In contemporary times and in the future, nurses will work with people in need of care who may be culturally different than most nurses in the United States. It is imperative that the nursing profession consider the significance of culture in nursing care and move from unknown care values and needs to the known care values and needs for a variety of ethnically and culturally diverse people.

The demographics of the U.S. is changing rapidly and becoming more diverse every year. The U.S. is a multi-cultural society consisting of 281,421,906 people. According to the U.S. Census Bureau (2005), 75.1% of the total population are White, 12.3% are Black, 12.5% are Hispanic (20,640,711 Mexican, 3,406,178 Puerto Rican, 1,241,685 Cuban), and 3.6% are Asian. In addition, over 7 million people identified themselves as two races for the 2000 census. According to Jeffreys and Zoucha (2001), this may reflect a trend that citizens of the United States no longer choose or claim a uni-cultural background; therefore, viewing and acceptance of specific cultural care needs of multiethnic, multiracial individuals and their families are imperative to the health and well being of all involved. This dramatic change in ethnic and cultural composition will affect the cultural care needs of many who have much different cultural backgrounds than those in the past.

The purpose and focus of this article is to promote the notion of culture in caring for individuals, families, and communities as significant for nursing care. This is not to suggest that nurses must know and understand all cultural values and care needs of all patients they serve. Understanding these values and needs should not be a cookbook approach, but rather, a process.

Campinha-Bacote (2003) suggests that the process of cultural competence includes cultural assessment, cultural knowledge, cultural skill, and cultural encounter, and it begins with cultural desire. It is imperative that nurses approach care in a manner that suggests a desire to promote care that is congruent with the culture of the individual, family, or community.

Significance of Culture

It is imperative for nurses and other health care professionals to understand the importance of culture and its relationship to individuals, their family, and the community regarding health and well being. Those receiving health care represent a variety of distinct cultural and ethnic backgrounds. The American Academy of Nursing Expert Panel (1992) stresses the importance of culture in nursing and claims that culture is viewed as one of the organizing concepts upon which nursing is based and defined.

It is important to consider the complexities of cultural care needs of the variety of people in the U.S. According to Leininger and McFarland (2006), culture can be defined as “the learned, shared, and transmitted values, beliefs, norms, and lifeways of a particular culture that guides thinking, decisions, and actions in patterned ways and [is] often inter-generational.” To augment this statement, Leininger and McFarland (2002) define cultural care as “the subjectively and objectively learned and transmitted values, beliefs, and patterned lifeways that assist, support, facilitate, or enable another individual or group to maintain their health and well being, to improve their human condition and lifeway, or to deal with illness, handicaps, or death.” Culture can be considered a blueprint for guiding human actions and decisions (Leininger & McFarland, 2006). In every culture, there are behaviors that are considered acceptable and unacceptable to the overall cultural norm and value system. In order to promote culturally congruent care, nurses need to understand the known cultural care needs of the individual, family, and community, thus providing ethically motivated care (Zoucha & Husted, 2000).
Cultural Understanding

Understanding a person’s culture involves understanding the person as a whole being. Nurses must seek to know patients in order to care for them in their preferred manner. The process of understanding a patient and his or her culture begins by looking within oneself. Often, in the study and promotion of cultural care, the process starts by learning about another culture; however, understanding and recognition of the cultural care values that guide one’s own individual health is overlooked. Often, seeking to understand cultural discovery begins at the wrong place, and nurses should understand their own culture prior to trying to understand the cultural differences of others. Tools exist to provide culturally appropriate care, and nurses should use what they know and discover who they are culturally when treating those with cultures different than their own (Zoucha, 2000). Using this knowledge of cultural self will promote and enhance relationships with patients and families, as well as enlighten a sense of world view (how a cultural person views oneself, others, and the world in general). An enlightened sense of world view will promote culturally appropriate nursing care, which can lead to improved health and well being for patients and their families.

Understanding the cultural self is an appropriate place to start but does not fully allow the nurse to engage in the process of cultural competence. In addition to understanding the cultural self and cultural desire, nurses can learn from what Leininger and McFarland (2002) call “holding knowledge.” This knowledge assists the nurse in understanding common values usually found in the culture related to health and well being, and it should be used as a starting point until the the patient informs the nurse that the value or care need is not important or significant to them. This process avoids stereotyping and allows the nurse to proceed with treatment based on consistently confirmed or newly learned care values by the individual, family, or community.

Examples of Common Care Values and Needs Of Mexican Americans

Leininger and McFarland (2002) have identified the following constructs as care values in the Mexican-American culture: attention to the individual and family; respect, family support, and filial love.

In the Mexican-American culture, it is important that nurses pay attention to the individual by spending time and listening. This means that the nurse listens carefully to the individual or family concerns about health and well being. Paying attention also means that nurses should consciously avoid hurrying through care. It is important for the nurse to engage in “small talk” about the family or community prior to proving care. This “small talk” helps build a sense of personalismo, or acting as a friend in the nurse-patient relationship. It is also impolite to start either care or “small talk” without a formal greeting, such as good morning (Zoucha, 1998, 2000).

Respect in interpersonal relationships and deference for social position, authority, age, and gender is expected, and therefore, given in return. Often, the nurse is viewed as the authority and treated with deference, but respect is expected in return from the nurse. In some cases, approval is needed by the head of the family (either the patriarch or matriarch). This can be done informally by including the head of the family in discussions about care. Care is often a family affair, and even though the patient might be in need of treatment and education, it does not mean that the patient will be providing his or her own care. Often, the spouse or an adult child may be the caregiver in the hospital or home. Therefore, it is essential that the nurse assess who will be providing care and teach both the individual and caregiver.

Family support is ever present, and family has meaning beyond blood or related connectedness. In the Mexican-American culture, family may mean close friends of the family, known as “compadres,” who may be present at times of health and illness. “Compadres” will expect to be treated as respected members of the family by the nurse and other health care professionals (Zoucha & Purnell, 2003).

The final care value identified is filial love. This care value means that love of a parent or family member is built into the relationship and therefore expected. Nurses may deliver care with love, but because they are not family, it is not essential but at times desired (Zoucha, 2000).

Understanding the caring relationship between nurses and Mexican Americans is important in understanding the process of cultural competence. In recent years, studies have found that nurses must develop relationships with Mexican-American individuals, families, and communities in order to promote care that is based on expected cultural care values and needs. Becoming personal or “friend-like,” and developing and maintaining confidence in the relationship is essential. Warda (2000) describes the process of “personalismo” as becoming friend-like with the individual and family so that “confianza,” or mutual reciprocity, can be obtained and maintained (Stasiak, 1991; Zoucha, 1998). If the nurse is behaving in a genuine and caring manner that is congruent with the expected care values of Mexican Americans and becomes personal, then “confianza” exists in the nurse-patient relationship, and improved health outcomes can be achieved.

In a more recent study (Warda, 2000), confidence was found as part of the larger concept of “personalismo” and is one of the components and outcomes of culturally congruent care for Mexican Americans. If the nurse becomes personal with the individual and/or family, it may result in a full range of access and care opportunities that can benefit all involved (Zoucha, 2000). Belknap and Sayeed (2003) found that through exploring thoughts of Mexican-American women regarding domestic violence, “confianza” was critical in providing opportunities to discuss this issue. All studies clearly described “confianza” in the nurse as dependent on the nurse’s behavior.
Not all Mexican Americans and/or their families will have exactly the same culture care expectations and needs, many of which are dependent on acculturation, diversity of language, and personal identification and adherence to care values. Therefore, current research findings and identification of holding knowledge have been presented as a starting point for nurses in the development of each relationship. If the nurse is personal with the individual or family, the opportunity exists to either confirm the identified values in the literature or learn new values that can and will promote the health and well being of Mexican Americans.

Conclusion

Understanding culture is significant in promoting care that is congruent and satisfying to the individual, family, and community. Being aware of varying cultures can assist nurses in providing care that is based on research, holding knowledge, and cultural assessment. For example, understanding cultural care values and needs of Mexican Americans can promote health and well being through building relationships with the individual, family, and community. Relationships can be obtained and maintained through being personal with the individual and family, and displaying the expected care values of the culture. This process can lead to confidence in the relationship, creating the potential to promote healthy behaviors or learn new behaviors related to health and well being. In the Mexican-American culture, respect and consideration for age, gender, authority, and social position in the community while providing care is essential.

Case Study

Robert T. is a 60-year-old male who is next on the list at a busy urology clinic. After briefly reviewing his chart, the nurse notes that the primary complaint is back pain. It is further noted that Robert is a migrant worker and has been referred to the clinic by the nurse practitioner at the local migrant clinic. The nurse enters the examination room to find the patient with several women of varying ages, a man, and a young female holding a small child. The nurse makes eye contact with the patient and asks, “Why are you here”?

Robert begins to tell the nurse about his work and his family. The nurse interrupts and says, “I need to know why you are here. Are you having a urologic problem?” Robert again begins to talk about his job and family. The nurse interrupts him by stating, “I need you to tell me why you are here.” When he doesn’t respond, the nurse turns to the other individuals in the room and asks, “Can any of you tell me why he is here?”

Robert rises, states, “Thank you,” and leaves. His family follows him. The nurse makes a comment to her colleague, “Well, what a waste of my time.”

Based on the above scenario and the information in the article, answer the following questions:

1. How was “personalismo” used in this interaction?
2. Why were additional individuals with the patient in the examination room?
3. What cultural norm can be identified by the additional family members “compadres” in the examination room?
4. What are some ways the nurse could have made this a successful interaction? [ ]

References