

Case study: Culturally sensitive care [preceptor version]

PHN RESIDENCY FOR NEW GRADUATES

Objectives

1. Provide examples of Mexican immigrant cultural beliefs and how these beliefs may impact care.
2. Discuss methods for assuring provision of culturally sensitive care.
3. Explore common cultural groups encountered in your community.
4. Describe evidence-based practice and its contribution to provision of culturally competent care.
5. Determine key concepts needed to provide non-judgmental care to culturally diverse clients.
6. Discuss appropriate referral sources for low-income, culturally diverse clients.

Case study

During a family home visit, Maria asks the public health nurse (PHN) why she needs a colposcopy. After reviewing the documents, the PHN tells her that she is positive for human papilloma virus (HPV) and her Papanicolaou (Pap) smear shows cell changes that could, if left untreated, develop into cervical cancer. A colposcopy and biopsies are necessary to determine a more exact diagnosis and guide treatment. To the PHN's surprise, Maria looks stricken and begins to cry quietly.

After further conversation, the PHN realizes that Maria, who is from Mexico, believes that she has cancer. Maria understands English very well; therefore, the PHN has not used an interpreter. However, even if they had, their remarks may still have been confusing, because language is not the only difference between people from different countries. Their cultural beliefs may not be the same.

1. What cultural beliefs may be causing Maria's distress?

Answer: In Mexico serious diagnoses such as cancer are generally not given directly and bluntly; the clinician brings the conversation slowly around to the illness and hints at the serious diagnosis. In Anglo-American culture, because of the value of time efficiency, clinicians tend to be both direct and blunt. Provider belief in the patient's right to know the possible diagnoses may feel impersonal and confusing to people from other cultures. When the PHN explains that cancer is a possibility, Maria assumes that this is a gentle way of saying she probably has cancer.

2. How can mistakes, based on cultural beliefs and misunderstandings like this, be supported and turned into learning experiences?

In this PHN's case, especially if they have many Mexican immigrants or Mexican-Americans in their community service area, it would be good nursing practice to find out more about the culture. The PHN should continuously ask in what ways they or the department could improve services to this population, including ongoing self-assessment to consider how the PHNs' own cultural background affects care.

3. What are some of the main cultural groups in the region or city in which you live? What are some of the smaller cultural groups in your city or region?

Suggestion: Differences in culture are not limited to race or ethnicity. Consider differences in life situations (e.g., homeless culture), different abilities (e.g., hearing-impaired culture), differences in age (e.g., generational culture), geographical differences (e.g., rural vs. urban culture), and differences in religion and sexual orientation.

Activity: Choose one of the groups you've identified. Choose an evidence-based practice article that supports your nursing interventions for this group of clients, and discuss the findings with your preceptor.

4. How can PHNs strive to incorporate different cultural beliefs, values, and practices into their nursing care without stereotyping or prejudging clients?

Answer: Memorizing a list of cultural traits of clients is simplistic; it may facilitate stereotyping, hindering the development of the PHN-client relationship. PHNs should interact with their clients as individuals who should not be prejudged. You will need to develop self-awareness, knowledge, and skills.

- **Ask the client**
- **Find resources that describe a culture or lived experiences**
- **Attend community events**
- **Discuss with your more experienced colleagues**

Maria starts explaining her symptoms with a story about her job back in Mexico, coming slowly around to how she thinks it might be related to her current condition. Although this could feel frustrating and ambiguous to the PHN, Maria is contextualizing her symptoms while also providing more detailed information about herself and her illness. If the PHN realizes that this style of communication is culturally valid and listens attentively, they may get much more helpful information about their client.

5. During home visits, differences in concepts related to time can occur with clients. How could the PHN continue to build the relationship while being aware of time constraints?

Answer: Prioritize essential interventions based on client priorities, acknowledge the client's needs, and describe time limitations early in the visit. If needed and possible, increase the amount of time for the next visit to pick up where the PHN left off.

When the PHN returns for another home visit, Maria tells them that she has not returned to the clinic for the colposcopy because she is concerned about the costs of the test and any further treatment. She reveals that she does not have any health insurance.

6. If Maria were a part of your community, what health care resources would exist for her? What information does the PHN need to know before making a referral?

Answer: Look for resources in your community, considering:

- **What services are offered**
- **Geographic restrictions**
- **Restrictions in types of clients**
- **Fees/costs**
- **Insurance required**
- **Transportation**

CASE STUDY: CULTURALLY SENSITIVE CARE [PRECEPTOR VERSION]
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For some referrals you may need to know some specific information:

- **Income**
- **Age/date of birth**
- **Immigration status; legal status may impact eligibility for programs and services**
- **Contact information**
- **Release of information**

7. **Think about cultural practices and how they affect health or illness in your own family. What are your family's beliefs and practices related to illness prevention? What do you do when someone gets sick? What rituals does your family practice when someone dies? Discuss the answer to these questions with your preceptor.**

Concepts covered

Cultural practices, communication, stereotyping vs. cultural awareness, awareness of personal culture, referral resources, evidence-based practice

Additional resources

1. American Academy of Nursing: Expert Panel on Global Nursing and Health. (2018). *Standards of Practice for Culturally Competent Nursing Care*. Online: https://tcns.org/wp-content/uploads/2018/03/Standards_of_Practice_for_Culturally_Compt_Nsg_Care-Revised_.pdf.
2. Campinha-Bacote, J. (2011). Delivering Patient-Centered Care in the Midst of a Cultural Conflict: The Role of Cultural Competence. *The Online Journal of Issues in Nursing*, 16(2). Online: <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-16-2011/No2-May-2011/Delivering-Patient-Centered-Care-in-the-Midst-of-a-Cultural-Conflict.html>.
3. Heartland National TB Center. (2010). *Beyond diversity: A journey to cultural proficiency- facilitators guide*. Online: https://www.heartlandntbc.org/assets/products/hntc_cultural_prof_guide.pdf.

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