

# Responder e-Learn Response Readiness

NC 2040 – Cultural Awareness

# Introduction

Disaster response can be significantly improved by attempting to understand cultural differences that could be encountered during a deployment. This section provides an introduction to culture and explores the challenges of working with different cultural groups while providing healthcare.

## Module Objectives

After completing this module, learners should be able to:

- Define culture.
- Identify the major aspects of culture.
- Recognize the impact culture can have on the healthcare and the work of the National Disaster Medical System (NDMS) team members.

## Why This Matters to You

Every culture has its own way of responding to emergencies and traumatic life events. Team members that are responding to a disaster scene must be prepared to deal with local preferences and priorities that may not always correspond to their set of values.

## Characteristics of Culture

Culture is a set of beliefs and behaviors learned and shared by members of a group. It influences family structures and organizations, religious beliefs, health promotion, and reactions to illnesses. Oral and written language and nonverbal forms of communication such as facial expressions, gestures, and body language transmit and preserve culture.

## Characteristics of Culture - continued

The basic characteristics of culture:

1. It is learned from birth through the language and socialization process.
2. All members of the same cultural group share that culture.
3. It is an adaptation to specific conditions such as the availability of natural resources.
4. It is a dynamic and ever-changing process.

## Cultural Norms

Every culture has its own way of responding to important life events such as birth, puberty, childbearing, illness, disease, and death. Cultural norms affect the way people react when they face the stresses of crises, disasters, ill health, detention, and uncertain futures.

Cultural differences are observed between various countries or ethnic groups. Regional subcultures also exist within nations. In the U.S., many cultural norms differ between regional groups.

## Cultural Norms - continued

Ways in which culture might differ include:

- Natural disasters such as earthquakes, hurricanes, ice storms, and floods
- Health-related disasters

## Cultural Norms - continued

Ways in which culture might differ include:

- Communication methods
  - Use of language
  - Eye contact
  - Touch
  - Gestures
  - Time orientation
  - “Saving face”
  - Expressions of pain (sobbing or wailing versus stoicism and control)
  - Request for assistance or pain medication
  - Attitudes towards assistance or pain medication

## Cultural Norms - continued

Ways in which culture might differ include:

- Dietary practices
  - Hot, cold, or spicy foods
  - Kosher dietary practices
  - Religious periods such as Lent or Ramadan
  - Lactose intolerance
  - Reactions to new or unfamiliar foods

## Cultural Norms - continued

Ways in which culture might differ include:

- Male and female roles
  - Male dominance
  - Female purity and modesty
  - Relations between men and women
  - Female equality
  - Division of labor and responsibilities

## Cultural Norms - continued

Ways in which culture might differ include:

- Age-related roles
  - Adolescent male to male friendships
  - Adolescent female to female friendships
  - Adult male and female relationships
  - Differing responsibilities by age group
  - Elder and youth relationships

## Cultural Norms - continued

Ways in which culture might differ include:

- Family issues
  - Family structure and kinship
  - Family support
  - Childhood dependence
  - Loyalty

## Cultural Norms - continued

Ways in which culture might differ include:

- Birth customs
  - Prenatal health practices
  - Mother and infant bonding
  - Sterilization
  - Breast-feeding practices

## Cultural Norms - continued

Ways in which culture might differ include:

- Death rituals
  - Expressions of grief
  - Mourning rituals
  - Burial rites and practices

## Cultural Biases - continued

Examples of biases toward cultural differences include:

- **Ethnocentrism:** The belief that one's own culture is more important than that of other people. Ethnocentric people are uncomfortable with unfamiliar customs and behaviors and with those who are different from their own cultural group.
- **Cultural blindness:** The tendency to ignore cultural differences and to proceed as if they did not exist. A person who is culturally blind does not deliberately intend to act in a culturally insensitive way, but is not aware of cultural differences or does not consider them important.

## Cultural Biases - continued

Examples of biases toward cultural differences include:

- **Stereotyping:** Expectations that people will act in a specific way because they are members of a defined cultural group without considering individual differences.
- **Generalization:** A starting point to identify a common trend then gather information to determine whether the concept in question applies to a specific individual, community, or civilization.

## Cultural Biases - continued

Examples of biases toward cultural differences include:

- **Prejudice:** A preconceived preference or idea about a group of people. It often affects attitudes toward people of a particular culture or group.
- **Racism:** Combines the attitude of prejudice with discriminatory acts directed at an ethnic group different from one's own.

## Culture and Health

Some societies believe that life is a constant struggle to maintain a balance between opposing forces, such as good and evil or hot and cold, and that good health occurs by establishing a proper balance between them. Some cultures see physical illness as a result of spiritual anomalies. Others see illness as strictly a physical phenomenon.

## Culture and Health - continued

A culture's approach to causality may significantly affect how people respond to sudden danger, loss, or the potential for both to occur.

- People from cultures that believe individuals can determine their own fate may be more likely to respond to a crisis in a purposeful manner to lessen the impacts, or take immediate steps to initiate recovery and rehabilitation.
- People from cultures that take a more fatalistic approach to causality may respond passively to the impending crisis and actual losses.

## Culture and Disaster Response

Disasters affect many people at once. In most societies, disasters stimulate benevolent attempts by individuals to help one another.

Cultural differences that might affect priorities for care in different societies include:

- The people who receive the highest priority may be the wealthiest or are otherwise favored in daily life.
- Males may receive a higher level of protection than females.

# Cultural Competence

A practical model for becoming culturally competent involves four stages of development:

- **Cultural awareness:** The process of becoming aware of and sensitive to the values, beliefs, and cultural practices used by people of different cultures. Self-study, travel, and basic exposure to various cultures can increase awareness.
- **Cultural knowledge:** The process of obtaining a solid knowledge base about various world views through academic study and long-term fieldwork.

## Cultural Competence

A practical model for becoming culturally competent involves four stages of development:

- **Cultural skill:** The process of learning how to make a cultural assessment. An important part of the assessment is to identify, through indirect interviews, how the person's basic beliefs may influence his or her outward behavior.
- **Cultural encounters:** The process of engaging in cross-cultural interactions with people from diverse backgrounds. Cultural immersion includes open dialogues with people about their respective cultures.

## Culture and Response to Crisis

Healthcare providers often have too little or inaccurate information about the cultural beliefs and healthcare practices of different groups because of a lack of exposure. Biases and inadequate or inaccurate information can block the ability to provide culturally sensitive care.

## Culture and Response to Crisis – continued

Cultural issues to be aware of during a deployment:

- What are the food and nutrition norms?
- What is the dominant health belief structure (e.g., the basis for good health and steps to recover lost health)?
- What significant minority belief structures exist and who uses them?

## Culture and Response to Crisis – continued

Cultural issues to be aware of during a deployment:

- What demographic or ethnic groups are in the area that may have different cultural norms?
- Disasters sometimes require transport of victims to other places for definitive medical care. What kinds of family arrangements would be expected?
- What local religious or traditional observances should be expected during the deployment period?

## Conclusion

Incorporating cultural sensitivity and awareness into the care of affected populations during a disaster is one of the healthcare worker's greatest challenges.

Team members that are responding to a disaster scene must be prepared to deal with local preferences and priorities that may not always correspond to their set of values. One way to avoid problems in this context is to involve local people in decision-making processes where possible.

## Think About It

Have you ever been in a situation where cultural differences caused a misunderstanding?

## Bibliography

The following resources were used to develop the content of this module:

- **Andrew, M. M., & Boyle, J. S. (1995).** Transcultural concepts in nursing care (2nd ed.). Philadelphia: J. B. Lippincott Company.
- **Campinha-Bacote, J., Yahle, T., & Langenkamp, M. (1996).** The challenge of cultural diversity for nurse educators. *Journal of Continuing Education in Nursing*, 27(2), 59-64.
- **Galanti, G. (1997).** Caring for patients from different cultures: Case studies from American Hospitals (2nd ed.). Philadelphia: University of Pennsylvania Press.

## Bibliography - continued

The following resources were used to develop the content of this module:

- **Leininger, M.** (1995). *Transformational nursing: Concepts, theories, research & practices* (2nd ed.). New York: McGraw Hill.
- **Lester, N.** (1998). Cultural competence: A nursing dialogue, Part 1. *American Journal of Nursing*, 98(8), 26-34.
- **Weaver, G. R.** (2000). *Culture, communication, and conflict: Readings in intercultural relations* (2nd ed.). Boston: Pearson Publishing.
- **U Zetter, R., Henry, C. J. K.** (1992). The nutritional crisis among refugees. *Journal of Refugee Studies*, 5, 201-380.

## Additional Resources

The following Web sites provided information associated with this module.

- <http://www.massey.ac.nz/~trauma/issues/1999-2/doherty.htm> – This article reviews cross-cultural counseling and presents a review of a number of studies involving disaster victims and workers in other cultures along with information about cross-cultural aspects of grief. It discusses general methods and approaches that disaster mental health professionals should consider when contemplating providing disaster mental health services outside of their own culture.

## Additional Resources - continued

The following Web sites provided information associated with this module.

- <http://www.globenet.org/horizon-local/cultures/localeng.html> – This Web site describes economic organizations and local cultures and includes explorations into the cultural security of local economic life.
- <http://www.uca.edu.sv/publica/proceso/proci935.html> – This link is a monograph appearing in the PROCESO Weekly News Bulletin on the January 13 earthquake in El Salvador.