



# NMNEC Concept: **Culture**

**Mega Concept:** Health Care Participant

**Category:** Diversity

**Concept Name:** Culture

**Concept Definition:**

A pattern of beliefs, behaviors, and attitudes that develops over time as a result of the confluence of social, religious, intellectual, and artistic structures and influences within a specific group.

**Scope and Categories:**

- **Scope:**

Cultural norms impact all aspects of life, including interpersonal relationships, gender roles, dress, religious practice, health and wellness, etc. They also influence health care decisions on diagnosis and treatment, medication adherence, self-care, and perceptions of illness.

- **Categories:**

- Causal beliefs about illness: Different cultures can have different explanations for illness. Explanations for illnesses might include natural causes (bacteria, viruses, climate, environment, etc.), social world causes (punishment or negative social interactions), or supernatural world causes (spirits or deities).
- Symptoms of illness: Depending on how a culture perceives an illness, the symptoms of the illness may not be easily identifiable. For example, mental illnesses and depression might have physical symptoms rather than emotional ones. Similarly, pain might be seen as weakness or lack of control in some cultures, whereas in others, verbalization of pain is acceptable.
- Illness expression: A culture might have socially accepted manifestations of or names for illness other than what might be diagnosed.
- Taboos: In some cultures, certain illnesses or behaviors that are highly stigmatized may not be revealed to health care providers. Mental illnesses, in particular, are an example. Taboos are defined as “a culture-bound ban that excludes certain behaviors from common use” (Spector, 2013, p. unknown).

**Attributes/Criteria:**

- Culture is learned: Culture is transmitted by the process of socialization or enculturation



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during childhood. However, it may encompass any group that shares certain roles, values, norms, and attitudes. Self-identification determines culture. Most people identify with a mix of cultures.

- Culture is changing and adapting: Environment and technical innovations have changed culture, causing adaptations and influence on culture or acculturation. Acculturation is “the process of adapting to another culture; to acquire the majority group’s culture” (Spector, 2013, p. unknown).
- Shared beliefs, values, and behaviors
- Overt attributes of culture: Language, rituals, customs (i.e., holidays), dietary practices, and manner of dress
- Subtle attributes of cultures: Values, relationships to authority, social interactions, gender roles, and orientation toward the present or future
- Five dimensions
  - Individualism versus collectivism: This dimension places value on the degree of closeness and structure of social relationships. Individualism is a separated or independent self-concept in which an individual may exclude opinions from family, environment, and social worlds. Collectivism is an interdependent self-concept that may rely on opinions from the family, environment, or social worlds. For example, individuals in an independent culture will place themselves first in the case of a life-threatening illness, whereas an individual from a collectivist culture may consult family members to decide on the best course of action (Caplan, 2017).
  - Power distance: Power distance is “the acceptance of an unequal distribution of power as legitimate or fair” rather than unfair from the person with less power (Caplan, 2017, p.30).
  - Masculinity versus femininity: Includes the distribution of gender roles. Masculine attributes might include achievement, material success, and recognition, whereas feminine attributes might include harmonious relationships, modesty, and taking care of others.
  - Long-term versus short-term orientation:
    - Long-term: Degree to which a culture is oriented to the future and long-term rewards. Favors thrift, perseverance, and adaptation.
    - Short-term: Oriented to the past or present. Emphasizes quick results, respect for tradition, and social obligations. Leisure time is important.
    - Not everyone in a culture shares the same values.
  - Religiosity: Depends on the degree of religious practices that can be separated from nonreligious practices. This may permeate one’s daily existence.



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### **Theoretical Links:**

- Leininger's Theory of Culture Care Diversity and Universality: Leininger's (1991) theory is the leading theory in culture care, stressing the importance of understanding human behavior within the context of culture. To understand the behaviors, the theory uses two terms or concepts, "emic" and "etic," through which one discovers universal characteristics common in all cultures. Emic refers to "an approach to understanding culture from within (i.e., an insider's viewpoint)." (Caplan, 2017, p. 31). Etic refers to applying external constructs to a culture. Employing both these concepts leads to a more caring nurse who has considered a person's culture in providing meaningful and holistic care.
- Interprofessional Theory of Social Suffering: "relationships and social interactions shape our illness experiences and collective perceptions of the existential experiences of suffering" (Caplan, 2017, p. 31). A tenet of this theory is that all illnesses are a form of social suffering and that it is important to recognize a person's cultural understanding of the illness and suffering.
- Cultural Competence Model: Schim, Doorenboos, Benkert, and Miller (2007) discuss four elements of the provider's level of cultural competence: cultural diversity, cultural awareness, cultural sensitivity, and cultural competence. All four are needed to exhibit cultural competence, and any individual piece is not sufficient enough to provide culturally competent care (Kridli & Fitzpatrick, 2014).

### **Within the Context of Nursing/Health Care:**

- Health care disparities: According to the U.S. Department of Health and Human Services (2012), racial and ethnic minorities "are significantly less likely than the rest of the population to have health insurance" (p. 2). They are more likely to have poor-quality patient-provider interactions, attributed to miscommunication, stereotyping, prejudice, or discrimination. The U.S. Department of Health and Human Services *HHS Action Plan to Reduce Racial and Ethnic Health Disparities* created the most comprehensive federal commitment for reducing, and eventually eliminating, disparities in health and health care.
  - The Action Plan Goals
    - Transform health care
    - Strengthen the nation's Health and Human Services infrastructure and workforce
    - Advance the health, safety, and well-being of the American people
    - Advance scientific knowledge and innovation
    - Increase efficiency, transparency, and accountability of HHS programs
- *Healthy People 2020* is working to improve the quality of care and the treatment of all people.



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- Focus not only on disease, illnesses, or health care services, but also promote good health
  - High-quality education
  - Nutritious food
  - Decent and safe housing
  - Affordable public transportation
  - Culturally sensitive health care providers
  - Affordable health care insurance
  - Clean water and non-polluted air
- Will also assess health disparities by tracking rates of illness, death, chronic conditions, behaviors, and other types of outcomes in relation to demographic factors:
  - Race and ethnicity
  - Gender
  - Sexual identity and orientation
  - Disability status
  - Geographic location (rural and urban)
- The U.S. Department of Health and Human Services Office of Minority Health has developed the CLAS (Culturally and Linguistically Appropriate Services in health care) standards, which are used to define, implement, and evaluate cultural competent activities among health care providers (Fortier & Bishop, 2003). The CLAS has 14 standards using three themes, which include Culturally Competent Care, Language Access Services, and Organizational Supports for Cultural Competence.
- Cultural competency in nursing: Cultural competency involves communicating respectfully with all individuals and being aware of their unique needs. It extends to recognizing that people identify themselves with particular cultures that must be respected and providing excellent individualized nursing care (Kridli & Fitzpatrick, 2014). “The process of cultural competence consists of four interrelated constructs – cultural desire, self-awareness, cultural knowledge, and cultural skill – thus forming the broad components of cultural competency.” (Caplan, 2017, p. 32)
  - Self-Awareness: Self-awareness “involves identifying and understanding one’s own cultural identity” (Caplan, 2017, p. 32). Biases are negative stereotypes that can cause a person to act, think, or feel a certain way toward another person. Biases carry over into the care provided.
  - Cultural Desire and Knowledge: Culture desire and knowledge represent the desire to understand people who are different and to make an effort to overcome one’s biases



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- that can affect care. Desire leads to the knowledge of not simply facts about culture, but exposure to and motivation to learn about another's culture. This knowledge can be acquired through many methods, such as learning a foreign language; trying new foods; visiting a community/church/mosque/synagogue; attending a march or parade; etc.
- Skills: Skills are acquired by practice in communication. They involve the use of resources to help as translators and to provide assistance with communication. Kleinman's (1988) RESPECT model provides a basis for developing the skills required to be culturally competent. RESPECT stands for **R**espect and **E**mpathy (showing that a person is understood and his/her concerns are valued), **S**ociocultural context (factors that contribute to a person's current state of health and expectations for treatment), **P**ower (acknowledging that the patient is in a vulnerable position—not just physically), **E**xplanatory model (the patient's understanding of the cause of the illness), **C**oncerns and fears (about treatment, illness outcome, and the future), and **T**herapeutic alliance and trust (creating this type of atmosphere with communication and the assessment skills; Kleinman, 1988).

### **Interrelated Concepts:**

- Family dynamics: Family dynamics is intricately tied to a person's culture in that it affects ways of coping with stress, the manner in which a family member receives care, and whether information is shared with outsiders.
- Communication: Verbal and nonverbal communication, for example, eye contact, personal space, and acceptable touch, is determined by cultural norms. The nature of relationships and degree of hierarchy in relationships are determined by culture.
- Coping: Coping mechanisms and ways of dealing with difficulties are culturally determined. Cultural belief systems include religious beliefs and religiosity. These can affect coping by fostering hope, gratitude, and reverence or by decreasing loneliness and fostering cultural identity (Caplan, 2017).

### **Exemplars:**

#### **New Mexico Nursing Education Consortium (NMNEC) Required Exemplars:**

- Cultural Competence
- Cultural Self-Awareness
- New Mexico cultures, especially Anglo, Hispanic, Native American. Also Military Culture.

#### **Optional Exemplars:**

- Health care practices/beliefs



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- Symptoms of illness
- Identification of illness
- Causal beliefs
- Treatment preferences
- Personal control over illness
- Beliefs about the consequences of illness/preventative care
- Diet/nutrition
- Alternative/complementary medicine
- Traditional practices
  - Medicine man/woman
  - Curandero/curandera
- Developmental/family role
  - Birthrights
  - Child-rearing practices
  - Gender roles
  - Rites of passage
  - Family structure
  - Death and dying
  - Caregiver roles
- Patient-provider communication
  - Eye contact
  - Personal space
  - Touch
  - Body posture
  - Power of distance/relationship to authority
  - Taboos
  - Social; desirability
  - Acceptability of revealing personal information
  - Language preference and usage
  - Expression of emotion



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