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Culturally Competent Care  
by John Collins

### **While America's population is continuously evolving, nursing demographics remain overwhelmingly white and female.**

America's cultural landscape is perpetually changing. While white people continue to make up the majority of the population, the U.S. Census Bureau projects that the number of Caucasians will increase less than three percent by 2010, while ethnic groups are expected to increase exponentially. The country's so-called melting pot is an apt symbol for the growing bouillabaisse of differing cultures inhabiting the nation.

Chew on these numbers: The number of African-Americans is expected to grow by more than 11 percent; Aboriginal people by nearly 13 percent; those of Asian or Pacific Island ancestry by nearly 40 percent; and those of Hispanic heritage will jump more than 30 percent to 41 million people, eclipsing African-Americans by 3.5 million people and becoming the second-most predominant race in this country.

What should these numbers mean to the nursing community? Consider that 80 percent of the country's 1.8 million registered nurses are white females, and there is a distinct possibility for culture clash. Just ask Carol Henretta, EdD, RN.

### **A Call for Diversity**

Retired as a clinical nursing professor from the University of Rochester School of Nursing, Henretta also served as its Assistant Dean of Recruitment and Director of Admissions. In addition, she is immediate past chair of the New York State Nurses Association's Council on Human Rights and a consultant to the Ethnic Nursing Association of New York City.

Coupled with her experience as a staff- and head-nurse, Henretta has a first-hand appreciation of the necessity for a culturally-diverse nursing workforce.

"We know that we need more people in nursing that are representative of the patient populations we serve," says Henretta. "I'm not saying that everyone has to have someone that looks like them and speaks their language, but certainly that mix, that blend in staff, enables us to provide a more culturally

competent type of care that is more responsive to peoples' ethnic, religious, and dietary needs."

### **Culture Shocks**

Not surprisingly, there's much to learn of different cultures' mores and habits, which may seem odd to the initiated but are simply a way of life for others. Examples include:

-- While Chinese people do not like to be touched by strangers, for Columbians touch is important, especially when giving bad news.

-- Among the Vietnamese, pointing a finger at somebody is considered a sign of disrespect; and among Laotians, waving with your palm up is unacceptable.

-- A Chinese person may have to be asked more than once when pain relief is offered as it is considered impolite to accept something on its initial offering.

- During Ramadan, the Islamic month of fasting, breakfast must be eaten before dawn, with eating and drinking forbidden during the day, with the day's fasting concluded at dusk.
- In Iranian culture, women who make eye contact with men are considered promiscuous and interested in dating.

Plainly, keeping track of the indigenous idiosyncrasies of every person needing medical attention is a daunting proposition. One method of education that Henretta endorses is cultural confidence training, which she says the N.Y. State Nurses Association has used for the past 14 years at its convention. "You need to look at various techniques you can use across the board," she says. "Ways of listening, ways of knowing, picking up clues from family, questions to ask. We can learn all these things in cultural confidence training."

Henretta also recommends Elaine Geissler's book Cultural Assessment (\$24.95, Mosby, [www.mosby.com](http://www.mosby.com)). The pocket guide presents information on the cultural variations of 186 countries that can impact patient care.

Language, healthcare beliefs, ethnic or racial specific diseases, and childhood immunizations is among the data included to provide nurses with facts for basic assessments.

Long Range Actions: Recruitment and Education

While immediate responses are no doubt critical, with the swelling ethnic population meaningful solutions can only be arrived at with long-term planning. Which means getting more minorities to become nurses. Which starts with education.

"I think connecting up with community colleges is a good way to go," says Dr. Henretta. "At the University of Rochester, we did a lot of articulation agreements where people could go for two years to a community college then move on to a baccalaureate program."

She also sees the need to encourag

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