

Method of analysis

Business



The healthcare field has become increasing cultural diversity as the world becomes smaller with continues significant influx of a diverse populations into our communities. Learning to handle feeling of prejudices and discrimination need to be address, helping people with language and religious barriers and provide healthcare education, which is a major factor in recovery and follow-up care Potential misunderstanding, deeply rooted attitudes can manifested unconscious behaviors can impair a person's performance on the job or patient treatment. This paper bought to mind an article, Cultural Consideration for Haitian Patients, which I found in NurseWeek magazine (Etienne ; Paviovich, 2010, p. 44). Theoretical Basis for Nursing, also speaks of the shift occurring in United States population demographics which is resulting in the concept of culture and the increase of cultural diversity (McEwen ; Willis, 2011, p.

264). This article shows the real and perceived conflicts of interest that relates to care when they came to the United States for treatments and their reason for their care decisions. Summary of Article The article spoke of two Haitian immigrants of the fastest growing immigrant communities in the United States coming to the United States for medical care. Geographical, cultural and ethnic factors influence the belief, values and practices of Haitian culture. Haitians beliefs focus on spirituality, care for close and extended family and divine predestination.

The culture believes in “ Good Health” and there is limited preventive care and silence in regards visible disease and disability (Etienne ; Paviovich, 2010, p. 44). Haitians speak Haitian Creole and French. In Haiti, a wide gap exists between upper and lower class, and the middle class is small. The

tone of the voice reflects strong emotion, can be loud and with hand gestures even if a person is not upset.

Direct eye contact is expected among social equal but avoid in higher socioeconomic or people in authority. Uneducated Haitians are unwilling to expose their lack of knowledge to Americans so they may seem timid or uninterested in their care. This culture does not deal in the future; their life is based at the present and what happen in the past and would feel that healthcare screening unnecessary in the absence of any problem. Haitian is family oriented. Haitian has two main religions, which are Catholic and Voodoo. Voodoo is a fatalistic religion.

It has two types of practitioners; white magic and black magic. Religions activity helps Haitian maintain their cultural identity while integrating in the United States way of life. All these characteristic need to be taken into consideration when providing their care. Application to Practice Cultural interpretations of the value of abandoning natal beliefs in favor of more dominant customs can be life altering. The Western biomedicine tends to dismiss non- Western approaches to healing but we need to learn how to co-exist within the two belief systems (Barker, 2009, p. 94).

By our continuing education in the healthcare, we will be able to use our insight into understanding one's own cultural healthcare beliefs and values. An advance degree nurse can develop and expand their cultural knowledge base by accessing information offered through a variety of sources, including journal articles, textbook, and seminars, workshop presentations, internet resources, and university courses. Nurses learn to directly engage in cross-

cultural interactions with patient from culturally diverse background. Prior to 1970, people came to the United States; people acculturate or assimilate into United State society so they could fit in. After 1970, the immigrant's trend changed to one of maintaining their own unique cultural practices and traditions.

The increasing diverse is offering new challenges to the nurses. (Flowers, 2004, p. 48) The educator needs to help develop cultural competence nursing care. Haitian healthcare is traditional and is found in five different forms; herbalists, Voodoo practitioners, midwives, bone setters and injectionists. These traditional healers can make it difficult to accept Western health practices. When Haitian receives Western care they are very verbal on pain but if it is being done by their own traditional healers they are very quiet.

Death is returning to the creator in the afterlife and the Haitian wants to be with family when death is near. Haitian also faces the same healthcare barriers as other immigrants such as language, documentation status and insurance issue. (Barker, 2009, p. 494) Haitian culture believes the power of a spirit that rides or possesses a believer will explain changes in personality. Healthcare is very expensive and luxury in Haiti so Haitian feels any healthcare done in clinic or is free is inferior.

This reasoning can complicate care and our teaching Conclusion
Communication is very important in this type of culture that based on spiritual practices. We need to make sure our perceived ideas of what the patient needs against the traditional healer and the immigration status can

make a difference in the Haitian care. We need to develop respectful and sensitive ways to encourage positive care for this culture. Deportation fears prompt people not to accept care. Educators need to be creative and perceptive and the need for interpreters other than family members because of taboo subjects. The Haitian will not question caregivers because they fear looking bad and having a lack of knowledge.

A nurse may need to use pictures, pantomime and demonstrate to teach self-care measures, and return demonstration to obtain the Haitian understanding. By treating and focusing on positive health practices and finding respectful and sensitive ways to encourage routine screening and reduce risk factors, nurses promote wellness among Haitian patients.

References Barker, A. M. (Ed.

). (2009). *Advanced Practice Nursing*. Boston: Jones and Bartlett Publishers.

Etienne, M. O.

, & Pavlovich, S. J. (2010). Cultural Considerations for Haitian Patients.

NurseWeek, 23(4), 44-49. Flowers, D.

L. (2004, August). Culturally Competent Nursing Care, A Challenge for the 21st Century. *Critical Care Nurse*, 24(4), 48-52. McEwen, M.

, & Willis, E. M. (2011). *Theoretical Basis for Nursing* (3rd ed.). Philadelphia: Wolters Kluwer | Lippincott Williams & Wilkins.