

CNA Training Advisor

Program Prep

Program time

Approximately 30 minutes

Learning objectives

Participants in this activity will be able to:

- Define cultural diversity
- Learn how to avoid stereotyping
- Learn skills for communicating with residents of different cultures respectfully and effectively

Preparation

- Review the material of this packet
- Duplicate pages of this packet for participants
- Gather equipment for participants (e.g., an attendance sheet, pencils, etc.)

Method

- Place a copy of the packet and a pencil at each participant's seat
- Conduct the questionnaire as a pretest, or, if participants' reading skills are limited, as an oral posttest
- Present the program material
- Review the questionnaire
- Discuss the answers

Answer Key

- | | | |
|------|------|-------|
| 1. ● | 5. ● | 9. ● |
| 2. ● | 6. ● | 10. ● |
| 3. ● | 7. ● | |
| 4. ● | 8. ● | |

Cultural diversity

Defining cultural diversity

Culture is a social pattern of behaviors, beliefs, and characteristics of a group of people that are passed on from generation to generation. It is important to understand that cultural characteristics are different from physical characteristics. Many people who have similar physical characteristics do not always have similar cultural characteristics.

Cultural diversity is the variety of human societies or cultures in a specific region or in the world as a whole. There are also more obvious cultural differences that exist between people, such as language, dress, and traditions.

Geographic culture

Some culture originates from the area of the world that the person is from. This is called geographic culture. There are many geographic cultures, and they can greatly influence a resident's views on diet and medical care.

The following are some types of geographic cultures. They are listed here to give you a better idea of the variety within these cultures and not to provide specific information about an individual resident or family. Keep in mind that these descriptions are very general and will not apply to all residents.

Eastern Asian and Pacific Islander

The Eastern Asian and Pacific Islander cultures comprise many ethnic groups including, but not limited to, Chinese, Korean, Japanese, Vietnamese, Hmong, Indonesian, Filipino, and Samoan people. Dietary habits are varied, based on the culture, and there are often special diets to be taken into consideration during illness. Fish, fruits, vegetables, and rice are the primary diet, along with small amounts of chicken, pork, or beef. In most of these cultures, a meal is almost like a ceremony and should not be interrupted. There are several religions practiced in these cultures, including Confucianism, Buddhism, Taoism, Islam, Shintoism (Japan), and Roman Catholicism. Medicinal herbs, folk remedies, and rituals are commonly used to prevent or treat illness. A common belief in these cultures is that good health is a result of harmony; many may use folk healers and spiritual healers before seeking standard medical care. Drawing of blood can be especially

upsetting. There is a tendency to hide outward signs of pain, so it may be difficult to determine how much pain a resident is having. Many people in these cultures believe in some type of reincarnation.

Haitian, Puerto Rican, and Cuban

Generally, people in the Haitian, Puerto Rican, and Cuban cultures believe that diet is very important for maintaining good health. Many believe that foods have hot and cold properties, and these must be in harmony. Some believe that illness is supernatural and caused by evil spirits or enemies of deceased relatives. They may wear amulets to protect against evil spirits. Most consult folk healers or spiritualists before seeking standard medical care. Use of herbs and rituals for healing is common. Many are suspicious and fearful of hospitals. Cuban Americans are most likely to use standard medical practices in combination with religious or home remedies.

Religious culture

In addition to cultures passed on from different geographic areas, there are many general religious cultural beliefs that you may find among your residents. As these are broad descriptions, keep in mind that not all members of a particular religious group will hold these same beliefs.

Baptist

Almost all Baptist groups prohibit alcohol as a beverage. Many groups strongly believe in faith healing or “laying on of hands” by preachers or others empowered by God to heal. Many believe that when medical treatment cures them, it is because God is functioning through the doctors and nurses. They may refuse ventilators or resuscitation, believing it interferes with God’s will. Mission work is part of most Baptist churches, because many Baptists believe that only Christians will go to Heaven.

Mormon

People who practice at the Church of Jesus Christ of Latter-Day Saints are commonly referred to as Mormons. While meat is not forbidden, members are encouraged to eat meat “infrequently,” and they generally do not drink tea, coffee, or alcohol. Most will fast for 24 hours on the first Sunday of the month. They are strong believers in divine healing with anointing

and “laying on of hands” by church elders but do not prohibit standard medical care. On their wedding day, they are given special undergarments that are always worn. Never remove these undergarments without discussing the process with the resident or family.

Muslim

People who practice Islam are often referred to as Muslims or members of the Nation of Islam. Muslims do not eat pork or pork products and generally do not use alcohol. During Ramadan (the last month of the Mohammedan year), they do not eat during daylight hours. They accept standard medical care and generally oppose faith healing. Muslims perform prayers five times daily. There is usually ritual washing after prayers. There are several sects of Islam, and each is somewhat different.

Jewish

Dietary habits depend upon whether Jewish people are Orthodox, Reform, or Conservative. They do not eat pork; they eat only meat that comes from animals that eat vegetables, have cloven hooves, or chew their cud. Meat must be ritually slaughtered to make it “kosher.” They do not eat seafood unless it has scales and fins. Orthodox and other Jewish people who strictly observe kosher laws never combine meat products and dairy products and do not store them together. They may have two sets of dishes—one for meat and one for dairy. During Passover, they do not eat any leavened bread (bread containing yeast or other ingredients to cause it to ferment and rise). Jewish people may refuse surgery during the Sabbath (from sundown on Friday until sundown on Saturday). Because kosher foods are high in sodium, residents on low-salt diets do not have to use kosher meats. Jewish people generally oppose prolonging life with life support. Amputated limbs and other parts of the body removed by surgery are given to family for burial. There is no single Jewish authority over all Jewish synagogues. All congregations are independent and control their own activities. On the Sabbath, Orthodox Jews do not use cars, do not cook, and do not do work of any kind.

Roman Catholic

Catholics fast and do not eat meat on Ash Wednesday or Good Friday. Most still do not eat meat on Fridays during Lent, and some Catholics may still follow the old practice of not eating meat on any Friday during the entire year. The church does not approve of contraceptives, abortion, or fertility treatments. Most request anointing of the sick during major illness. Residents may refuse to eat or drink for an hour before someone is bringing them communion. The authority over all Roman Catholic churches is the Pope.

Stereotypes

All information in this lesson reflects general cultural beliefs of many geographic and religious cultures. That said, it is important to understand that not every person of a particular culture practices the same way as another. For example, someone may be Roman Catholic but not go to church or take communion. A person from Puerto Rico might never eat Puerto Rican food. Every person is different.

We must never stereotype residents based on their physical characteristics or cultural backgrounds. Just because someone is from the Middle East does not mean that person is Muslim; just because someone is Mormon does not mean that person never drinks alcohol. There are many stereotypes in the world, and they are often reflected on TV, the internet, and elsewhere. It is important to never assume and always make sure you listen and communicate with residents so that you understand what cultural beliefs they hold.

Communication and active listening

Residents from different cultures will communicate in different ways. It is hard to know what is appropriate for residents of cultural backgrounds that differ from yours. Observation between family members and nonverbal reactions to communication can be clues to aid you. Always address a person from a different culture by his or her formal name. In some cultures, direct eye contact may be considered disrespectful, while communicating with eyes downcast is a sign of respect. Be aware of personal body space. Some cultures may see a close body space as threatening, whereas others may maintain a close body space. Cultures vary with regard to comfort with physical contact, especially when from someone of the opposite sex. When providing personal care for someone from a

different culture, ask permission to touch or uncover areas of the body and expose only one area at a time.

It is very important for staff to listen to their residents. Many residents may not share their culture with you right away, but if they do, it is important to listen and retain that knowledge. An important part of effective communication is the art of active listening.

Active listening does not always come easy. All of us are distracted by our personal lives and work responsibilities, which can interfere with our ability to be active listeners. Active listening is a technique that takes practice and a dedicated effort to maintain. But once you learn how to become an active listener, there is so much more information that can be gained from our residents or caregivers, and there is much more that we can do for them. Tools used in active listening are not complicated; they just take consistent use for them to become second nature.

The following are guidelines to use in active listening:

- Pay attention to what the resident or caregiver is saying
- Maintain eye contact
- Face the resident or caregiver directly
- Acknowledge that you are listening
- Do not interrupt the resident or caregiver when he or she is talking
- Do not talk when the resident or caregiver is talking
- Ask questions to clarify what the resident or caregiver said if you did not understand him or her
- Repeat back to the resident or caregiver what you thought you heard by paraphrasing
- Be aware of the resident or caregiver's nonverbal communication
- Be honest in your response
- Treat residents as you would want to be treated

Care partner's role

A person's culture is a part of that person. As someone who cares for people in their homes, you may witness different cultures you have never encountered before.

Your role may include:

- **Respecting the resident's beliefs.** You may not always agree with a resident's values or lifestyle, but you must respect his or her beliefs, lifestyle choices, culture, attitudes, and other preferences. You must not be judgmental, and you must honor the resident's choices.
- **Observing, reporting, and documenting.** Keen observation skills are important for anyone who works with residents in healthcare. Observation can be important to recognize cultural practices. Residents may not always be open to communicate with you about their beliefs and rituals, but by observing residents you may be able to understand them better. Sometimes residents will expect you to understand without communicating with you at all. Although this is unrealistic, you can get a head start to understand by observing the resident. Report anything out of the ordinary to your supervisor, even if you don't think it's important. You should document anything that can improve care, including important information such as types of food a resident doesn't eat, prayer schedule, etc. An example of when cultural diversity may need to be observed, documented, and reported is as follows:

- *A resident always prays at certain times during the day. Although he hasn't mentioned his prayers to the staff, he gets upset if he is busy during his prayer times. Once he even tried to get out of the bathtub to prepare to pray. A staff member tried to talk to the resident about it, but he does not want to talk about his religion, and there is a slight communication gap because of a language barrier.*

Staff first need to respect the resident's choice to not discuss his religious practices. Since the resident doesn't communicate, you must observe him and base his care on those observations. If there is a routine in the resident's prayer schedule, make sure you document it. By observing the times that the resident prays, the staff can document and let the clinician know when the resident prefers to be visited and cared for. This information can make scheduling care easier for you and other care providers and also make the resident happier. ■

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Cultural Diversity

Quiz

Name: _____

Date _____

1. Which of the following is a technique of active listening?
 - a. Maintaining eye contact
 - b. Acknowledging that you are listening
 - c. Being aware of the resident's or caregiver's nonverbal communication
 - d. All of the above
2. Which of the following groups of people would make up a type of culture?
 - a. Muslims
 - b. Women
 - c. Californians
 - d. Nurses
3. How might the cultural beliefs of a resident affect a frontline staff member's job?
 - a. If the resident's beliefs are wrong, then the staff member needs to correct them
 - b. They won't
 - c. The staff member may need to change meal preparation to respect the resident's cultural beliefs
 - d. The staff member may need to pretend to follow the same beliefs
4. Which of the following cultures is generally opposed to taking medications?
 - a. Christian Scientists
 - b. Muslims
 - c. Eastern Asians
 - d. Mormons
5. Which of the following is not true about cultures?
 - a. The beliefs are passed on from generation to generation
 - b. Everyone within the culture is the same and will believe and practice exactly the same things
 - c. Members of the same race often have great cultural differences
 - d. Cultural characteristics are different from physical differences
6. Which of the following help define a culture?
 - a. A social pattern of beliefs shared by a group of people
 - b. A pattern of social characteristics shared by a group of people
 - c. Beliefs that are passed on from one generation to another
 - d. All of the above
7. As soon as you know a resident's cultural background, you will know all about his or her beliefs, since they will always be the same.
 - a. True
 - b. False
8. One of your most important obligations as a caregiver is to respect the rights of residents, including their cultural beliefs.
 - a. True
 - b. False
9. What is a stereotype?
 - a. An accurate description of a person's cultural beliefs
 - b. A widely held but fixed and oversimplified image or idea of a particular type of person or thing
 - c. A type of culture
 - d. A type of stereo system
10. Observing a resident's cultural rituals is always a waste of time, and you shouldn't bother to pay attention, as it's important to always mind your own business.
 - a. True
 - b. False