Culturoosity®

Cultural Awareness in End-of-Life Care
The goal of this presentation is to seek competence in cultural values and perspectives different than your own, to ensure that we provide culturally appropriate interactions with patients and their families.
Objectives

• Define awareness, sensitivity and competency
• Define the importance of cultural awareness and sensitivity at end-of-life
• Describe four American cultures:
  • African American
  • Asian American and five subcultures
  • Hispanic/Latino American
  • LGBTQ Community
• Describe for each, their:
  • Culture’s basic values
  • Cultural/spiritual perspectives
  • End-of-life process
Culturosity ®

‘Culture’ + ‘Curiosity’ = Culturosity®

A desire to learn about and interact with different cultures
**Cultural Definitions**

**Awareness:** developing sensitivity and understanding of another ethnic group
- Internal changes in terms of attitude and values
- Refers to openness and flexibility toward one another

**Sensitivity:** knowing that cultural differences and similarities exist, without assigning values

**Cultural competence:** behaviors, attitudes and policies that come together to work effectively in cross-cultural situations
Cultural Awareness

• Developing sensitivity and understanding of another ethnic group
  Foundation of effective communication

• Cultural sensitivity
  Recognizing other’s values and perspectives
  How we react to others in the world

• Vital to decision-making
  Why we do things the way we do
Cultural Awareness

• Developing sensitivity and understanding of another ethnic group
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“Misunderstandings arise when I use my meanings to make sense of your reality.”
Misinterpretations

Lack of awareness

  My way is the only way
  I know their way, but my way is better

Our own culture is not conscious to us

  My way and their way
  Look for cues – unspoken and spoken – be present

Projected similarities

  Assuming people are similar may lead us to act inappropriately
Embrace and Celebrate Diversity

- Admit you don’t know
- Suspend judgments
- Use empathy
- Continually check your assumptions
- Become comfortable with ambiguity
- Celebrate diversity

“We are all ONE but different, Different but the Same!”
Population Projections

<table>
<thead>
<tr>
<th>Population Group</th>
<th>2008 Census</th>
<th>Projected 2050 Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino Americans</td>
<td>46.7 Million</td>
<td>132.8 Million</td>
</tr>
<tr>
<td>African Americans</td>
<td>41.1 Million</td>
<td>65.7 Million</td>
</tr>
<tr>
<td>Asian Americans</td>
<td>15.5 Million</td>
<td>40.6 Million</td>
</tr>
</tbody>
</table>
### Patients by Race / Ethnicity

<table>
<thead>
<tr>
<th>Patient Race</th>
<th>2008</th>
<th>2007</th>
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</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>81.9%</td>
<td>81.3%</td>
</tr>
<tr>
<td>Multiracial or Other Race</td>
<td>9.5%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Black / African American</td>
<td>7.2%</td>
<td>9.0%</td>
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<td>1.1%</td>
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<th>Patient Ethnicity</th>
<th>2008</th>
<th>2007</th>
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<tr>
<td>Non-Hispanic or Latino origin</td>
<td>94.4%</td>
<td>94.9%</td>
</tr>
<tr>
<td>Hispanic or Latino origin</td>
<td>5.6%</td>
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African American’s Countries of Origin

Sub-Saharan Africa
Nigeria, Ghana, Ethiopia, Eritrea, Egypt, Somalia

Caribbean Islands
Bahamas
Haiti
Latin America
Mexico
Panama
African Americans – Cultural Perspectives

Shared history – victims of the slave trade

Wide range of:
- Belief systems, traditions and practices
- Socioeconomic classes and educational levels

Distrust of medical establishment
- Healthcare disparities
  - e.g. 1932 Tuskegee experiments - men with syphilis were intentionally untreated for 40 years

Care for loved ones at home
African Americans – Cultural Perspectives

Western Medicine accepted, along with alternate remedies:
   Folk healers, spiritual elders
   Home remedies, rituals, herbs

Always use direct eye contact

Address patient/family formally

Large extended families
   May include non-blood ‘relatives’
African Americans – Spiritual Perspectives

Church is a vibrant part of the community

Embrace a broad range of religious beliefs
  Protestant Christianity
  Catholicism
  Islam
  Buddhism

May view hospice services as “giving up”
African Americans – Death And Dying

May feel conflicted
  Aggressive treatment vs. death as a ‘welcome friend’

Traditional ‘home-going’ (funeral) services celebrate life

Services delayed to allow family to gather

Emotions are expressed openly at services

Attitudes towards cremation, autopsy and organ donation
Asian Americans

- Chinese: 22%
- Indian: 20%
- Filipino: 18%
- Vietnamese: 11%
- Korean: 10%
- Japanese: 5%
- Other: 8%
- Pakistanis, Hmong, Cambodians: 6%
Asian American – Subcultures

Subculture
   A group within a culture that has distinctive patterns of behavior and beliefs

We will look at Five subcultures
   1. Chinese Americans
   2. Japanese Americans
   3. Korean Americans
   4. Vietnamese Americans
   5. Filipino Americans
Asian American – Countries of Origin

- Bangladesh
- Burma
- Cambodia
- **China**
- India
- Indonesia
- **Japan**
- Korea

- Laos
- Malaysia
- Pakistan
- The Philippines
- Sri Lanka
- Taiwan
- Thailand
- Vietnam

Largest Asian American population lives in New York and California
Asian American – Values

Importance of family
Hard work

Self-discipline
Respect for elders
Commitment to education
Asian American – Cultural Perspectives

- Prefers to care for elders at home
- Prefers to obtain help within the family
- May not readily seek out services
- Difficulties with language – especially elders
- Male hierarchy of authority
- Suffers in silence
Asian American – Cultural Perspectives

Guilt
Shame
Self-control
Saving face
Asian American – Spiritual Perspectives

Wide Spectrum:

Buddhism
Christianity/Catholicism
Confucianism
Hinduism
Judaism

Islam
Shintoism
Taoism
Asian American – Death And Dying

Great respect for the body
Funeral planning
Shrines
Cremation
Generally object to autopsy and organ donation
Stoicism
   Depression may result from internalized grief
Chinese American – Cultural Perspective
Chinese American – Cultural Perspective

First Asians to immigrate to the U.S. during the California Gold Rush

Largest Asian American culture in U.S.

Harmony of body, mind and spirit

Shy and modest
Chinese American – Cultural Perspective

- Use of family name important
- Yin and Yang
- Food to treat illness
Chinese American – Death And Dying

Family loyalty is paramount
  Decision-making authority given to male family members
    First the husband/father, then the eldest son

May not complain
  Suffer in silence, may not verbalize pain

Dying at home
  May bring bad luck,
    however, spirit may get lost in the hospital
Response to the subject of death:
- May not wish to discuss it
- May want to talk with their loved ones themselves
- May prefer patient not be told

Special cloths may be placed on body at time of death
Chinese American – Death And Dying

May prefer to bathe loved one

End-of-life rituals may include:

- Incense burning
- Special foods
- Good luck symbols
- Weeping/wailing at funeral
Japanese Americans
Japanese Americans

- Education highly prized
- Humble, courteous and thoughtful
- Social codes and manners
Japanese Americans – Cultural Perspectives

Foundation in Confucianism

- Filial Piety - a respect for parents and ancestors
- Devotion to family
- Honor – Shame - Duty
Japanese Americans – Death and Dying

- Parents should be cared for at home
- Open discussions approached with respect
- Funeral/ceremonies give high honor to the dead
- Open coffin is common
- Monetary gifts may be given to the family
Korean Americans
Korean Americans – Cultural Perspectives

- Assimilation & Integration
- High regard for family
- Indirect communication observed
- Stoicism
- Herbal, ancient remedies and acupuncture used at times
Korean Americans – Death And Dying

Reluctant to use hospice
Longevity is a blessing

Mourning style
Crying/wailing/chanting
May prefer to clean/bathe body
Incense burning
Praying
Cremation common
Vietnamese Americans
Vietnamese Americans – Cultural Perspectives

Family is paramount
“A drop of blood is better than an ocean of water”

Two sacred family obligations
Care for elderly parents and mourn them in death

Immigrants were refugees
Many suffer from PTSD
Uses little resources outside of family
Vietnamese Americans – Cultural Perspectives

May not seek outside resources
May experience PTSD

Greet with smile and quarter bow
Desires more distant personal space
Women do not usually shake hands

Indirect communication observed
Open expressions considered rude
Avoidance of eye contact
May hesitate to ask questions or discuss death openly
Vietnamese Americans – Cultural Perspectives

Disease caused by imbalance of forces
Elders may not trust Western medicine
Denial or high tolerance of pain – illness is their destiny

Tet – Highly coveted
Vietnamese New Year
   January 19th – February 20th
Vietnamese Americans – Death And Dying

Mourning begins before death is imminent

During the death process:

- Strict silence is observed
- Entire family assembles around dying patient
- Eldest child records last words and suggests a name
- Ceremonial cleansing, body never left alone
- Rituals performed, special mourning clothing, altars
- Everyone is required to cover their heads
Filipino Americans
Filipino Americans – Cultural Perspective

- Families come first
  - many family members may have come to the US to help their families financially
- Having a large family is highly valued
- Respect is central value
- Very polite and shy
- Family often has a spokesperson
Filipino Americans – Cultural Perspective

Healthcare

- Families prefer to take care of the elderly at home
- Traditional healing and modern medicine co-exist
- Patient tend to endure pain rather than to ask for medication
- Illness might be considered as punishment
- Consult family before presenting patient with terminal diagnosis
Filipino Americans – Death And Dying

- Largest Catholic population in Asia / Pacific Islanders
- For Catholics death rituals are very important
  - Sacrament of the Sick (formerly: last rites)
  - Blessing by a priest
  - Family gathers for prayer at the bedside
- Some families might want to ship body of loved one back to Philippines
Hispanic/Latino Americans
Hispanic/Latino Americans – Countries of Origin

- Argentina
- Belize
- Bolivia
- Chile
- Colombia
- Costa Rica
- Cuba
- Dominican Republic
- Ecuador
- El Salvador
- Guatemala
- Honduras
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Puerto Rico
- Spain
- Uruguay
- Venezuela
- Spain
Hispanic/Latino Americans – Cultural Perspectives

Country of origin defines subculture, dialect

The family is paramount

Western medicine accepted but may also observe:
- Folk remedies,
- Spiritual healers
- Curanderismo
Hispanic/Latino Americans – Cultural Perspectives

Cultural differences

Nodding of the head is done many times out of respect, and is not necessarily indicative of agreement or understanding.

Comfortable social distance of Americans is about double that of Hispanics.

Matriarchal family structure

Eldest daughter usually leads.
Hispanic/Latino Americans – Cultural Perspectives

Spiritual affiliations:

Roman Catholic – Last rites performed
Protestant/Evangelical Christian

- Remaining at home is often the major concern
- May observe altars, religious symbols
- Low use of hospice
Hispanic/Latino Americans – Death And Dying

• Thoughts on talking about death:
  Talking about death might make it happen
  Talking about death is wishing it will happen
  Belief that there’s always room for a miracle

• Pre-planning funerals may be viewed as announcing death

• Elder Hispanics rarely attend bereavement groups

• Attitudes toward cremation, autopsy, and organ donation
Challenges for LGBTQ End of Life (EOL) Care
When Eleanor went into a nursing home to receive the care she needed in her final days, she was open about who she was as a lesbian.

“You still have time before you die to repent, change your ways and be saved,” a Certified Nursing Assistant (CNA) at the nursing home told her.
Demographics / Population Estimates:

• 3.8% of Americans identify as lesbian, gay or bisexual

• One should not assume sexual orientation and gender identity are static over life course

• LGBT older adults in 93% of counties in US
  • 3 million over the age of 65
  • 7 million by 2030 over the age of 65
Coming out, internalized homophobia, stigmatization lead to higher risk for depression, suicide, risky behavior and substance use.

Loneliness and social isolation are contributors about 50%.

Suicide risk higher
  - 39% in The Aging Health Report cohort contemplated suicide
  - Highest in TG Older adults at 71%
  - Race/ethnicity differences
    - Highest depression, stress in Hispanic and Native American
    - Higher neglect in Hispanic and African Americans

A GRANDFATHER has revealed he is gay after spending 90 years in the closet – despite knowing about his sexuality since he was five-years-old.
Social Networks

- Twice as likely to live alone compared to heterosexuals
- Four times more likely to be childless
- Do not gain the same health benefits as heterosexual couples
- Chosen family not biologic

Farmer DF Palliat Med Hosp Care open J 2015
Advance Directive Challenges for LGBTQ EOL Care

- 18% Health Care Proxy
- 12% Living Will
- Reasons cited for not completing
  - Not necessary now
  - Not aware of document
  - Not aware how to complete it
    - Hughes et al. 2015
- 42% Health Care Proxy
- 38% Living Will
- Much higher than general population as sample connected to LGBT Health and Social Services
  - Stein et al 2001
Managing Language Barriers

Provide an interpreter
- Avoid using family members as interpreter
- Be sensitive to dialects

Ensure you distinguish their country of origin
- Be very careful not to make assumptions
  - Example: Calling a person Chinese when they are Vietnamese or Korean
- Ask country of origin if necessary
Communicating by Telephone

Address person properly
  Use correct title

Speak warmly/slowly
  Don’t be in a hurry

Practice name pronunciation

Efforts to speak their language are appreciated

Remember to smile
  It reflects in your voice
In Summary

Be “gracious guests” in the homes of our patients and families.

Please remember:

- Listen more, speak less, **be present**
- Ask open-ended questions, **be curious**
- Do not impose your judgment, **be empathic**
- Respond to how others view the world, **be understanding**

Presentation’s objectives met?
Questions?
References


Cross, Bazron, Dennis and Isaacs, 1989. National Center Cultural Competence, Georgetown University Center for Child and Human Development

References

Diversity and End-of-Life Care Tip Sheet. Hospice Foundation of America, 2009
THINKs on Diversity
i-net at Learning Resources ➔ Program Training and Resources ➔ Team Meeting ➔ THINKs on Diversity ➔ THINK Asian American
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