Diversity, spirituality and religion NCLEX Review

I. AFRICAN AMERICANS

A. Description: Citizens or residents of the United States who may have origins in any of the black populations in Africa.

B. Communication

1. Members are competent in standard English.
2. Head nodding does not always mean agreement.
3. Prolonged eye contact may be interpreted as rudeness or aggressive behavior.
4. Nonverbal communication may be important.
5. Personal questions asked on initial contact with a person may be viewed as intrusive.

C. Time orientation and personal space preferences

1. Time orientation varies according to age, socioeconomics, and subcultures and may include past, present, or future orientation.
2. Members may be late for an appointment because relationships and events that are occurring may be deemed more important than being on time.
3. Members are comfortable with close personal space when interacting with family and friends.

D. Social roles

1. Large extended-family networks are important; older adults are respected.
2. Many households may be headed by a single parent woman.
3. Religious beliefs and church affiliation are sources of strength.

E. Health and illness

1. Religious beliefs profoundly affect ideas about health and illness.
2. Food preferences include such items as fried foods, chicken, pork, greens such as collard greens, and rice; some pregnant African American women engage in pica.

F. Health risks

1. Sickle cell anemia
2. Hypertension
3. Heart disease
4. Cancer
5. Lactose intolerance
6. Diabetes mellitus
7. Obesity

G. Interventions

1. Assess the meaning of the client's verbal and nonverbal behavior.
2. Be flexible and avoid rigidity in scheduling care.
3. Encourage family involvement.
4. Alternative modes of healing include herbs, prayer, and laying on of hands practices.

NCLEX!!! Assess each individual for cultural preferences because there are many individual and subculture variations.

II. AMISH

A. Description

1. The Amish are known for simple living, plain dress, and reluctance to adopt modern convenience and can be considered a distinct ethnic group; the various Amish church fellowships are Christian religious denominations that form a very traditional subgrouping of Mennonite churches.
2. Cultural beliefs and preferences vary depending on specific Amish community membership.
3. In general, they have fewer risk actors for disease than the general population because of their practice of manual labor, diet, and rare use of tobacco and alcohol; risk of certain genetic disorders is increased because of intermarriage (sexual abuse of women is a problem in some communities).
4. Diabetes mellitus can become a health issue later in life and is related to the obesity that can occur.

B. Communication: Usually speak a German dialect called Pennsylvania Dutch; German language is usually used during worship and English is usually learned in school.

C. Time orientation and personal space preferences

1. Members generally remain separate from other communities, physically and socially.
2. They often work as farmers, builders, quilters, and homemakers.

D. Social roles

1. Women are not allowed to hold positions of power in the congregational organization.
2. Roles of women are considered equally important to those of men but are very unequal in terms of authority.
3. Family life has a patriarchal structure.
4. Marriage outside the faith is not usually allowed; unmarried women remain under the authority of their fathers.

E. Health and illness

1. Most Amish need to have church (bishop and community) permission to be hospitalized because the community will come together to help pay the costs.

2. Usually, Amish do not have health insurance because it is a “worldly product” and may show a lack of faith in God.
3. Some of the barriers to modern healthcare include distance, lack of transportation, cost, and language (most do not understand scientific jargon).

F. Health risks

1. Genetic disorders because of intermarriage (inbreeding)
2. Non-immunization
3. Sexual abuse of women

G. Interventions

1. Speak to both the husband and the wife or the unmarried woman and her father regarding health care decisions.
2. Health instructions must be given in simple, clear language.
3. Teaching should be focused on health implications associated with non-immunization, intermarriage, and sexual abuse issues.

NCLEX!!! Be alert to cues regarding eye contact, personal space, time concepts, and understanding of the recommended plan of care.

III. ASIAN AMERICANS

A. Description:

Americans of Asian descent; can include ethnic groups such as Chinese Americans, Filipino Americans, Indian Americans, Vietnamese Americans, Korean Americans, Japanese Americans, and others whose national origin is the Asian continent.

B. Communication

1. Languages include Chinese, Japanese, Korean, Filipino, Vietnamese, and English.
2. Silence is valued.
3. Eye contact may be considered inappropriate or disrespectful (some Asian cultures interpret direct eye contact as a sexual invitation).
4. Criticism or disagreement is not expressed verbally.
5. Head nodding does not always mean agreement.
6. The word “no” may be interpreted as disrespect for others.

C. Time orientation and personal space preferences

1. Time orientation reflects respect for the past, but includes emphasis on the present and future.
2. Formal personal space is preferred, except with family and close friends.
3. Members usually do not touch others during conversation.
4. For some cultures, touching is unacceptable between members of the opposite sex.

5. The head is considered to be sacred in some cultures; touching someone on the head may be disrespectful.

D. Social roles

1. Members are devoted to tradition.
2. Large extended-family networks are common.
3. Loyalty to immediate and extended family and honor are valued.
4. The family unit is structured and hierarchical.
5. Men have the power and authority, and women are expected to be obedient.
6. Education is viewed as important.
7. Religions include Taoism, Buddhism, Confucianism, Shintoism, Hinduism, Islam, and Christianity.
8. Social organizations are strong within the community.

E. Health and illness

1. Health is a state of physical and spiritual harmony with nature and a balance between positive and negative energy forces (yin and yang).
2. A healthy body may be viewed as a gift from the ancestors.
3. Illness may be viewed as an imbalance between yin and yang.
4. Illness may also be attributed to prolonged sitting or lying or to overexertion.
5. Food preferences include raw fish, rice, and vegetables.

NCLEX!!! Yin foods are cold and yang foods are hot; one eats cold foods when one has a hot illness, and one eats hot foods when one has a cold illness.

F. Health risks

1. Hypertension
2. Heart disease
3. Cancer
4. Lactose intolerance
5. Thalassemia

G. Interventions

1. Be aware of and respect physical boundaries; request permission to touch the client before doing so.
2. Limit eye contact.
3. Avoid gesturing with hands.
4. A female client usually prefers a female health care provider (HCP).
5. Clarify responses to questions and expectations of the HCP.
6. Be flexible and avoid rigidity in scheduling care.
7. Encourage family involvement.
8. Alternative modes of healing include herbs acupuncture, restoration of balance with foods, massage, and offering of prayers and incense.

NCLEX!!! If health care recommendations, interventions, or treatments do not fit within the client's

cultural values, they will not be followed.

IV. HISPANIC AND LATINO AMERICANS

A. Description: Americans of origins in Latin countries; Mexican Americans, Cuban Americans, Colombian Americans, Dominican Americans, Puerto Rican Americans, Spanish Americans, and Salvadoran Americans are some Hispanic and Latino American subgroups.

B. Communication

1. Languages include primarily English and Spanish.
2. Members tend to be verbally expressive, yet confidentiality is important.
3. Avoiding eye contact with a person in authority may indicate respect and attentiveness.
4. Direct confrontation is usually disrespectful and the expression of negative feelings may be impolite.
5. Dramatic body language, such as gestures or facial expressions, may be used to express emotion or pain.

C. Time orientation and personal space preferences

1. Members are usually oriented more to the present.
2. Members may be late for an appointment because relationships and events that are occurring are valued more than being on time.
3. Members are comfortable in close proximity with family, friends, and acquaintances.
4. Members are very tactile and use embraces and handshakes.
5. Members value the physical presence of others.
6. Politeness and modesty are important.

D. Social roles

1. The nuclear family is the basic unit; also, large extended-family networks are common.
2. The extended family is highly regarded.
3. Needs of the family take precedence over the needs of an individual family member.
4. Depending on age and acculturation factors, men are usually the decision makers and wage earners, and women are the caretakers and homemakers.
5. Religion is usually Catholicism, but may vary depending on origin.
6. Members usually have strong church affiliations.
7. Social organizations are strong within the community.

E. Health and illness

1. Health may be viewed as a reward from God or a result of good luck.
2. Some members believe that health results from a state of physical and emotional balance.
3. Illness may be viewed by some members to be a result of God’s punishment for sins.
4. Some members may adhere to nontraditional health measures such as folk medicine.
5. Food preferences include beans, fried foods, and spicy foods.

F. Health risks

1. Hypertension
2. Heart disease
3. Diabetes mellitus
4. Obesity
5. Lactose intolerance
6. Parasites

G. Interventions

1. Allow time for the client to discuss treatment options with family members.
2. Protect privacy.
3. Offer to call clergy because of the significance of religious preferences related to illnesses.
4. Ask permission before touching a child when planning to examine or care for him or her; some believe that touching the child is important when speaking to the child to prevent “evil-eye.”
5. Be flexible regarding time of arrival for appointments and avoid rigidity in scheduling care.
6. Alternative modes of healing include herbs, consultation with lay healers ,restoration of balance with hot or cold foods, prayer, and religious medals.

NCLEX!!! Treat each client and individuals accompanying the client with respect and be aware of the differences and diversity of beliefs about health, illness, and treatment modalities.

V. NATIVE AMERICANS

A. Description: Term that the U.S. government uses to describe indigenous peoples from the regions of North America encompassed by the continental United States, including parts of Alaska, and the island state of Hawaii; comprises a large number of distinct tribes, states, and ethnic groups, many of which survive as intact political communities.

B. Communication

1. There is much linguistic diversity, depending on origin.
2. Use of a professional interpreter is important because of privacy concerns and because accuracy of communication is made clearer.
3. Silence indicates respect for the speaker for some groups.
4. Some members may speak in a low tone of voice and expect others to be attentive.
5. Eye contact may be viewed as a sign of disrespect.
6. Body language is important.

C. Time orientation and personal space preferences

1. Members are oriented primarily to the present.
2. Personal space is important.
3. Members may lightly touch another person’s hand during greetings.
4. Massage may be used for the newborn to promote bonding between the infant and mother.

5. Some groups may prohibit touching of a dead body.

D. Social roles

1. Members are family oriented.
2. The basic family unit is the extended family, which often includes persons from several households.
3. In some groups, grandparents are viewed as family leaders.
4. Elders are honored.
5. Children are taught to respect traditions.
6. The father usually does all work outside the home, and the mother assumes responsibility for domestic duties.
7. Sacred myths and legends provide spiritual guidance for some groups.
8. Most members adhere to some form of Christianity, and religion and healing practices are usually integrated.
9. Community social organizations are important.

E. Health and illness

1. Health is usually considered a state of harmony between the individual, family, and environment.
2. Some groups believe that illness is caused by supernatural forces and disequilibrium between the person and environment.
3. Traditional health and illness beliefs may continue to be observed by some groups, including natural and religious folk medicine tradition.
4. For some groups, food preferences include cornmeal, fish, game, fruits, and berries.

F. Health risks

1. Alcohol abuse
2. Obesity
3. Heart disease
4. Diabetes mellitus
5. Tuberculosis
6. Arthritis
7. Lactose intolerance
8. Gallbladder disease

G. Interventions

1. Clarify communication.
2. Understand that the client may be attentive, even when eye contact is absent.
3. Be attentive to your own use of body language when caring for the client or family.
4. Obtain input from members of the extended family.
5. Encourage the client to personalize space in which health care is delivered; for example, encourage the client to bring personal items or objects to the hospital.
6. In the home, assess for the availability of running water, and modify infection control and hygiene practices as necessary.
7. Alternative modes of healing include herbs, restoration of balance between the person and

the universe, and consultation with traditional healers.

NCLEX!!! If language barriers pose a problem, seek a qualified medical interpreter; avoid using ancillary staff or family members as interpreters.

VI. WHITE AMERICANS

A. Description: Term used to include U.S. citizens or residents having origins in any of the original people of Europe, the Middle East, or North Africa; the term is interchangeable with Caucasian American.

B. Communication

1. Languages include language of origin (e.g., Italian, Polish, French, Russian) and English.
2. Silence can be used to show respect or disrespect for another, depending on the situation.
3. Eye contact is usually viewed as indicating trustworthiness in most origins.

C. Time orientation and personal space preferences

1. Members are usually future oriented.
2. Time is valued; members tend to be on time and to be impatient with people who are not on time.
3. Some members may tend to avoid close physical contact.
4. Handshakes are usually used for formal greetings.

D. Social roles

1. The nuclear family is the basic unit; the extended family is also important.
2. The man is usually the dominant figure, but a variation of gender roles exists within families and relationships.
3. Religions are varied, depending on origin.
4. Community social organizations are important.

E. Health and illness

1. Health is usually viewed as an absence of disease or illness.
2. Many members usually have a tendency to be stoic when expressing physical concerns.
3. Members usually rely primarily on the modern Western health care delivery system.
4. Food preferences are based on origin; many members prefer foods containing carbohydrates and meat items.

F. Health risks

1. Cancer
2. Heart disease
3. Diabetes mellitus
4. Obesity
5. Hypertension
6. Thalassemia

G. Interventions

1. Assess the meaning of the client's verbal and nonverbal behavior.
2. Respect the client's personal space and time.
3. Be flexible and avoid rigidity in scheduling care.
4. Encourage family involvement.

NCLEX!!! Some cultures believe that eye contact gives the other person an opening to see into, or to take, the soul.

VII. END-OF-LIFE CARE

A. People in the Jewish faith generally oppose prolonging life after irreversible brain damage.

B. Some members of Eastern Orthodox religions, Muslims, and Orthodox Jews may prohibit, oppose, or discourage autopsy.

C. Muslims permit organ transplant for the purpose of saving human life.

D. The Amish permit organ donation with the exception of heart transplants (the heart is the soul of the body).

E. Buddhists in the United States encourage organ donation and consider it an act of mercy.

F. Some members of Mormon, Eastern Orthodox, Islamic, and Jewish (Conservative and Orthodox) faiths discourage, oppose, or prohibit cremation.

G. Hindus usually prefer cremation and desire to cast the ashes in a holy river.

H. African Americans

1. Members discuss issues with the spouse or older family member (elders are held in high respect).
2. Family is highly valued and is central to the care of terminally ill members.
3. Open displays of emotion are common and accepted.
4. Members prefer to die at home.

I. Asian Americans

1. Family members may make decisions about care and often do not tell the client the diagnosis or prognosis.
2. Dying at home may be considered bad luck.
3. Organ donation may not be allowed in some ethnic groups.

J. Hispanic and Latino groups

1. The family generally makes decisions and may request to withhold the diagnosis or

prognosis from the client.
2. Extended-family members often are involved in end-of-life care (pregnant women may be prohibited from caring for dying clients or attending funerals).
3. Several family members may be at the dying client's bedside.
4. Vocal expression of grief and mourning is acceptable and expected.
5. Members may refuse procedures that alter the body, such as autopsy.
6. Dying at home may be considered bad luck.

K. Native Americans

1. Family meetings may be held to make decisions about end-of-life care and the type of treatments that should be pursued.
2. Some groups avoid contact with the dying (may prefer to die in the hospital).