Cultural Diversity
2024

Objectives:

At the conclusion of this education the learner will be able to:

- Identify healthcare practices when caring for Black or African American patients.
- Describe the Jewish cultural beliefs related to healthcare.
- Explain the care of and healthcare concerns of the Jehovah's Witness patient.
- Classify the culture and concerns of the Asian population related to healthcare.
- Describe the concerns, and care for the LGBTQ population.
- Explain the differences between the use of traditional tribal allopathic treatments vs. modern medical practices.

Cultural Diversity

Baptist Health Care Cultural Diversity

As health care professionals, understanding and respecting the cultures of other individuals is important because we are called to empower our patients and their cultural beliefs. Acknowledging their culture can assist with patient cooperation and participation in defining health care goals.

Purpose

The purpose of this project is to inform the learner of methods of improving communication via education of Cultural Congruence & enhancement of care as it relates to patients of AA and/or Black decent within the acute care setting.

Areas of care specific, but not limited to, Mental Health Stigma, Breastfeeding, Natural Child Birth, Religious Preferences, Food, Hair, and Reluctance to trust healthcare workers and facilities who lack cultural representation within their organization

Caring for the Black and African American Population

Religion

- Three-quarters of black Americans say religion is very important in their lives, compared with smaller shares of whites (49%) and Hispanics (59%)

Mental Health

- Poverty level affects mental health status.
- In 2017, suicide was the second leading cause of death for African Americans, ages 15 to 24.
- The death rate from suicide for African American men was more than four times greater than for African American women, in 2017

Trust Within the Healthcare Industy

"Research has shown that blacks are much less likely to report trust in their physicians and hospitals; thus, are less likely to seek treatment or be compliant with recommended treatment plans."

Current health care misconceptions:

- Black Americans are portrayed as more violent and hostile in healthcare
- Pain and other illness symptoms are viewed as less urgent than White Americans leading to longer waiting time and delay or mistreating a patient.

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Food

"African-Americans, specifically those who live in low-income neighborhoods of lower socio-economic status, have less access to quality foods and sufficient healthcare."

Slave food vs. Soul food:

- Slave owners reserved the best nutritional foods for themselves. Slaves were given the remainders to make meals for their families
- "Survival cooking" recipes handed down from generation to generation including non-nutritional scraps with added fat, salt, or sugar for desired taste.

Hair

- Touching a Black woman's hair without her permission is considered extremely rude within the black culture.
- Historically, this notion derives from slavery
- Allowing strangers to touch our hair, especially without permission, is equivalent to being petted like an animal.
- At best it's awkward, and at worst it's dehumanizing

Conclusion

- In conclusion being culturally aware is pertinent to improving patient outcomes and cultural congruence. Cultural congruence is a process of effective interaction between the provider and client levels. The model is based on the idea that cultural competence is ever-evolving; providers must continue to improve their quality of communication, leading to improved quality of care.
- However, care offered is not always equal to care received. Patients and families bring their own values, perceptions, and expectations to health care encounters which also influence the creation or destruction of cultural congruence (Schim & Doorenbos, 2010).

Caring for the Jewish Population

Introduction

Cultural Competence is a person's ability to interact effectively with persons of cultures different from his/her own, cultural competence is a set of behaviors and attitudes held by clinicians that allows them to communicate effectively with patients of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and the individual.

Vulnerability

When we show up to the present moment with all of our senses, we invite the world to fill us with joy. The pains of the past are behind us. The future has yet to unfold. But the now is full of beauty simply waiting for our attention.

Cultural Diversity

Jewish Culture beliefs Related to Heath Care

- Circumcision is done on day 6 of life by a Mohel in a ritual ceremony
- Special accommodations are typically not required for families regarding visitation
- Religious Jews often pray before undergoing medical procedures
- Patients who are survivors of the Nazi Holocaust might prefer to be cared for by Jewish clinicians because they fear experiencing anti-Semitism
- Palliative care is commonly mandated in Jewish religious teaching and is widely acceptable
- Some may refuse Palliative care because it could be viewed as giving up which demonstrates a lack of faith in God's ability to heal and for which the patient of family may be punished by God.
- Talmud a Jewish religious teaching that one can have faith that God may perform a miracle by healing the patient and simultaneously maintain a realistic understanding of the patients condition and provide palliative care to ease the patient's suffering

End of Life Observances and Traditions of Jewish patients include:

The body should remain untouched for 30 minutes after death

Once 30 minutes has passed:

- The clothing should not be removed, the eyes and mouth should be closed, the fingers are straightened and the hands and arms placed parallel to the body. The legs and feet should be straightened
- Jewish religious law requires that the body remain intact after death. Autopsy is rarely performed unless required by law.
- Family members may ask to remain with the body from the moment of death until after the burial keeping with Jewish tradition.
- Jewish law requires that a funeral be performed as soon as possible; preferable within 24 hours.
- Orthodox Jews must be buried in a Jewish cemetery according to Jewish law.

Historical Facts and Figures

- The first Jewish people came to North America in 1624
- In 2013 the Jewish population in the U.S. was estimated at 5.3 million people approximately 2% of the U.S. population which can be divided into:
    1. Conservative Judaism 41%
    2. Liberal Reform Judaism 31%
    3. Strict Orthodox Judaism—Hasidic 20%
    4. Reconstructionist Judaism 2%

Cultural Diversity

Participation in Decision Making

- Dietary practices and food restrictions are key to caring for the practicing Jewish population. Some examples of food restrictions include: pigs, camels, rabbits or anything that crawls on its belly will not be consumed; meat and dairy cannot be combined in the same meal, no grape products made by non-Jews can be consumed; fish can be eaten, but must have scales.
- Individualize the plan of care for each patient.
- Consider education to include decreasing dietary sodium and fat, and increasing calcium. Provide acceptable alternatives if a kosher diet is being followed.
- Include family members when possible as well as the patient to provide input in dietary practices. Family may elect to provide food that is kosher prepared.
- Practice cultural sensitivity when interviewing and formulating a plan of care for each patient.
- Religious Jews may want to consult a Rabbi concerning medical decisions.

Resources Available

General Jewish Cultural beliefs, attitudes, and traditions:

- Traditional Jews consider themselves to be guided by the Ten Commandments & by 613 commandments called Mitzvot
- Traditional teaching emphasizes maintaining autonomy and the ability to influence one's destiny through action rather than believing that one's destiny is predetermined by God and cannot be changed.
- Belief in resurrection of the dead is a traditional tenet of Judaism. In the after life Jewish persons will be reunited with their loved ones and those who have not been righteous will be excluded from this reunion.
- Jewish religious belief is focused primarily on life in the present day, they prepare to enter the afterlife by studying the Torah and performing good deeds
- Mitzvot are performed as a sacred obligation to G-d instead of as a means of earning one's way into heaven
- Older persons are traditionally viewed as being of increased value to Jewish society
- Adult children are religiously obligated to support their older parents financially
- The weakened physical state of older age is not regarded as a period for inactivity but as a challenge to reach new types of achievement despite physical decline

Conclusion

- Cultural competency considering the Jewish population is an ability to observe, communicate and interact effectively within the beliefs and behaviors of the Jewish faith. These considerations include, but are not limited to: vulnerabilities, complexity, participation, resources available and nursing interventions. Healthcare providers work within intimate and vulnerable scenarios and therefore it is essential that we possess and maintain a sensitivity to understanding populations outside of our own cultural beliefs. Within the Jewish culture specifically, this means maintaining an open mind and striving to understand and provide interventions necessary specific to the Jewish belief system. Understanding Jewish cultural competency allows the healthcare team to provide the most culturally competent and compassionate care possible for our Jewish population. .
- Shabbat, the Jewish Sabbath day, is observed from sundown Friday until sundown Saturday. During this time Jews are forbidden to work, they cannot tear paper or plastic. Families light candles, share special bread called challah, drink ceremonial wine or grape juice, and recite prayers at sundown on Friday evening. Assess for observation of Shabbat practices when planning patient care.

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Caring for the Jehovah's Witness Population

Introduction

As health care professionals, understanding and respecting the cultures of other individuals is important because we are called to empower our patients and their cultural beliefs. Acknowledging their culture can assist with patient cooperation and participation in defining health care goals. Misconceptions about Jehovah's Witness can cause a rift between medical professionals, the patient, and their families. Jehovah's Witnesses are not opposed to medical and surgical treatment. They may not wish for certain practices but will consider alternatives as a matter of each member's private decision in accordance with each individual's Bible-trained conscience.

Complexity

Care of the Jehovah's Witness is a highly complex system involving the individual, family, & the religious community. The structure of this religious group is of the "withdrawal" variety, which entails defining themselves by making a separate choice (Newman Giger, 2017). Members of this religious group may have a more intense, unbending commitment than that held by the average person adhering to a religion. Personal commitment and experience are found to be more important than the family/community functions of religion. In many cases, an individual may be willing to die rather than go against church doctrine (McCormick, 2008). Disobedient members will be shunned by family and church (Swihart & Martin, 2020).

Cultural Diversity

Participation in Care

- Contrary to popular belief, Jehovah's witnesses appreciate high-quality surgical and medical care. They value life and want to do whatever reasonable and compatible with their beliefs to prolong it. Patients who are Jehovah's Witnesses are typically well-informed both doctrinally and regarding their right to determine their own treatment.
- Although not opposed to surgery or medicine, Jehovah's Witnesses resolutely decline the transfusion of whole blood and primary blood components (red cells, white cells, plasma, and platelets) and the use of any sample of their blood for cross-matching. Autologous pre-donation (pre-deposit) is not acceptable to patients who are Jehovah's Witnesses.
- Jehovah's Witnesses' refusal of blood transfusion is based on several biblical passages that view blood as sacred and holy such as in Acts 15: 29 where it states to abstain from blood.
- In the healthcare system, surgeons are duty-bound to respect their patient's religious freedom and can feel uncomfortable in refusing patients because of the restrictions stemming from a religious belief for fear of accusation of discrimination. Surgeons have the right to choose not to treat patients if they feel that the restrictions placed on them by the refusal of blood products are contrary to their values as a doctor. If a surgeon is not prepared to treat a patient who refuses blood, they must refer them to a doctor who is suitably qualified and prepared to take on the patient knowing the circumstances of this refusal of blood. This referral and its justification on medical grounds should be recorded in the patient's notes along with the referral letter to assuage accusations of discrimination on religious grounds.
- Surgeons and other healthcare providers should listen to patients and respect their views about their health. The options for treatment should be discussed in relation to the patient's own values and wishes. Working in partnership with patients requires learning their views and expectations regarding their treatment and working together to inform patients of their options for achieving the best outcome for them as individuals.
- In cases of emergencies, such as patients who are admitted to the hospital unconscious, who will regularly require decisions about their care to be made urgently or an immediate action needs to be taken to preserve a life or a limb, it will often be inappropriate to delay treatment or transfusion of blood where clinically indicated to try to facilitate the patient's autonomous decisions. In these cases, healthcare providers should act in the patient's best interest and attempt to communicate with them to keep them informed wherever possible. Most Jehovah's Witnesses carry on their person a signed and witnessed advanced directive card to express their wishes in cases of emergencies. The card explicitly refuses blood and the primary blood components as well as refusing autologous pre-donation of blood. If a patient is unable to make an informed, rational opinion, and when an applicable advance directive does not exist, the clinical judgement of a doctor should take precedence over the opinion of relatives or associates. Such associates or relatives may be invited to produce evidence of patient's Jehovah's Witness status in the form of an applicable advance directive document. In the case of emergency patients identified as Jehovah's Witnesses but without documentation, every effort should be made to avoid the use of blood and blood products in the perioperative period. However, in serious or life-threatening situations, the use of blood and blood products should be based on the judgement of the clinician responsible for the patient and should be recorded accordingly.

Cultural Diversity

Participation in Decision Making

- Although the refusal of allogenic blood transfusions is a fundamental tenet of the religious beliefs of Jehovah's Witnesses, several related treatments are matters of personal decision for them as individual patients.
- A Jehovah's Witness patient makes a private decision in accord with his/her Bible-trained conscience, fills out their advance directive for healthcare, and provides a copy to healthcare providers. Along with their healthcare providers, a Jehovah's Witness patient will explore blood transfusion alternative methods, products, interventions, and even other facilities that will honor their wishes. As healthcare providers, there is a wide-range of blood transfusion alternative treatments and interventions that we can offer to a Jehovah's Witness patients. Derivatives of primary blood components that may be acceptable to the individual Jehovah's Witness patient includes albumin, coagulation factors, globulins (including immunoglobulins), hemoglobin, interferons, interleukins, wound healing factors (e.g. von Willebrand factor). There are also methods of handling their own blood in any procedures involving their own blood that may be acceptable to a Jehovah's Witness patient such as all forms of intraoperative blood salvage (cell saver), acute normovolemic hemodilution, postoperative blood salvage (e.g. wound drains), hemodialysis, and cardiopulmonary bypass. Regarding organ transplantation including solid organs, bone, tissue, and stem cell transplantation, each individual Jehovah's Witnesses guided by their own bible-trained conscience will decide accordingly.
- Engaging in the care of a Jehovah's Witness patient should include a thorough explanation as well as having an open mind when interacting or finding the best medical and surgical treatment available and possible.
- As with other cultures and religions, a Jehovah's Witness patient may involve the participation of their family, and/or patient-selected healthcare surrogate in finding alternatives and treatment options. Patient may also opt to include a member/s of the hospital liaison committee (HLC) in their decision-making.

Available Resources

- There are many resources available to member of the Jehovah's Witness community. Knowledge and skills are readily available and accessible, and are typically sought by patient ahead of time in -- prior to filling out their advanced directive for healthcare. Strong social system resources may include family members and/ or elders and members of the local congregation of Jehovah's Witnesses identified by the patient.
- Two specific resources identified include Hospital Liaison Committee (HLC) members for Northwest Florida:
    - ◊ Joel Richey (619) 933-7562
    - ◊ Stephen Chwastyk Sr (850) 292-2222
- In addition, the Jehovah's Witnesses' website has an abundance of information available for review by healthcare professionals:

www.jw.org/en/medical-library/

Cultural Diversity

Caring for the Asian Patient

Philippines Background

Philippines is located in Southeast Asia and has a population of over 109 million, more than 170 native dialects, 8 major dialects and 7000 islands. It is the 13th most populated country in the world. Filipinos have a good command of the English language as it is taught since early education.

Beliefs, Behaviors, and Practices

Cultural considerations include:

1. High tolerance to pain
2. Will try ointments and home remedies before seeking medical treatment-Believes that doctors and nurses have respectful professions therefore they trust them-Deep faith in God, reflected in the expression "Leave it all to God"
3. May be resistant to organ donation and autopsy. Hospice and DNR infrequently used.
4. Offer foods such as rice, vegetables and fish. Breakfast usually consist of eggs, rice or bread and coffee
5. No cold drinks in the morning

Health Benefits

1. Principle of Balance-belief of body. mind and balance. "You are what you eat"
2. Avoid cold weather, belief that it will make them sick
3. When seeking medical help, know that symptoms have been going on for a while
4. Very private, confidentiality is a must. Provide privacy at all times.
5. Sensitive to what is said. Nodding does not mean understanding, may mean " I heard you". Be sure that instructions are understood by return demonstration or verbalized understanding.

Building Rapport

- Start by using "Mr. or Mrs."
- Learn a Tagalog word/sentence like "kumusta po" (how are you?)
- Send educational materials and be ready to repeat, remind and ask a few times to validate whether they understood the instructions given-Include family members in decision making especially the matriarch or patriarch. Extended family may be involved

Interpersonal Relationship

Generally quiet, shy and timid. Younger family members almost not allowed in adult conversations. Sensitive to other's feelings, almost afraid to make suggestions in fear of being misinterpreted or offending someone

Nonverbal Communication

- Avoid prolonged eye contact
- Sometimes head nodding means respect rather than understanding

Cultural Diversity

Caring for the Asian Patient

South Korea Background

South Korea is located in East Asia, on the southern half of the Korean Peninsula located out from the far east of the Asian landmass. Korea is a presidential representative democratic republic, and had a female President from 2013-2017. It has a population of over 51 million. 44% of the population claim a religion. Major religions are Buddhism (35%), Confucianism, Christianity (45%), Islam, and Shamanism. Hangul (Korean) is the primary language, but all Koreans under 40 years have participated in English lessons. However, many are reluctant to speak it due to inadequate practice.

Beliefs, Behaviors, and Practices

Cultural considerations include:

1. If your patient follows Buddhist or Confucian doctrine, they may view illness and death as a natural part of life.
2. Health may be viewed as finding harmony between complementary energies (yin and yang).
3. Herbal medicines (Hanyak) are widely used. Ginseng is popular. Many seek medical care from a traditional herbal doctor (Hanui).
4. Mental illness can be viewed as stigmatizing and threatening. Psychological and social stress may be experienced bodily (called Hwabyung).
5. Western medicine may be viewed as too strong. Preferring natural or low dose options first.
6. Enzyme deficiencies are not uncommon.
7. Korean culture has a high sense of respect and priority, and may seem formal. Decision making tends to be family focused, but often the eldest son will be trusted to make the final decision or be a spokesperson.
8. Traditionally direct eye contact with strangers is not common, and handshakes are appropriate between men; women often do not.
9. Koreans are often private with emotions, and very modest

Caring for the Korean Patient

1. Ask open ended questions like “What do you call your problem” as their perception of normal/abnormal may be different.
2. Respect Korean tradition by building bridges between folk medicine and western care. Incorporate beneficial and neutral remedies, keeping drug interactions in mind.
3. Take time to explain medications. Remember they view medication differently and are more likely to take them if they understand.
4. Circulatory disease and Cancer are common major health problems among Korean immigrants.
5. Large portions of Korean Americans are uninsured. Include Social Workers in their care.
6. Educate on preventative medicine, such as screening/mammograms, etc. It is not a common practice in Korean culture.

Cultural Diversity

Caring for the Asian Patient

Vietnam Background

When we show up to the present moment with all of our senses, we invite the world to fill us with joy. The pains of the past are behind us. The future has yet to unfold. But the now is full of beauty simply waiting for our attention..

1. The majority of Vietnamese are Buddhist (90%), with 5-10% being Catholic or other branches of Christianity, and less than 1% are Muslim.
2. Family is very important in this culture and all important decisions are made collaboratively by family.
3. Speaking up and being frank honesty are considered rude in their culture, so they tend to hide their true feelings and fears.

Beliefs, Behaviors, and Practices

Health beliefs include healing rituals, Coining, cupping, pinching, steaming, use of balms, acupuncture, acupressure or massage, and herbs.
Healing rituals involves chanting, potions, and amulets.

1. Coining - a coin dipped in mentholated oil rubbed across the skin vigorously, causing dermabrasion. They believe to restore balance by releasing the excess force "wind" from the body.
2. Cupping - Special cups on your skin that creates suction. They believe it draws out the bad forces.
3. Pinching - Pinching the skin to allow the force to leave the body
4. Steaming - boiling a mixture of herbs like eucalyptus and inhaling the steam and bathing the body. This also can include drinking or eating a hot cup of soup and then they would go to bed and cover themselves completely for 45 minutes to 'sweat" out the illness.
5. Balm - Tiger balm and other medicated oils are used and rubbed onto the skin. Herbs are boiled in water and mixed with alcoholic beverages.

Caring for the Vietnamese Patient

They seek medical care to relieve symptoms and believe medicine should cure an illness right away. If medication and injections are not given, then they seek help elsewhere. Once they are symptom free, they will stop the medications because they feel that they are no longer sick. Long term medications require education in a sensitive manner. (Molina Healthcare - Vietnamese Culture: Influences and Implications for Health Care)

Cultural Diversity

Caring for the LGBTQ Patient

Introduction

Individuals working in the healthcare industry in the United States have the opportunity to help people from various backgrounds, religions, nationalities, and sexual orientation; however, many health care workers unfortunately do feel unprepared and/or uncomfortable helping those with a sexual orientation or gender identity that differs from a perceived social norm. With proper training and support from coworkers, members of the Lesbian, Gay, Bisexual, Transgender and queer (LGBTQ) community will receive the same excellent care as all others and give staff the understanding for their specific needs.

Complexity

It is estimated that in the United States, 4.5% of the population identify as part of the LGBTQ community (Aisner, 2019), unfortunately, many in this community avoid healthcare due to the belief of discrimination, fear, prejudices and insensitivity they may experience in a healthcare setting.

Unfortunately, these fears of discrimination do not come unfounded. Several examples exist in media that show how inhumane practices and inequality has plagued LGBTQ patients/people for some time; from smear campaign tactics during HIV outbreak in the 1980s against gay men, to refusal of members in healthcare to give appropriate treatment due the workers personal or religious belief, those that identify as LGBTQ can feel uncomfortable seeking treatment. Through efforts from staff and awareness in the community, this unfair stigma that follows LGBTQ can be defeated.

Terms and Definitions

Ally: Individuals who support the LGBTQ community and promote equality.

Asexual: A sexual orientation in which an individual has a lack of sexual desire or attraction to other people.

Bisexual: An individual who is sexually/emotionally/romantically attracted to more than one sex or gender identity—not necessarily simultaneously or to the same degree.

Cisgender: An individual whose gender identity matches their biological sex.

Gay: Traditionally, a man who is sexually attracted to other men. The term now refers to any person who is sexually/romantically attracted to individuals of the same sex.

Gender dysphoria: Distress caused by an incongruence between one's gender identity and their primary and/or secondary sex characteristics.

Gender-expression: How individuals express their gender, usually through physical characteristics or behaviors.

Gender-fluid: Individuals that do not identify with a single fixed gender.

Gender identity: An individual's inner sense of their gender. This may or may not align with their biological sex.

Gender nonconforming: Individuals who do not align with traditional gender expectations or societal norms.

Intersex: An umbrella term used to describe a wide range of varying primary or secondary sex characteristics (chromosomes, internal sex organs, external genitalia, etc.). Traits may or may not be visible.

Cultural Diversity

Terms and Definitions, (cont.)

1. **Lesbian:** A woman who is sexually and/or romantically attracted to other women.
2. **Nonbinary:** An individual who does not identify as exclusively male or female.
3. **Pansexual:** An individual who is sexually/romantically attracted to people of all genders.
4. **Queer:** A term used by many to express any person with a sexual orientation or gender identity varying from traditional societal norms.
1. **Sex assigned at birth:** The sex assigned to an individual at birth (male or female). Usually based on external genitalia.
1. **Sexual orientation:** Emotional, romantic, or sexual attraction to other people.
2. **Transgender:** An individual whose gender identity differs from their biological sex. Trans is an acceptable form of the word. Being transgender does not imply sexual orientation.

Surgical Care

The American Nurses Association (ANA) recognizes discrimination exists for specific gender and sexual populations in the United States. The ANA stands firm to their position statement, first released in 1978, which supported legislation against discrimination based on sexual orientation. With the emergence of human immunodeficiency virus (HIV) in the decade of 1980, the ANA provided education to nurses regarding cultural sensitivity and care of the compromised patient. The Code of Ethics for Nurses reflects that the nurse will serve all individuals regardless of their gender or sexual identity with compassion and respect. The ANA continues to support and advocate for the civil rights of individuals such as those enlisted in the armed services that identify outside the heterosexual population.

One such target population is the lesbian, gay, bisexual, transgender, questioning or queer population also represented as LGBTQ+. The indication of the + sign is to encompass any additional sexual and/or gender populations not identified in the term LGBTQ. In 2011, there were a reported estimated 700,000 transgender individuals reported in the United States (JOPAN, 2018). In 2016, estimated adult population that identify as one of the following LGBTQ+ is 4.1% which equates to 10 million adults. According to the Centers for Disease Control and Prevention (CDC) the estimated youth population, defined as adolescents high school age, in the United States identifying as LGBTQ+ is 1.7 million (ANA, 2018). Both populations, adult and adolescents, experience isolation most often related to poor family support systems and lack of social services. These individuals are more likely to engage in risk taking behaviors resulting in increase of sexually transmitted diseases (STD), alcohol and tobacco use with high incidences of attempted suicide. Due to lack of resources to care place the LGBTQ+ community at a higher risk for various types of cancers (Tollinche, 2018). LGBTQ+ individuals report the failure to receive medical assistance stems from fear. The individuals report fear judgement, mistreatment, and being abused. In 2009, documented cases exist that LGBT individuals were denied care and received care that was not performed to standard (Clifford, 2018).

The American Society of Peri Anesthesia Nurses (ASPAN) mission statement on gender diversity states that peri anesthesia nurses will provide unbiased and understanding care to all individuals during their perioperative visit. ASPAN recognize the LGBT population have specific needs and is committed to complying with recommended policies from regulatory agencies such as The Joint Commission, the Institute of Medicine (IOM), and Centers for Medicare and Medicaid Services (CMS) to ensure these needs are met. Identified needs are met by the peri anesthesia nurse by demonstrating cultural sensitivity through a holistic patient centered approach.

Cultural Diversity

Surgical Care (cont.)

Education includes definitions of common terms, health care needs related to the biological composition, and psychological needs based on the identified gender and sexual orientation. Nurses are required to complete annual education on cultural needs of the targeted population to ensure that the perioperative setting meets the ongoing physical and emotional needs of the patient. Education in the perioperative setting discourage making assumptions of the gender and/or orientation according to the individual's clothing, advocate for an open, non-judgmental environment, avoiding using pronouns, and promotes the use of gender-neutral terms (JOPAN, 2018). ASPAN not only promotes a caring and compassionate environment for patients of the LGBTQ+ community but for LGBTQ+ nurses as well. Nurses are required to undergo mandatory training on incivility and horizontal workplace violence. Education provides means of ways to cope with confrontation as well identify internal resources for assistance such as employee assistance programs, leadership chain of command, anonymous reporting hotlines and/or human resource specialists (Levesque, 2015)

Peri anesthesia nursing is geared toward understanding the needs for the LGBTQ through research and data. Identification of needs are more services needed to serve the needs of addiction, suicidal ideations and mental health. Education will include special population groups such as LGBTQ+ into the core curriculum of nursing school programs addressing gender-neutral language and proper documentation (ASPAN 2017). Peri anesthesia nurses are faced daily with patients who are scared and afraid. Regardless of the patient population, the peri anesthesia nurse is geared with not only critical skills but effective communication skills to reassure the LGBTQ+ that they will receive the standard of care regardless of their sexual orientation or gender.

Participation in Decision Making

Discrimination based on sex was abolished in 1972 under Title IX of the Education Amendments. There have not been any laws that specifically relate to gender identity or sexual orientation at a national level. Section 1557 of the Patient Protection and Affordable Care Act (2010) states that any individual shall not be excluded , denied benefits, or subjected to discrimination based from race, color, national origin, age, sex, or disability by any health program receiving federal financial assistance (HHS Office of the Secretary, Office for Civil Rights, 2019). Currently there is a highly influential bill recently passed by the United States House of Representatives that has been dubbed "The Equality Act". Cicilline (2019), described the bill as prohibiting the discrimination based on sex, sexual orientation, and gender identity. He includes that the bill openly defines sex, and embraces sexual orientation, and gender identity among the prohibited categories of discrimination and/or segregation.

There are currently 15 states working to pass bills preventing minors and families from exploring physical and emotional change of that minor's sex, incongruent of sex at birth. Without a diagnosed psychological disorder related to the gender or sexual inconsistency of the patient, it is a felony to provide any sexual or gender modifications to minors (HHS Office of the Secretary, Office for Civil Rights, 2019). As of February 2020 the Virginia House of Delegates passed a significant State Bill (No. 1429) addressing gender neutrality. This bill amended the Code of Virginia by adding a section related to prohibiting health insurance discrimination based on gender identity or status as a transgender individual. It removes any form of gender discrimination related to adoption or marriage. (Legislation Affecting LGBT Rights Across the Country, 2020)

Cultural Diversity

Participation in Care

The National Institute on Health defines culture as “the combination of a body of knowledge, a body of belief, and a body of behavior. It involves several elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups” (Cultural Respect, 2017).

Provisions of the Nursing Code of Ethics from the American Nurses Association (2015) states that the nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy. Lastly, the profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principle of social justice into nursing and health policy

The National Association of Pediatric Nurse Advanced Practitioners opposes all forms of discrimination against individuals based on sexual orientation, gender conformity, and gender identity, while encouraging members to speak out against discrimination and/or victimization of LGBTQ youth (Evens et al, 2019).

Vulnerability

While the foundation of healthcare supports equality among patients, the barriers for healthcare workers continue due to the limitation of education provided to medical and nursing students, along with current nurses and providers. Schools nor continuing education required in the workplace promote assessments of an LGBTQ patient. Being able to identify how to ask the right questions, what risk factors to assess for, listening with acceptance and understanding, and correctly incorporating that information into an effective care plan for LGBTQ patients not consistently educated. Education fosters the nurse’s competency in establishing trust and rapport (Spiekermeier, 2017).

Conclusion

Due to limited educational opportunities, it requires a person to have cultural humility and a sense of health equality to pursue individual education. Cultural humility is the desire to learn about a current and past health crisis, understand correct terminology, provide proper assessment questions and engage in empathetic training practices. Health equality requires engaging in ongoing training that addresses historical prejudices, lack of access to inclusive care, social stigma, and fear of disclosure of sexual identity (Bell, Brennan-Cook, Sisson, Steigerwald, Cook, Cicero, & Cary, 2019). Reducing stigma and barriers of care between nurses and patients could allow for LGBTQ persons more seek more professional help in the future.

Cultural Diversity

"The American Medical Association supports everyone's access to quality evidence-based health care regardless of gender or sexual orientation. To ensure that LGBTQ patients are not discriminated against in seeking the care they need, nor forced into medically un-sound programs, the AMA works diligently at the state and federal levels to expand access to medical services, reduce stigma in treating patients with unique needs and break down discriminatory barriers to necessary care" (American Medical Association., 1995-2020).

Available Resources

The National LGBT Education Center of the Fenway Institute (www.fenwayhealth.org)

Gay and Lesbian Medical Association (www.glma.org)

National Coalition for LGBT Health (www.healthlgbt.org)

National LGBT Health Education Center (www.lgbthealtheducation.org)

Transgender Health Information Program (THiP): (www.transhealth.phsa.ca)

World Profession Association for Transgender Health: (www.wpath.org)

American Academy of Child and Adolescent Psychiatry (www.aacap.org)

American Academy of Pediatrics Section on Lesbian, Gay, Bisexual, Transgender Health and Wellness (www.aap.org)

National Center for Transgender Equality (NCTE): (www.transequality.org)

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Healthcare for the Native American

Introduction

This project was created with the purpose of dispelling myths and misconceptions related to providing healthcare to our Native American populations.

Objectives

The objectives of this project are to give a brief background of the Native Americans in our area, discuss their culture as it relates to healthcare; to inquire about diet and exercise, and to discuss tribal beliefs on healing.

Materials and Methods

The primary source for information comes from the co-author's family as well as information obtained from online research.. The sister of the co-author is in a domestic partnership with a member of the Creek Indian band and are part of the Muskogee Tribe. Other local tribes include: Choctaw and Cherokee. There are multiple other tribes that fall under the Muskogee Nation of Florida and are referred to in their culture as "bands". The Santa Rosa Creek Indian Tribe is described as a club, not a tribe, that was created to spread information and awareness of Native American History in our area. The other sources for this research are the Indian Health Service, which is a federal service for American Indians; and The Journal for Nurse Practioners.

Results

After interviewing multiple members of the local Muskogee Nation tribe, diet seems to be a prominent risk factor. All individuals interviewed report a diet high in fat as well as heavy with processed foods. Furthermore, physical activity is reported as low for the average tribe member. The common form of exercise is reported to be walking and/or hiking. "The health care team members can collaborate with schools, community groups, and worksites to help educate and reinforce healthful eating and regular physical activity, and they can advocate for health care policy changes to help effect change (IHS, 2020)." As healthcare providers, we have the ability to reach out to our Native American patients and provide education while considering their proud culture.

This new lifestyle is reported to be a blending of Native Americans to modern American's cultures. With this blending, healthcare providers need to be aware that encounters will potentially offer traditional tribal rituals in conjunction with modern allopathic care.

> "The consequences of abandonment of traditional practices can be readily seen when comparing the health of younger generations of NA to their living elders who are engaged in traditional health practices (Indigenous, 2010)."

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Conclusion

While brief in this format, the information obtained in this research will be a solid informational point to draw interest for any healthcare provider giving care to a patient of the Native American Culture. It is important to remember that Native Americans are a proud culture and less likely than other cultures to seek allopathic healthcare services. We should also recognize that when a patient from this culture comes in for treatment, they are typically pretty sick. It may be hard for some modern medicine providers to understand the need to utilize these patient's spiritual beliefs in conjunction with allopathic treatments. With education and an open mind, we will be able to treat these patients with respect and dignity.

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