Transcultural Considerations

- Cultural Sensitivity in health care is of utmost importance

- Culture represents a way of perceiving, behaving, and evaluating one’s world and it provides the blueprint for determining one’s values, beliefs and practices

Basic Characteristics of Culture

- Culture has four basic characteristics
  Culture is...
  - **Learned** - from birth through the processes of language acquisition and socialization
  - **Shared** - by all members of the same cultural group
  - **Adapted** - to specific conditions related to environmental and technical factors and to the availability of natural resources
  - **Dynamic** - and ever changing
Basic Characteristics of Culture

- Subculture - groups within a large culture
  - Ethnicity - common physical characteristics, language
  - Religion - members of a religious group
  - Occupation - individuals belonging in a profession
  - Health-related characteristics - similar health concerns
  - Age - groups within the same age bracket
  - Sex/gender - as well as sexual preference

Culture and the formation of Values

- Dominant Value Orientation - a basic value orientation shared by the majority of its members as a result of early common experiences

- Some of the dominant value orientations of the United States dominant cultural group (white middle class Protestants) includes:
  - Individuality
  - Material wealth
  - Physical beauty
  - Democracy
  - Cleanliness
  - Education
  - Self-discipline

Cultural Values and Health Care

- Time
- Relationships with others
- Family
- Spirituality/Religion
- Health-Related Beliefs
Time

- Time Dimension- there are three ways in which people perceive time with a focus on:
  - The Past- traditions and ancestors play an important role in person’s life
  - The Present-little attention is paid to the past or future. Individuals are concerned with “now”
  - The Future- Progress and change is highly valued

Relationships With Others

- Relationship with others-another aspect of a person’s cultural value orientation. It can be categorized in three ways:
  - Lineal relationship- refers to those that exist by virtue of heredity and kinship ties
  - Collateral relationship- focus primarily on group goals and family orientation is most important
  - Individual relationship- refers to personal autonomy and independence. Individual goals dominate

Family

- Family- remains the basic social unit. It is defined by individuals living together as a unit. There are 6 categories of families:
  - Nuclear- husband, wife and children
  - Single parent- either mother or father ant at least one child
  - Extended family- may include grandparents, aunts, uncles, cousins and non-biologically related
  - Blended-husband, wife and child(ren) from a previous relationship
  - Cohabitation- unmarried man and woman sharing a household with child(ren)
  - Gay- same gender couple and child(ren)
**Spirituality and Religion**

- Spiritual/Religious Beliefs and Practices - an integral component of the individual's culture
- May influence the person's explanation of the cause of illness, perception of its severity and choice of healer
- In time of crisis - may be a source of consolation
- In health care situations - people frequently search for a spiritual explanation for illness and disability

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**Health-Related Beliefs**

- Health-related Beliefs and practices - in order to understand health care needs of others, you must first understand your own culturally based values, beliefs, attitudes and practices
  - Introspection
  - Confront your own biases, preconceptions, and prejudices
  - Identify the meaning of health to the client

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**Culture and Illness**

Causes of Illness - there are 3 ways to look at the cause of illness

- Biomedical/scientific - based on the assumption that all events in life have a cause and effect, the human body functions mechanically
- Naturalistic - a holistic perspective believing that human life is only one part of nature. The body is influenced by energy
- Magico-religious - Supernatural forces dominate and control the body
Culture and Healing

- All cultures have their preferred healers
- Scientific/Biomedical healer
- Lay/Folk healers
- Spiritual or religious healers
- Combination

Transcultural Expression of Illness

- Wide cultural variation exists to which symptoms and conditions are perceived, diagnosed, labeled and treated

Cultural Assessment

- Brief History of the cultural group patient identifies with
- Communication
- Values
- Cultural Sanctions/Restrictions and Health related beliefs/practices
  (Include nutrition, socioeconomic considerations, educational background and religious affiliation)
The Interview

Phases of the Interview

- **Preparation**: The nurse prepared by reviewing available information about the patient in the medical record.
- **Orientation**: The nurse explains the purpose of the interview and becomes acquainted with the patient. Clarification is given regarding confidentiality of information.
- **Working**: The nurse focuses the interview on the patient’s health dimension, using a model to form a database.
- **Termination**: The nurse closes and summarizes information collected.

Interviewing Techniques

- **Problem-seeking**: Uses questions to identify health problems the patient needs to resolve.
- **Problem Solving**: Focuses on gathering more information about specific identified problems.
- **Direct-Question**: A more structured approach in which the patient gives brief answers.
- **Open-ended**: Asks for narrative information, fully explores subjective symptoms and allows the patient to take an active role in responding.
Top Basic Communication Strategies for Data Collection

- Facilitation
- Reflection
- Clarification

Top Things to Avoid....

- Providing False Assurance
- Giving Advice
- Using Authority
- Using Professional Jargon
- Using a leading/biased question
- Using a why question

Closing the Interview

- Should end gracefully-give warning
- Ease into closing by giving a summary
- Thank patient for cooperation
Assessment Techniques

- Inspection
- Palpation
- Percussion
- Auscultation

**Inspection**
- Inspection is concentrated watching
- It begins with a critical observation during the general survey, then proceeds through examination of each body system
- Inspection always precedes the other ways of assessment
- Good lighting, adequate exposure, and any instruments to aid in visualization

**Palpation**
- Applies examiner's sense of touch to assess:
  - Texture
  - Temperature
  - Moisture
  - Organ location and size
  - Swelling
  - Vibration or pulsation
  - Rigidity or spasticity
  - Crepitation
  - Lumps, masses
  - Tenderness or pain
Palpation

- Different parts of the hand is used to assess:
  - Fingertips – assess texture, swelling, pulse, lumps
  - Fingers and thumb in a grasp – assess position and shape of organs and masses
  - Dorsa (back) of hand – assess temperature
  - Base of fingers – assess vibration

- 1 hand; 2 hands
- Bimanual

Palpation

- When palpating:
  - Use a slow and systematic approach
  - Warm hands
  - Palpate tender areas last
  - Always start with light palpation then proceed to deep
  - When using deep palpation use intermittent pressure vs long continuous palpation to avoid injury and pain

Percussion

- Tapping the person’s skin with short, sharp strokes
- Used to assess organ location, size and density (air, fluid or solid structure)
- Each tap/stroke yields a characteristic sound
- Two types:
  - Direct – the striking hand directly contacts the body wall
  - Indirect – the striking hand contacts the stationary hand fixed on the person’s skin
Percussion-Basic Sounds
- Air (example-lungs) produces a long, loud, deep sound
- Dense/solid (example-organ) produces a soft, high, short sound
- Percussion Notes are:
  - Resonant
  - Hyperresonant
  - Tympany
  - Dull
  - Flat

Percussion Notes
- **Resonant** - medium loud, low note - normal lung
- **Hyperresonant** - loud, lower, long note - normal child lung, abnormal adult lung
- **Tympanic** - loud, high, longest note - air filled intestine or stomach
- **Dull** - soft, short, muffled, high note - dense organ (spleen, liver)
- **Flat** - very soft, high, very short note - no air (bone, muscle or tumor)

Auscultation
- Listening to sounds produced by the body
  - Heart and blood vessels
  - Lungs
  - Abdomen
  - Need a good fitting stethoscope
  - Listen under clothing or gown
  - Warm endpiece in palm
  - Need a quiet room
  - Avoid artifact (touching the tubing)
Data Gathering

- Data is gathered by interviewing and examining the patient
- Data gathered is often lacking form and meaning
- After analysis of data, you can document in a SOAP note

SOAP Note: Problem Oriented record-keeping

- Subjective- information given by patient or family
- Objective- physical exam findings and diagnostic tests
- Assessment- patient’s response to the illness and/or your therapeutic ideas
- Plan- interventions to work towards problem solving. They may be diagnostic, therapeutic and educational
How do you write a SOAP note?

- Begin with data collection
  - Each SOAP note will have a specific focus that correlates with lecture and lab
  - You should take a focused history related to the body system. (Example: the first SOAP note will be on Skin, Hair and Nails). Questions should focus on this body system such as:

    Do you have any previous skin disease?  
    Have you noticed any recent hair loss?  
    Do you bite or chew your nails?

Subjective Data

- Once you have completed the focused interview, record the data
- You may quote directly what the patient said and/or paraphrase by writing Pt states... or Pt denies...

Pt denies any history of skin disease or problems. States he has a "receding hairline" since his mid-30's. Admits to biting nails "only when studying for exams".

Objective Data

- You will learn how to follow a systematic approach to examination of each body system.
- As you perform the exam, identify the abnormal findings. Correlate with the symptoms obtained in the subjective history and the observed signs from the physical exam, and any lab reports available to you
- Objective data will be written in a brief statement format. This will be taught in class
Assessment

- Once you have collected the data base, you will interpret the findings
- The assessment should be written as a NANDA diagnosis
- At the end of each chapter, examples are given for you
- The Assessment may be a actual health problem, risk diagnosis, or a wellness diagnosis

Plan

- You will list several interventions that will aim to resolve the problem(s)
- These could be educational, therapeutic, diagnostic, or referral in nature