Cultural & Spiritual Sensitivity

A Learning Module for Health Care Professionals

As of July 2009

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Introduction

Why do we need to be culturally and spiritually sensitive? The Joint Commission (JC) holds hospitals accountable for addressing and maintaining patient rights. These rights include the accommodation of cultural, religious, spiritual, and personal values as well as to religious and other spiritual practices.

Health care professionals are entrusted to care for patients as whole persons - body, mind and spirit. The health care approach is interdisciplinary and encompassing. It is important, then, for that approach to be culturally and spiritually sensitive. In addition, health care professionals need to be empowered with the capacity, skills, and knowledge to respond to the unique needs of each patient and their loved ones.

The Joint Commission is developing proposed accreditation requirements for hospitals to advance effective communication, cultural competence, and patient-centered care. Implementation is expected to begin January 2011.

This self-learning module has been developed to assist the user to:

- address the issues of cultural and spiritual diversity
- provide tools to understand one's own cultural and spiritual heritage and beliefs
- develop the ability to provide culturally and spiritually sensitive approaches to care
- identify appropriate interventions

A companion to this learning module, *Dictionary of Patients' Spiritual & Cultural Values for Health Care Professionals*, has also been developed. It is available for all areas of the medical center. In addition, resources from which this material was compiled are listed at the end of this resource for further information.

Questions about these materials or suggestions for improvement should be directed to:

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Cultural and Spiritual Sensitivity
Self-Learning Module

Objectives:

On completion of this learning packet, the individual will:

1. Identify and acknowledge one's own cultural and spiritual heritage and how it impacts one's attitudes in providing care.

2. Describe the various components in culture and spirituality.

3. Identify and demonstrate appropriate cultural and spiritual sensitivity in one's approach to providing care.

Part 1

Self-Assessment Tools

Completing these activities FIRST
is an essential part of your learning. It is designed to assist you in identifying your own cultural and spiritual heritage
and beliefs.

This section is for <u>YOUR USE ONLY.</u>
It is NOT to be turned in.
It is NOT part of the test.

Assessing Your Own Cultural Heritage

Adapted from: *Strategies for Working with Culturally Diverse Communities and Clients,* 1989.
Permission granted by Elizabeth Randall-David, Ph.D.

The culture in which we are raised greatly influences our attitudes, beliefs, values, and behaviors. Our families taught us how to believe about and treat people who were different that we are.

In order to provide sensitive and effective care to persons from cultures that are different from our own, two things must occur:

1. An awareness of one's own cultural values and beliefs and a recognition of how they influence our attitudes and behaviors.

2. An understanding of the cultural beliefs and values of others and how they are influenced by them.

There are NO right or wrong answers to these questions; however it is important to answer them honestly and completely to facilitate self-awareness.

These exercises are for your personal use. They are NOT to be shared with or turned into anyone else.

The following exercises will help you clarify your attitudes and beliefs and how these influence your ability to work with people from diverse cultural backgrounds.

Exercise 1: Getting in Touch with Your Own Social Identity

Adapted from: *Strategies for Working with Culturally Diverse Communities and Clients,* 1989.
Permission granted by Elizabeth Randall-David, Ph.D.

Identifying Your Social Roles

1. Circle the items in each of the four columns that best describe you.
2. Place a check mark by the items you circled that seem to be the most important or significant for any reason to you at this time in your life.

A	B	C	D
Lower economic class	Anglo-Saxon	Female	Business person
Middle economic class	American	Male	White-collar
Upper economic class	Anglo		Professional
	White	Married	Technical
Militant	Ethnic	In a relationship	Blue-collar
Radical	Black	Single	Skilled
Liberal	African-American	Separated	Student
Moderate	Negro	Divorced	Service provider
Conservative	Hispanic		Laborer
Reactionary	Latino	Wife	
Indifferent	Chicano	Husband	Other:
	Latin-American	Partner	_____
Republican	Asian-American	Significant Other	
Democrat	Asian	Mother	
Independent	Oriental	Father	
	Native American	Step-parent	
Other:	Indian	Son	
_____	American Indian	Daughter	
		Godparent	
	Other:	Grandmother	
	_____	Grandfather	
		Aunt	
		Uncle	
		Brother	
		Sister	
		Other:	
		_____	

How did you identify yourself?

1. I best describe myself as a (an)

   Column A: _____

   Column B: _____

   Column C: _____

   Column D: _____

2. According to my check marks, the most important roles in my life at this time are:

   _____

Some questions to think about:

1. What are the best things about the descriptions you came up with?

2. What are the things you would most like to change?

Exercise 2: Spiritual Self-Knowledge

1. The most important relationships in my life include:
   - ☐ My family of origin (parents, siblings, etc.)
   - ☐ A significant other or spouse
   - ☐ Children
   - ☐ Friends
   - ☐ God or a Higher Power
   - ☐ People I work with
   - ☐ Other _____

2. Who or what helps you find meaning and a sense of purpose?
   - ☐ Family relationships
   - ☐ Work
   - ☐ God
   - Friendships
   - Relationship with the earth/environment
   - Other _____

3. What helps you cope in difficult times?
   - ☐ Support of family/friends
   - ☐ Faith in God/Higher Power
   - ☐ Prayer or meditation
   - Belief in the basic goodness of life
   - Music/poetry
   - Other _____

4. How do you take care of yourself?
   - ☐ Time alone
   - ☐ Physical exercise, diet
   - ☐ Nothing
   - Talking to others
   - Prayer, meditation or other ritual
   - Other _____

5. Do you believe in God/a Higher Power?
   Yes Somewhat No

6. If yes, how would you describe God/your Higher Power?
   - ☐ Angry
   - ☐ Judging
   - ☐ Kind
   - ☐ Loving
   - In control of all events
   - All-knowing
   - Able to do anything
   - Other _____

7. Are there any spiritual practices that are important to you?
   - ☐ Attending worship services
   - ☐ Reading Scripture
   - ☐ Rituals
   - Prayer
   - Meditation
   - Yoga

   Other _____

Exercise 3: Acknowledging Your Cultural Heritage

Adapted from: *Strategies for Working with Culturally Diverse Communities and Clients,* 1989.
Permission granted by Elizabeth Randall-David, Ph.D.

- What cultural group do you belong to?

- How do you relate to people who are NOT of your culture?

- Have you been discriminated against because of your race or your spiritual and/or religious beliefs?

- What were those experiences like? How did you feel about them?

- When you were growing up, what did your family and significant others say bout people who were different about your family?

Exercise 4: Personal Cultural Assessment

Sense of Self and Space

1. How do you greet people you don't know?
2. What is a comfortable talking distance from you and a colleague?

Communication and Language

3. If you were visiting a friend or the home of a colleague, how would you let them know you were cold in their home?
4. When you smile at someone, what does that mean?

Dress and Appearance

5. Is the way you dress important?
6. What does "dress for success" mean to you?

Food and Eating Habits

7. Do you have food restrictions?
8. How do you eat your food and behave at the table?

Time and Time Consciousness

9. Are you ever late for a meeting?
10. Do you consider time linear and finite or more elastic and relative?

Relationships

11. List who you would consider family members.
12. Do you discuss important decisions with your family?

Views and Norms

13. How do you feel when you are praised in public?
14. Do you prefer working alone or in groups?
15. Do you discuss your thoughts, feelings and problems with people outside your family?

Beliefs and Attitudes

16. How would you describe your religious practices?
17. When major decisions are made in your family, who participates?
18. How do you respond when given an assignment by your boss?

Mental Process and Learning

19. Do you prefer getting directions in words or with a map?
20. Do you learn best by listening, taking notes, being involved in activities, seeing models, diagrams, graphs, etc., or by taking part in a lively conversation?
21. Do you like to get information one step at a time or see the whole process first?

Work Habits and Practices

22. How do you view your work-as a means of survival or a way to attain self-esteem and achievement?
23. Do you like to be given the opportunity to take initiative, or prefer to check with your boss before making a judgment or decision?
24. If someone upsets you, do you confront them directly or indirectly?
25. Do you believe that individuals control their own destiny?

Aspects of Culture	Mainstream American Culture	Other Cultures
Sense of self and space	Informal, handshake	Formal, bows, handshakes
Communication and language	Explicit, direct. Emphasis on content – meaning found in words	Implicit, indirect. Emphasis on context --- meaning found around words
Dress and appearance	"Dress for success" ideal. Wide range in accepted dress	Dress seen as a sign of position, wealth, prestige. Religious rules
Food and eating habits	Eating as a necessity – fast food	Dining as a social experience. Religious rules
Time and time consciousness	Linear and exact time consciousness. Value on promptness. Time = money	Elastic and relative time consciousness. Time spent on enjoyment of relationships
Relationships, family, friends	Focus on nuclear family. Responsibility for self. Value on youth, age seen as handicap	Focus on extended family. Loyalty and responsibility to family. Age given status and respect
Values and norms	Individual orientation. Independence preference for direct confrontation of conflict	Group orientation. Conformity. Preference for harmony.
Beliefs and attitudes	Egalitarian. Challenging of authority. Individuals control their destiny. Gender equality.	Hierarchical. Respect for authority and social order. Individuals accept their destiny. Different roles for men and women.
Mental processes and learning	Linear, logical, sequential, problem-solving focus.	Lateral, holistic, simultaneous. Accepting of life's difficulties.
Work habits and practices	Emphasis on task. Reward based on individual achievement. Work has intrinsic value.	Emphasis on relationships. Rewards based on seniority, relationships. Work is a necessity of life.

Exercise 5: Exploring Specific Cultural Attitudes

Adapted from: *Strategies for Working with Culturally Diverse Communities and Clients,* 1989.
Permission granted by Elizabeth Randall-David, Ph.D.

	Agree	Disagree
I would like to travel to different countries.	___	___
I accept opinions different from my own.	___	___
I respond with compassion to those who are poor.	___	___
I think interracial marriage is a good thing.	___	___
I would feel uncomfortable in a group in which I am the ethnic minority.	___	___
I consider failure a bad thing.	___	___
I invite people from different ethnic groups to my home.	___	___
I believe that the Ku Klux Klan has its good points.	___	___
I am concerned about the treatment of minorities in employment and health care.	___	___
I tell or laugh at ethnic jokes.	___	___
The U.S. should tighten up its immigration policy.	___	___
People who speak a different language and who act differently from me interest me.	___	___
The refugees should be forced to return home.	___	___
I feel uncomfortable in low-income neighborhoods.	___	___
I prefer to conform rather than disagree in public.	___	___
I spend a lot of time worrying about social injustices without doing much about them.	___	___
I believe that almost anyone who really wants to can get a good job.	___	___
I have a close friend who is of another race/ethnic group.	___	___
I would enjoy working with patients from a different racial/ethnic group.	___	___

Exercise 6: How Do You Relate to Various Groups of People in the Society

Adapted from: *Strategies for Working with Culturally Diverse Communities and Clients,* 1989.
Permission granted by Elizabeth Randall-David, Ph.D.

Described below are different levels of response you might have toward a person.

Levels of Response:

1. Greet: I feel I can *greet* this person warmly and welcome him or her sincerely.
2. Advocate: I feel I could honestly be an *advocate* for this person that he or she be treated with dignity and respect by the whole healthcare team.
3. Accept: I feel I can honestly *accept* this person as he or she is and be comfortable enough to listen to his or her problems.

The following is a list of individuals. Read down the list and place a check mark by anyone believe you would be able to "greet". Then move to response level 2 and place a check mark by those who believe you could be an "advocate" for. Then move to response level 3 and place a check mark by those you believe you could "accept." Try to respond honestly, not as you think might be socially or professionally desirable. Your answers are only for your personal use in clarifying your initial reactions to different people.

	Level of Response		
Individual	**Greet**	**Advocate**	**Accept**
Child Abuser	_____	_____	_____
Jew	_____	_____	_____
White Supremacist	_____	_____	_____
Hispanic	_____	_____	_____
Street drug user	_____	_____	_____
Senile, elderly person	_____	_____	_____
Native American	_____	_____	_____
Capital punishment supporter	_____	_____	_____
Jehovah's Witness	_____	_____	_____
Blind person	_____	_____	_____
Abortion provider	_____	_____	_____
Asian American	_____	_____	_____
Gay/Lesbian	_____	_____	_____
Atheist	_____	_____	_____
Person with AIDS	_____	_____	_____
Rapist	_____	_____	_____
Black American	_____	_____	_____
Pregnant teenager	_____	_____	_____
Protestant	_____	_____	_____
Murderer	_____	_____	_____
White American	_____	_____	_____
Political refugee	_____	_____	_____
Person with cancer	_____	_____	_____
Pro-life advocate	_____	_____	_____
Moslem	_____	_____	_____
Gun rights advocate	_____	_____	_____

Person in a wheelchair	_____	_____	_____
Arab American	_____	_____	_____

Scoring Guide: Now, transfer your checks from the above activity to the form below. The thirty types of individuals can be grouped into five categories as listed. If you have a lot of checks within one specific category, this may indicate a difficulty you may have in being sensitive to these types of individuals.

Level of Response

Ethnic/Racial	**Greet**	**Advocate**	**Accept**
Hispanic	_____	_____	_____
Native American	_____	_____	_____
Asian American	_____	_____	_____
Black American	_____	_____	_____
White American	_____	_____	_____
Arab American	_____	_____	_____
Social Issues			
Child abuser	_____	_____	_____
Street drug user	_____	_____	_____
Gay/Lesbian	_____	_____	_____
Rapist	_____	_____	_____
Unmarried pregnant teen	_____	_____	_____
Murderer	_____	_____	_____
Religious			
Jew	_____	_____	_____
Catholic	_____	_____	_____
Jehovah's Witness	_____	_____	_____
Atheist	_____	_____	_____
Protestant	_____	_____	_____
Moslem	_____	_____	_____
Disabled			
Senile, elderly person	_____	_____	_____
Blind person	_____	_____	_____
Person with AIDS	_____	_____	_____
Person with cancer	_____	_____	_____
Person with a mental illness	_____	_____	_____
Person in a wheelchair	_____	_____	_____

Political	**Greet**	**Advocate**	**Accept**
White Supremacist	_____	_____	_____
Capital punishment supporter	_____	_____	_____
Abortion provider	_____	_____	_____
Political refugee	_____	_____	_____
Pro-life advocate	_____	_____	_____
Gun rights advocate	_____	_____	_____

Part 1 Summary

Hopefully in completing these exercises, you've given some thought to your beliefs and the traditions that are important to you.

Remember, there are NO right or wrong answers. Recognizing and acknowledging your personal cultural and spiritual background is an essential first step to sharpening your sensitivity skills in working with others.

In the learning module that follows, we will examine the importance and impact of cultural and spiritual beliefs and traditions in the context of providing care within a healthcare environment.

Part 2

Learning Module Information

This is the information to read and review in order to complete the Self-Test.

There has been a dramatic increase in the population of the United States in recent decades, as well as changes within the population itself. As health care providers, we find ourselves providing services in an environment where patients and their families may be of different cultures, traditions, languages and spiritual backgrounds. The goal of the medical system and the institution in which we serve is to provide the best possible care for all patients. In our multicultural society, the challenge is determining how we can provide services in ways that are appropriate and sensitive to these differences.

"Ask not what disease the person has,
but rather what person the disease has."
- William Osler

Cultural insensitivity is usually not intentional. It is, rather, caused by not having the knowledge we need to understand another person's frame of reference. Sometimes our insensitivity is a result of our fear of the unknown or of something new, or we try to deny that there are differences by viewing everyone as the same. At other times, our insensitivity is simply due to time constraints: we have too much to do and feel pressured to complete our tasks and move on to the next patient who is waiting. When we are culturally insensitive, misunderstandings can result between the patient and/or family's expectations and ours. Miscommunication can occur. It becomes difficult for us to provide the best and most appropriate care.

Cultures vary in their beliefs of the prevention, cause, and treatment of illness as well as in their understandings of the processes of life and death. These beliefs dictate the practices used to maintain health and to prepare for and experience the processes of life, including pregnancy, birth, postpartum, infant care, illness and death.

Too often we interpret the behaviors of others as negative because we don't understand the underlying value system of their culture. It is a natural tendency for us to assume that our own values and customs are more sensible and right. It is necessary, then, for us to become aware of the cultural assumptions from which we develop our judgments. This is the first step to becoming more culturally sensitive.

A 27 year old Vietnamese woman was in active labor with very strong and closely spaced contractions. The baby was positioned a little high and there was some discussion of a possible c-section. Despite her difficulties, she cooperates with the doctor's instructions and labors in silence. The only signs of pain or discomfort were her look of concentration and her white knuckles.

Traditional Vietnamese women, as most traditional Asians, believe that a woman must experience pain and discomfort as part of childbirth. To express these feelings, however, brings shame upon her. It might be very upsetting for an Asian woman accustomed to controlling her emotions to go through labor near a highly expressive woman.

-- Fernandez, V.M. & Fernandez, K.M. (Nov. 1999), Transcultural Nursing: Basic Concepts and Case Studies (online). Used by permission.

Providers of health care and patients often begin their relationship separated by a huge cultural gap. As providers, we are socialized into the atmosphere of the medical profession, with a set of beliefs, practices, habits, likes, norms and rituals. These are all factors that comprise a given culture. We speak a different language filled with medical terminology, and our understanding and beliefs regarding health and illness can differ greatly from the population we serve.

The Health Care Provider Culture

Spector, R.E.: CULTURAL DIVERSITY IN HEALTH AND ILLNESS , © 1979. Reprinted by permission of Prentice Hall, Upper Saddle River, New Jersey.

Beliefs	a) Standardize definitions of health and illness b) The omnipotence of technology
Practices	a) Maintenance of health and prevention of disease via mechanisms such as the avoidance of stress and the use of immunizations b) Annual physical examinations and diagnostic procedures such as Pap smears
Habits	a) Charting b) Constant use of medical jargon c) Use of a systematic approach and problem solving methodology
Likes	a) Promptness b) Neatness and organization c) Compliance
Dislikes	a) Tardiness b) Disorderliness and disorganization
Customs	a) Professional deference and adherence to the “pecking order” found in autocratic and bureaucratic systems b) Hand washing c) Employment of certain procedures attending birth and death
Rituals	a) Physical examination b) Surgical procedure c) Limiting visitors and visiting hours

Western medicine, by its very nature, often treats patients as though they were objects - machines to be put back into “proper working order” or which fail. Patients who are hospitalized, as well as their families, are removed from their own lives and life stories and taken from their familiar homes into the strange and often fearful world of the hospital. They are treated by numerous different people who come uninvited into their rooms.

Care means that patients and their families are treated as human beings that have lives beyond the hospital and meaning beyond the medical world of diagnoses, medications, treatment and prognosis. *Competence* means that we are able to provide that care.

Cultural Sensitivity and Competence

- Embodies attitude, knowledge and skills
- Permits individuals to respond with dignity and respect to all people
- Is a continuum that encompasses several stages

We don't become culturally sensitive or competent overnight. It is a process that takes time, attention and self-awareness. Unless we can identify and then step outside our own framework, it can be difficult for us to understand another's point of view.

Cultural competence can and should occur in both individuals and organizations. It is the state of being capable of functioning effectively in the midst of cultural differences. It is being sensitive not to impose our personal values on someone else because they are different. It is the ability to establish relationships with people in the midst of diversity. It is celebrating differences, the recognition of similarities, and a clear commitment to seeing differences as differences and not deficits.

A 27 year old Arab man refused to allow a male lab technician to enter his wife's room to draw blood. She had just given birth. The staff finally convinced the husband of the need and he reluctantly allowed the technician into the room. However, he took the precaution of making sure his wife was completely covered. Only her arm stuck out from beneath the covers.

For Arab families, honor is one of the highest values. Since family honor is dependent upon female purity, extreme modesty and sexual segregation must be maintained at all times. Male nurses should not be assigned to traditional female Muslim patients. In many parts of the world, female purity and modesty are major values.

-- Fernandez, V.M. & Fernandez, K.M. (Nov. 1999), Transcultural Nursing: Basic Concepts and Case Studies (online). Used by permission.

Culturally competent services are systems, agencies and practitioners that have the capacity, skills and knowledge to respond to the unique needs of populations whose cultures are different from that which might be called dominant or mainstream American.

- Family Resource Coalition of America

The culture in which we are raised or in which we work greatly influences our beliefs, values, and behaviors. Assessing our individual cultural heritage is the first and most important step to identifying what may cultivate or block our communication with and care of a person from another culture. By completing the exercises in Part 1 of this Self-Learning Module, you have begun this process.

Culture is:

the learned or shared knowledge, beliefs, traditions, customs, rules, arts, history, folklore and institutions of a group of people used to interpret experiences and to generate social behavior.

Cultural identity includes a number of different things, including:

SYMBOLIC OBJECTS, such as spiritual or religious items or clothing

When encountering objects with which you are not familiar, politely ask about their significance, but don't press the issue if the patient or family do not appear willing to explain.

LANGUAGE, which includes slang terms, words that indicate status, and level of intimacy

Always use surnames unless you are given permission by the patient or family member to use their first name.

TOPIC AND PATTERNS OF CONVERSATION

In many cultures, it is inappropriate to initiate a serious conversation immediately. Take a few moments to introduce yourself to the patient and family in order to build rapport and trust.

TONE OF VOICE

Use a soft tone of voice, emphasize courtesy and respect, and refrain from harsh criticism or confrontation.

NON-VERBAL CLUES SUCH AS GESTURES, FACIAL EXPRESSIONS, BODY LANGUAGE AND PERSONAL SPACE

A handshake is customary among many Americans, however it is not always welcome among other cultures where it may be considered rude or intrusive, especially between opposite genders.

CONCEPT OF TIME, INCLUDING PASSAGE, DURATION AND POINTS WITHIN

Individuals who are past-oriented value tradition and doing things the way they have always been done. They might be reluctant to try new procedures. Present-oriented people focus on the here and now and may be relatively unconcerned with the future, dealing with it when it comes. They may show up late or not at all for appointments. Future-oriented people may become so caught up in the "what-ifs" of the future that focusing on the present moment may be difficult.

FAMILY AND KINSHIP STRUCTURE, COMPOSITION AND AUTHORITY

How the family is constructed determines one's values, the decision-making patterns within the household, and who will be responsible for the patient and health care decisions.

COOKING AND DINING TRADITIONS

What time of day does the patient eat their main meal? Do they have special needs for preparation, utensils, or diet? Some cultures place great value on the meal as an event when the entire family gathers together.

SPIRITUALITY AND RELIGION

What one believes affects one's responses to health, illness, birth, dying, death and other life events. A person's source of meaning and purpose fosters a sense of well-being as well as solace and comfort during times of crisis.

Being culturally sensitive or competent does NOT mean knowing everything about every culture...

It is instead respect for differences, eagerness to learn, and a willingness to accept that there are many ways of viewing the world.

The particular behaviors themselves are not as significant as the relationship of those behaviors to the personal values held by the patient and family. By incorporating sensitivity to cultural beliefs and practices into a patient's plan of care, we demonstrate respect and reduce stress due to feelings of isolation and alienation

The patient was a nine month old African-American male. His hands and feet were in restraints to prevent him from pulling out the IV lines. When his grandmother saw him tied down, she became very angry. "How come you got him tied down? He's not a dog!"

This grandmother had experienced much discrimination at the hands of whites. She perceived her grandson's treatment as a racist act. Once the purpose of having the baby in restraints was explained to her, she relaxed.

-- Fernandez, V.M. & Fernandez, K.M. (Nov. 1999),

Spirituality

- Can be both religious and non-religious
- Expresses a source of meaning, connectedness and hope
- Beliefs, values, and situations all play an important role in forming one's spirituality
- Each person's spirituality is important

A South Asian woman, after giving birth to a son, refuses to cuddle him but she willingly provided minimal care such as feeding and changing his diaper. The chaplain, who had stopped by at the request of the staff, felt sorry for the baby. She told the parents how cute the baby was, and then reached over to place her hand on his head to stroke his hair. Both the mother and her husband became visibly upset.

This mom's apparent neglectful behavior does not reflect poor bonding, but instead indicates a cultural belief and tradition. Many people in rural areas of South Asia believe in spirits. They believe these spirits are attracted to infants and are likely to steal them by death. The parents do everything possible not to attract attention to their newborn. This apparent lack of interest reflects an intense love and concern for the child, not neglect. Not only did the chaplain attract attention to the child, but also she touched him in a taboo area. The head is viewed by Southeast Asians as private and personal; it is the seat of the soul and is not to be touched.

-- Fernandez, V.M. & Fernandez, K.M. (Nov. 1999), Transcultural Nursing: Basic Concepts and Case Studies (online). Used by permission.

Spirituality involves finding meaning and purpose in one's life and experiences. It encompasses a person's philosophy of life and world view. Spirituality is expressed through concepts and ideas about God/the Deity/Higher Power, one's sacred beliefs, and one's religious rituals or practices.

There is a significant difference between spirituality and religion:

SPIRITUALITY refers to our inner belief system. It is a delicate 'spirit-to-spirit' relationship to oneself, others, and the God of one's understanding.

*Everyone is a **SPIRITUAL** being.*

RELIGION refers to the externals of our belief system: church, prayers, traditions, rites, rituals, etc.

*Not everyone is **RELIGIOUS.***

Sensitivity to spiritual issues and the inclusion of spiritual care is an essential and necessary component in patient care and family support.

Spiritual Well-Being

Handbook of Nursing Diagnosis; Carpenito, 7th Ed.; 1997

"An individual who expresses affirmation of life in a relationship with a higher power (as defined by the person), self, community, and environment that nurtures and celebrates wholeness."

Spiritual needs can be identified in a variety of ways:

- Environment - visual clues and symbols
  Bible, Torah, Koran, Book of Mormon, prayer beads, rosary, medals, pictures, foods, cross, Star of David, crescent moon, Buddha, etc.

- Behavior
  Prayer, meditation, grace before meals, playing music, singing, etc.

- Verbalization
  Talking about God, prayer, faith community or one's spiritual leader, "It's all in God's hands", "Why?", "A lot of people are praying...", etc.

- Interpersonal relationships
  Family, significant other, friends, extended family, tribe, church, work, etc.

Triggers which can lead to a spiritual focus or crisis in a person's life can include:

PHYSICAL FACTORS such as disease, an accident, surgery or another invasive procedure, a lack of sleep or food, or the experience of childbirth.

EMOTIONAL EXPERIENCES OR TRANSITIONS including birth, making a commitment such as a significant relationship, marriage, or becoming a member of a faith community, a change in lifestyle, moving, stress, or the loss of a job, marriage, friendship or death.

NEAR DEATH EXPERIENCES, whether it be one's own or that of a loved one

SPIRITUAL PRACTICES, such as meditation, prayer, ritual, or church attendance.

All of our human experiences can be interpreted
as opportunities for spiritual growth and enlightenment.

Spiritual Distress

Handbook of Nursing Diagnosis, Carpenito; 7th Ed.; 1997

"The state at which an individual or group experiences or is at risk of experiencing a disturbance in the belief or value system that provides strength, hope, and meaning to life."

Signs of Spiritual Distress include:

- Crying
- Expressions of guilt
- Disruption of trust
- Feeling alienated from God/Higher Power
- Moderate to severe anxiety
- Anger toward staff, family, God
- Refusal to participate in treatment or teaching

Appropriate Interventions for Spiritual Distress

- **Convey a caring and accepting attitude.**
  Facilitate the process of finding meaning and purpose in life. Attempt to understand the patient or family's way of experiencing and expressing their culture and/or spirituality.
- **Provide support, encouragement, and respect.**
  Support faith needs and safely provide time for ritual and devotional practices. Be knowledgeable about different spiritual and religious traditions. Be prepared to cooperate with the patient's and family's spiritual leader.
- **Provide presence.**
  Be fully present and open to issues as they arise.
- **Listen actively.**
  Establish trust and unconditional acceptance.
- **Refer to spiritual care provider/chaplain for further intervention.**
  Know the other members of the health care team and what they can provide.
- Document.

When the nurse entered the room of her Iranian patient, she found the patient huddled on the floor, mumbling. At first she thought the patient had fallen out of bed, but when she tried to help her up, the patient became visibly upset. She spoke no English and the nurse had no idea what the problem was.

The patient had been praying. She was practicing her religion in the traditional manner. Since she was scheduled for surgery the next day, she thought it was especially important to pray. Devout Muslims believe they must pray to Mecca, the Holy Land, five times a day. Traditionally, they pray on a prayer rug placed on the floor. If the nursing staff had some understanding of Muslim customs, they could have arranged to provide the patient some privacy during certain times of the day so she could pray.

-- Fernandez, V.M. & Fernandez, K.M. (Nov. 1999), Transcultural Nursing: Basic Concepts and Case Studies (online). Used by permission.

Approaches to Respecting Diverse Beliefs and Practices

PRESERVE beliefs and practices that have a beneficial effect on health.

- *Acupressure or massage may be of comfort to a woman in labor.*
- *Parents of a premature infant may wish to have their tape recorded voices played to the baby regularly in the isolette.*

ADAPT OR ADJUST those that are neutral or indifferent.

- *A Native American family may wish to have, as part of a ritual, cornmeal sprinkled around the floor around the patient's bed. Arrange to have ritual done at a time that does not interfere with patient care.*
- *A Catholic family requests that a blessed rosary be taped to the patient's bed. Tape rosary as requested in a place that is visible yet will not interfere with either patient care or linen changes.*

REPATTERN those that have a potentially harmful effect on health.

- *Parents of a fragile preemie believe that their child should be picked up immediately when it cries or shows discomfort. Teach the parents about baby's medical status; assist them in appropriate interaction with baby, such as talking to baby or touching gently.*
- *A Muslim antenatal patient wishes to fast during the month of Ramadan, unaware of the negative impact that could have upon her and the baby. Ask spiritual care provider/chaplain to assist with intervention; patient's spiritual leader can assist in explaining to her that, being pregnant, she is exempt from the requirement to fast.*

A Chinese woman in her mid-twenties had just given birth. The staff became concerned when she would not eat the hospital food and did not bathe. She would only eat foods that her family brought to her. The patient later explained her custom prevented her from bathing for seven days after childbirth and permitted her to eat only certain foods.

This patient was practicing the traditional lying-in period observed in much of Asia and Latin America. It is believed that for a period of time after childbirth, a woman's body is weak and susceptible to outside forces that may cause illness. In addition, pregnancy is thought to be a hot condition. Giving birth causes a loss of yang*, or heat, which must be restored. This is accomplished by eating* yang *foods such as chicken and avoiding cold liquids. The woman is to rest, stay very warm, and avoid bathing and exercise. Compromises can be made in the care of this patient. The use of boiled water, which removes impurities, may make a sponge bath more acceptable. Do not assume that the patient will follow orders that would violate the traditions and wisdom of her own culture.*

-- Fernandez, V.M. & Fernandez, K.M. (Nov. 1999), Transcultural Nursing: Basic Concepts and Case Studies (online). Used by permission.

Part 3

Case Study

Case Study

(Source: Multicultural Health Care Solutions; www.mhcs.com)

It's 9:30 p.m. on a Saturday night. Cherie is a 19 year old mother of 3 children, ages 4, 2, and 10 months. Her 10 month old, Tyron, has a high fever (she doesn't have a thermometer so she doesn't know how high) and has been screaming for three hours. The other children are stressed by the situation and are being demanding. Cherie worked until midnight last night at the Hamburger Hut and got up at 5:30 a.m. when her boyfriend came home and woke her up.

Cherie doesn't know what is wrong with Tyron but he's never been that hot before and he won't stop screaming. She keeps remembering a story that her grandmother used to repeat about how her uncle got brain damage when he was 5 because the doctor didn't take his fever seriously.

Cherie takes out her new Medicaid card to see what it says. Her phone service was disconnected again last Wednesday. The pay phone in the parking lot of her apartments was vandalized two weeks ago. The only place Cherie ever goes to for health care is the Riverside Clinic. She doesn't have a 'regular' pediatrician (even though she was assigned one when she enrolled in the state Medicaid program).

Busses are still running, but she only has $3.87 until her next paycheck. Her boyfriend is out drinking with the boys again and her mother is visiting her grandmother out of town, so there's no one else to take the other kids.

Cherie goes to the Emergency Room and is explaining the situation to the triage nurse. The nurse is of a different ethnicity than Cherie. When Cherie says that she came in without calling the doctor first, the nurse gives her a dirty look. When she's done talking to Cherie, Cherie sees her roll her eyes and shake her head in disgust.

Cherie's been waiting her turn in the ER for over an hour. Her two year old has blown out his diaper and she doesn't have any more with her. The diaper is such a mess that it's going to have to be removed right now. The four year old is getting very cranky because she's hungry.

AWARENESS

Awareness of cultural differences in health care is that moment when we realize - if we do realize! - that something much deeper than the surface issue is affecting the relationship between provider and patient. ***Developing our cultural awareness means developing our ability to see when and how good communication is breaking down or could break down.*** *Many people are unaware of how widely and how surprisingly cultures may differ, thinking that 'if your heart's in the right place, everything will work out.' But sometimes there's more to it than that.*

In this case study, a culturally aware provider might....

Realize that Cherie may have had a logical reason for not calling the doctor first. Keep in mind that it would be far easier for Cherie to abandon her attempts to get Tyron in at this point than to continue her struggle in the ER. A culturally aware provider might also sense that Cherie may not see her in the same light as she sees herself in; for example, Cherie may see her as intimidating.

EMOTIONS

Our emotional reactions to a cultural encounter may range from mild to intense, but it's important to realize that ***we almost always experience some emotion when we are confronted with values and customs different from our own.*** *These can range from distrust ("Why don't they look me in the eye?") to awe ("How can they be so stoic?") to anger ("Why do they do that to their kids?") to admiration ("They're so polite!") to scorn ("How can they eat that stuff?") Rather than acting on these emotions before we understand the other person's perspective, we can recognize them, yet keep them to ourselves (not act on them) unit we have more perspective. And we should always remember, the other person has emotions about us, too!*

Possible emotions in this case are:

Consider the emotional stresses in this case study: the cultural differences of ethnicity and socioeconomic status compounded by the high-pressure ER environment.

Cherie's likely to have a strong distrust of providers, given the family story about her uncle that she has heard so many times. She may also feel shame and embarrassment at her lack of control over her circumstances as well as over her treatment as a "Medicaid mom." Cherie may possess anxiety, fatigue, and fear at being stuck in an inner-city ER at midnight with all her children and no car. The ER staff may feel impatience with someone who uses the ER inappropriately, doesn't call the nurse line first, drags small children out at midnight, and hasn't prepared herself by bringing extra diapers and food.

KNOWLEDGE

Knowledge of cultural differences refers to specific 'facts' we may know about a given cultural group*, such as "mainstream Caucasians tend to be future-oriented" or "many Hispanics place the highest priority on family relationships." Knowledge is different from Awareness in that someone may 'know' a piece of information about a culture but not be aware of when and how that information comes into play in real life.* ***In other words,*** *Knowledge is what you may bring with you to an encounter, while awareness emerges during the encounter. Relying too much on knowledge alone can be risky, since one can never know all there is to know about another culture, let alone every culture, and the knowledge you have will never apply to every member of a culture.*

What is the relevant knowledge in this case study?

People of lower socioeconomic status often have coping strategies and reasoning patterns that are designed to help them function in environments and situations that are radically different than the environments and situations most health care professionals encounter; hence they may seem irrational to the provider when in fact they are highly functional - in another context.

People of lower SES face formidable barriers in following expected procedures for accessing health care, including:

- Lack of knowledge of how the health care 'system' is organized, of what is and is not an 'emergency', and lack of personal familiarity with various types of health care professionals
- Lack of 24 hour indoor access to telephones

- Lack of reliable childcare options or money to pay for them
- Lack of simple home remedies and tools such as thermometers, heating pads, even ice if the refrigerator is broken or there is no electricity, etc.
- Lack of knowledge of basic "first resort" procedures, such as appropriate use of fever reducers, cool sponge-bathing, etc.

Medicaid patients frequently deal with real and/or perceived discrimination from providers and, naturally, may feel intimidated, embarrassed, or defensive. Regardless of who it is that is dismissive or gruff, the patient experiences the entire system negatively.

SKILLS

*You can learn and develop good cross-cultural skills. The **skill set** that a culturally adept provider has includes:*

- *good communication skills*
- *ability to recognize cross-cultural encounters (heightened Awareness)*
- *proper management of the Emotions involved,*
- *ability to find creative compromises to reach a solution satisfactory to all*

Some skills that would be useful for the provider in this case are:

Make sure that Medicaid patients feel comfortable and acceptable by all personnel. The baby's health is at stake. A scornful glance or harsh word could be the last straw that pushes Cherie out the door. Prepare for situations such as this by having some children's and baby's supplies tucked away for emergencies, having a simple rest area for children with books or videos, having a procedure that patients can call their plans from the ER to arrange for transportation home (if offered by the plan) or arrange for taxi vouchers to be provided, etc. These kinds of services not only help the patient but also helps reduce the stress of the other waiting room patients as well. Take the opportunity to kindly educate Cherie on how to handle this situation next time. Explain to her how to call the nurse line (if she has access to a phone). Give her a thermometer and show her how to decide what is an is not an emergency when a baby has a fever. Give her samples of a fever reducer and tell her about sponging the baby. Encourage her to get to know her plan pediatrician. Listen to her and offer her encouragement and acceptance.

Part 4

Multicultural Health Care Tips

Multicultural Health Care Tips

Available from Diversity Resources, Amherst, MA, 800-865-5549
Used by permission.

Don't treat others as YOU would want to be treated.

Try to learn how THEY want to be treated. What is viewed as polite, caring, quality health care in one culture may be considered rude, uncaring, or even evidence of poor standards of care in another.

Address all adult patients from other cultures by their surnames unless specifically asked to use a first name.

Most other cultures are more formal than American culture and many people who were born and brought up in another cultural environment consider it a lack of respect to address others (or be addressed) by their first names.

Mind your tone of voice.

When speaking to a patient who seems to have a limited knowledge of English, don't shout! Remember the patient is hard of understanding, not hearing. Speak slowly and softly. Try to avoid words and expressions that are dependent upon one's knowledge and familiarity with American life and culture. You can help improve a person's comprehension of what you are saying by repeating it several times in different ways and using gestures, pictures and other non-verbal forms of communication.

Every culture has its own rules for touching and distance.

When either you or the other person breaks any of these rules, the other will feel uncomfortable. For example: Americans often feel uncomfortable when someone stands less than three feet away from them, while most people from the Middle East need to stand almost nose to nose with the person to whom they are speaking. Traditional Koreans believe that the soul rests in the head and may become uncomfortable, even fearful if a provider or staff member pats their child on the head or ruffles his or her hair.

Don't ask a limited English-speaking patient or family member: "Do you understand?"

If the patient nods his or her head or answers "yes" to your question, it only means that

the patient has heard you, not that he/she has understood your question and agrees with your diagnosis or plan of treatment. Try to ask questions beginning with the words "when, where, why, how". Then listen carefully to the answer for clues to the patient's degree of understanding or real agreement. You can also check understanding by and agreement by asking the patient to repeat to you, step by step, exactly what you have said.

Patient and family compliance with treatment is heavily dependent upon

The 'fit' of the treatment plan with the patient's lifestyle and eating habits.

Informed consent forms and regulations can be extremely upsetting and frightening.

For patients and families who believe that talking about an event may make the event take place or for those whose conceptual framework does not include the concept of "what if..." Anyone administering the consent form should patiently and completely explain each procedure and each form as well as the likelihood of a negative outcome.

Making a telephone call is just about the most difficult thing to do in a foreign language.

Make a concerted effort to lower the stressfulness of making a phone call. When speaking to anyone who has a foreign accent over the telephone, speak especially simply, slowly and clearly. Don't show impatience, and give that person all your attention.

English-speaking cultures, as reflected in our language, tend to be precise and ruled by the dates and the clock.

Many other cultures think globally and pay less attention to a particular hour or day than to events or seasons. If a person seems to have difficulty relating to a particular time, day or hour, help this to first connect to another event, such as season, meal time, sunshine, moonlight, etc.

Part 5

Three Things to Remember

Three Things to Remember
to provide sensitive clinical care

1. Different is different; it's not right or wrong.

▶ Applied to you:

- Each of us is unique because of our own cultures and experiences.
- We are all more comfortable with what is familiar to us.
- We have individual comfort levels for dealing with what we don't know.
- It's okay if you aren't comfortable with something; it just means you have something new to learn about.
- Patients, families – and chaplains – can be your best teachers in the areas of cultural diversity and spirituality.

▶ Applied to patients and families:

- Being human, we all have a tendency to think that what we do/think/know is "better", but that's only because it's the lens we happen to look through.
- Patients and families feel the same way about what they do/think/say
- Nobody's better or worse, we're all just wonderfully, beautifully and fascinatingly different

2. I'm not afraid to ask (even if I feel uncomfortable)

▶ Applied to you:

- None of us can know absolutely everything about everyone.
- We have a tendency to feel like we look stupid if we have to ask, but the truth is that asking only makes us look interested and caring
- People generally *really* appreciate being asked about themselves.
- Find your resources for cultural and spiritual traditions and use them. **(At St. Joseph's, the best resources are the chaplains.)**

▶ Applied to patients and families:

- What's true for us is true for patients and families

- They don't want to look stupid and they don't want to "bother" anyone.

- But, because they often get information that
  - They don't want to hear
  - Have never heard before, and
  - Scares the heck out of them

- They don't always actually hear it, so they don't understand it, and may need to hear it again.]
- A critical part of our job as caregivers is to make sure that they know they need not be afraid to ask.

3. It's not about me!

▶ Applied to you:

- Sometimes we operate out of our own zones, and our own "to-do" lists, and forget that everything we do here is for the patient
- Remembering that "it's not about me" means remember that our contact with the patient is about what the patient (and family) needs to know and understand, not *our* schedules, timelines, and agendas.

▶ Applied to patients and families:

- People often need to blame someone when the news is bad:
  - If not the doctor, then the nurse, or God, or themselves
    - Chaplains are often one of the few exceptions
      - We are your allies and your resources, because we are trained to be "lightening rods"
      - We are comfortable with being uncomfortable
      - We know how to redirect people's feelings, to help their healing

The three things to remember:

1. Different is different, it's not right or wrong.

2. I'm not afraid to ask, even when I feel uncomfortable.

3. It's *not* about me!

Part 6

Resources

Resources

Cultural and Spiritual Sensitivity Self-Learning Module
and
A Quick Guide to Cultural and Spiritual Traditions

A Sourcebook for Earth's Community of Religions, Revised Edition, Joel Beverluis, Ed., 1995, CoNexus Press, Grand Rapids, MI.

Arizona Office of Tourism, Phoenix, AZ.

Chaplaincy Services Policy, St. Joseph's Hospital Medical Center, Phoenix, AZ., 1998.

Considerations in Diagnosing in the Spiritual Domain, Joan Engrebretson, Nursing Diagnosis, Vol 7, No. 3, July-September 1996, 100-107.

Cultural Competence, Family Resource Coalition Report, Fall/Winter 1995-96, Chicago, IL.

Cultural Beliefs and Teenage Pregnancy, V. Horn, Nurse Practitioner, 8(8)35-39, 1983.

Cultural Competence, The George Washington University Medical Center, 1998.

Cultural Diversity in Health and Illness, R.E. Spector, 1979, Appleton-Century-Crofts; New York.

Culture and Nursing Care: A Pocket Guide, Juliene Lipson, 1996, University of California Nursing Press, San Francisco, CA.

Culture and the Optimistic Health Bias, Angela Magnuson, 1996, Miami University, Miami, OH.

Multicultural Health Care Solutions, www.mhcs.com.

Handbook of Nursing Diagnosis, Lynda Juall Carpenito, Lippincott, Williams and Wilkens Publishers, 1999.

Multifaith Information Manual, 1995, Ontario Multifaith Council on Spiritual and Religious Care, Toronto, Canada.

Organizational Ethics Policy, St. Joseph's Hospital and Medical Center, Phoenix, AZ., 1998.

Osler: Inspirations of A Great Physician, Charles Bryan, Oxford University Press, 1997.

Patient and Family Education Policy, St. Joseph's Hospital and Medical Center, Phoenix, AZ., 1998.

Patient Care Documentation Policy, St. Joseph's Hospital and Medical Center, Phoenix, AZ., 1998.

Rationale for Cultural Competence in Primary Health Care", National Center for Cultural Competence. Developed by Elena Cohen and Tawara Goode, Winter 1999.

Recommended Core Curriculum Guidelines on Culturally Sensitive and Competent Care", Family Medicine, 1996, 27:291-7.

Resources for Cross Cultural Health Care, Diversity Rx, Silver Spring, MD, 1997.

Spiritual Dimensions in Nursing Practice, Verna Bennes Carlson, 1989, WB Saunders Co., Philadelphia, PA.

Standards on Patient Rights and Responsibilities, Joint Commission for Accreditation of Healthcare Organizations, Oakbrook Terrace, IL, 1999.

Strategies for Working With Culturally Diverse Communities and Clients, 1989, Association for the Care of Children's Health, Bethesda, MD.

The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures, Anne Fadiman, 1997, The Noonday Press, New York, NY.

Transcultural Concepts in Nursing Care, Margaret Andrews and Joyceen Boyle, 2nd Ed., 1995, JB Lippincott Co., Philadelphia, PA.

Transcultural Nursing: Case Studies, www.megalink.net.

Transcultural Nursing: Concepts, Theories, Research and Practice, New York, NY, McGraw Hill Inc., 1995.

1998 Health Practitioner's Multicultural Resource Calendar, Amherst Educational Publishing, Suzanne Salimbase, Inter-Face International.

Part 7

Post-Test Competency Validation Evaluation

Please complete this evaluation of the materials and return it to your Educator.

You do not need to put your name on the evaluation; however we would appreciate having your unit or department.

Name _____ Unit/Dept. _____
SSNumber _____ Date: _____

Cultural and Spiritual Sensitivity
Post-Test

1. When encountering a patient's possession with which you are not familiar, you should:
    1) have Security paged to lock it up in the safe
    2) put it in the patient's bedside drawer
    3) politely ask its significance
    4) tell a family member to take it home

2. Spiritual distress can be displayed by anger expressed toward family members or staff.
    ____ True ____ False

3. The first step in becoming more culturally sensitive is:
    1) learning a second language
    2) becoming aware of the assumptions from which we develop our judgments
    3) reading hospital policies
    4) taking a class at the community college about different cultures

4. Sensitivity to language and communication does NOT include:
5.

    1) awareness of slang terms used by the patient or family
    2) calling the patient by their first name when meeting them upon their arrival to the unit
    3) emphasizing respect and courtesy
    4) introducing yourself to the patient and family

5. The oldest male always makes the decisions in most families.

    ____ True ____ False

6. Cultural sensitivity and competence by healthcare providers:
7.

    1) is not important to a patient's experience or outcome
    2) is an impossible expectation in today's managed care environment
    3) focuses on unimportant issues
    4) permits dignity and respect for all people

7. Culturally symbolic objects may include:

    a) a head covering
    2) prayer beads
    3) neither A nor B
    4) both A and B

8. It is always polite to shake hands when meeting a patient or their family members.
9.

    ____ True ____ False

9. A mom is standing beside her baby's isolette in the Nursery ICU. She is crying. You ask her what is wrong, and she says, "I don't understand why God is doing this!" The best response would be to:

    1. Assure her that God has a plan for the baby.
    2. Ask her if she goes to church.
    3. Listen actively and allow her to express her feelings.
    4. Ignore her comments and check the baby's IV.

10. Non-verbal clues to be sensitive to include:

11.

1) gestures
2) facial expressions
3) body language
4) personal space
5) all of the above

12. Every culture has its own rules for touching and distance.
13.

____ True ____ False

12. The health care provider culture:

1) emphasizes structure and expected outcomes
2) is easily understood by everyone
3) is sensitive to individual needs
4) does not include any rituals

13. Foods or their preparation never have an impact on a patient's experience of illness.
14.

____ True ____ False

14. A spiritual crisis can be triggered by:

1) an accident or disease
2) birth of a child
3) lack of sleep
4) none of the above
5) all of the above

15. Individuals who are past oriented:

1) are always late
2) don't worry about the future
3) value tradition and doing things the way they've always been done
4) are eager to try new things

16. Culturally and spiritually sensitive or competent care includes:
17.

1) respecting difference
2) eagerness to learn
3) willingness to accept other views

4) all of the above

17. Spirituality can be both religious and non-religious in its expression.

____ True ____ False

18. The skill set of a culturally adept provider includes:
19.

1) good communication skills
2) awareness of cross-cultural issues
3) the ability to manage one's own emotions
4) the ability to compromise to find satisfactory solutions
5) all of the above

19. Which of the following strategies can you implement when interacting with a person who speaks a language different from you own?

1) give written instructions
2) speak slowly and loudly
3) don't make direct eye contact
4) use body language to communicate caring

20. An Asian American woman is your patient in the antenatal unit. You notice that her meals are for the most part uneaten. You:

1) Tell her she needs to at least eat the soup on the lunch tray to keep up her strength for the baby.
2) Ask her if there are certain foods she would prefer to have.
3) Remind her that it is silly to think that what she eats is harmful to the baby.
4) Don't say anything for fear of embarrassing her.

NAME:_____TITLE: _____
SS#:_____DEPT:_____DATE: _____

CULTURAL AND SPIRITUAL SENSITIVITY COMPETENCY SKILLS VALIDATION

Competency Statement: The aforementioned person correctly states how to identify and acknowledge one's own cultural and spiritual heritage and how it impacts one's attitudes in providing care.

The following populations will be assessed for age-specific care utilizing this competency:

☐ Neonates ☐ Pediatrics ☐ Adolescents ☐ Adults ☐ Geriatrics

Verification Methods: (Check all applicable methods)
☐ Course/class ☐ Written Materials ☐ Self- Test ☐ Clinical Experience

☐ Audiovisual ☐ P&P Review ☐ Verbalization/Demonstration

	Critical Elements	Yes	No
1	Demonstrates evidences of awareness of one's own cultural and spiritual heritage.		
2	Identifies components that make up cultural beliefs and traditions.		
3	Demonstrates ability to provide culturally sensitive approaches to care.		
4	Identifies appropriate interventions to spiritual distress.		
5	Demonstrates ability to provide spiritually sensitive approaches to care.		

Verification Codes: (Check One) ☐ Satisfactorily completed ☐ Improvement needed

Action Plan (if "Improvement needed" was checked):

_____

_____

Trainer's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____
Unit/Dept: _____

Evaluation -- Cultural and Spiritual Sensitivity

Self-Learning Packet

Please rate the materials using the scale of 1 (low) to 5 (high).

1. Were the materials easy to read and understand?
   1 2 3 4 5

   Comments: _____
   _____

2. Did the materials require a reasonable amount of time to complete?
   1 2 3 4 5

   Comments: _____
   _____

3. Were the materials useful in helping you identify your own cultural and spiritual heritage and their impact upon you?
   1 2 3 4 5

   Comments: _____
   _____

4. Did the materials clearly describe the various elements in culture and spirituality?
   1 2 3 4 5

   Comments: _____
   _____

5. Were the materials helpful in identifying appropriate ways to provide culturally and spiritually sensitive care in your work?
   1 2 3 4 5

   Comments: _____
   _____

6. Overall, how would you rate these materials?
   1 2 3 4 5

   Comments: _____

Cultural and Spiritual Sensitivity
Post-Test Key

1. C
2. True
3. B
4. B
5. False
6. D
7. D
8. False
9. C
10. E
11. True
12. A
13. False
14. E
15. C
16. D
17. True
18. E
19. D
20. B