Clients vary widely in their cultural and spiritual backgrounds and belief systems.

Nurses must examine their own beliefs before providing optimal cultural and spiritual care to their clients.

Culture

Culture is a collection of learned, adaptive, and socially and intergenerationally transmitted behaviors, values, beliefs, and customs that form the context from which a group interprets the human experience. Culture includes language, communication style, traditions, religions, art, music, dress, health beliefs, and health practices. These components can be shared by members of an ethnic, racial, social, or religious group.

- Ethnicity, the bond or kinship people feel with their country of birth or place of ancestral origin, affects culture. Ethnicity exists whether or not a person has ever lived outside the United States.

- Cultural nursing care involves the delivery of care that transcends cultural boundaries and considers a client’s culture as it affects health, illness, and lifestyle. Communication, dietary preferences, and dress are influenced by culture.

- Within the context of cultural nursing care is terminology that describes how nurses approach clients’ culture. Culturally sensitive means that nurses are knowledgeable about the cultures prevalent in their area of practice. Culturally appropriate means that nurses apply their knowledge of a client’s culture to their care delivery. Culturally competent means that nurses understand and address the entire cultural context of each client within the realm of the care they deliver.

- Culture influences health beliefs, health practices, and the manifestations of, responses to, and treatment of illness or injury. Culture evolves over time and is shared by a group who has similar needs and life experiences.

- Cultural nursing care improves communication, fosters mutual respect, promotes sensitive and effective care, and increases adherence with the treatment plan as clients’ and families’ needs are met.

- Many cultures consider the mind-body-spirit to be a single entity; therefore, no distinction is made between physical and mental illness.
Differences in language, habits, customs, attitudes, and beliefs can lead to clients’ feelings of isolation and loneliness. This is especially true for children who cannot resolve their illness-related grief issues because of cultural barriers, which can lead to posttraumatic stress disorder or depression.

A key prerequisite to the delivery of cultural nursing care is the nurses’ understanding and awareness of their own culture and any cultural biases that might affect care delivery.

Nurses should accommodate each client’s cultural beliefs and values whenever possible, unless they are in direct conflict with essential health practices.

Barriers to providing cultural nursing care include:

- Language and communication differences
- Culturally inappropriate tests and tools that lead to misdiagnosis
- Ethnic variations in drug metabolism related to genetics

When a culturally motivated behavior conflicts with client care, the behavior must be repatterned.

Ethnocentrism is the belief that one’s culture is superior to others. Ethnocentric ideas interfere with the provision of cultural nursing care.

Acculturation occurs when a client is living in a new dominant culture and adopts those patterns of behavior.

The predominant culture in the United States is anglicized or English-based, with a general cultural tendency to:

- Express positive and negative feelings freely
- Prefer direct eye contact when communicating
- Address people in a casual manner
- Prefer a strong handshake as a way of greeting

Culture evolves as:

- Knowledge
- Values
  - Values are a set of rules by which individuals in a culture live.
  - Values guide decision-making and behavior. For example, if health promotion and maintenance are valued, monthly self-breast examinations are done.
  - Values develop unconsciously during childhood.
- Beliefs
- Art
- Morals and law
- Customs and habits
While everyone within a culture shares cultural values, diversity exists, forming subcultures, and is based on:

- Age
- Gender
- Sexual orientation
- Marital status
- Family structure
- Income
- Education level
- Religious views
- Life experiences

**Spirituality**

- Spirituality can also play an important role in clients’ abilities to achieve balance in life, to maintain health, to seek health care, and to deal with illness and injury. Hope, faith, and transcendence are integral components of spirituality.

- Spiritual distress is a challenge to belief systems or spiritual well being. It often arises as a result of catastrophic events.

- When faced with health care issues such as acute, chronic, or life-limiting illness, clients often find ways to cope through the use of spiritual practices. Clients who begin to question their belief systems and are unable to find support from those belief systems may experience spiritual distress.

- Nursing interventions are directed at identification, restoration, and/or reconnection of clients and families to spiritual strength.

- Spirituality implies connectedness.
  - Intrapersonal – Within one’s self
  - Interpersonal – With others and the environment
  - Transpersonal – With an unseen higher power

- Faith is a belief in something or a relationship with a higher power
  - Faith can be defined by a culture or a religion.

- Hope is a concept that includes anticipation and optimism and provides comfort during times of crisis.

- Religion is a system of beliefs practiced outwardly to express one’s spirituality.
- Spiritual rituals and observances include:

<table>
<thead>
<tr>
<th>RELIGION</th>
<th>BIRTH RITUALS AND HEALTH CARE DECISIONS</th>
<th>DIETARY RITUALS</th>
<th>DEATH RITUALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hinduism</td>
<td>Those practicing Hinduism do not prolong life.</td>
<td>• Some are vegetarians.</td>
<td>• Clients may want to lie on the floor while dying.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• A thread is placed around the neck/wrist.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The family pours water into the mouth.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The family bathes the body.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Clients may want to be cremated.</td>
</tr>
<tr>
<td>Buddhism</td>
<td>Buddhists may refuse care on holy days.</td>
<td>• Some are vegetarians.</td>
<td>• Clients may request a priest to deliver last rites.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Those practicing Buddhism avoid alcohol and tobacco.</td>
<td>• Chanting is common.</td>
</tr>
<tr>
<td>Islam</td>
<td>At birth, a prayer is said into the infant’s ear.</td>
<td>• Those practicing Islam avoid alcohol and pork.</td>
<td>• Dying clients confess their sins.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clients may fast during Ramadan.</td>
<td>• The body faces Mecca.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The body is washed and enveloped in a white cloth.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• A prayer is said.</td>
</tr>
<tr>
<td>Judaism</td>
<td>On the eighth day after birth, males are circumcised.</td>
<td>• Some may practice a Kosher diet.</td>
<td>• Someone stays with the body.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• A burial society prepares the body.</td>
</tr>
<tr>
<td>Christianity</td>
<td>Some baptize infants at birth.</td>
<td>• Some avoid alcohol, tobacco, and caffeine.</td>
<td>• Some give last rites.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clients may fast during Lent.</td>
<td></td>
</tr>
<tr>
<td>RELIGION</td>
<td>BIRTH RITUALS AND HEALTH CARE DECISIONS</td>
<td>DIETARY RITUALS</td>
<td>DEATH RITUALS</td>
</tr>
<tr>
<td>------------------</td>
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<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>
| Mormonism        | Children are baptized at age 8 by immersion. | • Those practicing Mormonism avoid alcohol, tobacco, and caffeine. | • Last rites are given.  
|                  |                                         | • Communion is offered.  
|                  |                                         | • Burial is preferred.  |
| Jehovah’s Witnesses | Jehovah’s Witnesses do not accept blood transfusions. | • Clients avoid foods having or prepared with blood. | • Clients can choose burial or cremation.  

Assessment/Data Collection

- To meet a client’s cultural needs, a nurse must first perform a cultural assessment to identify those needs.
- Perform the cultural assessment in a language that is common to both nurse and client, or use a facility-approved medical interpreter.
- Inform the interpreter of questions that may be asked, including:
  - What do you call the problem you are having now?
  - When did the problem start?
  - What do you think caused the problem?
  - What does the illness do to you? How does it work?
  - What makes it better or worse?
  - How severe is the illness?
  - What treatments have you tried? How do you think it should be treated?
  - What are the chief problems the illness has caused you?
  - What do you fear most about the illness?
- Assess the client’s gestures, vocal tones, and inflections.

<table>
<thead>
<tr>
<th>DATA TO BE COLLECTED</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural background</td>
<td>The client was born in Central America and has been a resident of New York for 2 years.</td>
</tr>
<tr>
<td>and the client’s acculturation</td>
<td></td>
</tr>
<tr>
<td>Health and wellness beliefs/practices</td>
<td>The client relies on folk medicine to treat or prevent illness.</td>
</tr>
<tr>
<td>Family patterns</td>
<td>The client is from a patriarchal culture where the oldest male family member makes decisions for all family members.</td>
</tr>
<tr>
<td>Verbal and nonverbal communication</td>
<td>Within the client’s culture, it is disrespectful to make direct eye contact.</td>
</tr>
</tbody>
</table>
Cultural and spiritual nursing care

<table>
<thead>
<tr>
<th>DATA TO BE COLLECTED</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space and time orientation</td>
<td>Within the client's culture, little importance is placed on how past behavior affects future health.</td>
</tr>
<tr>
<td>Nutritional patterns</td>
<td>The client believes that some foods have healing properties.</td>
</tr>
<tr>
<td>Meaning of pain</td>
<td>Within the client’s culture, pain is viewed as a punishment for misbehavior or sin.</td>
</tr>
<tr>
<td>Death rituals</td>
<td>Within the client’s culture, suicide is acceptable.</td>
</tr>
</tbody>
</table>

- Nonverbal Behavior
  - Culturally competent nurses must understand how nonverbal behaviors vary among cultures.

<table>
<thead>
<tr>
<th>NONVERBAL BEHAVIOR</th>
<th>CULTURE</th>
<th>VARIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tone of voice</td>
<td>• Asian</td>
<td>• Many Asians use a soft tone of voice to convey respect.</td>
</tr>
<tr>
<td></td>
<td>• Italian and Middle Eastern</td>
<td>• Many Italian and Middle Eastern individuals use a loud tone of voice.</td>
</tr>
<tr>
<td>Eye contact</td>
<td>• American</td>
<td>• Americans use direct eye contact. Lack of direct eye contact implies deception or embarrassment.</td>
</tr>
<tr>
<td></td>
<td>• Middle Eastern</td>
<td>• Middle Eastern individuals usually avoid making direct eye contact with nonrelated members of the opposite gender. Direct eye contact may be seen as rude, hostile, or sexually aggressive.</td>
</tr>
<tr>
<td></td>
<td>• Asian</td>
<td>• Asians may believe that direct eye contact is disrespectful.</td>
</tr>
<tr>
<td></td>
<td>• Native American</td>
<td>• Native Americans may believe that direct eye contact leads to soul loss or soul theft.</td>
</tr>
</tbody>
</table>
### Cultural and Spiritual Nursing Care

<table>
<thead>
<tr>
<th>Nonverbal Behavior</th>
<th>Culture</th>
<th>Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Touch</td>
<td>American</td>
<td>• Americans may use touch during conversations between intimate partners or family members.</td>
</tr>
<tr>
<td></td>
<td>Italian and Latin American</td>
<td>• Italian and Latin American individuals may view frequent touch as a sign of concern, interest, and warmth.</td>
</tr>
<tr>
<td>Use of space</td>
<td>Anglo-American/North Europeans (English, Swiss, Scandinavian, German)</td>
<td>• Anglo-American/North Europeans tend to keep their distance during communication except in intimate or family relationships.</td>
</tr>
<tr>
<td></td>
<td>Italian, French, Spanish, Russian, Latin American, Middle Eastern</td>
<td>• These cultures prefer closer personal contact and less distance between individuals during communication.</td>
</tr>
</tbody>
</table>

- Methods for assessing culture include:
  - Observation
    - Study the client and his environment for examples of cultural relevance.
  - Interview
    - Establish a therapeutic relationship with the client. This may be hindered by misinterpretations of communication.
    - Use focused, open-ended, and nonjudgmental questions.
  - Participation
    - Become involved in culturally related activities outside of the health care setting.
  - Awareness of population demographics includes:
    - Number of members in a practice area
    - Average educational and economic levels
    - Typical occupations
    - Commonly practiced religious spiritual beliefs
    - Prevalence of illnesses/health issues
    - Most commonly held health, wellness, illness, and death beliefs
    - Social organization

- A spiritual assessment includes several components:
  - Primary – Self-reflection (nurses) on personal beliefs and spirituality
Initial – Identifying the client’s religion, if any
Focused – Ongoing, as nurses identify the clients at risk for spiritual distress
Spirituality is a highly subjective area requiring the development of rapport and trust among the client, family, and health care provider.
Assessment of the client includes:
- Faith/beliefs
- Perception of life and self-responsibility
- Satisfaction with life
- Culture
- Fellowship and the client’s perceived place in the community
- Rituals and practices
- Incorporation of spirituality within profession or work place
- The client’s expectations for health care in relation to spirituality (traditional vs. alternative paths, such as shamans, priests, prayer)

Collaborative Care

- Death Rituals
  - Death rituals vary among cultures; facilitate such practices whenever possible.
- Pain
  - Recognize that how clients react to and display pain varies by culture.
  - Use an alternative to the pain scale (0 to 10), as it may not appropriately reflect pain for all cultures.
  - Explore religious beliefs that influence the meaning of pain.
- Nutrition
  - Provide food choices and preparation consistent with cultural beliefs.
  - As possible, allow clients to consume foods that they view as a treatment for illness.
  - Communicate ethnicity-related food intolerances/allergies to the dietary staff.
- Communication
  - Improve nurse-client communication when cultural variations exist.
  - Use facility-approved interpreters when the communication barrier is significant enough to affect the exchange of information between the nurse and the client.
  - Use nonverbal communication with caution, as it may have a different meaning for the client than for the nurse.
  - Apologize if cultural traditions or beliefs are violated.
● Family Patterns and Gender Roles
  ○ Communicate with and include the person who has the authority to make decisions in the family.

● Culture and Life Transitions
  ○ Assist families as they mark rituals (rites of passage) that symbolize cultural values. Common events expressed with cultural rituals are:
    ■ Puberty.
    ■ Pregnancy.
    ■ Childbirth.
    ■ Dying and death.

● Repatterning
  ○ Accommodate clients’ cultural beliefs and values as much as possible.
  ○ When a cultural value or behavior hinders a client’s health and wellness, attempt to repattern that belief to one that is compatible with health promotion.
  ○ With knowledge of cultural differences and respect for the client and family, plan and implement appropriate interventions.

● Using an Interpreter
  ○ Use only a facility-approved medical interpreter. Do not use the client’s family or friends to interpret.
  ○ Inform the interpreter about the reason for and the type of questions that will be asked, the expected response (brief or detailed), and with whom to converse.
  ○ Allow time for the interpreter and the family to be introduced and become acquainted before starting the interview.
  ○ Refrain from making comments about the family to the interpreter, as the family may understand some of the discussion.
  ○ Ask one question at a time.
  ○ Direct the questions to the family, not to the interpreter.
  ○ Use lay terminology if possible, knowing that some words may not have an equivalent word in the client’s language.
  ○ Do not interrupt the interpreter, the client, or the family as they talk.
  ○ Do not try to interpret answers.
  ○ Following the interview, ask the interpreter for any additional thoughts about the interview and the client’s and family’s responses, both verbal and nonverbal.

● Addressing Spirituality
  ○ Identify the client’s perception of the existence of a higher power.
Facilitate growth in the client’s abilities to connect with a higher power.

Assist the client to feel connected or reconnected to a higher power by:

- Allowing time and/or resources for the practice of religious rituals.
- Providing privacy for prayer, meditation, or the reading of religious materials.

Facilitate development of a positive outcome in a particular situation.

Provide stability for the person experiencing a dysfunctional spiritual mood.

Establish a caring presence in “being with” the client and family rather than merely performing tasks for them.

Support all healing relationships:

- Using a holistic approach to care – Seeing the large picture for the client
- Using client-identified spiritual resources and needs

Be aware of diet therapies included in spiritual beliefs.

Support religious rituals:

- Icons
- Statues
- Prayer rugs
- Devotional readings
- Music

Support restorative care:

- Prayer
- Meditation
- Grief work

Evaluation of care is ongoing and continuous, with a need for flexibility as the client and family process the current crisis through their spiritual identity.
CHAPTER 35: CULTURAL AND SPIRITUAL NURSING CARE

Application Exercises

1. Nurses who are knowledgeable about the cultures prevalent in their area of practice are
   A. culturally competent.
   B. culturally congruent.
   C. culturally sensitive.
   D. culturally appropriate.

2. The belief that one’s culture is superior to others is called
   A. ethnocentrism.
   B. socialization.
   C. repatterning.
   D. acculturation.

3. Which of the following is appropriate when using an interpreter to communicate with a client and his family? (Select all that apply.)
   - Talk to the interpreter about the family while the family is in the room.
   - Ask the family one question at a time.
   - Look at the interpreter when asking the family questions.
   - Use lay terms if possible.
   - Do not interrupt the interpreter and the family as they talk.

4. If a nurse and a client share the same religious background, the nurse should recognize that
   A. members of the same religion share similar feelings about their religion.
   B. a shared religious background generates mutual regard for one another.
   C. the same religious beliefs may influence individuals differently.
   D. they should discuss the differences and commonalities in their beliefs.

5. A client is observed crying as he reads from his devotional book. What intervention is appropriate?
   A. Contact the hospital’s spiritual services.
   B. Ask him what is making him cry.
   C. Provide quiet times for these moments.
   D. Turn on the television for a distraction.
6. Match the following terms with the descriptions.

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hope</td>
<td>A. Connectedness with a higher power, oneself, others, and the environment</td>
</tr>
<tr>
<td>Spiritual distress</td>
<td>B. Multidimensional concept that provides comfort during a crisis</td>
</tr>
<tr>
<td>Spirituality</td>
<td>C. A challenge to well-being due to catastrophic events</td>
</tr>
<tr>
<td>Religion</td>
<td>D. System of beliefs practiced outwardly to express one’s spirituality.</td>
</tr>
</tbody>
</table>
CHAPTER 35: CULTURAL AND SPIRITUAL NURSING CARE

Application Exercises Answer Key

1. Nurses who are knowledgeable about the cultures prevalent in their area of practice are
   A. culturally competent.
   B. culturally congruent.
   C. culturally sensitive.
   D. culturally appropriate.

   Culturally sensitive means being knowledgeable about cultures prevalent in one’s area of practice. Culturally competent means understanding and addressing the entire cultural context of each client within the realm of care delivery. Culturally congruent refers to care that is in synch with the client’s values, lifestyle, and meanings. Culturally appropriate applying knowledge of a client’s culture to care delivery.

NCLEX® Connection: Psychosocial Integrity: Cultural Diversity

2. The belief that one’s culture is superior to others is called
   A. ethnocentrism.
   B. socialization.
   C. repatterning.
   D. acculturation.

   Ethnocentrism is the belief that one’s own culture is superior to others. Socialization refers to a person’s upbringing within a culture that results in becoming a practicing member of the culture. Repatterning refers to helping clients shift their beliefs to make them compatible with health promotion. Acculturation refers to the degree to which a client adopts the behaviors of a new dominant culture.

NCLEX® Connection: Psychosocial Integrity: Cultural Diversity

3. Which of the following is appropriate when using an interpreter to communicate with a client and his family? (Select all that apply.)

   _____ Talk to the interpreter about the family while the family is in the room.
   X    Ask the family one question at a time.
   _____ Look at the interpreter when asking the family questions.
   X    Use lay terms if possible.
   X    Do not interrupt the interpreter and the family as they talk.

   Asking the family one question at a time, using lay terms, and not interrupting will promote communication between the family and the nurse/interpreter. Talking to the interpreter about the family while the family is in the room and looking at the interpreter instead of the family would hinder communication between the family and the nurse/interpreter.

NCLEX® Connection: Psychosocial Integrity: Cultural Diversity
4. If a nurse and a client share the same religious background, the nurse should recognize that

A. members of the same religion share similar feelings about their religion.
B. a shared religious background generates mutual regard for one another.
C. **the same religious beliefs may influence individuals differently.**
D. they should discuss the differences and commonalities in their beliefs.

It would be stereotyping to assume that all members of a specific religion had the same
beliefs. Feelings and ideas about religion and spiritual matters may be quite diverse, even
within a specific culture. Thus, members of any particular religion should be assessed for
individual feelings and ideas. Mutual regard does not necessarily follow a shared religious
background. Due to boundary issues, the nurse’s beliefs are not part of a therapeutic client
relationship; it is the client’s beliefs that are important.

**NCLEX® Connection: Psychosocial Integrity: Cultural Diversity**

5. A client is observed crying as he reads from his devotional book. What intervention is appropriate?

A. Contact the hospital’s spiritual services.
B. Ask him what is making him cry.
C. **Provide quiet times for these moments.**
D. Turn on the television for a distraction.

Providing privacy and time for the reading of religious materials supports the client’s
spiritual health. Contacting the hospital’s spiritual services presumes there is a problem.
Asking the client about the crying or providing a distraction could be interpreted as
discounting or being disrespectful of the client’s beliefs.

**NCLEX® Connection: Psychosocial Integrity: Cultural Diversity**

6. Match the following terms with the descriptions.

A. **B** Hope
   - A. Connectedness with a higher power, oneself, others, and the environment

B. **C** Spiritual distress
   - B. Multidimensional concept that provides comfort during a crisis

C. **A** Spirituality
   - C. A challenge to well-being due to catastrophic events

D. **D** Religion
   - D. System of beliefs practiced outwardly to express one’s spirituality.

**NCLEX® Connection: Psychosocial Integrity: Cultural Diversity**