

Holistic and culturally competent care



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According to World Health Organization, “ Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Holistic health care is not only concerned with the absence of disease, but with a positive state of well-being. Working in culturally diverse environment and providing quality care is challenges because body, mind, and spirit are associated and interrelated. Therefore, suffering physically illness is more likely suffering emotionally and spiritually too that are influenced by different cultural background like culture, ethnic group, race, age, gender etc. The focus of health care has expanded to multiple dimension of person and their contribution to client health or disease. High quality care should always focus on holistic approach and required culturally competent care. In nursing, also, providing care in holistic approach, culturally competent care is very essential nowadays that are affected by client’s and nurses’ cultural values, beliefs, and behavior. So, nurse need to become aware when assessing and providing care to different cultural background client that practices should integrated with respect of the client cultural belief and related to health care. (Blais & Hayes, 2016)

Latino or Hispanic in America

Latino and Hispanic population is one of the fastest growing population in the United State of America. Latino denotes to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Nearly 17 % of population are Latinos or Hispanics in

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America and that is estimated to increase 30% by 2050 (Census Bureau Report, 2016). They have various ethnic groups that comprise many different cultures, races, and nationalities. Hispanic populations are highly increasing in the largest number in Texas since July 1, 2014 (250, 495). California had the largest Hispanic population of any state (15.2 million) in 2015. New Mexico had the highest percentage of Hispanics at 48 percent (Census Bureau Report, 2016). Latino populations are progressively combined into suburban and rural communities all over America. About 23 percent of Latinos in the United States live in poverty (Juckett, 2013). Healthcare providers are facing challenges in both hospital and community to provide quality care for these people due to language barriers, people with no insurance, different cultural values and beliefs on disease conditions and management, illegal immigration status, mistrust, and illiteracy. So, it is very important for health care providers including nurses to know and study about Latino and Hispanic culture to provide quality care and maintain safety for these patients.

Latino or Hispanic Culture

Family is an essential part of Hispanic culture and primary source of support. They usually have extended families including parents, grandparents, uncles, aunts, and cousins. The eldest member of the family has main authority. Gender roles are traditional here: male roles make decisions, female roles hold families together and pass traditions and culture to the next generation, and children are taught to avoid confrontation and to be obedient to their seniors. Spanish is the primary language of Hispanic society, sense of personal space is close and considered less than arm's length, where modesty and privacy are important. Relationships between people are more important than time as well.

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as present is more important than future. Taboo or offensive occur when directly expressed negative attitude. Direct eye contact may be not acceptable while talking to authority member within the family. Silence during the conversation mean either failure to understand or embarrassment about asking question or disagree. Religion wise, most Hispanics in the United States belong to the Roman Catholic who attend church regularly, pray to God, Jesus, the Virgin Mary, and saints. They also observe baptisms and confirmations and celebrate religious holidays, including Christmas, Easter. In holy days, some Latinos maintain home memorials and visit shrines throughout Mexico or Latin America when possible. Compare to other culture, Latino accept death and dying more naturally. Religion, faith and spirituality play a significant role in the acceptance of death.

Health Values, Beliefs and Practice

Supernatural powers are also thought to reason for disease. An example of this is “ Mal de Ojo” or the evil eye. With diseases caused by supernatural forces, non-supernatural treatments are not supposed to be helpful where repeatedly find poor compliance with nontraditional treatment. Traditional Latinos believe in protective and promotive health by balancing hot and cold foods, such as treating a cold with hot food. Most of the time meal contain rice, bean, tortilla and bread. Even though including is healthy ingredients, adaptation of diet pattern of Latinos or Hispanic in America tends to be low in fruits and vegetables and high in flour tortillas, white rice, and processed foods. In pregnancy and childbirth, husband is not allowed to see his wife and new born baby until delivery is completed. Attending delivery is part of female role, generally mother attend them in labor. Hispanic Americans

report fewer pain conditions compared with non-Hispanic white or black Americans, might these gaps be due to variances in pain processing, pain-coping strategies, cultural factors or a combination of these factors. Cultural Affected Common Health Issues and Practices

Both cultural and economic factors affect the access of Hispanic American to health care in the United States. Hot and cold illness in traditional medicine. Herbal therapies play a major role in Latino folk medicine

- Adjustment reaction, obesity, hypertension and diabetes mellitus are common health problem in Hispanic people (Juckett, 2013)
- Many Latino immigrants experience tremendous stress once they are in the United States. Emotional distress often presents with headache (Juckett, 2013).
- Even though including is healthy ingredients, adaptation of diet pattern of Latinos or Hispanic tends to be low in fruits and vegetables and high in flour tortillas, white rice, and processed foods (Juckett, 2013).
- Compare to other cultural people, Hispanic complain fewer pain, gaps due to variances in pain processing, pain-coping strategies, cultural factors or a combination of these factors and seeking alternative methods include traditional and nontraditional: traditional like hot team herb and massage; nontraditional like brought out dated or off label pain medicine from outside the Unites State. (Indiana University-Purdue University Indianapolis School of Science, 2016)
- Female play supportive role throughout the pregnancy, child birth and child rearing

- The elder group, those who are terminally, getting hospice care and end of life support are significantly lower that included lack of knowledge about Hospice programs, the use of Hospice services would denote “ giving up hope and faith” in the life of the dying patient. (Miller, & Pinzón, 2013)
- Getting lower access of care treatment due to low education level and Spanish is primary language, lack of insurance, and distrust in the provider or health care system.
- Prayer and ritual may be a part of the end-of-life process for your patient and the family members. Some families may want to honor their deceased relative by cleansing the body. Autopsies and organ donations are usually resisted, especially by Catholics, but also by others. (Miller, & Pinzón, 2013)

Nurses Responsibilities While Providing Care to Hispanic patient

Nurses responsibility not only aware of cultural difference but also to integrated and respect the client culture when providing care, the nurse should know, in advance, the services that are available through the clinical facility and assist with obtaining the needed interpreter (Blais & Hayes). It is important to explore the use of alternative therapies and belief in traditional folk illnesses, recognizing that health beliefs are dependent on education, socioeconomic status, and degree of cultural changes. (Juckett, 2013).

Family involvement is very important and maintain modesty, respect and privacy while providing care; older patients should be addressed as señor or señora instead of their first names (Juckett, 2013). Health issues or problem should not be talk directly with family member but, can be discussed with

interpreter. Explore health related issues in different way instead of asking direct question. Hispanic culture people do not prefer direct question. If family member is involving in care of patient, discusses important issues and problems to family first then gradually disclose to patient. Cultural values are important in the process of educating families about advance care planning. (Miller, & Pinzón, 2013) The family-centered model of decision making is highly valued and may be more important than patient itself. When involving family members in the care of their loved one, ask about preferences for their involvement. Provide the necessary education to prepare the family members for any technical care they may need to give. Nurses also need to be educated on how to begin the process of advance care planning with Hispanic / Latino families in a culturally respectful and sensitive way.

Conclusion

Nowadays, transcultural nursing care is key component in Health care where nurse should provide culturally competent care maintain quality of care. Latino and Hispanic population is one of the fastest growing population in the United State of America. Many researches reflect that Hispanic people not getting adequate and significant care where they supposed to due to various reasons: different value and beliefs on disease condition and management, language barrier, illiteracy, illegal immigration status and mistrust, healthcare provider facing changes. Healthcare provider including nurse should aware about cultural difference and understand others' values and beliefs along with integrated and correlated this to health and health care with respect.

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