CHAPTER 5

Cultural Implications for Psychiatric Mental Health Nursing

Minority Status, Race, Ethnicity, and Culture

• Race
  - Can be defined biologically, anthropologically, or genetically

• Ethnicity
  - Common heritage and history
  - Share worldview for thinking

• Culture
  - Groups with shared beliefs, values, and practices
  - Influences their thinking and behavior

• Cultural norms
  - Define what is normal or abnormal within a culture

• Minority status
  - Subset of people who think of themselves, and are thought of by others, as a differentiated group

Measuring Race and Ethnicity in the United States

• U.S. Census Bureau
  - Combined race-ethnicity categorization system
  - Influences their thinking and behavior

• Purpose
  - Racial-ethnic descriptions help the government understand the needs of its citizens
  - The census helps to identify disparities in health care along racial-ethnic lines.

Demographic Shifts in the United States

• In 2043, the U.S. population is projected for the first time to become a majority–minority nation.
  - No one group will make up the majority or make up 51% of the population.
  - However, non-Hispanic whites will continue to remain the largest single group.

Los Angeles County Race & Ethnicity Statistics

Western Tradition

• Identity found in individuality
• Values
  - Autonomy
  - Independence
  - Self-reliance
• Mind and body separate entities
• Disease has a cause, and treatment is aimed at the cause
• Time is linear
• Future orientation
Eastern Tradition

• Family basis for identity
• Body-mind-spirit one entity
• Time is circular and recurring
• Born into a fate; duty to comply
• Disease caused by fluctuations in opposing forces

Hispanic Tradition

• Family basis for identity
• Collectivist culture
• Values
  • Collectivismo
  • Familismo
  • Respeto
• Health beliefs
  • Espiritu
  • Traditional healers
  • Curanderos
  • Espiritistas
  • Time orientation: present

Indigenous Culture

• Places significance on place of humans in natural world
• Basis of identity is the tribe
• Person is an entity only in relation to others
• Disease – Lack of harmony between individual and environment

Audience Response Questions

Although his daughter has been here almost 15 years, Mr. H is a fairly new immigrant. He speaks some English and is highly educated. Although you’ve had no time to ask many questions, he is clearly of a more Eastern tradition. Which attitude would you expect him to share?

A. “Disease is caused by fluctuations in opposing forces.”
B. “Disease is part of one’s fate and we have a duty to comply.”
C. “Disease has a cause, and treatment is aimed at the cause.”

Culture and Mental Health

• Enculturation
• Ethnocentrism
• Deviance from cultural expectations can be defined as illness by other members of the group
• Cultural imposition

Barriers to Quality Mental Health Services

• Communication barriers
• Stigma of mental illness
• Misdiagnosis
  • Culture-bound syndromes
  • Genetic variations in pharmacodynamics
• Aetna considers genotyping for HLA-B*1502 medically necessary for persons of Asian ancestry before commencing treatment with carbamazepine (Tegretol).
• Aetna considers one genotyping for CYP2C19 polymorphisms medically necessary for persons who have been prescribed clopidogrel (Plavix).
Populations at Risk of Mental Illness and Inadequate Care

• Immigrants
• Refugees
• Cultural "minorities"

Cultural Competence for Psychiatric Mental Health Nurses

Five constructs
1. Cultural awareness
2. Cultural knowledge
3. Cultural encounters
4. Cultural skill
5. Cultural desire

Cultural Competence for Psychiatric Mental Health Nurses (Cont.)

1. Cultural awareness
   • Examine beliefs, values, and practices of own culture
   • Recognize that during a cultural encounter, three cultures are intersecting
   • Culture of the patient, nurse, and setting
   • Understand role as patient advocate
     • Negotiates and advocates on behalf of the patient's cultural needs and preferences

Cultural Competence for Psychiatric Mental Health Nurses (Cont.)

2. Cultural knowledge
   • Learn by attending cultural events and programs
   • Forge friendships with diverse cultural groups
   • Learn by studying
   • Learning cultural differences helps nurse
     • Establish rapport
     • Ask culturally relevant questions
     • Identify cultural variables to be considered

Cultural Competence for Psychiatric Mental Health Nurses (Cont.)

3. Cultural encounters
   • Deter nurses from stereotyping
   • Help nurses gain confidence in cross-cultural interactions
   • Help nurses avoid or reduce cultural pain

Cultural Competence for Psychiatric Mental Health Nurses (Cont.)

4. Cultural skill
   • Ability to perform a cultural assessment in a sensitive way
   • Use professional medical interpreter to ensure meaningful communication
   • Use culturally sensitive assessment tools
   • Goal
     • A mutually agreeable therapeutic plan
       • Culturally acceptable
       • Capable of producing positive outcomes
Cultural Competence for Psychiatric Mental Health Nurses (Cont.)

5. Cultural desire
   • Genuine concern for patient’s welfare
   • Willingness to listen until patient’s viewpoint is understood
   • Patience, consideration, and empathy

Audience Response Questions
Which worldview would the nurse anticipate from a client who says, “It is important to save enough money to take care of yourself in your old age. We should not rely on anyone else to take care of us.”

A. Eastern (balance)
B. Western (science)
C. Indigenous (harmony)

Case Study
• A 45 y/o man of Asian descent who is less than 24 hours postsurgical exploratory laparotomy is frequently asked if he is in pain. He continuously answers “no” although his facial expressions and vital signs indicate otherwise. The patient takes medication when given, but will not ask for it.
• Based on your cultural knowledge, you consider that many people in the Asian culture do not admit to pain because it is a sign of weakness. Due to his cultural beliefs he is unable to express emotions relating to his level of pain because it is culturally unacceptable.
• What can you do?
Cultural Assessment

- What is your primary language?
- How would you describe your cultural background?
- Who do you seek when you are medically ill? Mentally upset or concerned?
- What do you do to get better when you have physical problems?
- What are the attitudes toward mental illness in your culture?

Cultural Assessment

Continued

- How is your current problem viewed by your culture?
- Is it seen as a problem that can be fixed? A disease? A taboo? A fault or curse?
- Are there special foods that you eat?
- Are there special health care practices within your culture that address your particular mental or emotional health problem?
- Are there any special cultural beliefs about your illness that might help me give you better care?