and tightly paced with cotton in order to prevent bodily fluids from escaping. Traditionally, the grave must be made of brick or lined in cement and must face Mecca. Men recite prayers at the grave, while women who are not close relatives or the deceased's wife, gather at the home to recite verses from the Koran. Cremation is not practiced and autopsy is usually not approved out of respect for the dead and feeling that the body should not be mutilated.

Spirituality and Health-Care Practices

The majority of Arabs are Muslims. A devoted Muslim patient may request that his bed or chair be turned toward Mecca and that he be provided with a bowl of religious cleansing or ablution before prayer. Prayer is not acceptable unless the person's body, clothing, and place of prayer is clean.
Muslims are required to eat wholesome food and abstain from eating pork, drinking alcohol and taking illicit drugs. Illness is often viewed as a punishment for one's sins. Euthanasia and suicide are forbidden because they tamper with Allah's will. Medical successes are attributed to expertise of the physician, while failures are attributed to the will of Allah.

Iranians:

Keys to establishing successful relationships with Iranians:

1. In general, at the beginning of any health-care encounter, the provider should take time to "warm up" with social conversation before "getting down to business".
2. Iranians stand with the right hand on the chest and make a slight bow or extend a handshake. Strangers and health-care providers are greeted with both hands at the sides or a handshake. A slight bow or nod while shaking hands shows respect.
3. Crossing one's legs when sitting is acceptable, but slouching in a chair or stretching one's legs towards another is considered offensive, it is considered rude to show the sole of one's foot.
4. Tilting the head up quickly means "no". Tilting the head to the side means "what?" and tilting it down means "yes".
5. Iranians maintain intense eye contact between intimates and equals of the same gender, but traditional Iranians tend to avoid eye contact with each other. Younger people and those of lower status do not sustain eye contact with those they perceive as being older or of higher status.
6. Iranian men rule the family and expect obedience and submission from family members. Families are child oriented and will do all possible to give them an education.

Potential Cultural Related Health Concerns:

1. Possible health conditions: cholera, malaria, viral and bacterial meningitis, hookworms, gastrointestinal dysentery
2. Hypertension is widespread
3. Ischemic heart disease is on the rise. (generally perceived as related to the stress of living with daily uncertainties)
4. Protein and Vitamin deficiencies (due to malnutrition), hepatitis A & B (due to poor sanitary conditions) TB and syphilis

Folk Beliefs of some Iranians about Health & Illness that can affect Care & Treatment:

Traditional health beliefs are a combination of 3 high traditions of medicine:

1.
    a. Humoral Theory, illness arises from an imbalance (excess or deficiency) in the basic qualities (see above). The purpose of treatment is to restore balance
    b. Islamic (sacred)
    c. Modern biomedicine
2. Iranians practice self-medication: use of both prescription and over-the-counter medications and home-based herbal remedies.
3. Self-care is a foreign concept to Iranians (Nurses who encourage self-care may be perceived as being uncaring or even incompetent.) They want to recover, but strong family values should be interpreted as encouraging family members to take care of the sick person
4. The most respected health-care provider is an experienced middle aged to elderly male physician, with several degrees, who makes a quick diagnoses and prescribes remedies that cure the patient (Women, especially young, and single are least respected).
5. Blood transfusions, organ donations, and organ transplants are widely practiced among Iranians. In Iran, donation of organs is often a business transaction – if a kidney is needed, it is purchased.

Vietnamese

Keys to a good Professional Relationship with Vietnamese:

1. Address the initial conversation to the oldest member of this group. The elder member must always be consulted before a patient agrees to a medical treatment. Family will attend to patients night and day.
2. Even though the patient speaks English, their skills may be sufficient to communicate well. Speak slowly, paraphrase words with multiple meanings, avoid metaphors and idiomatic expressions. Ask for correction or understanding and explain all points carefully.
3. Looking another person directly in the eyes may be deemed disrespectful. Men shake hands, but not with women unless she extends her hand first.
4. Many Vietnamese cannot easily give a blunt "no" as an answer, to a doctor or health-care provider, however they may nod, smile and/or say "yes" or "ya" to acknowledge he/she heard you, rather than that he/she understands or approves or agrees.
5. One may be in pain, distraught, or unhappy, yet one rarely complains except perhaps to friends or relatives. One accepts pain as part of life and attempts to maintain self-control as a means of relief. Therefore, ask, "May I get you something for pain?"
6. Expression of emotions is considered a weakness and interferes with self control
7. Ask your patient…"What do you call your problem? When did it start and why then? What do you think caused the problem? Have you treated the illness? Do you believe the illness is serious?" (This is a good way to find out some of the beliefs…see below)

Potential Culture Related Health Concerns

1. Vietnamese refugees have disturbingly high rates of depression, generalized anxiety disorders, and post-traumatic stress associated with military combat, political imprisonment, harrowing events during escapes by sea and brutal pirate attacks.
2. Patients may believe that western medicine is too strong and may not take the full dose or complete the course of treatment. He may cut the dose in half or stop taking the medicine whether they feel better or not.
3. Explain that the dose is customized for their height, weight and metabolic needs. Describe the need to take the full dose whether you patients feels better or not. Ask open-ended questions to ensure understanding.
4. Some refugees suffer from malaria, parasites and other problems associated with the tropics.
5. High percentage of positive tuberculin test.
6. Alcohol and tobacco use may be low, but sometimes increased due to stress of living in the U.S.
7. Women may be reluctant to discuss sex, childbearing or contraception when men are present.
8. Coining or dermal abrasion is used to release bad winds.

Folk beliefs of some Vietnamese about Health & Illness that can affect Care & Treatment

1. Vietnamese are the most likely of the Southeast Asians to seek care. However, they may do so after exhausting their own resources, allowing the condition to become serious before seeking professional assistance. Once a physician is consulted, they are usually quite cooperative.
2. A predominant aspect of the traditional Asian system of health maintenance is the principle of balance between two opposing natural forces, known as "am" and "duong". These forces are represented by foods that are considered hot (duong) and cold (am). For an in-depth list of foods and beliefs, look at the "Resource" section on the next page.
3. The natural element known as "cao gio" is associated with bad weather and cold drafts and causes health problems. Illness is often blamed on super naturalistic causes, such as gods, spirits, or demons. Illness may be seen as punishment for offending such an entity or violating some religious or moral code. They also believe that life is predetermined which is a deterrent to seeking health care.

   A great fear of mutilation stems from the wide spread beliefs that souls are attached to different parts of the body and can leave the body, causing illness or death. Loss of blood from any route is feared and the Vietnamese may refuse to have blood drawn for laboratory tests. They may feel that body tissue or fluid removed cannot be replaced and the body suffers the loss in this life and into the next life.

4. Many Vietnamese adults and children have lactose intolerance.
5. The traditional Vietnamese diet is basically nutritious, comparing favorably with U.S. food standards for a diet low in fat & sugar, high in complex carbohydrates and moderate in fiber. However, they may have an iron deficiency from a diet low in calcium and zinc, but high in sodium.
6. Some elder or new immigrant patients may consider the head sacred. Avoid touching it unless necessary. Always examine the patient from head-to-toe to honor the highest, most important part of the body first.

RESOURCE

The terms **hot and cold** have nothing to do with temperature and are only partly associated with seasoning. Rice, flour, potatoes, most fruits & vegetables, fish, duck and other things that grown in water are considered cold. Most other meats, fish sauce, eggs, spices, peppers, onions, candies and sweets are hot. Tea is cold, coffee is hot, water is cold, ice is hot.

Illness or trauma may require therapeutic adjustment of hot-cold balance to restore equilibrium. Hot foods and beverages, used to replace and strengthen the blood, are preferred after surgery or childbirth. During illness, certain foods are consumed in greater quantity, such as light rice gruel mixed with sugar or sweetened condensed milk. Fresh fruits and vegetables are usually avoided, being considered too cold. Nutritional counseling should be taken into consideration that these factors and other aspects of the usual Vietnamese diet, because advice to simply eat certain kinds of American foods may be ignored.

To assess for cyanosis in dark-skinned Vietnamese, one must examine the clear, conjunctive, buccal mucosa, tongue, lips, mail beds, palms, and soles. Jaundice can be observed by a yellow discoloration of the conjunctiva.

Problems with language: the word "blue" and "green" is the same in Vietnamese. The word for "yes" may simply reflect an avoidance of confrontation or a desire to please the other person instead of expressing a positive answer or agreement

Various medical problems might be described differently than a westerner might expect; for example, a "weak heart" may refer to palpitations or dizziness, a "weak kidney" to sexual dysfunction, a "weak nervous system" to headaches, and a "weak stomach or liver" to indigestion.

"Giac", cup suctioning, another dermabrasion procedure, is used to relieve stress, headaches, and joint and muscle pain. A small cup is heated and placed on the skin with the open side down. As the cup cools, it contracts the skin and draws unwanted hot energy into the cup. This treatment leaves marks that may appear as large bruises.

"Be bao or bar gia, skin pinching, is a treatment for headache or sore throat. The skin of the affected area is repeatedly squeezed between the thumb and forefinger of both hands, as the hands converge towards the center of the face. The objective is to produce ecchymoses or petechiae.

Cao gio, literally meaning "rubbing out the wind" is used for treating colds, sore throats, flu, sinusitis and similar ailments. An ointment or hot oil is spread across the back, chest or shoulders and rubbed with the edge of a coin (preferable silver) in short, firm strokes. This technique brings blood under the skin, resulting in dark ecchymotic stripes, (so the offending wind can escape). Health care professionals must be careful not to interpret these ecchymotic areas as evidence of child abuse. However, dermabrasion may provide a portal for infection.