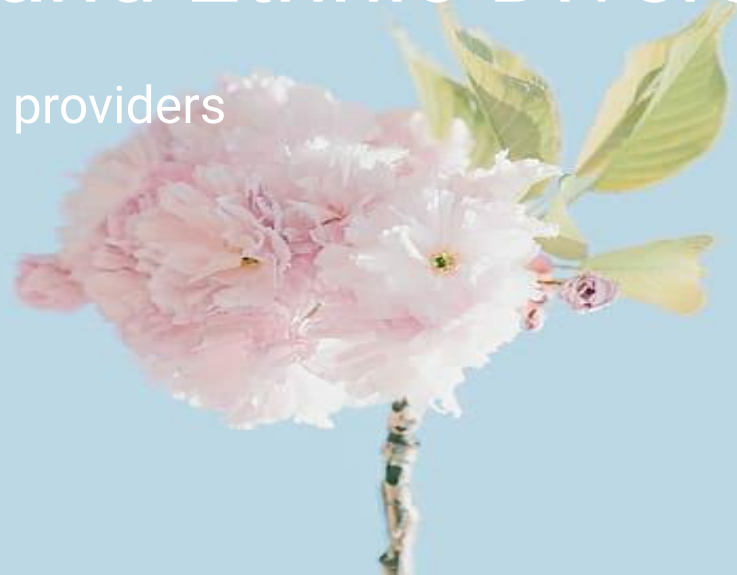


# Cultural, Social and Ethnic Diversity

And how it impacts healthcare providers



Intro to Healthcare: R. Yeargan

This lesson will cover Standard 5: Evaluate the impact of diversity and ethics on healthcare delivery, compare and contrast personal and workplace ethics  
Recognize ethical issues and their implications related to healthcare  
Examine ethical dilemmas that may occur in healthcare (abortion, right to die, limiting vaccinations, patients right to choose due to religious beliefs, prisoners rights, etc) THIS WILL BE DISCUSSED NOT DECIDED ON  
Demonstrate respectful and empathetic treatment of aLL patients/clients.  
HS-IHS-6 demonstrate legal responsibilities limitations and implications of their actions within the HC delivery setting. Evaluate the importance of their duties according to regulations, policies, laws and Legislated rights of clients  
HS-IHS-5.1 evaluate how diversity affects HC delivery

# Assignments for this Unit: all due by Friday

1. Slide 6 of Google Slides, define each term. You will find the terms in the powerpoint (read it). Or in the DHO textbook I downloaded into Google Classroom, or look the terms up on the internet.
2. Slide 12 of Google Slides, give an example of 2 biases that are listed. For example: Mr. Smith believes that women should not get paid as much as men doing the same job because a woman should be at home taking care of her children not working a corporate job. Besides men are smarter and can work faster than women, so men should be paid more. *This is gender bias.*
3. Slide 18, practice with a fellow student or friend in person, or google meet, or phone call, or work on a family member at home. Practice talking to them and see if they have a special diet, or if they eat only organic foods, use herbs, practice meditation therapy, acupuncture, massage, chiropractic, tai chi, faith healing, hands on prayer, spiritual counseling, etc. These fall under Holistic health practices. If they do your normal treatment may not be enough for them or they may not follow your suggestions due to their beliefs. (You can alter the name for privacy reasons).

## Assignments for this Unit: all due by Friday

4. Slide 21. Create a graphic organizer using 2 religions you are familiar with or want to learn more about. Be sure to list the religious organization, type of religion, and 3 facts about that religion that might affect how you care for that patient. For example: Practicing Jews do not eat pork, so you would ensure you do not serve pork (bacon) on their breakfast tray when caring for them. I gave an example of 1 religion and what I am looking for on Slide 22. Be creative, please. You can draw it, make a Google Doc or Slides or even create a TikTok or YouTube video. Just make sure you can turn it in to me.

5. List 6 specific ways to respect cultural diversity, try to make them related to healthcare. Slide 25 can help you or list your own. For example: if the pastor and church community are praying over your patient you allow them to finish and you go attend to other patients and come back later to take your vital signs.

6. Your final assignment is to play Quizizz! <https://quizizz.com/admin/quiz/6063d80a620274001d89f0a5>

This will be a study guide for your test. The test will appear in Google Classroom on Tuesday, September 7th. You may use your notes, this powerpoint, and the DHO textbook and the Quizizz to help you during the test.

# How to turn in assignments:

Everything is due at the end of the week. Put your work in your notebook and turn them in at one time.

\*OR, You can go into your “waffle” in **Google Drive and hit Docs**, then the + sign will create a new document. You can make one document and put all information on one sheet or make multiple documents for each numbered assignment. You can then hit **Share** and type [rachel.yeargan@glynn.k12.ga.us](mailto:rachel.yeargan@glynn.k12.ga.us) and it will **email** the document to me.



# DEFINE THESE 12 TERMS:

YOU CAN FIND THE DEFINITIONS IN THIS POWERPOINT or in the DHO book in another link in Google Classroom

CULTURE

ETHNICITY

RACE

CULTURAL ASSIMILATION

ACCULTURATION

BIAS

PREJUDICE

NUCLEAR FAMILY

SENSITIVITY

ETHNOCENTRISM

STEREOTYPING

CULTURAL DIVERSITY

Because HC workers care and work for many DIFFERENT people, we must be aware of the factors that cause each individual to be unique. The 3 factors are: **culture, ethnicity and race.**

THE DIFFERENCES AMONG PEOPLE RESULTING FROM THEIR CULTURAL, ETHNIC AND RACIAL FACTORS MAKES THEM UNIQUE, WE CALL THIS **CULTURAL DIVERSITY.**

IN AMERICA DO WE SHARE MANY DIFFERENT FACTORS? YES is the answer, we have been called a “melting pot” or “tossed salad” or even “beef stew” ..... the carrots, potatoes, tomatoes, beef all represent a different race, culture, ethnic group, but all mixed together.



**CULTURE**—values, beliefs, attitudes, languages, symbols, rituals, behaviors and customs unique to a group of people and passed from one generation to the next.

**ETHNICITY** a classification of people based on national origin and/or culture.

**RACE** is a classification of people based on physical or biological characteristics.

# CULTURE:

- CULTURE IS LEARNED:
- CULTURE IS SHARED:
- CULTURE IS SOCIAL IN NATURE
- CULTURE IS DYNAMIC AND CONSTANTLY CHANGING

Culture is taught and passed down to children. Common practices and beliefs are shared with others in their cultural groups. The traditions passed down influence “proper” behavior. New ideas may generate and may shift how things have “always been done” to new ways, new traditions, new clothes, attitudes, foods and behavior.

THINK ABOUT YOUR CULTURE: what behavior or food or clothes have been passed down to you that you know you want your children to learn from you one day?



# ETHNICITY

- Classification of people based on national origin and/or culture
- Share common heritage, geographic location, national origin, social customs, language, beliefs
- Subgroups within larger ethnic groups

Ethnic groups include:

African American Asian/Pacific Islander European American

Hispanic American

Middle Eastern/Arabic American

Native American



# RACE

CLASSIFICATION OF PEOPLE BASED ON *dna*: PHYSICAL OR BIOLOGICAL CHARACTERISTICS SUCH AS COLOR OF THEIR SKIN, HAIR, AND EYES, BLOOD TYPE AND BONE STRUCTURE.

Do NOT confuse the race of someone with ethnicity and culture:

for example child with Asian parents but adopted and raised in America will look like Asian but their actions, beliefs will be American culture: be careful not to STEREOTYPE them.

Can you think of a time YOU or someone you know LOOKED at someone and made an assumption of them and were surprised of who they really were or what they believed or the way they spoke?

# CULTURAL DIVERSITY

Cultural diversity is the existence of a variety of cultural or ethnic groups within a society.

➤ For example, in our class at GICCA we have many different races, ethnic and socially different groups, we even have some Red Terrors mixed with some Brunswick Pirates, and some McIntosh Raiders, yet we all work together.

➤ Cultural assimilation

Newly arrived group adopts ways of new culture. For example: no one is allowed to speak their native tongue but only the language of where they now reside.

➤ Acculturation

Process of learning the beliefs and behaviors of a dominant culture and assuming some of its characteristics For example: The family moved to America from China and the parents still eat with chopsticks while their children only eat with utensils, (fork, spoon, knife)

➤ Sensitivity the ability to recognize and appreciate the personal characteristic of others THIS IS ESSENTIAL IN HEALTHCARE.



# BIAS, PREJUDICE, AND STEREOTYPING

• **BIAS**-is a preference that inhibits impartial judgment.

• **ETHNOCENTRIC**- a belief their culture's values are superior to any other's culture, values or beliefs.

## EXAMPLES OF BIASES:

- AGE
- EDUCATION
- ECONOMIC LEVEL
- PHYSICAL SIZE
- INTELLIGENCE
- OCCUPATION
- SEXUAL PREFERENCE
- GENDER

**ASSIGNMENT:** use TWO of the examples of biases and put them into a real-life situation.



## Health care providers must be alert to the barriers of bias, stereotyping, prejudice and make every effort to avoid them

- ❖ Be conscious of your own personal and professional values and beliefs
- ❖ Be knowledgeable about other cultural groups, belief systems, ethnic traditions
- ❖ Be sensitive to behaviors different from your own
- ❖ Develop friendships with a wide variety of people
- ❖ Be open to differences ❖ Avoid jokes that might offend
- ❖ Remember mistakes happen. Apologize if you hurt another person, and forgive another person if they hurt you



# FAMILY ORGANIZATION

NUCLEAR: consist of a father, mother, children

EXTENDED: consist of nuclear + grandparents, aunts, uncles, cousins

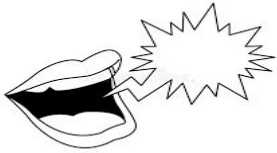
PATRIARCHAL VS. MATRIARCHAL- paternal means the father's side patriarchal means the father or oldest male is the authority figure in the home versus matriarchal (maternal means mother) the mother or oldest female is the authority figure in the home.

Recognition and acceptance of family organization is essential in all aspects of the healthcare field. This person may be making ALL of the decisions for the patient.

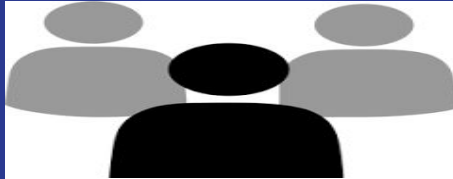
## **Practice asking these questions to a friend or family member.**

1. Who are your family members?
2. Do you have children? Who will care for them while you are sick? Who will care for you while you are sick (recovering)?
3. Do you have extended family? Aunts, Uncles, cousins, nephew, nieces?
4. Who is the head of the household?
5. Do you have family members who will be visiting you? Is there anyone you don't wish to visit?

# OTHER THINGS WE MUST CONSIDER



**LANGUAGE-** We may be trying to find out critical health information and if English is not their primary language, we will need an interpreter.



**PERSONAL SPACE AND TOUCH-** some cultures and very comfortable with you being close to them. Other culture will not allow you to examine a female without a male present. In HC, it is necessary to touch someone to take vital sign-remember just b/c we are comfortable w/ touching not all of our patients will be, this includes when the patient needs assistance in the restroom.



**EYE CONTACT-** our culture considers it rude if we are not engaged in eye contact, other cultures regard this as hostile and threatening. Understand when you may need to look away, understand when others look away.



**GESTURES-** our non-verbal cues do not always mean the same in other cultures. In India they do not nod up and down for yes-they bobble the head. Do not get frustrated, get a solid verbal answer if you are unsure.

# Healthcare Beliefs

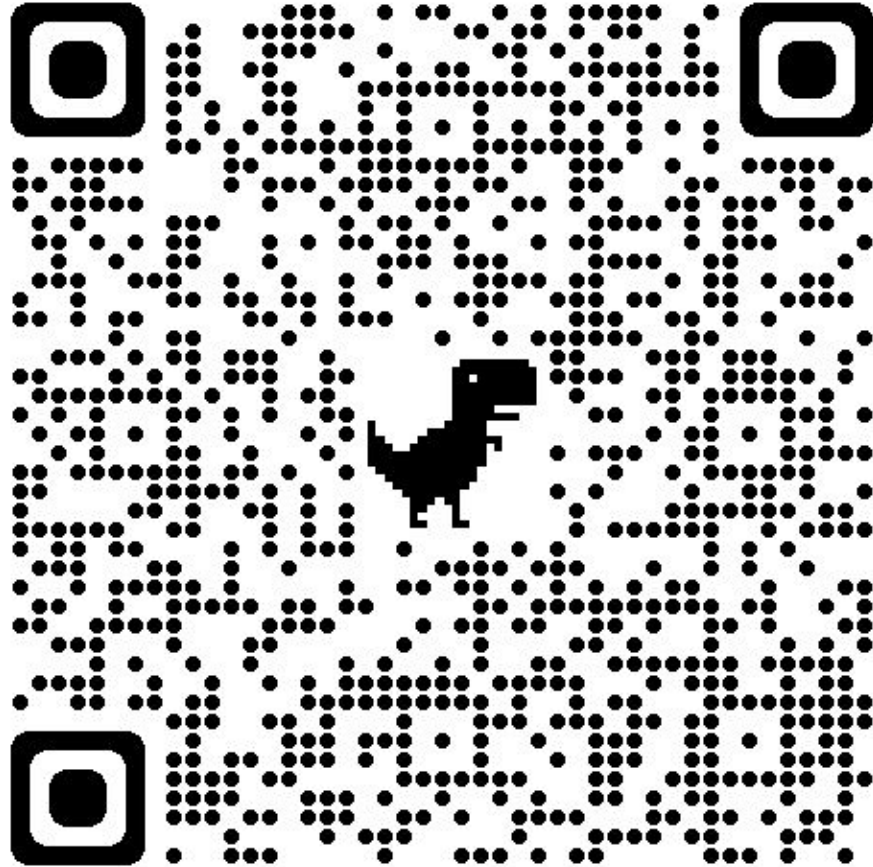
The next slide can be seen in Google Classroom under Health Care Beliefs link.

Most cultures have common conceptions regarding the cause of illness, ways to maintain health, the appropriate reaction to pain, and effective methods of treatment. Remember, not all individuals in a specific ethnic group will believe and follow all of the customs. WE are to treat the INDIVIDUAL.

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This QR code will open up the DHO book Chapter 9 on Culture Diversity. Go to page 11 & 12 and you will see the graph on Health Care Belief Table 9-1.

Review at least 2 of the six cultures listed and look at their health concepts, their belief in why an illness occurs, beliefs in healers and treatment beliefs, and how they culturally respond to pain.



# Providing holistic care- caring for the well-being of the whole person:

Holistic care: treatment of a person as a whole: mind, body and social factors.

ASSIGNMENT: →→→→→→→→→→→→→→→→

Listed to the right are questions you need to practice asking a friend or family member. It may feel odd...but the more you practice the better you become.

- What do you do to stay healthy?
- Except for this current illness, do you feel that you are reasonably healthy?
- What do you feel is a healthy diet? Do you follow this diet?
- What do you do for exercise?
- Why do you think people become ill?
- What health care treatment method do you use when you are ill?
- Do you or your parents follow the traditions of a native land (or culture)?
- Are you taking any herbs or supplements not listed or seeing a Shaman/Medicine man currently for your illness? What are they prescribing \_\_\_\_\_ for you?



# SPIRITUALITY AND RELIGION

**SPIRITUALITY**-beliefs individuals have about themselves, connections with others and relationship with a higher power, deity



**RELIGION**- an organized system of belief in a superhuman or higher power. Practices encompass beliefs on birth, life, illness, death and diet.

# Various Types of Religions:

- ❑ THEOLOGY- “THEO”- meaning God. “-ology” the study of. The study of God and religious beliefs.
- ❑ MONOTHEISTS- “mono”- means one. One God. A monotheist believes in 1 God. For example: Judaism: Yahweh,
- ❑ POLYTHEISTS- “poly” means many. Belief in many gods. For example: Hindu religion: Vishnu. Brahma. Devi. Shiva.
- ❑ ATHEIST- “a” means without- so a person who believes in NO God, gods or higher power. Atheism: no god(s).
- ❑ AGNOSTIC- ”a” without and -“gnost” is knowledge. So, it is an individual who does not have enough knowledge to prove or disprove a God. Proof of god does not exist but proof that god doesn’t exist either.
- ❑ ANIMISM- Non-human beings are divine. Shinto: worship the earth.

These are types of religions. The next slide discusses Religious organizations.

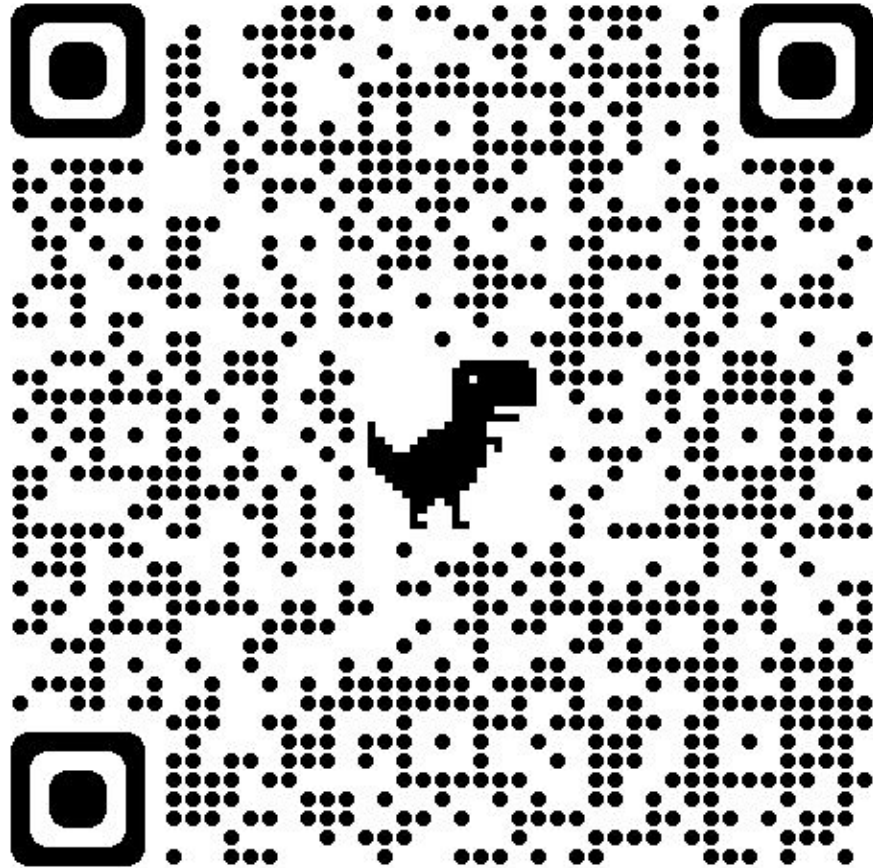


## ASSIGNMENT:

This QR code will open up the DHO book Chapter 9 on Culture Diversity. Go to page 14-18 and you will see the graph on Major Religious Beliefs.

Create a graphic organizer with 2 religions you are familiar with. Include at least 3 fact about each religion you choose. Include any foods/drinks or religious symbols that your patients may avoid or ask for specifically.

The next slide will show an example of one religion and how to set up your graphic organizer. But be creative. Use paper and draw/color if you'd like. Or Google Docs or Google Slides. Even a TikTok or YouTube video will work.



# Baptist: Christian

FACTS they may adhere to as a patient include:

Avoid alcohol

No last rites, but clergy (pastor, elder, deacon) provides prayer and counseling to patient and family members

Believe Bible is the Holy Book and may ask for one, or ask for a cross to be placed in their room.

Oppose abortion

Physician is instrument for God's intervention.

This is an example of your graphic organizer: it is just a list of beliefs.

Make sure you do 2 different religions and include any beliefs that might affect you caring for your patient

# Questions we should ask our patient?

?Do you have a religious affiliation

?Do you consult a religious healer/counselor

?Should your food be prepared a certain way or refrain from eating certain foods

?Do you have any religious objects that require special care or placement

-The above ? may be asked regarding personal items that a loved one gave to them that is special to them, not necessarily religious, but special.

Can you think of any others?



# Almost finished



# NURSES ROLE IN HONORING SPIRITUALITY

FROM AN ARTICLE TAKEN FROM NURSINGSCHOOLHUB.COM/RELIGION-IN-NURSING Quoting Kahleen Penzes, MN,RN-BC,NEA-BC, St Joseph's Hospital of Orange

- Nurses deal with patients who are going through any form of physical or emotional illness, spiritual distress often follows.
- The standards for culturally responsive nursing care include: showing reverence for religious differences, respect for the individuality of the patient, keeping an open mind, assuming nothing, asking questions and paying attention to verbal and non-verbal communications of the patient
- ”People’s religious beliefs usually come into play when they’re ill or dying. We make whatever accommodations they request to honor those beliefs”. “Some have end of life plans, analogous to the birth plans some families develop when they’re expecting a child”
- ”During these times it is the nurse that delivers what they need, not physical treatment but emotional treatment that helps their patient find peace.”
- ”Just being with patients, listening to their concerns, sympathizing and responding, is therapeutic when it comes to meeting the needs of the human spirit- the need for love and understanding, meaning and purpose and hope.”

*NOTE: as I have mentioned in the past. Practice the way you are going to practice. Be patient, be kind, bring hope and purpose daily and you will bring it to your patient’s when the time comes. Our community, our nation needs you, so hurry up and be awesome health care providers!*

# Hit the link and watch the youtube videos.

## The difference in care and caring

<https://youtu.be/wkf-WxMZVP8>

Did you catch that the patients are husband and wife? Impressive that the hospital realized this when brought in different ways. Cool how they helped the patients even in death, and with their son and daughter-in-law in saying good-bye. Tear jerker.

## Cultural Competency

<https://youtu.be/kl8xPou5DeM>

This video tells us Pharmacology and Surgery are important BUT maybe even more important than that is **CULTURAL COMPETENCY**. We must gain their TRUST. What you have learned in this unit will better prepare you to be sensitive to your patients, therefore they trust us with their private information and health histories, and they will listen to us and follow our suggestions for their care, and therefore their holistic health.

# Take it one step farther-

Read the examples on the next slide, of how our society treats people differently...can you think of some things that you have noticed that do not accommodate others? What could you invent or do differently to help those of differing abilities, race, ethnicity, religion, gender, age?

Matrix of Oppression depicts the invisible structure of privilege for dominant and non-dominant groups in the American society (the groupings would be different for different societies). The main idea is that all societies have a social hierarchical structure of power division. Privilege and dominance can appear invisible in nature—especially when a person resides in a many privileged or dominant groups.

Most people exist in privileged and targeted groups simultaneously. The concept of privilege is described as a characteristic a person did not necessarily earn, but gets treated a certain way due to societal values. For example, our society is designed to meet the needs of able-bodied people which is a dominant group. People that are able-bodied have less barriers in society than someone in a wheelchair. Sure, there are laws that suggest accommodations be made for wheelchair ramps, but generally, society targets this group and life is more difficult regarding mobility because our society is designed for able bodied people. Think about going to the grocery store. A person in a wheelchair cannot reach the top shelves. Grocery stores were designed for able-bodied people in that manner; however, a privilege, able-bodied person did not earn the right to have shelves at the grocery store the correct height, but they still receive the privilege. The reason why this privilege is often seen invisible in dominant groups is because being able to reach higher shelves is just the norm. The privileged group would only notice if it was an inconvenience.

Here is another example regarding race or skin tone. Band-Aids are most often found in a peach skin tone, which represents the privileged group regarding race. If you went to the store today, there are not many, if any, Band-Aids in anything but peach skin tones (excluding cartoon drawings). If there are Band-Aids in other skin tone colors, they are few in number and limited in choices. In the case of race, the dominant group has plenty of Band-Aids available in the peach skin tone which is something that is a norm for members of this group. The dominant group often never notices there are not any other colors because their needs were always accommodated for peach Band-Aids, thus dominance becoming invisible. If a person had a darker color of skin, they would likely be very aware that none of the Band-Aids matched their skin, thus demonstrating the idea that those in non-dominant groups are very aware of not being part of a privileged group. Critical Race Theory describes this kind of phenomena of advantages and disadvantages in society based on skin color.

Grocery stores/public bathroom do not accommodate for little people, money should have braille on it-how can a blind person read money? Can YOU think of any?



You did it!  
Week one of virtual learning  
down.

Go back and check the assignment list on slides 2 & 3, practice the Quizizz.

