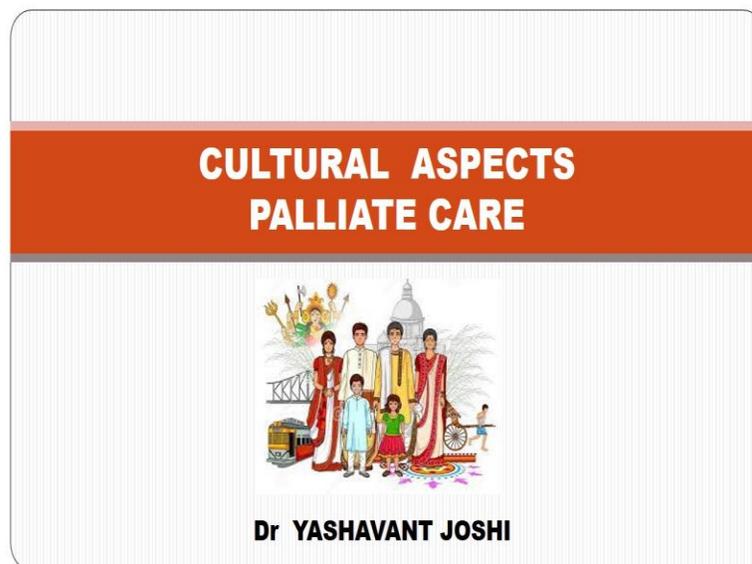


Basic Certificate in Palliative Care
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Week-04
Lecture 02: Cultural Aspects in Palliative Care

Week number 4, lecture number 2. Hello friends. So, now we are in week number 4 and talking about socio-cultural aspects of palliative care.

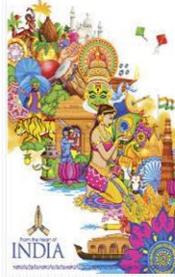
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In this lecture, I will be talking specially about cultural aspects of palliative care. It has got couple of parts.

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PART: I CULTURAL NEEDS



In part 1, I will be talking to you about cultural needs.

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Interdisciplinary Team

Balanced Wellness Wheel



As it is, we already know that palliative care is a holistic approach in which almost all the multi-specialty teams are working. And therefore, when you have got so many people from different branches are working, it is called interdisciplinary team. And this particular team produces a balanced wellness wheel. Wellness that you are physically, mentally and emotionally okay.

That is the wellness. You may call it well-being. In this multi-specialty team, they will be looking after about your physical, intellectual, emotional, spiritual, social and occupational health. And that is how you get a proper balanced wellness for your personal self.

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Fulfillment of Cultural Needs Aims To...

- **Encourage social interaction**
- **Raise self-esteem**
- **Inspire self-expression and communication**
- **Reduce stress and anxiety**
- **Enhance wellbeing and quality of life**
- **Strengthen individual and community resilience**

What the importance of, what do they do and how do they fulfill the cultural needs? These teams, they encourage social interactions, they raise self-esteem, inspire self-extraction and communication, reduce stress and anxiety, enhance well-being and quality of life and strengthen individual and community resilience.

Resilience makes a capacity to withstand any difficulty or to overcome any difficulty whatever or whenever you are facing. So, this is how they fulfill our cultural needs.

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ABRAHAM MASLOW

(1908 - 1970)

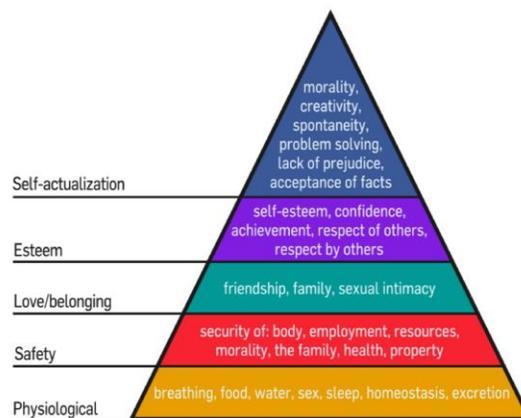
Abraham Maslow was an American psychologist who is best known for proposing a 'hierarchy of needs' model in 1943. Maslow's theory of psychological health and wellbeing is predicated on fulfilling innate human needs in priority, culminating in self-actualisation.



You must have heard of this psychologist, Abraham Maslow, very famous psychologist, American psychologist who is best known for proposing hierarchy of needs model, pyramid. It is a theory of psychological health and well-being and is predicted on fulfilling innate human needs in priority culminating in self-actualization. Now, let us see more about it.

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'Hierarchy of Needs' Model



This is the pyramid, hierarchy of needs. Five tiers are there, 1, 2, 3, 4 and 5. Now, at the base, the foundation is what? It is physiological well-being. That means you are healthy, bodily you are healthy, you are breathing, you can eat food, water, sex, sleep, homeostasis, excretion, everything is possible. So, physiological need is being made here.

If you do not meet this particular need that means you cannot go upwards. So, here comes the importance of body health. If your body is okay, you can move forward. If your body is not okay, you just cannot move forward. Maybe in a car or aircraft yes you can go, but it does not serve any purpose.

So, when we talk about well-being and social needs and cultural needs, the first need comes is the physiological need that needs to be made. Thereafter, second tier is the safety, security of body, your own body, employment, resources, morality, the family, health and property. So, here what we talk about safety of social factor and then upward comes love and belonging. Belonging to whom? Your own family. So, if you find these factors, if they are not satisfied, you cannot go upwards.

Even if you go upwards or little, you are not a happy person and forget about self-actualization going at the top. So, this shows the importance of socio-cultural needs and that needs to be satisfied at the lowest level. Who is the basis? Family. Then thereafter it is a society and then all around the society comes the cultural aspirations.

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'Hierarchy of Needs' Model

- This simple pyramid diagram shows a **five-tier model of human needs**. It suggests that people require their most basic needs to be met before they are motivated to move up the pyramid to the higher levels. Physiological needs are the most essential and the most motivating and the fulfillment of these needs provides a necessary foundation before higher level needs can be pursued. The next three levels are not essential for biological survival, but they are presented by Maslow as the basis of **good psychological well-being**. Creative activities are shown as a self-fulfillment need where achieving 'self-actualisation' is understood to be the highest pinnacle of human motivation and therefore highly rewarding for any individual to achieve. Situations where economic, environment and psychosocial needs are not met present a fundamental risk to health and wellbeing. Support to improve social and economic outcomes often focuses on helping people to act upon a range of needs at the same time and this should include support to meet cultural needs as part of a holistic approach to achieving positive outcomes for individuals and communities. **The same approach applies for early intervention and prevention initiatives where meeting cultural needs can build resilience and contribute positively to the achievement of other important outcomes.**

Let us see the same thing is given out in. People require the most basic needs that is physiological, physiological needs food, water, sex, hunger all these things to be made before they are motivated to move up the pyramid of higher levels. Physiological needs are the most essential and most motivating and fulfillment of these needs provide a necessary foundation before higher level needs can be pursued.

Good physiological well-being is the foundation of the whole pyramid and the same approach applies for early intervention and prevention initiatives where meeting cultural needs can build resilience and contribute positively to the achievement of other important outcomes.

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Cultural Needs Approach

- The term '**culture**' can include 'way of life', customs, leisure activity, language and beliefs, all of which are relevant to a consideration of **cultural needs**
- **Cultural needs** can be influenced by a range of factors such as where the person lives, their gender and their language. They can include how soon the person would like their funeral, whether they would like to be buried or cremated, and any rituals or ceremonies that are important to them. These **needs** should be addressed and respected as much as the medical aspects of care. Personal or religious objects, symbols or rituals (including prayer or readings) may be used.

Cultural needs approach. The term culture can include way of life, customs, leisure, activity, language and beliefs and all of which, the way of life, the way we are living it. In India, we are living it differently.

We have got basically social approach. We are family oriented. We look after our families first. In other countries, western countries, you must have heard of it. 70-80% of diversity takes place.

That is not possible in India. All you will have 2-3% of even lesser than that. We give lots of importance to the family bondage. That is our way of living, way of life. Similarly, customs, leisure, our leisure activity are different and in other culture, it is totally different.

So, the term culture can include way of life, customs, leisure, activity, language and beliefs all of which are relevant to a consideration of cultural needs and whatever your culture, the society has to provide those cultural needs. Cultural needs can be influenced by a range of factors such as where the person lives, their gender that is girl or boy and their language. Language again depends on topography region. In a particular region, you are speaking a different language. In another reason, like in India, we speak generally Hindi.

If you go to France, you will be speaking French. So, they can include how soon the person will like their funeral, rituals particularly during life and after life, whether they like to be buried or cremated like we generally get cremated. We don't get buried and momadans they get buried, some of the Christians they get buried and the rituals of ceremonies after death ceremony during bereavement, they are totally different for different communities, different cultures. So, these needs should be addressed and respected as much as the medical aspects of care, personal or religious objects, symbols or rituals may be used. This cultural needs is during the lifetime when sickness is going on and you are offering proper treatment.

Even after death also during bereavement and grief also, this needs to be met by the people of palliative care.

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Cultural Needs Approach

- **Cultural** background influences how patients make the pain and **palliative care** decisions. Some **cultures** place a substantial value on the community, while others encourage individual independence. Some let the family make decisions, while others help each patient to make their own decision.
- Why Is **Cultural** Respect **Important**? **Cultural** respect is critical to reducing **health** disparities. It helps improve access to high-quality **health** care that is respectful of and responsive to the needs of diverse patients.
- To best meet the mental health needs of others, we must consider **culture**. This helps us to understand and serve others in ways that work for them.

Cultural needs approach, cultural background influence is how patients make the pain and palliative care decision. This is also important. In hardic culture, they take the pain very easily. Otherwise, if the people are soft, they don't take the pain easily.

Some cultures place a substantial value on the community while others encourage individual independence. Some let the family make decisions while others help each patient to make their own decisions. Like here in our case, in India, the families do decide. Of course, they do consider what is the opinion of the patient, maybe a son or maybe a daughter or maybe anybody. But after all, family decides what sort of treatment to be given to their own loved one.

Why is cultural respect important? Cultural respect is critical to reducing health disparities. It helps improve access to high quality healthcare that is respectful of and responsive to the needs of diverse patients. And our country has got so many, I mean you say you just see how many languages are there, how many religions are there and accordingly their cultural systems are different. So, to address these all diverse people, diverse patients, you must understand their cultural needs basically. To best meet the mental health needs of others, you must consider culture.

This helps us to understand and serve others in which they work for them.

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The benefit of culture in relation to health and wellbeing...

The potential to 'harness' culture to improve health and wellbeing has been clearly presented as a means to achieve positive health and wellbeing outcomes. and many benefits have been evidenced including:

- **Reduced stress levels**
- **Distraction from the medical problem**
- **Faster recovery rates**
- **Reduction in patients suffering depression**
- **Improved doctor/patient relationships**

What are the benefits? If you harness the culture to improve health and well-being, it reduces the stress level of the patient also as well as the health providers. Because both of

them, they understand each other, they understand their cultural needs and accordingly a health professional provides the treatment to the patient. There is no question of arising any tension because of religion, rituals and culture. Distraction from the medical problem, there is no distraction at all because they are on the same plane.

Faster recovery rates, naturally because the patient is happy, whatever decisions are being taken by the professionals that is as per the norms of the culture. Reduction in patients suffering depression, no depression because patient is fine with the treatment being offered to him and this is how it is improved doctor-patient relationship. Culture, language, all these things are known to the patient as well as to the doctors and they are on the same page. So, the relationship is stronger, bondages are stronger.

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Cultural needs in relation to health and care needs...

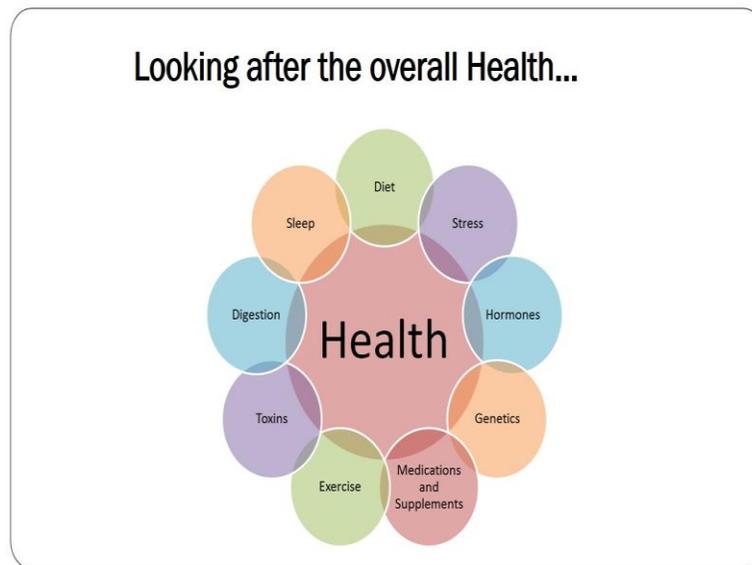
- A needs-based approach is well-established for statutory and community-based health and social care in India. Providing **person-centred care** is seen as a priority with the aim of ensuring that treatment and support is not standardised. In nursing, for example, there is a desire to focus on the patient's personal needs, wants, desires and goals so that the individual can be central to the care and recovery process. However, where it is necessary to address medical needs, it can sometimes be difficult for that person to retain a sense of individuality. Engaging with culture offers an asset-based approach which enhances wellness of the patient. **Physiological needs are addressed by medical treatment and culture can address additional un-diagnosed needs, such as stress and anxiety due to a health condition.**

This has been already established a need based approach is well established for statutory and community based health and social care in India.

What is the requirement of that community? Accordingly certain things to be provided and therefore, providing person centered care is seen as a priority aim with the aim of ensuring the treatment and support is not standardized. Depending on different reasons, different specialties, we are giving person centered care in India. However, it is necessary

to address medical needs, it can sometimes be difficult for that person to retain a sense of individuality. Engaging with culture offers an asset based approach which enhances wellness of the patient. Psychological needs are addressed by medical treatment and culture can be, culture can address additional undiagnosed needs that is basically undiagnosed needs like psychology, satisfaction such as stress and anxiety due to health conditions.

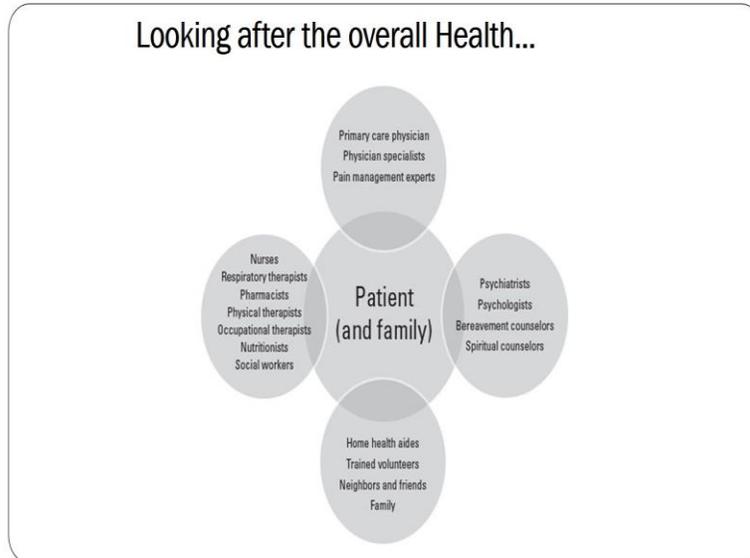
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Looking after the overall health, how do you, how can you have overall health, a good health? You must have proper diet, proper sleep, waste, good digestive system whatever you eat, you should be able to digest. No toxins, you are not addicted to liquor, I mean to say alcohol or toxins or anything. Regular exercise, regular whenever you fall sick, you get medications and supplements. Genetically you are fine, you have hereditary effect, hormones okay and no stress level.

So, this is overall health. When you look after all these factors, you find that overall you are healthy.

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Who looks after this? You have got primary care physicians, physician specialist and pain management experts. This will be available at PHC, CHC, even at tertiary level or in cities. Then you have got nurses, respiratory therapist, pharmacist, physical therapist, occupational therapist, nutritionist and social workers. These are all, this is a team what we are talking about, palliative care team.

Then this is the community based, you have got home, health, aides, we call them home carers, you have trained volunteers, neighbors and friends and family. This we talk about in first week, community participation. And here comes the support, psychological support. You have got bereavement counselors after the death has occurred. You have got spiritual counselor before the death also, even after the death also.

So, this is how the whole palliative care team works and provides holistic support.

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Examples Of Traditional Culture...

The following are illustrative examples of traditional culture.

- Norms. Norms are informal, unwritten rules that govern social behaviors. ...
- Languages. ...
- Festivals. ...
- Rituals & Ceremony. ...
- Holidays. ...
- Pastimes. ...
- Food. ...
- Architecture.

Examples of traditional cultures, norms. Norms are basically informal, but they are solid. Those norms are solid and particularly in Indian villages where still that untouchability exists, there are higher caste and there are lower caste, you know, it will still take some time to eliminate all this particular inequality. So, these norms are there, slowly and slowly they are going up, but still they exist.

They are unwritten rules and that is what they govern social behavior. Languages you already know. In Gujarat particularly in my state where I come from, they always say after 12 kilometers you find a change in language. The language may be Gujarati, the language may be Gujarati, but after 12 kilometers you find a change. In Gujarati we call it Bhargavye Boli badle (Gujarati phrase which means the way one speaks a language), means the way you speak language, you know.

So, this is what is happening. We have got so many languages in India, lots of languages and even like Hindi can be spoken differently, Gujarati can be spoken differently, but particularly when you work in a particular region, in a particular hospital and a particular community is coming over there, it should be very well versed. You must know at least, you know, some part of that language, so that you can talk to them, communicate to them easily. Festivals, rituals and ceremony, holidays, past times again are different. Now of course that villages and cities basically they are generally going to have some same past times, holidays and other things, but still the things are little different, food, architecture.

So, these are the examples of traditional culture which differ from place to place, region to region and country to country.

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Emotional Needs

In addition to physical symptoms, people who are at a palliative stage often experience emotional symptoms, such as anxiety, loneliness, depression and anger, which are all associated with grief.

- **Anxiety** can include feelings of apprehension, fear and dread, which can lead to nausea, dizziness, shortness of breath and diarrhea.
- **Loneliness** is a 'subjective, unwelcome feeling of lack or loss of companionship or emotional attachment with other people'. It is often experienced in conjunction with social isolation, if the person has little social contact or others have withdrawn from them. Some people may feel alone even when in the company of others.
- **Depression** may result in a loss of pleasure or interest in things around them. Depressed people may feel hopeless or helpless and become isolated from those around them.
- **Anger** can affect the way people talk, act and accept their treatment and it is a common reaction to a life-threatening illness.

Why do you need emotional needs? Firstly anxiety because all around you are surrounded by people, your own people and they just tell you that everything will get okay. So, there is no feeling of apprehension, fear and dread and even if it is there, slowly and slowly it will get reduced. Loneliness, you never feel lonely because people are there, but otherwise it is a disease by itself. If you do not fulfil emotional needs, then all these four things, anxiety, loneliness, depression and anger, all these things come up and therefore social support is very much necessary. Loneliness is a subjective unwelcome feeling of lack or loss of companionship or emotional attachment with other people.

It is often experienced in conjunction with social isolation. If the person has little social contact or others have withdrawn from them, some people may feel alone even when in the company of others. So, here you see the definition comes up. Lack or loss, lack means it is not existing. You do not have people all around because people do not like you, you remain lonely.

Second is companionship, emotional attachment with other people. Whenever you go out and you generally mix up with different people, again you do not get attached with those people, but you still in your mind remember, oh my God, I should have been with my people, I should have been with my people. You are surrounded by so many people, but you still feel alone because you are longing for your own people with whom you are attached earlier. Depression may result in a loss of pleasure or interest in things around them.

You are not interested. Depressed people may feel hopeless or helpless and become isolated from those around them. They generally pass their time in their own selfish activities. Selfish I mean to self-oriented activities, they remain in their room, do not talk to anybody. And all these three factors sometimes affect the people, talk and accept the treatment and it is a common reaction to a life threatening illness. You get angry, anger takes over your behaviour.

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Communication Strategies

The following are some communication strategies we can use to help older people and their families in palliative care who are experiencing emotional symptoms:

- **Listen** to their concerns, regardless of how we perceive the situation.
- **Acknowledge their emotion:** "I can see you are very upset/angry".
- **Invite them to tell their story:** "Can you tell me what's bothering you?" and listen out for goals we may be able to address.
- **Reframe emotions** or situations from 'negative or difficult' to an opportunity or catalyst to further explore a situation.
- **Align our body language** with the intention to listen, nod, make eye contact, don't cross our arms, etc.
- **Avoid interruption**

So, in such a situation what should you do? Earlier we spoke about in week 2, listening, listen to them properly, listen to their concerns regardless of how we perceive the situation. They may be anything, they may be having a psychological problem, they are lonely or they are full of anger or hatred, but your job is to listen, active listening and that

also empathetic listening. Acknowledge their emotions. Yes, I can see you are very angry, upset, you know.

Invite them to tell their story. Yes, what is happening to you? Why have you become so? Earlier you are such a nice, lovely, lovely and lively guy. You are going around laughing, talking to people, going, partying around and now all of a sudden you are just confining yourself to your room only. So isolated from your groups, from everybody. So, if you urge them slowly and slowly they might come out with their stories and this is how their burden will be listened. Reframe emotions or situation of negative or difficult to an opportunity.

Align our body language with the intention to listen and avoid interruption. When this some of the things we have been already talking about, already learnt, interruption particularly when two people are talking and when the... this patient is talking to health professional, no interruption is required from health professional.

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Communication Strategies

Use skills such as empathy, reflection and validation to negotiate a realistic goal – sometimes it can be as simple as saying we will ask the doctor to give them a call.

- ☐ **Empathy:** “It sounds like what you are going through is really upsetting and difficult”
- ☐ **Reflection:** “So I hear you saying you are very concerned that...?”
- ☐ **Validation:** “It’s understandable that you feel angry about ...
- ☐ **Negotiate:** “It’s afterhours now, but what I can do is...?”

These strategies may not solve the issue every time and we may need to call on support from experienced and senior clinicians, but often just listening to the person’s concerns, displaying empathy and validation can diffuse a situation and provide the person with some sense of control in a situation that can be very disempowering.

Communication strategies are four. Empathy, no doubt about it. Empathise. It sounds like what you are going through is really upsetting and difficult. This is how just support in

case I can understand, I feel it rather and I am with you and therefore I want to help you out. And you help me, just listen to me and you help me.

Let us make a plan of action. Reflection. So, here you saying you are very concerned that you tell me what are your concern. You said that what is your concern and I am sure once I hear that I will have some remedy for that, you know. We will think about it, how to sort out your concern.

Validation. It is understandable that you feel angry about. Yes, even I had been in your place, how would I also feel the angry? You are right when you get angry about this situation, no doubt about it. Other people will also get angry about it, but is anger the solution of this problem? So, let us talk about it. Negotiate, negotiate again and again. It is afternoon hours, after hours now, but what I can do is this, this. When he asks for a particular help just say yes, I can do this, but not now, but later on, you know.

So, negotiation will be when you have particularly you go for what sort of plan, treatment plan needs to be done. So, these four strategies you need to apply to the person who is psychologically aloof. The strategy may not solve the issue every time and we may need to call on support from experience and senior clinicians also.

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Culturally And Linguistically Diverse (CALD)

- To provide culturally appropriate palliative care to older people, we need to understand the **meaning of death and dying from the person's cultural perspective**. As we can't know all cultural beliefs and practices in relation to palliative care, death and dying, we should ask the older person and their family what is important to them.
- If the older person is unable to communicate clearly in English, **use a translator** and provide written information about services or treatment in the person's preferred language.
- Be aware that not all people from the same country speak the same language, for example, people from India speak different languages. First determine the person's spoken and written language.
- A person's customs and values may be based on the country they are from or their religion. People from one country may have different religions.

Culturally and linguistically diverse cult. To provide culturally appropriate palliative care to older people, we need to understand the meaning of death and dying from the person's cultural perspective.

That we discuss that cultural perspective, rituals we must understand it and to understand that we must use a translator also. Be aware that not all people from the same country speak the same language like in India, people speak different languages.

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Culturally And Linguistically Diverse (CALD)

Customs or values that people may have that are important in relation to palliative care may include:

- Importance of the family
- Discussing private issues with health professionals or non-family members
- The amount of information they want about their diagnosis and prognosis
- Whether it is appropriate to communicate with the family about diagnosis and prognosis
- Importance of food or refreshments
- Feelings about hospitals
- Attitudes to pain management
- Certain medical practices that they want withheld
- End-of-life rituals, for example, last rites, visits from friends and family, patient giving away belongings
- **Post-death rituals**, for example, what needs to happen to the body in preparation for burial
- **Post-death procedures**, for example, autopsy or organ donation.

So, this is culturally and linguistically diverse people. Customs or values that people may have that important in relation to palliative care may include, you can go through it on your own sometimes.

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Supporting Family & Friends

Watching a loved one go through palliative care can be a difficult time, and it is important to support family and friends both during the palliative care stage as well as afterwards. We can help family, carers and friends cope by informing and educating them about:

- What they can do as a carer to help the older person
- The diagnosis and prognosis of the illness
- The cause of the illness
- Symptoms and how to manage them
- Treatment options and side effects
- What to do at the end of life.
- What to expect after their loved one has died
- The experience of grief, isolation and loneliness
- Where to seek support.

Watching a loved one go through palliative care can be a difficult time and it is important to support family and friends both during the palliative care stages as well as afterwards.

We can help family carers and friends cope by informing and educating them about what they can do as a carer to help the older person, diagnosis and prognosis of the illness, the cause of the illness, symptoms and how to manage them, treatment options and side effects, what to do at the end of life, what to expect after the loved one has died, the experience of grief, isolation and loneliness and where to seek support from.

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PART: II

Becoming Culturally Sensitive!



Coming to part 2, becoming culturally sensitive. If you become culturally sensitive, then you will be able to understand others. I just give you yesterday is, I was having lunch there in visitors hostel and we are having a lunch, a girl came and she was from a different country.

So, I said what are you doing? She said I am PhD student. If you are a student then why do not you stay in the hostel? Why are you staying and eating here in visitor's hostel? She said sir, I try it there for a year or so, but I could not get adjusted. Why? Same thing, because of culture. Culture is different, my dress pattern is different. Of course, I can speak English but not so fluently, I do not have that mastery over the English.

So, I try it for one year. In fact, my counsellor also says the same thing, try and adjust where you are staying, where you are studying. But sometimes it is just not possible. Here, it would have been possible for all had she been culturally sensitive of this particular place for some time. Adaptability is the most important virtue of human beings.

God has created millions and millions of creatures in this world. But we are the only creature, we are the only animal, human being who have the quality of adaptation. You throw them anywhere in Himalayas or in Bay of Bengal or in Arabian Sea or in the forest of Gir forest in Gujarat, anywhere for a day or two you will feel little difficult. But then thereafter again you will get adjusted yourself, you know.

Adaptability and you try and be adaptable. So, this is what a student coming from a different country and that Norbodin country, and staying and studying here in IIT Kanpur its a differnet environment all together.

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What Is Cultural Competence?

In Trans-cultural Health Care: A Culturally Competent Approach, Dr. Larry D. Purnell, PhD, RN, FAAN, defines cultural competence as:

“Developing an awareness of one’s own existence, sensations, thoughts, and environment without letting it have an undue influence on those from other backgrounds; demonstrating knowledge and understanding of the client’s culture; accepting and respecting cultural differences; adapting care to be congruent with the client’s culture.”

What is cultural competence. Developing an awareness of one's own existence, sensation, thoughts and environment without letting it have an undue influence on those from other backgrounds. You have to just feel about your own environment and yes, have a feeling of your own culture. But at the same time you should not think ill about other cultures. Demonstrating knowledge and understanding of the client's culture, accepting and respecting cultural differences.

This is most important. Because most of the problems occur here only. We are fighting why? This is the thing. We are not actually fighting because of the difference in religion. We are fighting because of the differences in cultural system of these religions. So, if you become culturally sensitive, these riots and other things, hatred, that will not be there in our society.

Adapting care to be congruent with the client's culture.

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Barriers Are Created by Cultural Differences?

- 1. Language:** When nurses and their patients don't speak the same language, providing quality medical care and making the patient feel comfortable and cared for can be exponentially more challenging. It can be difficult to inform a patient or be confident about **consent given** when the patient primarily communicates in their mother tongue. It's also very common for patients who are bilingual to speak in their native language when they don't feel well and are stressed or scared.
- 2. Cultural Traditions:** Many cultures have very different ways of thinking about healthcare and may have traditions that go against the grain of Western medicine. For example, a woman born in India may be resistant to taking prescribed medication for a condition and may want to use traditional Ayurveda herbal remedies and acupuncture. Healthcare providers who are unfamiliar with cultural traditions surrounding medical care may have difficulty connecting with the patient or the patient may not feel safe and recognized, which is key to treatment acceptance.
- 3. Health Literacy:** A different understanding of healthcare from culture to culture also affects health literacy. Individuals in some cultures may not be aware of certain health conditions or how to maintain their health on a day to day basis.
- 4. Cultural Assumptions:** Many nurses have developed assumptions about different cultures over time, often because there was a fundamental lack of accurate education about that particular culture. Cultural assumptions and the lack of knowledge of culture can create unique challenges for both nurses and patients.

Which are the barriers? Very, I mentioned so far you will be able to tell me. First barrier is language. It is everywhere. If I can't understand language, naturally I can't. I may try to understand the culture but I may learn also but I won't be a master of it, you know.

Cultural traditions, health literacy. When we say health literacy means a different understanding of health care from culture to culture also affects health literacy. And cultural assumption, that is number 4. Many nurses have developed assumptions about different cultures over time and they do not change sometimes. And because of that, they create certain problems for the patients.

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Becoming Culturally Sensitive!

1. Create Awareness!

- As with any social issue, the first step is awareness. You're here, which means you have a degree of awareness about the need for culturally competent care. Many healthcare facilities and their staff, especially those in rural areas, may not be aware that the **medical sector is in desperate need for culturally sensitive healthcare.**

These are the barriers. How to become culturally sensitive? Very important topic. Firstly, create awareness about the culture. As with any social issues, the first step is awareness. Everywhere, we call it Jagruti. Jagruti means actually you are awake.

You are fully awake and you know what is happening all around. All your five senses are fully awake to understand and grasp the situation around you. That is called Jagruti, Awareness. You are here which means you have a degree of awareness about the need for culturally competent care. Many health care facilities and the staff especially those in rural areas may not be aware that the medical sector is in disparate need for culturally sensitive health care.

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2. Avoid Making Assumptions

- It's important that nurses avoid making assumptions about cultures they aren't familiar with. This can lead to a **breakdown of trust and rapport** between the nurse and their patient and reduce treatment acceptance.

Avoid making assumptions. It is important that nurses avoid making assumptions about cultures they are not familiar with. This can lead to breakdown of trust and rapport between the patient and nurses that is the health care providers. If you do not know anything, if you know some, if you do not know a thing about a culture, ask the people what is right about it and then follow it accordingly.

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3. Learn About Other Cultures

- As a nurse, part of your responsibility to your patient is to learn what you can about them. Often, this is reduced to their medical history, their list of medications, and their current symptoms. In reality, healthcare only reaches its full potential **when the whole patient is considered**, including their family, their day to day life, and their culture.

Learn about other cultures. I think this is very important. There is a proverb in English, when you go to Rome, do what Romans are doing it. It is very simple. If you want to learn about other cultures, go over there, see what they are doing and try and absorb. Whatever you can do, just try doing it at least you know.

This is how that understanding will be created between your culture and that other culture.

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4. Build Trust and Rapport

- It's essential for nurses to build trust with their patients, regardless of ethnic or racial backgrounds. However, treating culturally diverse patients require a **heightened level of trust to be established**, which can become even more difficult when there's a language barrier.

Build trust and rapport, simple as that. When you try and learn that particular language, that culture automatically you are being liked by other people. You just see this nursing staff, they want to know me, they want to know my society, they want to know my culture and that is how that bond will be created. Why do they want to know? Because they want to serve us better.

They want to do that job of clinical health provider in a good way, excellent way. So, this heightened level of trust if you want to be established, the previous things need to be done. Learning about culture, learning about language and other things.

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5. Overcome Language Barriers

- Language barriers exacerbate all other challenges nurses face when providing care for culturally diverse patients. To effectively communicate with a patient to ask them about their health history or to educate them about a procedure, the language barrier must be broken in some way.

Overcome language barriers, easy to say, but some of the things you can always understand. If you know that you have to serve in a particular place for about a decade or two decades, you have to do it. We have got number of regiments in Indian army and these are the regiments, the people coming and joining these regiments, they speak different languages.

So, officers joining those regiments have to learn that language. Officers joining Gorkha regiment after one year, they speak Gorkha language. After officers joining Sikh regiments, they speak Punjabi after 6 months, 7 months or something like that. This is important requirement. Language barrier needs to be broken if you want to build a trust between officers and the jawans, the people you command, you know. The similarly here also between medical staff and patient from that locality, the language barrier needs to be broken.

People coming from outside must learn that language slowly and slowly.

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6. Educate Patients About Medical Practices

- It's critical that every patient, regardless of their cultural or racial background, give informed consent for any medical procedures. If they are unfamiliar with a medical practice, nurses often have the job of explaining in detail why the procedure is needed and what to expect during and after the procedure. Additionally, patients from some cultural backgrounds need further education on how to manage at home on their own. They may need to blend new practices with cultural traditions to maintain their health, and education is a key component of that process.

Educate patients about medical practices. Patients do not know, they have, they just, they may not be literate also. Some of the practices they may be following are very orthodox. They do not have any knowledge of medical practices, what is happening, how it is to be done.

So, it is your job to teach them. Practice active listening whenever you talk to them, listen to them properly with care, with love, with empathy. So, those are the advice that how you can become culturally sensitive. And if you become culturally sensitive, then you will be able to serve in a better fashion, in a better way to those people who do not belong to your own culture. Thank you.