INTRODUCTION

Diversity is inherent in University of Massachusetts Medical School’s mission to advance the health and well-being of the people of the Commonwealth and the world. As a leading academic health sciences center, we are preparing tomorrow’s physicians, nurses and scientists to serve and relate to a multicultural society by

- building an inclusive culture characterized by civility and respect
- increasing numbers of underrepresented groups in student, faculty and staff positions,
- improving the cultural competence of our workforce through diversity education and programming, and
- advancing health equity by making a significant impact on reducing disparities through research, service and practice.

Diversity at UMMS is fully embraced and fundamental to its institutional excellence.

Vision: Diversity compels UMMS to lead in the development and implementation of innovative approaches to health sciences education, research and public service.

Mission: Through consultation, regulation, education and collaboration, the Diversity and Equal Opportunity Office (DEOO) is a catalyst for an inclusive academic medical health sciences center comprised of a diverse faculty, staff and student body who possess the cultural competencies necessary to serve the people of the commonwealth and the world.

This toolkit is designed as a resource for improving interpersonal relations, increasing understanding, and furthering world class service for our diverse patient population. By heightening awareness, enhancing communication and developing better cultural competence we keep patients first.

Cultural competence is the ability to respond appropriately to people of varying cultures, ages, races, religions, sexual orientations, abilities, and ethnicities, in a way that recognizes difference, and allows individuals to feel respected and valued.

The data presented is not all inclusive, but should be considered a starting point for basic understanding. Culture is an ever evolving variable entity, and as such, this toolkit should be viewed as a work in progress.

Please contact the Diversity and Equal Opportunity Office with your suggestions for continuous improvement at 508-856-2179 or email us at diversityandequal.opportunity@umassmed.edu
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Patient Care Guide
## Section 1. Patient Care Guide

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You are working with a valued **African American** patient

**Considerations before providing care:**

- Understand that many African Americans feel deep faith and may see illness as a natural consequence due to life choices. Be prepared to address issues in both a medical and spiritual realm.

- Be supportive of alternate methods of healing involving pastors, priests, or other religious figures while keeping the medical considerations in mind.

- The ancestral experience of slavery and its socioeconomic disadvantages have had a deep influence on members of this group, cultural effects can include a heightened sensitivity to signs of respect or disrespect.

- There may be a tendency to distrust health care workers, because of past medical experiments using them as test subjects, like the Tuskegee syphilis research project.

- Many will avoid seeking health care until a serious medical condition arises and then may be suspicious of treatment if immediate results aren’t realized.

**Meals:**

- Some individuals may want home cooked meals and have people who bring that in for them.

- Always use utensils when serving food (never touch it directly with your hands).

- African Americans generally have greater rates of hypertension and the associated complications; keep this in mind when preparing meals.

**Hospital attire:**

- Be considerate of traditional and/or religious clothing and jewelry.

- Allow for privacy and respect that some individuals may feel more comfortable having a family member assist with dressing.

**Communication:**

- Begin a conversation with small talk, people often feel “on the spot” when questions are posed without an understanding of the intention.

- There may be cultural nuances to speech and all have their own grammatical integrity.
• The sincerity of a person’s remarks may be judged by the emotion conveyed, be aware of body language.

• Caring is demonstrated by spending time and comforting touches. A person who is too abrupt or impersonal may be considered cold and uncaring.

• Altercations are often responded to and handled quickly; verbal expressions of anger to not necessarily signal aggression.

• Family bonding is important. Be respectful and listen to stories, share small personal accounts and support visitors.

• Address individuals with respect including Mr. Mrs. Ms. or Dr. when appropriate. Refer to a woman as Ms. if she is pregnant and/or has a child.

**African American rituals:**

• Kwanzaa, which means “fruits of the first harvest,” is a celebration of the traditional values of family, commerce and self-improvement. It is not considered a “substitute” for Christmas and is celebrated by many from December 26th through January 1st each year.

**End-of-life care:**

• Remember that spiritual care and concern should be addressed. Patients may have many misgivings, questions, and struggles during this time, be aware and considerate.

• Patients and families greatly appreciate someone who is understanding and not judgmental.

• Most African Americans, in fact, most people, travel the journey from initial diagnosis to death with the support of a community of like-minded believers.

• It is very inappropriate to suggest that grief should be resolved within a specific time frame and/or manner.

• Remember that individuals are quite sensitive to how things are done when an illness and/or death occurs in the family.

• Keep in mind that there is a great diversity in the African and African-American communities and that “family” may be defined in multiple ways.

• It may be appropriate to suggest that the family unit communicate in regards to an advanced care plan.
African American resources:

http://norway.usembassy.gov/usa/diversity.html
http://www.fsef.net/
http://duke.summon.serialssolutions.com/search?q=African+American+resources+end+of+life+care
You are working with a valued African patient

**Consideration before providing care:**

- Understand that many Africans feel deep faith and may see illness as a natural consequence due to life choices. Be prepared to address issues in both a medical and spiritual realm.

- Be supportive of alternative methods of healing involving pastors, priests, or other religious figures while keeping the medical considerations in mind.

- African nations may be full of various cultures, much like the United States. Do not make the assumption that there is one “African” culture.

**Meals:**

- Always use utensils when serving food (never touch it directly with your hands).

- Many Africans prefer traditional foods, which may not be possible to get in a medical setting, allow friends and family to bring in food when it does not interfere with medical treatment.

- There are specific foods that are often prepared with holidays and celebrations, consider asking patients if he/she has any specific requests (within reason) during these special times.

**Hospital attire:**

- Be considerate of traditional and/or religious clothing and jewelry.

- Allow for privacy and respect that some individuals may feel more comfortable having a family member assist with dressing.

**Communication:**

- Keep in mind that some Africans living in the United States may still need time to adjust to this culture, cope with feelings of homesickness, and develop a community network. Be empathetic to these needs.

- Africans living in the United States may display different behaviors during situations such as: confrontation, misunderstandings, and distress.

- Many Africans come from countries where multiple languages are spoken and the “official” language may not be the one with which they are most familiar.
• Africans are generally more community-minded as compared to the individuals we often see here in the United States.

• Keep in mind that literacy rates in some African nations may be lower than in the United States. Be aware of the possible need for verbal instructions and explanations of written materials.

• Start out a conversation with small talk, remember that people often feel “on the spot” when questions are posed without an understanding of the intention.

• Personal information is often considered private and only to be addressed by the person involved. Keep non-care related questions to a minimum.

• The sincerity of a person’s remarks may be judged by the emotion conveyed, be aware of body language.

• Family bonding is important. Be respectful and listen to stories, share small personal accounts and support visitors.

African rituals:

• Culturally, music plays a large part in ceremonies and in everyday life. Music can lift the spirit and should be allowed to the extent that it does not impede medical care

• Many African nations consist of multiple religions and that each may have separate. Christianity and Islam are also widely followed in many African nations.

End-of-life care:

• Remember that spiritual care and concern should be addressed. Patients may have misgivings, questions, and struggles during this time, be aware and considerate.

• Most Africans, in fact, most people, travel the journey from initial diagnosis to death with the support of a community of like-minded believers. The church often fills the role of family.

• Individuals can be quite sensitive to how things are done when an illness and/or death occurs in the family. Keep in mind that there is great diversity in African communities and that “family” may be defined in multiple ways.

• Patients and families greatly appreciate someone who is understanding and not judgmental.

• It may be appropriate to suggest that the family unit communicate in regards to an advanced care plan.
- It is very inappropriate to suggest that grief should be resolved within a specific time frame and/or manner.

African resources:

http://duke.summon.serialssolutions.com/search?s.q=African+American+resources+end+of+life+care
http://www2.etown.edu/vl/africa.html
http://www.ipl.org/div/subject/browse/rci05.00.00/
You are working with a valued Amish patient

Considerations before providing care:

- Ohio has the largest population of Amish, followed by Pennsylvania and Indiana. The largest Amish settlements are in Holmes County, Ohio, Lancaster County, Pennsylvania and LaGrange, Indiana.

- The Amish separate themselves from mainstream society for religious reasons: they do not join the military, they draw no Social Security, nor do they accept any form of financial assistance from the government, and many avoid insurance.

- Because of this separation from mainstream society, caregivers should be conscientious of the need to explain various facets of medical care to the patient and the family.

- Electronics are used rarely when the Amish are in the homes/communities. Caregivers should be aware of the need to give basic information on how to utilize medical devices within the hospital setting.

- Most Amish prefer to be treated at home. Caregivers should take into consideration the fact that some Amish may not seek medical care on a timely basis. Caregivers should also inquire about any home remedies that may have been implemented before arrival at a medical facility.

- Only 16-26% of Amish children receive immunizations.

- Children needing care may play with toys and interact with other non-Amish children when in a hospital setting.

- Birth control and abortion are forbidden, even when pregnancy is life threatening.

- Some Amish are afflicted by heritable genetic disorders (including dwarfism), and are also distinguished by the highest incidence of twinning in a known human population, various metabolic disorders and unusual distribution of blood-types.

Meals:

- Most Amish eat homegrown vegetables and meat and may prefer organic foods if available.

- There are no other religious or cultural restrictions on food consumption.

- Alcohol is strictly avoided (this includes medications containing alcohol).
Hospital attire:

- Women almost always wear dresses and modesty is of utmost importance.

- The dress code for some groups includes prohibitions against buttons, allowing only hooks and eyes to keep clothing closed; others may allow small undecorated buttons in a dark color. In some groups, certain articles can have buttons and others cannot.

- In all things, the aesthetic value is “plainness”: clothing should not call attention to the wearer by cut, color or any other feature.

- Men typically wear dark trousers and a dark vest or coat, suspenders and hats.

- Once married, men do not shave their beards.

- Mustaches are not allowed.

- Most children and adults go barefoot whenever possible.

Communication:

- The Amish are divided into separate fellowships consisting of geographical districts or congregations. Each district is fully independent and has its own set of unwritten rules. Caregivers should be aware that rules may vary depending on the district from which a patient originates.

- The Amish place high value on the concepts of humility, calmness, and composure and are reluctant to be forward, self-promoting, or to assert oneself in any way. Caregivers should be aware of the need to ask questions regarding physical comfort, medical facts/history, and understanding of services provided.

- The Amish avoid pride, arrogance, and haughtiness at all costs and are offended when approached in such manner.

- The Amish are anti-individualistic and have a deep commitment to community. Caregivers should be aware that community members are often as valued as blood-line family members.

- The majority of Amish speak Pennsylvania Dutch at home and in community settings. English is often a second language learned in school.

- Most Amish do not receive public education past the 8th grade level as high schools are seen as promoting competition and self-reliance. Caregivers should explain services and ask questions in a simple manner. The use of pictures and demonstrations may also be quite effective.
• Amish men are family leaders and make all medical decisions, most conversation regarding diagnosis, treatment, and other services should be held with the male head of the family.

Amish rituals:

• The Amish follow a strict form of Christianity.

• Religious services are held on alternating Sundays in the homes of community members. Men and women are separated during these services.

• Most Amish celebrate traditional Christian holidays.

• Once a person has been baptized as a member of the Amish church, to leave means being shunned by ones friends, family, and community.

End-of-life care:

• Most Amish prefer to spend the end of life within the community and at home.

• Funeral customs appear to vary more from community to community than other religious services and are often conducted at home (without a eulogy, flowers, or other displays).

• The elderly believe in rationing care at the end of life to save community money.

Amish resources:

http://www.refdesk.com/factrel.html
http://clinique-edouard-rist.scola.ac-paris.fr/f_aasenglish_speaking_countrie.htm
http://www.culturediversity.org/links.htm
You are working with a valued Baha’i patient

Considerations before providing care:

- The Baha’i Faith is a religion founded in 19th century Persia. The teachings see religious history as an evolving educational process for mankind. Baha’is number around six million in more than 200 countries around the world.

- Unity is an essential teaching of the religion.

- Baha’is continue to be persecuted in many countries around the world, especially fundamentalist Islamic nations. Care should be taken when discussing sensitive issues as many Baha’i may be tentative when dealing with individuals inexperienced with their faith.

- The use of drugs and alcohol are strictly prohibited except when prescribed by a physician. Caregivers should be aware that treatments not involving prescription drugs or medications containing alcohol are preferred.

- Men and women are seen as equals and should receive balanced care, communication, and opportunities.

- Religious and cultural diversity are of great importance to Baha’is and interracial marriage/unions are encouraged.

- Abortion is to be avoided except in cases where the mother’s life is in danger.

Meals:

- There are no specific dietary requirements; however, consideration should be taken to provide healthy meals that support clear mental function and bodily balance.

- Baha’is believe in treating animals with kindness and therefore some may choose not to eat meat and/or animal products. Caregivers should ask if a patient is vegetarian or vegan.

- Baha’is may not eat or drink between sunrise and sundown during the weeks leading up to their calendar New Year (March 2nd to March 20th). Individuals under the age of 15 and over 70, as well as pregnant and breast feeding women are exempt. Individuals who are sick or engaged in hard labor are also exempt.

Hospital attire:

- There are no specific restrictions in attire although considerations of modesty and dress that does not offend others should be taken into account.
Communication:

- Men and women can be addressed in similar manners and discussions of health and services should include both sexes.
- Baha’is prohibit the kissing of hands.
- Homosexuality is not accepted from members of the faith, however, Baha’is are tolerant of diversity in its many forms within others.

Baha’i rituals:

- Baha’is believe in a single, imperishable God, the creator of all things, including all the creatures and forces in the universe.
- Baha’is conduct most of their worship in the home and/or in rented facilities. All effort should be taken to ensure that worship can be conducted while staying at UMass Memorial Hospital. Specific times and considerations should be addressed with the patient and/or family members.
- There is an expectation that time is spent every day in carrying out spiritual exercises. Baha’is pray regularly and meditate on scripture twice daily. Caregivers should be conscious of specific patterns of prayer times on an individual basis and allow for meditation in the morning and evening hours.
- Monasticism (avoiding worldly pursuits) is forbidden and Baha’is attempt to ground their spirituality in ordinary daily life. Performing useful work, for example, is not only required, but considered a form of worship.
- Baha’is decide on personal goals and careers in accordance with a religious faith that focuses on the needs of society at large.
- The Baha’i New Year corresponds to the traditional Persian New Year and occurs on the vernal equinox, March 21\textsuperscript{st}.
- Prior to the New Year, Baha’is observe a period of fasting which begins at sunrise on March 2\textsuperscript{nd} and ends at sunset on March 20\textsuperscript{th}.

End-of-life care:

- Baha’is believe that when a human dies, the soul passes into the next world, where its spiritual development in the physical world becomes a basis for judgment and advancement in the spiritual world.
- Heaven and Hell are taught to be spiritual states of nearness or distance from God that describe relationships in this world and the next, and not physical places of reward and punishment achieved after death.

- Baha’i law prescribes that burial should take place at a distance no more than one hour’s journey from the place of death and that the body should be treated with great dignity and respect.

- Baha’is do not believe in cremation or embalming.

- Baha’is are instructed to write a will and are free to dispose of their wealth in any way they wish.

- Baha’is believe that life begins at conception and a miscarriage is considered a great loss. Whenever possible, the remains should be returned to parents or local Baha’i community.

**Baha’i resources:**

- [http://www.bcca.org/](http://www.bcca.org/)
You are working with a valued **Baptist** patient

**Considerations before providing care:**

- The majority of Baptists worldwide reside in the United States, most notably the southern states (although there are members of the church located throughout the US and Canada, as well as in Asia, Africa and Latin America).

- The predominant language spoken is English.

- There is often controversy surrounding issues on which most Baptists take a conservative stand (gambling, alcohol, abortion, and same-sex marriage).

- The Baptist faith is composed of numerous ethnic and racial groups so it is important to also consider these factors when dealing with patients and their families.

**Meals:**

- Baptists can consume wine in moderation.

- There are few food restrictions unless detailed by the individual or his/her family.

- Consideration should be taken regarding regional dietary preferences.

**Hospital attire:**

- As in most conservative Christian faiths, dress is expected to be modest for both men and women.

**Communication:**

- Most traditional secular introductions and methods of communication are acceptable when interacting with a Baptist patient and/or family member.

- Address individuals by their last name with the proper title, you will be invited to address an individual by his/her first name when appropriate.

- Many Baptists find the use of curse words to be offensive, along with the use of holy names of the church (Jesus Christ, God, etc.) in an inappropriate manner.

**Baptist rituals:**

- Churches do not have a central governing authority, unlike most other denominations that do. Therefore, beliefs are not totally consistent from one Baptist church to another, especially those that may be considered minor.
Baptists believe that the Bible is the only authoritative source of God’s truth.

Baptism and communion are the two main ordinances of the faith and communion services may be held up to weekly, any day of the week.

Baptist churches are careful to emphasize that worship is not limited to the Sunday gathering, but is a lifestyle of love and service to Christ and dedication to God’s truth as revealed in the Scriptures.

Baptists celebrate traditional religious and secular holidays such as:
- New Year’s Day (January 1)
- Martin Luther King’s Birthday (January 15)
- Good Friday (variable date)
- Easter (variable date)
- Thanksgiving (last Thursday in November)
- Christmas (December 25)

End-of-life care:

- Justification by faith alone states that it is by grace through faith alone that Baptists receive salvation and not through any works of their own.

- Baptists have a strong emphasis on the concept of salvation.

- Baptists are strongly encouraged to discuss scriptural and other issues with their minister and other Christians when appropriate; caregivers should allow the opportunity for ministers and fellow church members to visit as often as possible.

Baptist resources:

http://www.baptist.org/
http://www.sbc.net/
http://www.baptisttop1000.com/
http://www.refdesk.com/factrel.html
You are working a valued Bisexual patient

Considerations before providing care:

- Approximately 10% of our patient population is bisexual, lesbian, or gay. Bisexuality is a physical attraction to persons regardless of sex.

- The bisexual population is heterogeneous and includes people of varying ages, socioeconomic statuses, genders, races, religions, and ethnic backgrounds.

- Begin by evaluating yourself and any assumptions, phobias, biases or beliefs that you might hold internally. Be aware of your own reactions and body language.

- It is especially important to create a non-judgmental open, caring atmosphere, because of the intense difficulty some patients experience disclosing bisexual behaviors in a clinical setting.

- The issue of confidentiality is also an extremely vital aspect of care, as an inadvertent “outing” of a patient could have a significant impact on their family relationships, livelihood, social status, and personal safety.

- Explain the medical record documentation process to patients, as bisexual patients will be particularly conscious of protecting their medical information.

- Many will avoid seeking health care, because of negative past experiences, societal pressures, and the stigma attached.

- Friends and partners of bisexual patients should be given the respect and privileges usually afforded to a spouse or relative.

- Be careful with using gender specific terms like husband or wife. Use gender neutral terms like “partner, mate, or companion.”

- Questions about families need to allow for alternative definitions including, same sex parents, or multiple parent situations.

Be careful not to make assumptions:

- Don’t assume that all patients are completely heterosexual. It could take time for a bisexual patient to have enough trust to divulge this information.

- A patient with children is not automatically exclusively heterosexual.

- Don’t assume that teenagers who think they are bisexual are too young to be aware and are just going through a phase.
- When children express that they are attracted to both sexes respect the information and support the child. Don’t assume that the information is false.

- All women including bisexuals need regular Pap tests, and breast exams.

- Bisexual men may need STD screening from the pharynx, rectum, and the genitals, as well as routine prostate exams.

- A bisexual person’s health issues do not necessarily revolve around sexuality. Consider all possible diagnosis as with any other patient.

- Don’t assume that bisexual women are not at risk for sexually transmitted diseases.

- Be sure to screen bisexual patients for domestic violence along with all other patients.

**Meals:**

- Refer to specific cultural patient care guide.

**Hospital attire:**

- Be considerate of gender preferences.

- Allow for privacy and respect that some individuals may feel more comfortable having a family member or partner assist with dressing

**End-of-life care:**

- Refer to specific cultural patient care guide.

- Counseling patients on their right to designate a durable power of attorney is especially important for same sex partners, specifically regarding who is authorized to make medical decisions.

**Bisexual resources:**

http://www.metrokc.gov/health/glbt/providers.htm
http://www.ohanlan.com
You are working with a valued **Bosnian, Serbian, Slovenian or Croatian** patient

**Considerations before providing care:**

The countries in the former Yugoslavia and the Balkans share many customs in common and this will outline the general southern Slavic traditions and customs.

- Because of the ongoing social disturbances in the region, many of the southern Slavic peoples are likely to have had insufficient or sporadic access to health care. Many may also benefit from mental health services and counseling options.

- This area of the world is composed of three main groups: Serbs (Orthodox Christian and politically dominant and culturally Eastern European), Croats (Roman Catholic and culturally Western European) and “Muslims” (most populous group and in reference to not only those who practice Islam but also an ethnicity).

- There is a general feeling that certain illnesses have certain causes and certain treatments, there may be some confusion when it comes to complex diagnoses.

**Meals:**

- Lunch is the main meal of the day, preceded by a small breakfast and followed by a relatively small dinner.

- A common local tradition is to start the meal with something sweet such as preserved fruits.

**Hospital attire:**

- A good appearance is important in southern Slavic culture and an attempt should be made to help patients look presentable to visitors.

- Cleanliness and neatness are highly valued.

- Women wear very little make-up and tend to dress in a conservative manner. Allow for modesty and conservative attire.

**Communication:**

- All countries in this region speak a form of Serbo-Croatian.

- Attitudes toward Americans can change dramatically in response to current political and military events, so make an attempt to know what is currently going on in that region of the world.
• There is a strong need for organization and structure in interactions with authority coming from above.

• Relationships often define reality for individuals from this part of the world.

• There is often an initial distrust of people that are unknown.

• Wait to be introduced by a third party if available. Greet the women of the group first and then the men and children.

• A handshake is an appropriate greeting upon meeting someone. Wait for a woman to extend her hand first during the greeting.

• “Air kisses” are a common greeting among individuals with an established, familiar relationship.

• Typically, many Slavic names have sex specific endings (-ic for males and –ica for females) and they may have difficulty understanding American names.

• Southern Slavs may have a hard time understanding questions that are posed with a pronoun separating the main verbs (example: “Where is she hurt?”). You may need to eliminate some of the auxiliary verbs and pose the question slowly and very directly.

• There is a tendency to speak softly, calmly and in a low tone, especially with strangers.

• The people of this region can become very physically expressive once comfortable in conversation and they may become rather physical in gesture and touch.

• The “ok” sign should not be used but the “thumbs up” sign is more acceptable.

• If you must beckon to someone, sweep all four fingers toward yourself while your palm is facing the floor.

• Eye contact will be very direct most of the time and looking away is considered rude.

**Slavic rituals:**

• A large number of Slavic people are secular (non-religious) as they were part of the Communist system that rejected, but tolerated, religion.

• There is a strong correlation between ethnic identity and religion in this area (90% of Bosniaks are Muslims while 93% of Serbs are Orthodox Christians).

• These Slavic nations are multi-religious as much as multi-ethnic societies.
- People of this region are very fatalistic and often superstitious.

- Holidays for the Eastern Orthodox in this region include:
  - January 1 (New Years Day)
  - January 7 (Orthodox Christmas)
  - March 1 marks the beginning of an unofficial celebration of spring
  - March/April (Good Friday/Easter) – different for Catholics and Orthodox Church
  - March 8 (Women’s Day)
  - May 1 (Labor Day)

- Remember there are also a number of Muslims from this region (see Islamic sheet).

**End-of-life care:**

- Many people from this area of the world have witnessed great atrocities and death during the very politically unstable years of the recent past. Caregivers should handle end-of-life situations with a very delicate hand.

- Caregivers should question the religious affiliation of individuals from this area and then deal with end-of-life care accordingly (see ritual section for breakdown of religions by group then see associated religious sheet).

**Slavic resources:**

http://balkansnet.org/web1.html
http://www.loc.gov/rr/international/european/cee/resources/cee-general.html
http://en.wikipedia.org/wiki/Balkans/
You are working with a valued **Brazilian** patient

**Considerations before providing care:**

- Official language of Brazil is Portuguese.
- Brazilian ethnic make-up is composed of white (includes Portuguese, German, Italian, Spanish, Polish) 55%, mixed white and black 38%, black 6%, other (includes Japanese, Arab, Amerindian) 1%.
- 73 percent of Brazilians identify themselves as Catholic but an unknown number are Catholics by tradition, not by faith.
- Brazilians trace their ancestry and inherit through both maternal and paternal lines. They typically have two surnames, that of their mother's and father's families.
- “My family” refers to nuclear and extended members of all maternal and paternal relatives, along with in-laws. The family is at the core of social life and in time of need ideally provides assistance to its members.
- Family is the center of social activities and resource for social and economic assistance.
- Health is considered to be the absence of pain, suffering or disease.
- Seek medical professionals primarily to treat existing conditions rather than for prevention.
- Many illnesses and cures may be attributed to divine intervention or fate.
- Acute illness often attributed to activity, change in temperature, food ingestion, or strong emotion before onset.
- A common belief is that infants and young children can become ill if exposed to bursts of fresh air or wind.
- May attribute some childhood illness to a spiritual origin, such as the evil eye or a spell, or to jealousy or revenge.
- Patient is not expected to make decisions about their own health issues. Families, when present, handle decisions and details regarding patient care. Patient likely to be totally passive and to prefer complete care by others.
- Biomedicine is well accepted, but so are herbal and home remedies.
• Brazilians tend to accept surgery, blood transfusions and organ transplants.

• Family members should be consulted before patient is informed of a serious or terminal illness, as some families do not want the patient to know or want diagnosis/prognosis presented to him/her in an indirect manner.

Meals:

• Brazil's national dish is feijoada. It is made with black beans, dried beef, and pork.

• Rice, beans, and manioc form the core of the Brazilian diet and are eaten at least occasionally by all social classes in all parts of the nation.

• Always use utensils when serving food (never touch food directly with hands).

Hospital attire:

• Brazilians like to be well dressed when visiting a doctor

Communication:

• Brazilians usually address teachers, doctors, priests, and other professionals using their title followed by their first name.

• Men shake hands when greeting one another, while maintaining steady eye contact. Women generally kiss each other, starting with the left and alternating cheeks. Hugging and backslapping are common greetings among Brazilian friends. If a woman wishes to shake hands with a man, she should extend her hand first.

• Communication is often informal and does not rely on strict rules of protocol. Anyone who feels they have something to say will generally add their opinion. It is considered acceptable to interrupt someone who is speaking.

• Face-to-face, oral communication is preferred over written communication.

Brazilian rituals:

• Brazilians are accustomed to shower everyday; sometimes twice a day.

• Most secular celebrations in Brazil are tied to the liturgical calendar since many originally started as religious celebrations and then became secularized.

• The Feast of the Three Kings, 6 January.
• Carnival, variable dates, from late January to March. Brazil's famous four-day "national party" preceding Ash Wednesday.
- Tiradentes Day, 2 April. (Literally, tooth-puller).
- Festas Juninas (June Festivals), June.
- Brazilian Independence Day, 7 September
- Nossa Senhora Aparecida (Our Lady Aparecida), 12 October
- Proclamation of the Republic, 15 November.
- Christmas (December 25th)
- New Year's Eve, 31 December.

**End-of-life care:**

- Might be reluctant to accept terms of hospice care (e.g., no therapeutic measures) because they do not want to give hope.
- Unexpected death may be perceived as God’s will. Hold Catholic/Christian beliefs about life after death.
- Clinician should inform family members as soon as death is certain and offer to call a priest or chaplain.
- A priest is called to provide the Anointing of the Sick when someone is extremely ill or dying and confession conferring of sacramental absolution.
- Family may want to arrange for extended visitation to be with the body before it goes to morgue. Clinician may need to explain American hospital and mortuary procedures to recent immigrants.
- Organ donation is uncommon. Immigrants may not be amenable because of fear, distrust, or desire to send body to Brazil for burial.
- Burial takes place within 24 hours of death.
- Bodies are not embalmed.
- Family and friends keep vigil by open casket until time of burial

**Brazilian resources:**

http://www.everyculture.com/Bo-Co/Brazil.html
http://www.kwintessential.co.uk/resources/global-etiquette/brazil-country-profile.html
http://www.newadvent.org/cathen/04660c.htm
http://www2.massgeneral.org/interpreters/b_braz.asp#culval
You are working with a valued Buddhist patient

Considerations before providing care:

- It is a principle of Buddhist social philosophy that society is interdependent, that social relationships are reciprocal.

- Buddhists believe that conception occurs when consciousness enters a fertilized egg. This is considered the beginning of life and it is regarded as killing if the life of the future person is aborted after that point. Birth control that prevents conception is acceptable.

- Life support machines are not believed to be helpful if the person’s mind is not longer alert. Having an alert mind and not being in excessive pain are the two primary factors that affect a Buddhist decision regarding the appropriate time of death.

Meals:

- Within various branches of Buddhism, there are vegetarians, as well as non-vegetarians. Some branches have strict dietary regulations, while others have few; make sure to ask each individual.

- Buddhists do not believe in the use of intoxicants.

Hospital attire:

- Considerations should be made to allow for conservative dress for both men and women.

- Prayer/Meditation beads may be worn and should be allowed when at all possible.

- Many Buddhists will use the image of the Buddha as a reminder to speak and act like him; efforts should be made to allow for images to be included in rooms if desired.

Communication:

- Gestures such as joining of the palms, bowing, or prostration are all used to show reverence.

- The principle of reciprocity is the foundation of Buddhist morality. Relationships are extremely important and much care should be given to maintaining a balance within them.
Buddhist rituals:

- For Buddhists, the main goal of life is to achieve Enlightenment (Nirvana).

- Buddhists believe in the “Path” to Enlightenment (Dharma), the “Guide” (Buddha), and “Traveling Companions” (Sangha). For many Buddhists, community and family support is of utmost importance.

- The main rules or regulations of the Buddhist tradition are known as the five precepts. They embody the respect for life, property, personal relationship, truth and mental health.

- Another fundamental teaching is that of the eight-fold path which is: right view, right intention, right speech, right action, right livelihood, right effort, right mindfulness and right concentration.

- Another common Buddhist observance is the making of offerings; you will often see them on shrines within the home.

- Changing and/or reciting mantras is an important avenue to calm and can take several forms depending on the individual.

- The major Buddhist holy day of the year is Vesak which falls on the full moon day of May.

End-of-life care:

- Be aware that many Buddhists believe that it is the role of the sick to bear pain without complaint; you may need to question them in a rather detailed manner.

- Medication for pain is accepted, however, medication for mental distress is not. Sedation should be used with caution.

- Buddhists believe in reincarnation and the state of mind at the time of death is crucial, because it is this that determines the situation a person will be reborn into. If the mind is calm and peaceful, then a happy rebirth will be the case. However, if the mind is in a state of anger or has strong desire or is fearful etc., this will predispose to an unhappy or lower type of rebirth.

- When considering the spiritual needs of the dying, the basic principle is to do whatever you can to help the person die with a calm and peaceful mind, with spiritual/positive thoughts uppermost.

- Speaking about death to a terminally ill patient is not avoided as an unpleasant topic.
For a person with a spiritual faith it is beneficial to have spiritual objects around them and to remind them of the positive aspects of his/her life. It is also appropriate to make the space in which they are staying as attractive as possible.

It is important to avoid religious activities that are inappropriate or unwanted by the dying person.

As much as possible, ensure that those in contact with the individual provide a pleasant experience and do not cause anger or frustration.

From the spiritual viewpoint it is desirable to avoid loud shows of emotion in the presence of the dying person.

For those who are anxious or fearful of dying, teaching them relaxation or guiding them through a simple relaxation technique can be very beneficial. A simple meditation technique that is very effective is awareness of the breath.

The use of guided imagery or gentle music can also be soothing and relaxing and help the person to have a calm and peaceful mind as they approach death.

Some Buddhists will want to concentrate on and recite the virtues of their faith or other mantras.

Some Buddhists may want to hold/be touched by stupas (holy relics) to assist in purifying his/her karma.

Many of the faithful believe that the best thing we can bring to a dying person is our own quiet and peaceful mind.

Upon death, place the individual on his/her right side and block the right nostril with cotton or something similar.

After this you should leave the body untouched, a llama may be asked to perform powa (last rites). Family members may provide powa pills that can be placed on the forehead prior to death and removed following expiration.

Once an individual has passed, it is inappropriate to discuss his/her belongings, misdeeds, or anything else that may negatively impress on the mind while it is still in a state of equilibrium.

Buddhist resources:

http://www.chezpaul.org.uk/buddhism/resource/
http://www.ciolek.com/WWWVL-Buddhism.html
http://www.aril.org/Buddhist.html
You are working with a valued Canadian patient

Considerations before providing care:

- Sixty-seven percent of Canadians speak English, 13.3% speak French, and 17.7% speak both.

- Canadians tend to be friendly and open, close family and friendship ties are important.

Meals:

- There are few food restrictions unless detailed by the individual or his/her family.

Hospital attire:

- Canadians often prefer attire that is neat, presentable, comfortable, and tasteful.

- Much of Canadian attire is somewhat formal when in a “business” setting (this may also include hospitals and doctor’s offices).

- Wearing of scented products in business settings, hospitals and doctor’s offices is discouraged.

Communication:

- Address individuals by their last name with the proper title, you will be invited to address an individual by his/her first name when appropriate.

- English speaking Canadians use courtesy subtitles like: “Dr.,” “Ms.,” “Miss,” “Mrs.” or “Mr.” French Canadians use titles such as “Monsieur” or “Madame,” followed by a last name.

- A hand shake is the accepted greeting between both men and women. Men usually wait for a woman to offer her hand.

- Watching one’s manners is considered an important aspect of social interaction.

- Canadian culture emphasizes the concept of “fairness” and apologies are a means of addressing situations in which real, or perceived, conflict has arisen.

- Many Canadian Catholics and Protestants find the use of curse words to be offensive, along with the use of holy names of the church (Jesus Christ, May, God, etc.) in an inappropriate manner.
Canadian rituals:

- The majority of Canadians (approximately 50%) are Catholic with the remaining population divided among mostly Protestant faiths.
- Canadians celebrate many of the same holidays as Americans (both secular and Christian):
  - New Years Day (January 1)
  - Good Friday
  - Easter
  - Easter Monday
  - Victoria Day (Monday preceding May 25)
  - Canada Day (July 1)
  - Labour Day (first Monday of September)
  - Thanksgiving Day (second Monday of October)
  - Remembrance Day (November 11)
  - Christmas (December 25)
  - Boxing Day (December 26)

End-of-life care:

- Canadian Catholics will want a priest to provide the Anointing of the Sick when someone is extremely ill or dying.
- Catholics look at death as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.
- Whenever possible, a dying person should be given the opportunity to prepare for death.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- Suicide/euthanasia is never considered an option; however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.
- There is no Church ruling against organ donation.
- Canadian Protestants may want to have a pastor or church members visit an ill or dying patient. Prayers are often important aspects of these interactions and precaution should be taken to not interrupt during this time.
- Be aware that there are small minorities of various religious groups in Canada and one should not assume that an individual is either Catholic or Protestant without doing a little investigation.

**Canadian resources:**

http://www.civilization.ca/orch/www07c_e.html/
http://culturescope.ca/ev_en.php
http://www.pch.gc.ca/progs/occ-cco/index_e.cfm
http://clinique-edouard-rist.scola.ac-paris.fr/f_aaaenglish_speaking_countrie.htm
You are working with a valued **Catholic** patient

**Considerations before providing care:**

- The priest is the main religious figure in the Catholic Church and may be contacted to provide specific services or to consult on medical questions.

- There are approximately 60 million Catholics in the United States.

- Many Catholics do not practice any form of birth control, although there are many in the United States who have become lenient in this practice.

**Meals:**

- Many Catholics avoid eating meat on Fridays, especially during Lent. Fish is an acceptable alternative.

- During Lent, some Catholics may fast during the day or eliminate certain items from their diets. Be aware of how the diet is being altered in order to provide proper care.

**Hospital attire:**

- Modest dress should be provided for both men and women.

**Communication:**

- Many Catholics may find the use of curse words to be offensive, as is the use of the holy names of the church (Jesus Christ, Mary, God, etc.,) in an inappropriate manner.

**Catholic rituals:**

- The Bible is the scripture and spiritual book of the Roman Catholic Church.

- There are seven sacraments of the Catholic Church that are performed at various times in an individual’s life: Baptism, Confirmation, Matrimony, Holy Orders, Holy Eucharist, Penance, and Anointing of the sick.

- Many Catholics will make the “sign of the cross” during stress and in times of prayer/affirmation of faith.

- Catholics are expected to attend church (Mass) every Sunday. Communion is often taken during Mass where bread and wine transform to the body and blood of Jesus Christ.
- Catholics are also expected to attend Mass on the Days of Obligation (days that mark specific events in the life of Christ and his mother Mary). These days include:
  - January 1: Honoring Mary, Mother of God
  - August 15: Assumption of the Virgin mary
  - November 1: All Saints Day
  - December 8: Immaculate Conception
  - December 25: Christmas Day

- The 40 days leading up to Easter are called Lent. Ash Wednesday marks the beginning of Lent (some Catholics will have ash on their foreheads which symbolizes repentance of sins) and Catholics are expected to attend church services on this day as well as on Good Friday (the day that Christ was crucified).

- Easter is the most holy day in the Catholic year and commemorates Christ’s resurrection. Even non-observant Catholics will often go to church on Easter Sunday.

**End-of-life care:**

- Catholics will want a priest to provide the Anointing of the Sick when someone is extremely ill or dying.

- Catholics look at death as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.

- Whenever possible, a dying person should be given the opportunity to prepare for death.

- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.

- Suicide/euthanasia is never considered an option; however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.

- There is no church ruling against organ donation.

**Catholic resources:**

- [http://www.catholic.org](http://www.catholic.org)
- [http://www.catholic.net](http://www.catholic.net)
- [http://www.monksofadoration.org/](http://www.monksofadoration.org/)
- [http://www.refdesk.com/factrel.html](http://www.refdesk.com/factrel.html)
You are working with a valued Chinese patient

Considerations before providing care:

- Understand that many Chinese possess an entrepreneurial spirit and may question “by the book” treatments and methods of care.
- Be aware that there are over 50 different ethnic groups in China and that each has cultural nuances that should be acknowledged.
- The Asian focus on balance affects how many see health treatments, activities, and even food choices. Diagnosis of imbalance is often described in terms of disturbance in energy (Chi).
- Determine if the patient is using any home remedies, such as herbs or other supplements, in order to address the impact on prescribed medicines. Herbalism is often used to balance energies.
- Traditional Chinese thought focuses on “mindfulness” when performing tasks and the importance of the present. This may lead to some belief in the artificialness of schedules.
- Assume that a person with an oriental appearance is an Asian American unless you are informed otherwise.

Meals:

- Foods are often seen as therapeutic treatments and can be seen as either “hot” or “cold” depending on how they affect the body’s balancing energies (not on temperature).
- Diseases of different organs (Yin and Yang) will be expected to be treated with different foods.
- People on sodium restricted diets should be advised to reduce the use of soy sauce.
- New Years Day celebratory feasts are an important aspect of Chinese tradition.

Hospital attire:

- Female patients should be changed and examined by female practitioners whenever possible (especially when pregnant).
- Modest dress of subtle, neutral colors should be supplied for both men and women.
Communication:

- Bowing is a traditional Chinese greeting and a simple head nod is accepted as a response.
- Etiquette dictates that respect is shown to older family members and people in positions of importance (including educational attainment).
- Females are expected to show deference to most males.
- The Chinese family unit is considered of primary importance and decisions are often reached by consensus of the group.
- Verbal disagreements are avoided and a person may passively avoid compliance rather than actively resisting expectations.
- The word “no” is considered offensive in most cases and its use is avoided.
- The more traditional Chinese may avoid asking questions. Be prepared to draw out concerns and needs with empathetic questions which are put in positive terms.
- Raising voices in conversations often is taken as an implication of anger and/or loss of emotional control.
- Avoid touching and eye contact during conversations. Explain the reason for needing to physically touch patients.
- Sitting and/or standing side by side, instead of across from one another, is the preferred method of conversational interaction.
- Avoid pointing your finger directly at someone, instead, use your whole hand.
- When you are requesting someone to come closer to you, point your whole hand (palm facing downward) and sweep your fingers toward yourself.
- Putting your hands in your mouth for any reason is considered offensive.
- Do not use large hand movements. The Chinese do not speak with their hands. Your movements may be distracting.
Chinese rituals:

- Chinese religious traditions are influenced by Confucianism and Buddhism and Taoism. There is a focus on family loyalty, acceptance of one’s place in life, and performing one’s duty with discipline and grace.

- The concept of “balance” is reflected in many Asian practices. Meditation, energy release, feng shui, acupressure, acupuncture, cupping, and skin scraping are all methods used to restore balance and therefore improve health.

- In general, the majority of Chinese in the United States practice Buddhism or Christianity.

- The Chinese New Year usually begins in January or February (January 23, 2012). Celebration starts 22 days before the Western New Year date and ends 15 days following. New Years Day is celebrated at home whenever possible.

End-of-life care:

- Traditional Chinese avoid the mention of death and the topic should be handled with great care.

- The eldest son of a family is traditionally responsible for burial arrangements.

- Autopsies and organ donation is usually acceptable practices unless a specific family requests they not be an option.

- Children are often not told of a death unless they are over the age of 10.

- Black, blue and white are traditional colors of mourning.

Chinese resources:

http://www.chinasite.com/
http://www.cyborlink.com/besite/china.htm
http://www.lib.ku.edu/eastasia/calamwrg/Contents.shtml
You are working a valued **Cuban** patient

**Considerations before providing care:**

- The culture of Cuba is a complex mixture of different, often contrasting, factors and influences.
- Under communism, Cubans have received free health care, therefore, there may be some confusion when they are working with the American medical system. Caregivers should be ready to explain the basic concepts of the health care system and the patient’s and/or family’s responsibilities. Health professionals should be able to direct Cuban individuals and families to places where they can get more information and possible monetary assistance.
- Twenty-five percent of Cubans and Catholic and many do not practice birth control and prohibit abortion, however, abortion and birth control are legal in the country.
- Life expectancy and infant mortality rates in Cuba have been comparable to Western industrialized countries since such information was first gathered in 1957.

**Meals:**

- Cuban recipes share spices and techniques with Spanish and African cooking, with some Caribbean influence in spice and flavor.
- A typical meal would consist of rice and beans, a main course (mainly pork or beef), a salad, and some type of tuber (potato, corn, plantain, etc.).
- If a patient is Catholic, he/she may not eat meat on Fridays and a fish or vegetarian dish should be substituted.
- There are no other specific dietary concerns, however, caregivers should be aware of individual family/patient preferences or necessities.

**Hospital attire:**

- Traditional dress may be desired by some patients, especially those nearing the end of life.
- Caregivers should be aware of, and allow for, any religious charms, pendants or amulets.
- Allow for appropriate, modest attire for both men and women.
Communication:

- As with much of Latin America, Spanish is spoken in Cuba.

- The term “companion/companiona,” meaning comrade, came to gradually replace the traditional “senor/senora” as the universal polite title of address for strangers.

- When speaking to the elderly or to strangers, it shows respect to speak more formally.

- It is appropriate to shake hands when greeting someone and when saying goodbye.

- Men often exchange friendly hugs when greeting and it is also common for both men and women to greet friends and family with a hug and a kiss on the cheek.

- Addressing even strangers with terms of simple endearment is not uncommon (“my dear”/”my sweet”/etc.).

- Although the government has given men and women equal rights and responsibilities for housework, childrearing and education, machismo is common among many Latin American men. Many men still believe that women should not make decisions regarding family affairs and other intellectual matters. Caregivers should be aware of this when discussing health issues with the family and should address the male head of house at first.

Cuban rituals:

- Approximately 25% of Cubans are Catholic and follow traditional Catholic practices (see diversity sheet for Catholicism).

- Protestantism has seen a steady increase in popularity in the country as of late.

- A large number of Cubans practice Santeria (also known as Lukumi or Regla de Ocha). This religious system blends Catholic beliefs with traditional Yoruba beliefs (religious ideas held by the peoples of West Africa). There is a great deal of attention and focus on each individual striving to develop good character and doing good works. Good character is defined as doing the right thing because it is the right thing to do.

- Practices include animal offering (limited), dance, and sung invocations to the Orishas (similar to Catholic saints).

- All ceremonies and in Santeria begin with paying homage to one’s ancestors.
The important religious festival “La Virgen de la Caridad del Cobre” is celebrated by Cubans annually on 8 September. Other religions practiced are Palo Monte, and Abakua, which have large parts of their liturgy in African languages.

There is also a relatively small Jewish community in Cuba.

Cubans celebrate a number of state and religious holidays:

- Liberation Day – Triunfo de la Revolucion (January 1)
- Labor Day – Dia de los trabajadores International Labour Day (May 1)
- Commemoration of the Assault of the Moncada garrison (July 26)
- Asalto al cuartel Moncada* Normally two or three days public holiday together
- Independence Day – Dia de la Independencia (October 10)
- Christmas – Navidad (December 25)

Cuban music is very rich and is the most commonly known expression of culture. Most holidays, festivals and celebrations revolve around the music produced.

End-of-life care:

- If a patient is Catholic, the family may want a priest to provide the Anointing of the Sick when someone is extremely ill or dying.

- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.

- It is of utmost importance to be respectful of a dying patient and his or her family. This includes providing an interpreter if the patient does not speak English, making arrangements for having the family participate in care, and having flexibility with visitation periods to ensure optimum family involvement.

- An initiated priest may be requested by those who practice Santeria in order to perform healing and/or give spiritual guidance and/or information.

Cuban resources:

http://mipais.cuba.cu/
http://www.athealth.com
http://www1.lanic.utexas.edu/la/cb/cuba/
http://www.loc.gov/rr/international/hispanic/cuba/Resources/cuba-culture.html
You are working with a valued Dominican Republican patient

Considerations before providing care:

- Spanish is the official language and is universally spoken.

- The Dominicans consider themselves more Latin American than Caribbean.

- It’s a custom to have 2 last names. For example, if a woman's maiden name was Feliz and she married a man with the last name Beltre her last name would Feliz de Beltre. Or if a child is born they have the both the mother and father's last name. For example Miguel Antonio Feliz Beltre.

- The extended family, composed of three or more generations, is prevalent among the Dominican elite. The oldest married woman commands her household, delivers the more private decisions, and nurtures the family.

- Family loyalty is a virtue ingrained from early childhood when individuals learn that relatives can be trusted and relied on. At every level of society a person looks to family and kin for both social identity and succor.

- Public education is provided through the high-school level at no cost except for the school uniform and books. Attendance is mandatory to sixth grade, although many children, particularly girls, drop out before then.

- The adult literacy rate of 83 percent.

- About 95 percent of the population is Roman Catholic, even if not all of these people attend church regularly.

- Voodoo is practiced secretly, primarily along the border with Haiti.

- Dominicans think that menthol i.e. Vicks vapor rub cures everything from mosquito bites to migraines.

- Practitioners believe in one God and many lesser spirits. They believe that each individual has a protector spirit who rewards that person with wealth and punishes him or her with illness.

- Public clinics and hospitals provide free care. Private health care is also available, primarily in urban centers.

- Many people still consult native healers, including witch doctors, voodoo practitioners, and herbalists.
• Dominican girls must be chaperoned at all times and tradition demands that a girl exhibits quiet, helpful, considerate manners to increase her chances of a good future marriage. Toward that end, remaining a virgin until marriage is paramount to the society's code of female conduct.

Meals

• Typical Dominican cuisine usually accommodates all four food groups, incorporating meat or seafood; rice, potatoes or plantains; and is accompanied by some other type of vegetable or salad.

• Lunch is generally the largest and most important meal of the day. Lunch usually consists of some type of meat (chicken, pork or fish), rice and beans, and a side portion of salad.

• Most Dominican meat dishes tend to involve pork, as pigs are farmed quite heavily on the island. Meat dishes tend to be very well cooked or even stewed.

• Seaside Dominican fishing villages will have great varieties of seafood, the most common being shrimp, marlin, mahi-mahi or dorado, and lobster.

Hospital attire:

• Personal appearance is important to Dominicans and they do their best to look neat and clean.

• Traditionally hospitals do not provide johnnies, patients bring their own bathrobe, slippers and sleepwear.

Communication:

• Politeness is a very important aspect of social interaction. When you enter a room or begin a conversation, it is polite to make a general greeting such as buenos días, which means "good day." Handshakes are another friendly gesture.

• Professional titles are used to address respected persons.

• Dominicans are animated and often make gestures and use body language.

Dominic Republican rituals:

• Christmas time is one of the most celebrated holidays there. However, they don't trade gifts until January 6 which el día de los tres reyes or Three King's Day.
The Dominican carnival is an explosion of joy. A show of cultural identity and spontaneity that encompasses many aspects of Dominican society.

The majority of the celebrations are surrounded by the Fiesta Patronales, they are celebrations that are held in honor of the Patron Saint. Every Town has its own festival of the Patron Saint. Music, prayer and joyous parades, are part of the celebrations.

End-of-life care:

Palliative care is traditionally substandard in Dominica Republic and individuals may not know what to expect with end of life care.

Family members are the center of end of life decisions.

Religion, the family and the use of alternative medicines at the end of life will be of great importance to many Dominic Republican individuals.

The person is buried before sunset the day they die or the day after if they die at night, because embalming typically not used.

It is an extremely emotional time and people express their grief very openly through shouting, crying and screaming.

There is a 9 day period of mourning, and on the last day there is another gather at the person's house for a final goodbye.

Dominican Republican resources:

http://www.everyculture.com/Cr-Ga/Dominican-Republic.html
http://en.wikipedia.org/wiki/Dominican_Republic_cuisine
http://columbiaglobalhealthnarrativemedicine.blogspot.com/
http://answers.yahoo.com/question/index?qid=20090629083933AAICxa2
http://answers.yahoo.com/question/index?qid=20090403141010AAHfQbW
You are working a valued East Indian patient

Considerations before providing care:

- Most Indians speak English.
- Many Indians believe that good and bad health is a result of the interaction of three forces (vata-movement, pitta-heat or metabolism, and kapha-physical build).
- The majority of East Indians are Hindu.

Meals:

- The left hand is considered unclean. Use only the right hand to eat and hand over a plate or other items.
- Beef is forbidden for most Indians.
- Many Indians are vegetarian and protein deficiencies may be a problem.
- Most Hindus avoid alcohol. Water, tea and coffee are preferred.
- Many Indians are lactose-intolerant.
- Indians usually rinse their mouths and wash their hands both before and after meals.
- Food is often eaten with the fingers once it has been transferred, by utensil, from a common dish.
- Once food is on an individual plate, it should not be shared.
- Pregnancy is considered a “hot” condition and should be treat with “cold” foods like milk, vegetables, and tart foods.
- The practice of fasting may affect dietary treatments.

Hospital attire:

- Cleanliness is a strong value and bathing every day before breakfast is important.
- Make every effort to pair female patients with female practitioners and care givers.
- Modest dress for female patients is very important and changing linen/clothing should be done be female care staff.
Communication:

- The traditional Indian greeting is to say “Namaste” (nah-mas-tay) while placing your palms together in front of your chest (pointing upwards) and bowing slightly.

- Any gesture using the fingers is considered rude. “Please come here” is gestured by using the whole hand, palm facing down, sweeping all fingers toward you.

- Personal space is important. The acceptable conversation distance is 3 to 3.5 feet apart.

- Touching the head of an Indian person by an older Indian person or clergy is considered a blessing.

- Whistling may be considered rude.

- Winking has vulgar implications.

- Exposing the bottom of your feet or touching them to an Indian person is considered rude and an apology should be submitted if this happens.

- Social interaction between men and women is avoided. When a male comes in contact with an Indian woman he should avoid eye contact and any physical contact (handshakes, assistance into/out of a chair or car, etc.).

- Traditionally the male head of the family is addressed in discussing any issues, medical or other, and will speak on behalf of the family.

- Indian women will tend to defer to their husbands to answer questions (if he is present).

East Indian rituals:

- The most notable feature in religious ritual is the division between purity and pollution. Purification, usually with water, is thus a typical feature of most religious action.

- Sacrifice is seen as holy and may include the performance of offerings in a regulated manner, with the preparation of sacred space, recitation of texts, and manipulation of objects.

- The concept of merit, gained through the performance of charity or good works, accumulates over time and can reduce sufferings in the next life.
The home is the place where most Hindus conduct their worship and religious. The most important times of day for performance of household are dawn and dusk, although especially devout families may engage in devotion more often.

End-of-life care:

- The oldest son is responsible for performing the rites of the deceased.
- The family will want privacy to wash and prepare the body after death.
- During the 10 days following the death of a loved one, family members are not to exchange gifts.
- Hindus will typically cremate the body, preferably on the same day as the death.
- The funeral and the last rites must be performed the proper way. There are specific instructions given in scripture that are to be performed upon the dead body before cremation. The family will want to take the body home quickly.

East Indian resources:

http://www.hindunet.org/
http://hinduwebsite.com/
http://www.southasianist.info/india/index.html
http://www.thokalath.com/
You are working with an **Ecuadorian** valued patient

**Considerations before providing care:**

- Ethnic Make-up of Ecuador is mestizo (mixed Amerindian and white) 65%, Amerindian 25%, Spanish and others 7%, black 3%.

- There are many languages spoken in Ecuador. The predominant and official language is Spanish, and spoken in 99% of the country. In addition, Quechua and other pre-colonial American languages are also spoken but only in remote towns in the highlands.

- 95% of Ecuadorians are Roman Catholic. The Roman Catholic Church has a strong influence on personal and social behavior and is part of national identity. Indigenous Ecuadorians, while nominally Catholic, tend to blend Catholicism with their traditional beliefs.

- The man is the breadwinner and the wife looks after the home. From birth, children are raised to understand that they will have different roles and expectations in life.

- Marriage varies greatly, with its expressions ranging from those characteristic of middle-class United States or Europe to a variety of systems that include "trial marriage" and "serial polygyny."

- Religion, shamanism, and home remedies are important resources. Traditional and alternative medicines were recognized in the constitutional reform of 1998. Shamanies is mostly practiced in remote areas of the country.

- Pharmacists do a big business in diagnosis and prescription, and almost any drug or medication can be purchased over the counter.

- Mental illnesses are not yet seen as real “health problems”.

**Meals:**

- Ecuador is known for its fabulous exotic fruits, high quality fish and seafood, and the countless varieties of Andean potatoes.

- A regular diet includes rice, potatoes, small salad, and patacones (squashed, fried green bananas). On the coast and in the Amazon, potatoes are often supplemented or replaced by menestra (beans or lentils) or yuca.

- Most lunches and dinners are accompanied by a savory soup as the first course. White rice is served with almost every dish.
Hospital attire:

- The Ecuadorian people have a rather distinctive dress code influenced by the cultural diversity that can be found in the various regions of Ecuador.

- The men's dress usually consists of a blue poncho, a fedora, or a felt hat and white, calf-length knickers.

- The Ecuadorian woman's dress is the closest to the Incan costumes worn in the Andes. A white blouse, a blue skirt and the traditional footwear is sandals.

- Allow for appropriate, modest attire for both men and women.

Communication:

- The most common greeting is a handshake with direct eye contact and a smile.

- Always refer to people by the appropriate honorific title (Senor or Senora) and their surname.

- Ecuadorians are known for being warm and polite. They can be quite tactile and tend to stand much closer to each other when speaking than in many other cultures. As a result they are highly tuned to body language and non-verbal communication.

- Ecuadorians are indirect communicators who speak diplomatically and with courtesy. They view blunt communication as extremely rude.

- Respect is the key to etiquette across all of the class and ethnic divisions and between the genders.

Ecuadorian rituals:

- Never arrive on time when invited to a home. Although it may sound strange you should arrive a little later than invited, i.e. 30 -45 minutes late.

- Table manners are Continental -- the fork is held in the left hand and the knife in the right while eating. Food is always eaten with utensils. Even fruit is eaten with a knife and fork.

- If you do not want to drink more, leave your glass one-quarter full.

- Ecuador is a country with a thriving tradition of parties (farras) and celebration. Indeed, most months include at least one major festival or long weekend, which usually involve colorful ceremonies and lavish feasts. Because Ecuador is over 90% Roman Catholic, most of the country's major holidays and celebrations follow the
End-of-life care:

- Catholics will want a priest to provide the Anointing of the Sick when someone is extremely ill or dying.

- Suicide/euthanasia is never considered an option; however pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.

- People make pilgrimages to the virgins and saints from great distances, primarily to become healed of physical or mental afflictions.

- It is believed some saints can heal and inflict harm and that at least one, San Gonzalo, can kill.

- Indigenous people have a rich spiritual universe, which shamans tap for curing and for sending harm.

Ecuadorean resources:

http://www.kwintessential.co.uk/resources/global-etiquette/ecuador.html
http://www.everyculture.com/Cr-Ga/Ecuador.html
http://www.everyculture.com/Cr-Ga/Ecuador.html
You are working with an Egyptian valued patient

Considerations before providing care:

- Egypt is an Arabic speaking country, located in North Africa and the predominant faiths are Christianity (Majority Coptic Orthodox) and Islam (Sunni).

- It’s important to remember that regardless of an individual’s faith the person could be devout or secular.

- The majority of Egyptians (90%) are Arabic-speaking Sunni Muslims.

- Although many Muslims differ in their practice and philosophy of Islam, is it important to know that the vast majority of Muslims accept blood transfusions but some may not accept treatment that have a pork base (e.g., pork based insulin).

- For practicing orthodox Muslims Islam is not only a religion, but a way of life that governs their personal, political, economic and legal lives.

- The family is the most significant unit of Egyptian society. The family consists of both the nuclear and the extended family.

- Respect and esteem for people is both a right and an obligation.

- An individual's honor is intricately entwined with the reputation and honor of everyone in their family.

- Honor requires that Egyptians demonstrate hospitality to friends and guests.

- Avoid exposing the soles of your shoes or bottom of feet to the patient. It’s interpreted as a rude gesture.

- Try to accommodate visitors (usually every family and family friends visit and may bring gifts or refreshments.

- Approach any discussion about sex carefully; it is a sensitive subject.

- Egyptians may combine the modern health system with traditional practices for example midwife, plays a key role not just during childbirth and the related ceremonial activities. There are other traditional health practitioners, such as seers and spirit healers.

- It is common for males to be circumcised as infants.
Meals:

- Islamic dietary restrictions consist of eating a strictly Halal diet.
- In the strictest sense of the Halal diet they will not consume meat products that were not butchered in a humane manner (similar to Kosher meat) nor will they consume alcohol.
- Some may also interpret Halal as excluding shellfish.
- Less strict interpretation of a halal diet may just involve the patient avoiding any products from a pig and alcohol.
- The indigenous cuisine relies heavily on legumes.
- The main national dish is *foul*. This is a dish of fava beans cooked slowly over low heat and seasoned with salt, lemon, cumin, and oil. It is usually eaten for breakfast.
- Another common dish is *tamiyya* or falafel which is made from crushed fava beans mixed with onions and leeks and fried in oil.
- Also popular is *koshari*, a mixture of rice, black lentils, and macaroni covered with tomato sauce and garnished with fried onions.

Hospital attire:

- Public modesty in dress and deportment is highly valued in Egypt
- Observant Muslim men cover from their navel to just below their knees.
- Observant Muslim women may wear hijab (head scarf) and may prefer to be covered, exposing their hands and face in company of non-related males.
- It’s important for male medical professionals to knock on the door of women who wear hijab, in case she took it off in company of her family (husband, sons etc.) or other woman.

Egyptian rituals:

- Handshakes are somewhat limp and prolonged, although they are always given with a hearty smile and direct eye contact.
- People are generally addressed by their given name.
• In any greeting between men and women, the woman must extend her hand first. If she does not, a man should bow his head in greeting.

• Muslims are to pray five times a day - at dawn, noon, afternoon, sunset, and evening.

• It is required to wash the face, hands and feet with water before praying (nursing assistance may be appreciated for patients with limited mobility).

• When the patient is praying it is important to not disturb them or walk in front of them during prayers.

• During the holy month of Ramadan observing healthy, adult Muslims fast from dawn to dusk. Fasting includes abstaining from all food, beverages (including water), smoking or gum.

• The patient is exempted from fasting if they are ill, pregnant, menstruating or have yet to reach puberty.

End-of-life care:

• If the patient is a practicing Muslim, it is important and customary for the patient to be facing Mecca as he/she approaches death.

• Passages from the Quran are read by the dying individual or a close family member.

• Muslims do not view death as final. Islam has a well-developed belief about afterlife, from the time of corporeal death to the Day of Resurrection.

• After a death Muslims try to bury the body the same day.

Egyptian resources:

http://www.kwintessential.co.uk/resources/global-etiquette/egypt-country-profile.html
http://www.everyculture.com/Cr-Ga/Egypt.html
http://findarticles.com/p/articles/mi_m0FSS/is_2_10/ai_n18611570/
www.supportiveoncology.net/journal/articles/0306432.pdf
You are working with a valued Filipino patient

Considerations before providing care:

- Most Filipinos speak English, although Philippine is the national language.
- Roman Catholic beliefs and practices are often followed, including reluctance to practice birth control and prohibition against abortion in most cases.
- Hospitality and togetherness are fundamental values in the Filipino culture.
- Many Filipinos believe that what happens is God’s will and may be apathetic to extended treatments and alternative care.

Meals:

- Food is central to Filipino social interaction and family may want to bring in prepared meals and eat as a family if possible.
- Filipinos will expect you to share their food if you interrupt a meal. A polite refusal is acceptable.

Hospital attire:

- Allow for appropriate, modest attire for both men and women.
- Appearance matters. Filipino patients should be bathed regularly and hair, makeup, shaving, etc., should be kept up as much as possible.

Communication:

- Initial greetings are formal and follow a set protocol of greeting the eldest or most important person first.
- A handshake, with a welcoming smile, is the standard greeting. Establishing eye contact and then raising and lowering the eyebrows is also a common greeting.
- Presenting the proper image will facilitate building relationships.
- Social conversation often revolves around personal issues and may include questions about family life and other social interactions.
- Spoken language is often muted and harmonious. Filipinos are often very quiet unless celebrating.
• Extend an invitation to a Filipino at least twice, asking only once may seem insincere.

• A Filipino may smile when offering bad news in an attempt to hide embarrassment or distress. A smile can also convey friendliness or amusement.

• Expressions of anger are often considered childish and shameful.

• Filipinos may offer excuses rather than giving verbal expressions of “no.” A quick downward jerk of the head means “no” even though a Filipino may verbally say “yes.” Be aware of body language and ask for clarification.

• A Filipino may feel more comfortable being introduced by a third party as well as asking them to convey the concept of “no.”

• Any pointing gesture with the fingers can be insulting; a hand signal to beckon someone should be demonstrated by a small, palm-down, sweeping gesture.

• Filipinos often refer to something by pursing their lips or glancing toward the indicated item.

• To get someone’s attention, a small brush to someone’s elbow is most acceptable.

• Standing with your hands on your hips is considered an aggressive posture.

• Most decisions are made by family consensus. Everyone is treated with equal respect and conflict is avoided.

Filipino rituals:

• Most Catholic holidays are honored with fasts and church ceremonies or celebrated with food and music. Important dates include Ash Wednesday and Lent, Good Friday, Holy Saturday, Easter, and Christmas.

• Approximately 10% of the population is Protestant and celebrate many of the holidays also celebrated by the Roman Catholic Church.

End-of-life care:

• The Filipino philosophy concerning death is commonly connected to their spiritual beliefs.

• Most Filipinos follow the Catholic tradition that the same Lord who has created them will also reward them with eternal life in heaven. In a Filipino family, the decision to inform the patient about his or her terminal condition should be discussed and agreed upon by all family members.
• It is not uncommon that family members request that the physician not divulge the truth to protect the patient.

• Making preparations for one’s death is also considered to tempt fate. As a result, many traditional Filipinos are opposed to advance directives or living wills.

• A natural death is optimum and actions such as withholding life support or increasing pain medication are permissible in this natural process.

• It is of utmost importance to be respectful of a dying patient and his or her family. This includes having a Catholic priest available, providing an interpreter if the patient does not speak English, making arrangements for having the family participate in care, and having flexibility with visitation periods to ensure optimum family involvement.

• If possible, visiting hours should be flexible to accommodate Filipino traditions of mourning for the patient according to their customs.

Filipino resources:

http://across.co.nz/Philippines.html
http://www.pinoywebsights.com/travel/
http://countrystudies.us/philippines/
You are working with a valued **French** patient

**Considerations before providing care:**

- Family relationship, even distance ones, are very important in French culture.
- Many French people prefer to keep a rather formal presence with those they do not know well.

**Meals:**

- Traditionally, meals tend to be elaborate affairs and can last hours. Much time is taken with preparing a perfect compilation of food and drink.
- The French typically drink wine with both lunch and dinner.
- There is a concern for good eating throughout the country.
- Adding condiments to food (ketchup, salt, pepper, etc.) may indicate that the original food was not prepared well.
- A French meal typically consists of many courses including: fish/meat, salad, cheese, dessert, coffee, and chocolates.

**Hospital attire:**

- Some French see the American “preoccupation” with covering some personal body odors with colognes, shampoo, or lotions as excessive.
- The French tend to be on the more cutting edge of fashion and see being “pulled together” as an important part of daily life.
- Makeup, hairstyle, and accessories are very important to French women.

**Communication:**

- The French often give their last names first, double check if you are unsure.
- Use the titles Monsieur (Mr.), Madame (Mrs.), or Mademoiselle for young girls.
- Always give a brief handshake upon meeting someone.
- The French are likely to be very polite during personal meetings but very rude on impersonal interactions.
- Conversation will likely include biting humor and sarcasm. Some French will try to engage in interpersonal conflict.

- Conversation should revolve around general topics, asking about someone’s personal life is considered rude and speaking of your own is considered shallow.

- Strong eye contact, large gestures, and excited tones don’t necessarily indicate anger or distress but interest and involvement.

- The French hold social standing in high regard (education, good behavior, clothing/home style, knowledge of the arts, and family line).

- The French consider it rude to chew gum during conversation, talk with hands in your pockets, snap the fingers of both hands, and to slap an open palm over a closed fist.

- The French often look at set times as flexible and it is acceptable to be “fashionably late.”

**French rituals:**

- Roman Catholicism is the official state religion; however, there are a number of Protestants, Jews, and Muslims as well.

- Official holidays:
  - January 1: New Years Day
  - March/April: Easter Monday
  - May 1: Labor Day
  - May 8: French Armistice Day
  - May/June: The Ascension
  - July 14: Bastille Day
  - August 15: Assumption of the Virgin Mary
  - November 1: All Saints Day
  - November 11: World War I Armistice Day
  - December 25: Christmas Day

**End-of-life care:**

- Traditionally, families have not had much information and say in the treatments provided to their loved one in care. France has seen an increase in the involvement of families, in life-determining decisions, which means more daily patient-situation updates, more explanations about diseases and prognoses, and more attempts at knowing patients’ values and preferences.

- Many French may want a priest to be present to provide the Anointing of the Sick when someone is extremely ill or dying.
- Death may be viewed as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.

- Whenever possible, a dying person should be given the opportunity to prepare for death.

- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.

**French resources:**

http://bubl.ac.uk/LINK/f/france.htm
http://www.loc.gov/rr/international/european/france/fr.html
http://users.drew.edu/jcaldwel/pieretti.html
You are working with a valued Gay patient

Considerations before providing care:

- Approximately 10% of our patient population is gay, lesbian, or bisexual. A gay person is a male who is physically attracted to persons of the same sex.

- The gay population is heterogeneous and includes people of varying ages, socioeconomic statuses, genders, races, religions, and ethnic backgrounds.

- Begin by evaluating yourself and any assumptions, phobias, biases or beliefs that you might hold internally. Be aware of your own reactions and body language.

- It is especially important to create a non-judgmental open, caring atmosphere, because of the intense difficulty some patients experience disclosing same sex behaviors in a clinical setting.

- The issue of confidentiality is also an extremely vital aspect of care, as an inadvertent “outing” of a patient could have a significant impact on their family relationships, livelihood, social status, and personal safety.

- Explain the medical record documentation process to patients, as gay patients will be particularly conscious of protecting their medical information.

- Many will avoid seeking health care, because of negative past experiences, societal pressures, and the stigma attached.

- Friends and partners of gay patients should be given the respect and privileges usually afforded to a spouse or relative.

- Avoid using gender specific terms like husband or wife. Use gender neutral terms like “partner, mate, or companion.”

- Questions about families need to allow for alternative definitions including same sex parents, or multiple parent situations.

Be careful not to make assumptions:

- Don’t assume that all patients are heterosexual. It could take time for a gay patient to have enough trust to divulge this information.

- A patient with children is not automatically heterosexual.

- Don’t assume that teenagers who think they are gay, are too young to be aware and are just going through a phase.
When children express that they feel attracted to the same sex, respect the information and support the child. Don’t assume that the information is false.

Gay men may need STD screening from the pharynx, rectum and the genitals, as well as routine prostate exams.

A gay man’s health issues do not necessarily revolve around sexuality. Consider all possible diagnosis as with any other patient.

Be sure to screen gay patients for domestic violence along with all other patients.

Meals:

Refer to specific cultural patient care guide.

Hospital attire:

Be considerate of gender preferences.

Allow for privacy and respect that some individuals may feel more comfortable having a family member or partner assist with dressing.

End-of-life care:

Refer to specific cultural patient care guide.

Counseling patients on their right to designate a durable power of attorney is especially important for same sex partners, specifically regarding who is authorized to make medical decisions.

Gay resources:

http://www.metrokc.gov/health/glbt/providers.htm
http://www.ohanlan.com
You are working with a valued German patient

Considerations before providing care:

- Approximately 50% of Germans are Catholic and about 50% are Protestant.
- English is the second language in Germany and many Germans know enough to converse rather well.

Meals:

- Germans tend to eat rather hearty foods (meat, potatoes, and noodles) and many pickled selections are also available.
- Lunch is usually the most substantial meal of the day, although dinner can also be similar. Wine and beer are usually served with each.

Hospital attire:

- German attire tends to be rather formal and conservative. Assist an individual in keeping their clothing as clean and orderly as possible.
- Provide modest attire for both men and women.
- Cleanliness and sanitation are extremely important to Germans.

Communication:

- Germans tend to be formal in most social interactions. Individuals should be addressed as Frau (Ms.) or Herr (Mr.) and someone with a title may be addressed with both (example: Frau Doktor Smith).
- Germans prefer to be introduced by a third party.
- A handshake is the proper method of greeting a new individual. You should also give a handshake upon leaving; shake everyone’s hand if you are in a group.
- Germans are very literal and rather blunt in their conversations and off-hand remarks may be taken seriously.
- Keep conversation to general topics, inquiring about a job or other personal matters is too forward.
- Germans tend to be very reserved in behavior and avoid loud conversations and unruly actions.
- Germans base decisions on facts, not feelings. They require detailed information to make these decisions.

- Decisions are often long in coming as many Germans review information and seriously weigh alternatives. Once these decisions are made they are firm.

- Punctuality, orderliness, and structure are highly valued in German culture. Flexibility and spontaneity are not held in high esteem.

- There is a strong sense of hierarchy in German culture and individuals often know their social place and it determines the type of daily interactions they will have.

- Germans tend to be relatively private, room doors should be closed and individuals should knock before entering. Germans also tend to want more personal space in conversation than typical in the United States.

- Smiles are typically reserved for friends and family and are not normally expressed with casual acquaintances.

**German rituals:**

- Most Germans celebrate Catholic and/or Protestant holidays with traditional Christian celebration.

- Some important dates are:
  - January 1: New Year’s Day
  - January 6: Epiphany
  - March/April: Good Friday, Easter Sunday and Monday
  - May 1: Labor Day
  - May/June: The Ascension and Corpus Christi
  - August 15: Assumption of the Virgin Mary
  - October 3: German Unity Day
  - October 31: Reformation Day
  - November 1: All Saints Day
  - December 25: Christmas Day
  - December 26: Boxing Day

**End-of-life care:**

- Germans tend to feel a great deal of control over their own lives and often believe that with enough structure and hard work their environment and/or situation can be altered. This may make it difficult for some Germans to accept long-term illness or injury.
- Catholics will want a priest to provide the Anointing of the Sick when someone is extremely ill or dying.
- Whenever possible, a dying person should be given privacy and the opportunity to prepare for death.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- Organ donation is an acceptable choice in German culture.
- German Protestants may want to have a pastor or church members visit an ill or dying patient. Prayers are often important aspects of these interactions and precaution should be taken to not interrupt during this time.

**German resources:**

http://www.loc.gov/rr/internatinal/european/germany/resources/de-culture.html
http://guides.lib.udel.edu/index.php
http://www.college.hmco.com/languages/german/resources/students/links/index.html
You are working with a valued Ghanaian patient

Considerations before providing care:

- Ghanaians are very warm, friendly, and sociable people. They are polite and open, even with strangers. Ghanaians are noted for their hospitality and they place great emphasis on welcoming people of any background with pomp and celebration. This is commonly known as “Akwaaba”

- English is the official language but “pidgin” English is spoken by most people along the West Coast of English speaking African countries and consists of English and the local dialect. There are over seventy Ghanaian languages. Each of the ten regions of Ghana has at least two or more different languages. The most common language is Akan (Twi) and it comprises several dialects from four different regions. Other languages include but not limited to Ga, Fanti, Ewe, Adangme, Guan Hausa, Dagbani, Frafra, etc.

- Ghana is primarily a rural country, urbanization has a long tradition within indigenous and some modern society.

- Tradition dictates that family elders arrange the marriages of their dependents and the groom's family is expected to pay a bride-price. Polygamy is allowed and attests to the wealth and power of men who can support more than one wife. Having children is the most important focus of marriage and a husband will normally divorce an infertile wife. Upon a husband's death, his wife is expected to marry his brother, who also assumes responsibility for any children. Divorce is easily obtained and widespread, as is remarriage.

Meals

- The basic staple foods are soups, vegetable stews, grills and milled or pounded grains. Most foods are cooked with hot pepper, other hot spicy condiments as well as local produced red palm oil. Chickens and dwarf goats are reserved for special occasions.

- The main dish is fuful, pounded plantain or tubers in combination with cassava. Soup ingredients include common vegetables and some animal protein, usually fish, and invariably, hot peppers.

- Popular drinks include palm wine, made from the fermented sap of the oil palm, and home-brewed millet beer. Bottled European-style beer is widely consumed. Imported schnapps and whiskey have important ceremonial uses as libations for royal and family ancestors.
Hospital attire:

- Hospital gowns are worn and acceptable as well as any comfortable cloths, preferably light clothing that are easy to wear.

- Ghanaian dress is modest, neat, and generally conservative.

Communication:

- Ghanaians place great emphasis on politeness, hospitality, and formality. Upon meeting, acquaintances must shake hands and ask about each other's health and families. A younger person addresses a senior as father or mother and must show appropriate deference. Great respect is attached to age and social status.

- It is rude to offer or take an object or wave with the left hand. It is also rude to stare or point at people in public.

- Such English words as "fool(ish)," "silly," or "nonsense," are highly offensive and are used only in extreme anger.

Ghanaian rituals:

- There is a lot of diversity within Ghanaian cultures and every region and tribe has their own distinctive custom and festival. The most celebrated customs and festivals are:
  - Ga – Homowo celebrates the end of hunger and the plentiful harvest of the season.
  - Ashanti – Odwira customs of the brave and beautiful
  - Fanti – Afahye and Aboatsiri launches the hunting season for the best catch of meat.
  - Hausa – Azumi celebrates the successful end of the fasting season.
  - Adangme – Dipo celebrates the transition of young girls into adults at a public ceremony

End-of-life care:

- Good health is counted as a gift to be cherished and the secret to longevity. Most worrisome health beliefs are those related to headaches and stomach upsets/pains. Other physical and common ailments are believed to be cured with traditional healing herbs, plants and other natural products by traditional healers. The most common remedy for any stomach aches is to purge, and or give enemas. Any persistent illness, be it mentally or emotionally is suspicious of being orchestrated by witchcraft, curse, and punishment from dead spirits or ancestors, or getting the ‘evil eye’ from an
enemy. There is a fear that the use of metal on certain abscesses [in surgery] is taboo because it will surely cause death.

- Death is believed to be a weapon of power by the devil and no doctor can prepare one enough for its arrival. Ghanaians believe in reincarnation, so special services like gifts for other departed souls are put in coffin with messages of choice.

- Death is one of the most important events in society and is marked by most ethnic groups and religions by elaborate and lengthy funeral observances that involve the whole community. Days are spent on preparing for the funeral in most communities except those of the Moslem faith who bury their dead within twenty four hours. Public display of mourning is expected and shows the bond between the dead and the living until the burial is performed. All family, friends, sympathizers and others are expected to show up. The celebration of the life of the deceased begins soon after burial and it turns into a big community ‘party’ with lots of donations to the family members.

- People were traditionally buried beneath the floors of their houses, but this custom is now practiced only by traditional rulers, and most people are buried in cemeteries.

Ghanaian resources:

http://guides.lib.udel.edu/index.php
http://www.ethnologue.com/
You are working with a valued Greek patient

Considerations before providing care:

- Friends and family are of the utmost importance to Greeks and if possible many will visit someone while he/she is receiving medical care.

Meals:

- Lunch is the main meal of the day, preceded by a small breakfast and followed by a relatively small dinner.
- Greek coffee is a staple and is very strong (like espresso).

Hospital attire:

- A good appearance is important in Greek culture and an attempt should be made to help patients look presentable to visitors.

Communication:

- Greek culture is hierarchical (young show respect to the old, women to men, employee to boss, and so on), however, it is understood that some Greeks may ignore given directions from authorities if they do not agree with them.
- To Greeks, time is often relatively flexible and being late to meetings or appointments is not seen as rude or unacceptable.
- Greeks traditionally take a long time to make a decision, weighing all options and the risks involved before coming to a conclusion.
- Family and friendship bonds are of utmost importance in Greek culture.
- Greeks are more comfortable being introduced by a third party if that is an option.
- Greeks may give a long handshake, a hug, or a kiss on the cheek when greeting someone or even upon introduction to someone new.
- Greeks tend to be naturally curious and may inquire about personal information but be somewhat reluctant to offer their own.
- Eye contact may be very direct, do not take this as an attempt to make you uncomfortable, it is intended to show interest.
• Physically when talking with a Greek: keep hands out of pockets, don’t chew gum, don’t lean against things, and avoid backing away if they stand closer than is typically comfortable in the United States.

• Do not show an open palm to a Greek individual, it is an insult. If you must beckon to someone, sweep all four fingers toward yourself while your palm is facing the floor.

• Feelings often impact decisions more so than data or theoretical concepts.

• Greeks tend to be rather informal and sometimes unpredictable in thought and deed.

• Greeks may say “no” by giving a short upward nod of the head, tipping the head to one side may indicate “yes” (ask for clarification if you are unsure).

• A smile may indicate anger, especially if given in the context of a disagreement or in frustration.

Greek rituals:

• Nearly all Greeks are Christian (Greek Orthodox) and follow the standard and celebrations of most American Christians.

End-of-life care:

• Greeks tend to be rather fatalistic and illness or death may be viewed as “meant to be” and that nothing can be done to change this fate.

• Because family and friends are so important, expect many visitors during the length of an individual’s illness.

• Most Greeks will follow Christian methods of grief and burial practices.

Greek resources:

http://www.gogreece.com/
http://www.speakeasy.org/~dbrick/Hot/foreign.html
http://www.library.usyd.edu.au/subjects/languages/moderngreek/modgreekinternt.html
You are working with a **Guatemalan** valued patient

**Considerations before providing care:**

- Spanish is the official language. Over 40 percent of the population speaks one of 23 Indian dialects used in the country’s interior.

- National culture is composed of a blend of European and indigenous traits and is largely shared by Indians and Ladinos. (Ladinos are persons of mixed or non-indigenous race and heritage). Despite the hybridity of the culture Ladinos and Indians have distinct histories and there is a legacy of racism and oppression.

- Guatemala has a predominant Roman Catholic religion combined with indigenous Maya religious rites to form a unique syncretic religion prevailing throughout the country.

- Most Hispanics have two surnames: one from their father, which is listed first, followed by one from their mother. Only the father’s surname is used when addressing someone.

**Meals**

- Three meals per day are the general rule, with the largest eaten at noon. Fruit is eaten as dessert, or as snack in-between meals.

- Breakfast includes fruit, cereal, eggs, bread, and coffee.

- The evening meal is always lighter than that at noon.

- Tamales are the most important ceremonial food. They are eaten on all special occasions.

- Black beans, guacamole, tortillas, chili, and tamales, are part of the Guatemalan diet regardless of ethnicity or class. More affluence people also consume chicken, pork, and beef, and those living near bodies of water also eat fish and shellfish.

- Although there are no food taboos, many people believe that specific foods are classified as "hot" or "cold" by nature, and there may be temporary prohibitions on eating them, depending upon age, and the condition of one's body, the time of day, or other factors.

**Hospital attire:**

- Mayan women like to wear their distinctive clothing from colorfully vibrant embroidered tunics, capes and skirts which are the imprints of the history and culture
of Guatemala. The detailing in the garments is embroidered so neatly that it is easy to identify the people villages.

- Most Guatemalans have adopted some forms of Western clothing, though some men still wear the sandals or sash and woolen ponchito, which identify them as Mayans.

**Communication:**

- Guatemalans typically greet one another with a warm hand shake always mainlining eye contact.

- In most urban settings, Guatemalans tend to be most comfortable at an arms lengths from one another. Two and half to three feet is normal.

- Guatemala has a macho culture and women are treated differently than men. Most women are expected to do all the housework and all the cooking.

**Guatemalan rituals:**

- Guatemalan life revolves around families. Children are able to depend on their parents for advice and guidance throughout their lives. Family members tend to live near each other, and Guatemalans rarely live or spend much time alone. An invitation to a party or social function, for example, would be interpreted to include all the family members, including children and grandparents.

- The Holidays are mostly determined by the Roman Catholic Church, even for those who do not profess that faith.

**End-of-life care:**

- Sickness is combated with patent medicines, herbal remedies, and, in some cases, by prayer and special rites carried out by a shaman. Shamans are traditional healers--bone setters, midwives, and herbalists. The most skilled are the *h'men*, doctor-priests who treat the minds, bodies, and souls of villagers. For the Maya, physical and spiritual health are one and the same. Doctors are not available except at great expense and travel.

- Death is usually attributed to natural causes but is sometimes ascribed to the "malice" of evil neighbors, to "fright" induced by a malicious supernatural power, or to witchcraft. Children may also die of "evil-eye" or because of quarreling parents. In the latter case, avenging ancestral spirits punish the children for the sins of their fathers. The hoot of an owl or the prowling of a cat on the roof over a sick person is construed as an omen of impending death.
- Burial is performed within hours after death. If death occurs during the night, the body is interred the following day. As soon as a person dies, a specialist is summoned to clean the body and dress it for burial.

Guatemalan resources:

http://www.everyculture.com/Ge-It/Guatemala.html
http://www.culturecrossing.net/basics_business_student_details.php?Id=10&CID=87
http://www.google.com/search?q=guatemalan+culture&rls=com.microsoft:en-us&ie=UTF-8&oe=UTF-8&startIndex=&startPage=1
http://www.cyborlink.com/besite/guatemala.htm
http://www.artemaya.com/artist_life_bp4.html
You are working with a valued Hare Krishna patient

Considerations before providing care:

- “Hare” is pronounced huh-ray.
- Hare Krishnas believe that what we do in this life sets us on our way to the next.
- International Society for Krishna Consciousness (ISKCON) is the current leading authority on Krishna belief and spiritual practice.
- Although there has been some misconception in popular culture that the Hare Krishna faith has a connection with the “hippie” subculture in our society, one cannot assume that Hare Krishnas align their belief system with “hippie” ideologies.
- Be aware that the Hare Krishna belief system does not allow for intoxicants. The use of prescription medication and/or other medical procedures will need to be discussed thoroughly with the patient.

Meals:

- Most major paths of Hinduism, from which Hare Krishna belief stems, hold vegetarianism as the ideal. For many, the belief in nonviolence, the avoidance of indulgences (as meat was considered an indulgence), and avoidance of bad karma all play into this decision.
- According to Krishna belief, the cow is sacred and fit to be honored or worshiped. Presenting beef to a Hare Krishna could be quite disturbing.
- Hare Krishnas believe in eating wholesome foods like fruits, grains, vegetables, and milk products while avoiding meat, fish, and eggs.
- Hare Krishnas do not believe in the use of any intoxicants: no drugs, liquor, coffee, tea, or cigarettes.

Hospital attire:

- Be considerate of traditional clothing worn by most Hare Krishnas. The dress is in the way of the Vedic tradition, men in dhotis (robes) and kurtas (shirts) and women in saris and cholis (blouses).
- Most Krishnas carry a bag that holds prayer beads. The neck beads are meant to remind the person wearing them and everyone else that we are all servants of God, or Krishna. They are very sacred to the individual.
Many male devotees shave their heads, leaving only a small tuft of hair called a sikha, a sign of surrender to their teacher.

Communication:

- Many Hindus have experienced extensive persecution in various societies and locations. Keep in mind that some Hare Krishnas might be tentative when dealing with members of another society/culture.

- Hare Krishnas will spend a significant amount of time chanting the Great Mantra. Some people mistake this for singing and/or one carrying on a conversation with themselves, be aware that this should be expected.

Hare Krishna rituals:

- The Hare Krishna belief system found its beginnings in traditional Hindu practice.

- This belief system revolves around the Maha Mantra (“Great Mantra”) which is often spoken aloud or softly to oneself. It is believed by practitioners to bring about a higher state of consciousness when heard, spoken, meditated upon or sung out loud.

- According to this belief system a high consciousness ultimately takes the form of pure love of God (Krisha). Krishna is a name of the Supreme. It means “all-attractive.”

- The goal of Hare Krishnas is to work towards spiritual advancement, simplifying life and bringing ones mind and senses under control.

- Believers devote their lives to serving Krishna and spend several hours each day chanting the Hare Krishna mantra.

- Each morning male and female believers mark their foreheads with clay as a reminder that their bodies are temples of Krishna.

- Hare Krishnas do worship in temples and the Sunday feast is a main event in the week. Some individuals may want a spiritual leader to visit them during this time and accommodations should be made, if possible.

End-of-life care:

- Hare Krishna belief state that the spark of life keeps moving on from one body to the next. Your body changes and you’re always the same.

- Hare Krishnas believe that the final change of body is what we call “death,” but this is not really final. It’s only another transition, another move. Just as one changes
from childhood to youth to old age, at death you move on to go through the cycle again, with birth in another body.

- It is preferred that a person near death be brought home so that the family can gather and perform. Family members will expect to keep vigil near a dying individual.

- Some have a spiritual teacher (a guru) which they may want to see while ill.

- If a person dies in the hospital, the family will want to take them home quickly to perform the complicated associated with death.

- Death is considered a joyous event for the deceased and family members are encouraged to mourn, but not for too long as the soul may be held by this emotion.

- “Niravapanjali” is a sacred ritual where after the cremation rites, the ashes are ceremonially immersed in holy water by the closest relatives, so that the soul may rise to heaven.

**Hare Krishna resources:**

http://www.krishna.com  
http://www.varnasrama.org/  
http://www.harekrishna.com/col/others/hkindex.html  
http://webcom.com/~ara/col/centers/na.html  
http://religiousmovements.lib.virginia.edu/nrms/iskcon.html
You are working with a valued Hindu patient

Considerations before providing care:

- Hinduism is the world’s third largest religion and approximately 800,000 Hindus live in the United States.

- 99% of the world’s Hindus are of Indian or Asian descent (see the East Indian guide for more detail).

- Public displays of affection, including any type of touching, are considered religiously disrespectful.

- A dot of color on the forehead is worn as a reminder of spiritual dedication.

- Many Hindus use alternative forms of medicine (naturopathy, chiropractic, ayurveda [harmony with nature], homeopathy, and acupuncture) and caregivers should inquire about procedures currently used or methods used in the past.

- Hinduism is an ancient belief system that has a multitude of aspects and provides a vast body of scriptures and philosophies.

Meals:

- Most Hindus are vegetarians, be sure to ask about dietary preferences.

- The cow is sacred to Hindus and therefore being presented with beef is offensive.

- A bath is taken before breakfast is eaten and is a daily requirement. There is not to be any bathing after eating.

- Fasting, from a day up to a month, is a typical practice.

Hospital attire:

- The Hindu belief in preservation may show in the refusal to wear leather or other animal products and the resistance to using soaps that are made from animal parts or that are destructive to the environment.

- Hindus may want to have spiritual icons displayed in their rooms.
Communication:

- In traditional Hindu society there are five caste systems roughly based on occupation. There are strict guidelines to how a member of one caste interacts with a member of another, if at all.

- Hindus typically show respect for the person in a position of authority (doctor, caregiver) and also respect traditional greetings.

Hindu rituals:

- Hindus have many religious rites that mark various stages of life (childhood, childbirth, and adult coming-of-age and marriage).

- Hindus have numerous sacred days per month, caregivers should inquire of the family or patient as to dates of a specific month and considerations that can be made.

- Most Hindus pray after the morning bath and in the early evening. Mantras are prayers or chants that through their meaning, sound, and chanting style help a person focus their mind on holy thoughts or to express devotion to God. Mantras are meant to give courage in exigent times and invoke one’s inner spiritual strength.

- Yoga is used to help unite the elements of God and the individual soul, the primary goal of each Hindu.

- The Hindu belief in non-violence permeates all aspects of life.

End-of-life care:

- Hindus believe in reincarnation. It is believed that the next life will be spent resolving issues from this one. It is important for a person to settle debts, atone for wrongdoing, and to make peace with others before passing on.

- It is preferred that a person near death be brought home so that the family can gather and perform. Family members will expect to keep vigil near a dying individual.

- Some Hindus have a spiritual teacher (a guru) whom they may want to see while ill.

- If possible, a dying person should be facing east or north and they or a family member will usually recite his or her mantra.

- If a person dies in the hospital, the family will want to take the body home quickly to perform the complicated associated with death.

- Death is considered a joyous event for the deceased and family members are encouraged to mourn, but not for too long as the soul may be held by this emotion.
- Cremation is widely practiced, although some Hindus may choose to be buried.

**Hindu resources:**

- [http://www.hindunet.org/](http://www.hindunet.org/)
- [http://www.hfb.org.uk/](http://www.hfb.org.uk/)
- [http://virtualreligion.net/vri/hindu.html](http://virtualreligion.net/vri/hindu.html)
- [http://hinduwebsite.com/](http://hinduwebsite.com/)
You are working with a valued Islamic/Arabic patient

Considerations before providing care:

- Islam is the world’s second largest religion. The majority of Arabic patients receiving treatment at UMass Memorial Health Care are from Palastine.

- Try to pair patients with healthcare providers of the same sex.

- Be aware of generally permissible procedures: circumcision (strongly encouraged); blood transfusions; in vitro fertilization; organ transplantation; genetic engineering; organ donation; and abortion (traditional teachings say the soul is created after the third month; contemporary teachings say life begins upon conception).

- Avoid prescribing medication coated with pork-extracted gelatin and drugs containing alcohol, if possible.

- Muslim people practicing Islam pray five times a day (see “Islamic ” below); do not interrupt/walk in front of the patient while he/she is praying.

- Try to accommodate visitors (usually every family member visits and may bring gifts/refreshments).

Meals:

- No pork or alcohol; daylight fasting during Ramadan.

Hospital attire:

- Allow long gowns for female patients, who are required to cover their heads/bodies in the presence of men who aren’t their husbands/immediate family. Traditional Arabic women must not disrobe in front of a man, even if he is a doctor.

- Provide appropriate attire for male patients, who are required to cover their bodies from the navel to the knee.

Communication:

- Try to communicate verbally (conversations/audio recordings) as much as possible.

- If written materials are provided, choose ones written in Arabic.

- Avoid shaking hands with patients/family members of the opposite sex.

- Avoid complimenting a women’s beauty or admiring objects.
- Avoid exposing the bottoms of your feet toward the patient (i.e., crossing legs, resting legs on a table).

- If possible, include the male head of the family in discussions; they typically receive all relevant medical information first.

- Approach any discussion about sex carefully; it is a sensitive subject.

**Islamic rituals:**

- Praying five times a day – dawn, midday, afternoon, sunset, evening; facing Mecca (northeast).

- Washing the face, hands and feet before praying (nursing assistance is greatly appreciated for patients with limited mobility).

- Fasting (from eating, drinking, sexual activity and bad habits) during the month of Ramadan (lunar calendar); exceptions to the fast are the sick and women who are pregnant, nursing and/or menstruating.

- Following a special diet (e.g., no alcohol or pork, only meat from animals killed in a certain manner – halal).

- Reciting the Koran, barely audible, is believed to provide pain reduction.

- Newborn prayers, recited immediately after birth, are whispered into the right ear.

**Islam resources:**

- Worcester Islamic Center  
  248 East Mountain Street, Worcester, MA 01606

- Islamic Society of Greater Worcester  
  57 Laurel Street, Worcester MA 01605

**End-of-life care:**

- Notify the male head of the family, preferably with a religious advisor present.

- Notify family members, and contact Pastoral Care at extension 62466 for a local mosque.

- If possible, place the patient with his or her head facing Mecca (northeast).
- Ask someone to recite the Shahdah (this can also be tape-recorded by a family member and played), or contact Pastoral Care at extension 62466.
- Allow family to arrange for a ritual washing of the body; this does not interfere with UMass Memorial’s post-mortem practice (communicate this to the head of the family).
- Allow family to make arrangements for proper funeral/burial of miscarriages.
- Avoid artificial life support for a patient in a vegetative state for a prolonged period.
- Avoid cremation or embalming, unless it is required by law.
- Avoid autopsies, unless it is for medical research and respect for the body can be guaranteed.

**Islamic/Arabic resources:**

http://www.al-bab.com/arab/history.htm
http://www.fas.org/irp/agency/army/arabculture.pdf
You are working with a valued Jamaican patient

Considerations before providing care:

- Jamaica’s population is consisted mainly of African descent, comprising about 91% of the demographics.

- Jamaican culture represents a rich blend of cultures that have inhabited the island. Spanish and British settlers, West African slaves, Chinese and Indian immigrants have all brought cultural pieces.

- Over the past several decades, close to a million Jamaicans have emigrated, especially to the United States, the United Kingdom and Canada.

Meals:

- Jamaican food is usually classified along with others as “Caribbean cuisine” which is a fusion of African, Amerindian, French, Indian, and Spanish cuisine.

- A typical dish and one increasingly common outside of the area is “jerk” seasoned meats.

- There is a difference in the flavor of meats in Jamaica than in most other countries (due to animal diet). Jamaicans eat much more chicken than beef or pork. Be aware that meat products served may not agree with the palate of some Jamaicans.

- Rice is a prime food eaten with various sauces and beans.

- For obvious reasons, seafood is one of the most common cuisine types of the island.

- Jamaicans tend to drink a great deal of tea (both with meals and throughout the day).

Hospital attire:

- Many Jamaicans practice some form of Christianity and therefore considerations should be made for modest attire for both men and women.

- Be respectful of amulets, charms, and various other totems that may be worn or used as adornment.

Communication:

- The language of government and education is English, although the patois (“slang”) form of Jamaican Creole is widely spoken. Most Jamaicans can use both Patois and English depending on the circumstances and often combine the two.
- Jamaicans, in general, have a large interest in sports and can often be engaged in discussion around their favorite cricket or football (soccer) teams.
- Christianity remains a strong influence on cultural life, particularly in music (dancehall, reggae, ska). Most people learn their music at church, and biblical references are often used in popular songs.

**Jamaican rituals:**

- By far the largest religious group in Jamaica is the Christian faith (mainly the Church of God and the Anglican Church).
- The Rastafarian religion is a folk derivative of the larger Christian culture. It is based on selected teachings of the Bible and most known for its reggae music and Ethiopian influences. There is not a set dogma for the Rastafarian religion.
- There is a very small Jewish presence in Jamaica.
- Elements of ancient witchcraft remain in remote areas, most of which practices are described generally as Obeah (sometimes spelled “Obi”).
- Obeah is practiced in many Caribbean countries and aspects of this belief system can be seen throughout much of the traditional culture.
- Music and dance have always been important on Jamaica and is often associated with Christian holidays and observances. The current music of Jamaica is a fusion of many influences from the US, Africa, and many island nations.

**End-of-life care:**

- Christianity is the principal religion of Jamaica (with a small Jewish minority), and faith in God and family support are critical factors in patient care at the end of life.
- An individual may want to see a pastor, priest, or rabbi.
- Rastafarians may want to include music and specific cultural additions to dealing with the ill.
- Be aware of the possible rites and/or expectations that may go along with belief in the more ancient and secretive cults of the country.
- Many individuals prefer to die at home rather than in hospital. This may be partially due to the traditional absence of pain relief and much-needed counseling, information, and financial support. These factors also increase the need for spiritual comfort.
- Patients are often not provided with enough information to help them understand disease processes, and what to expect as the ill person nears death. Be aware that caregivers may need to detail this information to the patient and the family.

**Jamaican resources:**

http://www.loc.gov/rr/international/hispanic/jamaica/jamaica.html
http://jamaica_wi.tripod.com/jamaica2.htm
http://www.ipl.org/div/subject/browse/rci20.00.00/
You are working with a valued Japanese patient

Considerations before providing care:

- Most Japanese have better understanding with written English. Their comprehension or spoken English may be poorer than you expect.

- It is disturbing for a native born citizen to be taken for a foreigner, unless informed otherwise, assume that anyone with an oriental appearance is a citizen.

- Japanese patients prefer a room with more privacy due to cultural and language difficulty. However, they may agree to use a shared room if it is quiet, undisturbed, and a private environment is protected.

- Family members, especially a mother, may want to stay with the patient and offer care and support. They may want to do many of the care-taking tasks. In this case, it is wise to tell them the limit of the care-taking tasks provided by them to the patient if their care giving may interfere with the recovery or treatment process. It is also wise to explain how to give a patient care if a hospital caregiver decides to accept their willingness to help.

- Many Japanese may avoid showing pain or discussing health changes depending on a person or situation. Care givers may need to inquire directly regarding comfort levels or provide treatment without having the patient admit to a certain amount of suffering.

- There is a general stigma associated with mental illnesses. It is difficult for Japanese native people to recognize that they are affected by mental illnesses. In general, it is difficult for him/her to accept treatment for mental illness even if the person afflicted understands or his/her family recommends treatment.

Meals:

- Japanese prefer food that is as fresh as possible and that is presented in an attractive fashion.

- Japanese consume most things available in the United States such as fish, poultry meats, rice, fresh vegetables, fruit, and tofu. However, preparation methods and flavors for foods are slightly or significantly different. Taste of foods varies depending on an individual including their background and ages, etc. It should not be assumed that raw fish (“Sashimi”) is an everyday part of the Japanese diet. Note: “Sushi” is rice with seafood including sliced raw fish, other seafood and/or vegetables.
Patients may prefer to eat with chopsticks but they use utensils such as fork, knife, and a spoon on a regular basis. If chopsticks are used, do not stick them in rice. Please leave chopsticks on the tray not in the foods.

Herbal or green tea can be the preferred beverage. Coffee, regular tea, juices, and other beverages are also common in Japan.

Hospital attire:

- Cleanliness and hygiene are of great importance. They are linked to the belief in and importance of the purification of the body to help restore health.

- Daily tub baths are the preferred method of bathing, in the evening before bedtime in general. However, their bath is quite different from our bath in the United States. They take showers as well.

- Use of the bathroom is primarily for privacy.

- Hair washing occurs daily or several times per week, and nails are generally kept short and clean.

- Japanese women may be modest with family members including their elders, and children. However, you cannot expect them to be that way all the time nowadays.

- A female caregiver is likely to be more accepted by a Japanese patient than a male caregiver in general.

Communication:

- Men used to be the decision makers and are given the respect in traditional Japanese families.

- The concept of “saving face” is still very important in Japanese culture. They tend to avoid or hide anything that may bring shame to the family or community, no matter how small it is.

- Communicate respect, especially to elders. Formality in speech and manner is preferred.

- Address people as Mr., Mrs., Dr., etc., with their last names in general. You may ask him/her if he/she prefers their first name. Please put Mr., Mrs., Dr., etc., with the first name as well.

- A handshake is acceptable, but no other touching. A slight bow may be appropriate.
- Smiling or laughing often is a reaction to cover embarrassment or discomfort. These reactions should be expected when discussing serious medical concerns or delicate situations.

- Indirectness in conversation is preferred and confrontation is often avoided in Japanese. However, indirectness in conversation in English may create more complication in conversation due to the language difficulty.

- A verbal “yes” may be given in order to be polite and may not necessarily express agreement. If you give them a negative question, their answer can be totally reversed. Be cautious.

- A third party may be used to communicate problems or discomfort.

- Education is considered very important in Japanese society and presenting oneself as educated and knowledgeable is expected and will gain trust and respect.

- The Japanese will also often want to deal with the most educated or highly recommended care providers and expect the use of the most innovative technologies during care.

- The numbers 4 and 9 are symbols for death in the Japanese culture.

Japanese rituals:

- Illness may be thought to be a lack of bodily balance and harmony of energies.

- Japanese Americans may belong to many kinds of Christianity including Catholicism and Protestantism. Buddhism and Shinto are also widely practiced religions and some of them are non-religious.

End-of-life care:

- Many Japanese ascribe to both Eastern and Western influences on health and along with the newest technologies will want to incorporate “body balancing” practices.

- Dying, death, end-of-life care, advance directive and informed consent should be approached with courteous respect.

- Open frank discussion on dying and death may be difficult depending on the degree to which a person or his/her family maintains traditional culture.

- Elders may wish to defer decision-making to their children, relatives, any family members, and often to their oldest son.
- There is a desire not to burden others with the sadness and grief that comes with impending loss.

- The Japanese Americans may try to put off the time to utilize nursing homes for their elders compared to their non-Asian American counterparts. However, they prefer to utilize nursing homes if the situations are critical, affordable, and the patient wishes to utilize the facilities.

- A family member may moisten the lips of an individual immediately following death. Please ask a family member if they need time to proceed with tradition before taking care of the body.

- A family member may wish to keep a lock of the deceased’s hair.

- Traditionally, organ donation is not favored. They are likely to mention it before the death comes. It depends on the situation.

**Japanese resources:**

www.memag.com/memag/article/articleDetail
You are working with a valued Jehovah’s Witness patient

Considerations before providing care:

- There are slightly over one million Jehovah’s Witness in the U.S. and approximately 112,000 in Canada.

- Jehovah’s Witnesses do not believe in blood transfusions and medical alternatives need to be employed. The courts have systematically ruled in favor of religious belief over the institution’s regulations in such situations.

- Although there was a historic ban on vaccinations, the Jehovah’s Witnesses now take a neutral stand on and neither endorse nor prohibit the practice. Individuals should be consulted regarding his/her stand on the issue.

- Abortion is considered murder.

Meals:

- Jehovah’s Witnesses believe in subscribing to a healthy lifestyle. There are no specific limitations on food items.

- Jehovah’s Witnesses do not allow smoking and approve of alcohol only in moderation.

Hospital attire:

- There is not a specific religious dress; however, Jehovah’s Witnesses feel that being dressed conservatively and appropriately is very important.

- Men are typically clean-shaven.

Communication:

- Jehovah’s Witnesses are expected to spread the word of God on a regular basis (using the Bible, pamphlets, or in everyday conversation).

- The family structure is patriarchal and the father has the final say in decisions made.

- The WATCHTOWER, the non-theologically based periodical Awake, and Kingdom Ministry are all publications widely used by Jehovah’s Witnesses.

- They remain neutral in all political conflicts and believe that God will intervene in man’s affairs to bring about a peaceful human society earth wide.
Jehovah’s Witnesses do not believe in gambling. Entertainment that includes sexuality, materialism, spiritualism, or violence is strongly discouraged.

**Jehovah’s Witness rituals:**

- Jehovah’s Witnesses follow many of the same belief systems as traditional Christians.
- Like many Christian sects, local congregations meet at places of worship (called Kingdom Halls). Kingdom Halls are modest and religious symbols such as crosses or images are not used. The public is warmly invited to all meetings and congregational gatherings.
- In addition to these services, Jehovah’s Witnesses are encouraged to read the Bible daily and to study the Bible at home with their families. The Jehovah’s Witnesses believe that following the Bible’s practical principles strengthens family ties, helps people cope with stress, allows them to get to know God as a real person, and helps them to get along better with friends and neighbors.
- Jehovah’s Witnesses only commemorate Christ’s death by observing The Lord’s Evening Meal, or Memorial, the actual date varies annually.

**End-of-life care:**

- During illness, Witnesses may want to hold ‘Congregation book Study’ in which members gather in small groups to discuss spiritual topics.
- Jehovah’s Witnesses believe in resurrection and so death is often viewed as a temporary split between those who remain and the loved one that will be raised with the return of Christ.
- Witnesses believe that the soul dies with the physical self. They believe that hell is a resting place for all who die and is simply a place of unconsciousness. Those who are not saved will be snuffed out of existence.
- Jehovah’s Witnesses believe that any custom relating to the dead and fear of spirits or ghosts is wrong.

**Jehovah’s Witness resources:**

http://www.watchtower.org/index.html
http://jehovah.to/links.htm
http://www.jw-media.org/index.html
Considerations before providing care:

- It is estimated that there are over one million Koreans living in the United States, many of those individuals are in California, New York, Hawaii, Illinois, and Texas.

- Do Not Resuscitate orders would be common because prolonging life is seen as unacceptable.

- Organ donation and transplantation is seen as a disturbance in the integrity of the body.

- Family members will want to provide a great deal of the care to an individual, even when hospitalized. They are a good resource for the true level of pain an individual is experiencing.

- There is still much stigma attached to mental illness.

- Information should be given on preventative measures since Koreans tend to focus on curative issues.

- Be aware that the individual may be using herbal remedies or other cultural healing practices (cupping, acupuncture, etc.). You will need to assess for drug interaction.

- A Korean person’s stated age may be one or two years more than their age expressed in the Western tradition because Koreans are regarded as one year old when they are born, and their age increases on New Year’s Day rather than on the anniversary of their birthday.

- You may need to encourage Korean patients and family members to access social workers, counselors, and other support staff.

Meals:

- Korean cuisine is largely based on rice, noodles, fermented vegetables (usually cabbage, radish, or cucumber), tofu and limited amounts of meat. Traditional Korean meals are notable for the number of side dishes that accompany steam-cooked short-grain rice and soup.

- Three meals per day are usually eaten in silence, with breakfast viewed as the most important.

- There is also a Korean Tea Ceremony (based on the Chinese version) that is gaining renewed popularity in this fast-paced, modern era.
Hospital attire:

- Traditional dress (hanbok) is worn occasionally for special events or situations. The traditional hat (gwanho) has special meaning attached to it for many individuals.

Communication:

- North and South Korea share much of the same traditional cultures, although the political split between the two has left a current cultural divide.

- Korean is the official language of both North and South Korea, and is widely spoken in Korean communities abroad.

- Koreans value scholarship very highly, emphasizing learning and rewarding education.

- Koreans highly value respect and make all effort to avoid being rude to anyone, especially elders, supervisors, or guests.

- Family lineage and duty is of great importance to many Koreans.

- It is considered very rude to drink while looking straight at an elder, to be rambunctious during meals, and to eat much faster or slower than others at the table.

- It is common to offer food and drink to visitors but important for visitors to not accept upon first asking; respect is shown by allowing several offers before accepting.

- It is also rude to place profits over people, listen poorly, or impose your ideas or changes without knowing current situations well.

- It is culturally unacceptable and disrespectful to assume familiarity between acquaintances too soon and to address others by their first names unless the person is a family member or well-established friend.

- Many Koreans see meaningful conversation as highly regarded while small talk is often seen as pointless.

- Communication of feelings through facial expressions is uncommon. Koreans will often avoid eye contact. Smiling and joking are acceptable only in certain situations under certain conditions.

- Personal space is important to many Koreans and overly familiar touching is seen as disrespectful. Koreans will accept the touch of a doctor or caregiver, but may be resistant to “therapeutic touch.”
- Children receive minimal teaching about sexual practices. The only formal instruction concerns the menstrual cycle, which is taught to the females only. Information regarding pregnancy and childbirth or sexually transmitted diseases may need to be provided.

**Korean rituals:**

- Like many East Asians, Koreans, have traditionally been eclectic in their religious commitments. Their religious outlook has not been conditioned by a single, exclusive faith but by a combination of indigenous beliefs along with ideas imported into Korea.

- Confucian tradition has dominated Korean thought, along with contributions by Buddhism, Taoism, and Korean Shamanism.

- Recently, Christianity has been on the rise in South Korea although approximately 46% of the population does not subscribe to any specific faith practice.

- North Korean’s communist regime suppresses religious ideas.

**End-of-life care:**

- Traditional Korean belief values dying at home. Illness is sometimes seen as a disharmony between the natural forces of yin and yang. Maintaining one’s inner peace and calm state of mind is important to most Koreans and should be especially respected during illness and in times of death.

- Among older or tradition-minded Koreans, illness is often seen as one’s fate and hospitalization may be seen as sign of impending death.

- Because of the combination and diversity of spiritual beliefs, assessment should be made before spiritual care is introduced.

- Traditionally, many Koreans believed that once a family member dies, they remain in spirit form within the family circle. To traditional thinking Koreans, the presence of the deceased can be a very real and personal one.

- Many Koreans see excessive crying as an indication of your faithfulness as a child or loved one.

- At the time of death it is expected that people will talk about the things the person has done. The death itself is not talked about.

- In traditional Korean society, the first son and his wife are responsible for taking care of the parents as they age. Feelings of guilt may arise if the first son and his wife
think they may have been able to do something more to ease the person from life to death.

**Korean resources:**

[http://www.library.ucla.edu/eastasian/korea.htm](http://www.library.ucla.edu/eastasian/korea.htm)
[http://www.han.com/gateway.html](http://www.han.com/gateway.html)
[http://wason.library.cornell.edu/CEAL/](http://wason.library.cornell.edu/CEAL/)
You are working with a Laotian valued patient

Considerations before providing care:

- The primary language is Lao, however there are other Laotian dialects spoken by the ethnic minority groups living in Laos. The Lao language is a very polite language with multiple tiers of politeness including common polite particles such as "Jao" and "Doi".

- Laos is a single party, communist, authoritarian state with a poor human rights record including harsh prison conditions; severe restrictions on the freedoms of expression, association, and assembly.

- Theravada Buddhism is the main religion and the monk at the Buddhist temple usually is considered the holy person and comes to bless the family or household to bring good fortune.

- Laotians typically socialize as families, and most live in extended families with three or sometimes more generations sharing one house or compound. The family cooks and eats together sitting on the floor with sticky rice and dishes shared by all.

- Laotians have a high level of harmony, kindness, patience and readiness to help each other.

- Laotians are generous, kind and soft hearted, tolerant and socialized people.

Meals:

- Sticky rice eaten with their hands and fish dishes is a central part of the diet.

- Sticky rice may be dipped directly into condiments of chili paste and fish paste

- Soup is a regular feature of meals.

- The most famous Laotian dish is Larb, a spicy mixture of marinated meat and/or fish that is sometimes raw (prepared like ceviche) with a variable combination of herbs, greens and spices.

- Another Laotian staple dish is a spicy green papaya salad dish known as tam mak hoong.

- Laotians eat lots of herbs and vegetables especially the older generation.

Hospital attire:

- Laos is a very conservative country and it is best to dress that way when in public.
Short and revealing clothes are generally not acceptable.

Allow for privacy and respect that Laotians may feel more comfortable having a family member assist with dressing.

**Communication:**

- The traditional Lao gesture of greeting is the "phanom" or "wai," where the palms are placed together in a prayer-like gesture in front of the face or chest.

- The handshake is becoming increasingly common for both men and women, particularly during the conduct of business.

- Never touch a person on the head, as this is considered the most precious part of the body.

- They are taught to be patient and acceptance people.

- Lao people tend to value privacy less highly than foreigners, partly because it’s a normal way of life in extended families, especially in the countryside where everyone knows everyone else’s business.

- Touching of the head and pointing of the feet is considered disrespectful.

**Laotian rituals:**

- An important festival in Laos is Boun Pha Vet, celebrated once a year. This is a two day Buddhist festival that involves the entire community. Traditionally the Boun Pha Vet is held in January or February depending on the moon cycle. During the ceremony the monks give a sermon of all chapters of the Maha Wetsandon Chadok, otherwise called the Great Birth Sermon.

- The Lunar new year begins in mid-April and the entire country stops and celebrates.

- Bun Bang Fai (the rocket festival) takes place in May.

- The week-long That Luang Festival in Vientiane in November has the whole repertoire of fireworks, music and parades.

**End-of-life care:**

- When a person is dying an effort should be made to fix his mind upon the Buddhist scriptures or to get him to repeat one of the names of Buddha.
After death a bathing ceremony takes place in which relatives and friends pour water over one hand of the deceased.

Theravada Buddhists follow the Indian custom of burning the body at death.

At cremations it is quite common for wealthy people to have printed for distribution books and pamphlets setting forth Buddhist teachings in the form of essays, translation of the sutras, historical sketches and explanations of ceremonies.

It is believed that as soon as the death of the body has taken place, the personality goes into a state of trance for four days. During this time the person does not know they are dead. This period is called the First Bardo and during it lamas (monks) saying special verses can reach the person to them.

The people rely upon monks to chant the sutras that will benefit the deceased, and to conduct all funeral rites and memorial services.

Laotian resources:

http://www.everyculture.com/Ja-Ma/Laos.html
http://www.unhchr.org/refworld/publisher,USCIRF,,4a4f272cc,0.html
http://www.laos-guide-999.com/Laos-culture.html
http://www.iexplore.com/world_travel/Laos/Culture
http://asiarecipe.com/laoculture.html
http://www.buddhanet.net/e-learning/history/funeral1.htm
http://www.tomcoyner.com/laos_etiquette.htm
You are working with a valued **Lesbian** patient

**Considerations before providing care:**

- Approximately 10% of our patient population is lesbian, gay or bisexual. A lesbian is a female who is physically attracted to members of the same sex.

- The lesbian population is heterogeneous and includes people of varying ages, socioeconomic statuses, genders, races, religions, and ethnic backgrounds.

- Begin by evaluating yourself and any assumptions, phobias, biases or beliefs that you might hold internally. Be aware of your own reactions and body language.

- It is especially important to create a non-judgmental open, caring atmosphere, because of the intense difficulty some patients experience disclosing same sex behaviors in a clinical setting.

- The issue of confidentiality is also an extremely vital aspect of care, as an inadvertent “outing” of a patient could have a significant impact on their family relationships, livelihood, social status, and personal safety.

- Explain the medical record documentation process to patients, as lesbian patients will be particularly conscious of protecting their medical information.

- Many will avoid seeking health care, because of negative past experiences, societal pressures, and the stigma attached.

- Friends and partners of lesbian patients should be given the respect and privileges usually afforded to a spouse or relative.

- Avoid using gender specific terms like husband or wife. Use gender neutral terms like “partner, mate or companion.”

- Questions about families need to allow for alternative definitions including same sex parents, or multiple parent situations.

**Be careful not to make assumptions:**

- Don’t assume that all patients are heterosexual. It could take time for a lesbian patient to have enough trust to divulge this information.

- A patient with children is not automatically heterosexual.

- Don’t assume that teenagers who think they are lesbian, are too young to be aware and are just going through a phase.
• When children express that they feel attracted to the same sex, respect the information and support the child. Don’t assume that the information is false.

• Lesbians need regular Pap tests and breast exams.

• A lesbian woman’s health issues do not necessarily revolve around sexuality. Consider all possible diagnosis as with any other patient.

• Don’t assume that lesbian women are not at risk for sexually transmitted diseases.

• Be sure to screen lesbian patients for domestic violence along with all other patients.

**Meals:**

• Refer to specific cultural patient care guide.

**Hospital attire:**

• Be considerate of preferences.

• Allow for privacy and respect that some individuals may feel more comfortable having a family member or partner assist with dressing.

**End-of-life care:**

• Refer to specific cultural patient care guide.

• Counseling patients on their right to designate a durable power of attorney is especially important for same sex partners, specifically regarding who is authorized to make medical decisions.

**Lesbian resources:**

http://www.metrokc.gov/health/glbt/providers.htm
http://www.ohanlan.com
You are working with a valued **Mexican** patient

**Considerations before providing care:**

- In Mexican culture the expectation of working and socializing together is a key component of society, and has a basis in the strong ties formed within the family.

- In many Mexican communities, curanderos (traditional healers) use indigenous folk medicine, spiritual and Christian faith health to treat ailments and “cleanse” spiritual impurities.

- Traditional medicine, as an alternative practice to official medicine, maintain its effectiveness and social legitimacy for a wide sector of the population.

- Mexican Americans account for 64% of the Hispanic or Latino population of the United States.

- Some drugs that require a prescription in the U.S. are sold over the counter in Mexico.

**Meals:**

- The Mexican diet is filled with an assortment of foodstuffs, and sauces, soups and stews are common and expected.

- Some of the most common ingredients used in Mexican cooking include: corn (most commonly used for tortillas), chilies (used both fresh and dried), beans (from lentils to kidney and fava beans) and tomatoes.

- There are a few dietary restrictions relating to meat and/or other specific food items.

- Many Mexicans prefer to start the day with a big breakfast and then have lunch later in the day and a small dinner later in the evening.

- There tends to be a focus on the midday meal.

**Hospital attire:**

- Embroidery and weaving has a very long tradition in Mexico and in many cases where traditional costume has disappeared, the women continue to embroider, wear, and sell traditional looking blouses and skirts.

- Many Mexicans may want to wear traditional dress on certain holidays.

- Allow for appropriate, modest attire for both men and women.
Communication:

- Refrain from using first names until invited to do so. Titles are important and should be included on business cards. You may directly speak to someone by using his or her title only, without including the last name.

- People without professional titles are addressed using Mr., Mrs., or Miss and his or her surname. Senor is Mr., Senora is Mrs., and Senorita is Miss.

- Conversations take place at a close physical distance. Stepping back may be regarded as unfriendly.

- Good conversational topics are Mexican culture, history, art, and museums. Never discuss the Mexican-American war, poverty, illegal aliens, or earthquakes.

- Mexican men are warm and friendly, and make a lot of physical contact. They often touch shoulders or hold another’s arm. To withdraw from this touch is considered insulting.

- Mexican’s use a “psst-psst” sound to catch another’s attention in public. This is not considered rude.

- Standing with your hands on your hips suggests aggressiveness, and keeping your hands in your pockets is impolite.

- Mexicans may not make eye contact. This is a sign of respect and should not be taken as an affront.

- Men shake hands upon meeting and leaving, and will wait for a woman to be the first to offer her hand.

- Women may shake hands with men and other women. Many times a woman may pat another woman’s shoulder or forearm, or kiss on the cheek.

- Punctuality is not rigid because of the emphasis on personal obligations. The best time for appointments is between 10:00 a.m. and 1:00 p.m., with late afternoon a second choice.

Mexican rituals:

- The majority of Mexicans are Roman Catholic (89%) and Protestant (6%).

- Our Lady of Guadalupe, also called the Virgin of Guadalupe (Lupita), is a 16th century Roman Catholic Mexican icon depicting an apparition of the Virgin Mary. It
is Mexico’s most popular religious and cultural image: The Virgin of Guadalupe has also symbolized the Mexican nation since Mexico’s war of Independence.

- Mexico is known worldwide for its folk art traditions.

- Mexican holidays:
  - January 6th and 7th: Dia de los Reyes Magos
  - February 14: El Dia Del Amor y La Amista (Valentine’s Day)
  - March 1: Benito Juarex Birthday
  - May 5: Cinco de Mayo
  - September 16: Mexican Independence Day
  - November 1 and 2: Dia de los Muertos (Celebration of the dead)
  - December 12: Dia de la Virgen de Guadalupe (4:00 to Mass)

End-of-life care:

- Sickness is sometimes seen as an imbalance caused by the lack of harmony or the breaking of the laws of the cosmos.

- Palliative care is traditionally substandard in Mexico and some individuals may not know what to expect with end of life care. Caregivers should be prepared to ask individuals if they understand procedures and they should clearly explain all options available.

- Religion, the family, and the use of alternative medicines at the end of life will be of great importance to many Mexican individuals.

Mexican resources:

http://www.loc.gov/rr/international/hispanic/mexico/mexico.html
http://www.texmextogo.com/Recipes.htm
http://www.lasculturas.com/lib/libMexico.htm
You are working with a valued Mormon patient

Considerations before providing care:

- Mormons are a segment of the larger Church of Jesus Christ of Latter-day Saints (LDS Church).
- The church has prohibited the use of narcotics except when it is considered a medically-useful substance prescribed by a doctor, the need for these medications should be explained in detail.

Meals:

- Many Mormons view The Word of Wisdom, a segment of the book considered to be the revelation of God, as a health code to be followed.
- Mormons are expected to make wise choices pertaining to personal health that are not specifically addressed by The Word of Wisdom.
- Tobacco, alcohol, coffee, tea and (often) caffeinated-sodas are prohibited.
- There is a focus on eating fruits and vegetables. White or red meat should be used in moderation, check with individuals regarding his/her definition of “moderate.”

Hospital attire:

- Mormons often wear clothing they view as very modest, which usually includes sleeves (long or short), skirts and shorts to the knee, and necklines that do not show cleavage.
- Some fundamentalist Mormons wear only “prairie garb,” which typically consists of long, homemade dresses for women, or long skirts and blouses buttoned all the way up, and hair in long braids. Men will often wear long-sleeved shirts and long pants.
- All efforts should be made to maintain the modesty and conservative dress for LDS members.

Communication:

- Mormonism can have a cultural element that is not necessarily linked to religious doctrines and there are many who participate in the culture of Mormonism, but may be non-practicing or non-religious altogether.
- Mormons are offended by foul language and cursing, caution should be used within earshot of LDS believers.
Mormon rituals:

- The Mormon faith follows many of the tenets of the larger Christian faiths (belief in God and Jesus Christ, the Bible as God’s word, the prophets as God’s messengers), but traditionally have had an uneasy relationship with them. There has been a relatively recent attempt within the Church to improve relations with the larger Christian churches.

- Mormons, as a religious body, generally embrace Jews and Judaism, although there has been some disagreements between the two faiths.

- Mormons believe that there is another spiritual text The Book of Mormon, which was translated by the latter day prophet Joseph Smith and reveals the story of Jesus’ visit and teachings in the ancient Americas.

- The LDS Church holds weekly services consisting of a three-hour block of time divided into three segments. All people are welcome.

- Although most Mormons now accept the prohibition on plural marriage, various splinter groups continue the open practice of plural marriage. Polygamy among these groups persists today in Utah and some spin-off colonies in neighboring states. Most of the polygamy is believed to be restricted to about a dozen extended groups of Mormon fundamentalists.

End-of-life care:

- According to Mormon belief, marriages performed in the Church’s temples do not end at death. Marriage and family relationships are seen as sealed for “time and all eternity.”

- Many Mormons will find it necessary to have family and friends present for extended periods of time.

- During illness, those with the authority of the priesthood will want to perform the laying on of hands to bless the sick individual.

- Many Mormons believe in the baptism of the dead in which a family member goes to a temple and is baptized in the name of the deceased.

- Mormons believe that people lived in a pre-mortal state with God and that the main purpose of life on Earth is to determine if people are worthy to return to live with God. Once someone has died, Mormons believe that the spiritual body separates from the physical one and enters the Spirit World where the person is “judged” to see if they are worthy to live with God.
Mormon resources:

http://deseretbook.com/mormon-life/links
http://religiousmovements.lib.virginia.edu/nrms/mormon/mormon.html
http://www.onlymormon.com/
You are working with a valued Orthodox Jewish patient

Considerations before providing care:

- In Judaism, life is valued above almost all else.
- Judaism is more like a nationality than like other religions, being Jewish is like a citizenship.
- Visiting the sick is considered a very great commandment.
- Upon waking in the morning, Orthodox Jews are expected to wash hands and to pray (preferably before touching any food items).
- Abortions, where necessary to save the life of a mother, are acceptable (the fetus is considered a limb of the mother and may be sacrificed at any stage of the pregnancy to save the life of the mother).
- Avoid prescribing medicine containing pork extracted gelatin.

Meals:

- Jewish food is required to be Kosher. This is not a style of cooking, it is a set of regulations to be followed in regards to all foods. Meat and poultry should come from a kosher butcher and kosher certified products carry appropriate labeling.
- Meat (the flesh of birds and mammals) cannot be eaten with dairy. Fish, eggs, fruits, vegetables and grains can be eaten with either meat or dairy. Utensils that have come into contact with meat may not be used with dairy, and vice versa. Utensils that have come into contact with non-kosher food may not be used with kosher food. (This applies only where the contact occurred while the food was hot.)
- Pork and shellfish are forbidden – only fish with fins and scales can be consumed.
- Wine must also be Kosher (made by Jews).
- It is important to bless a meal before eating, and to say Grace after the meal when one is finished eating.
- Fasting during certain holy days is common (ex. Yom Kippur).

Hospital attire:

- Modesty is extremely important. Women prefer female physicians/nurses.
Communication:

- In traditional Judaism, women are seen as separate but equal. Women’s obligations and responsibilities are different from men’s, but no less important. There is no question that the primary role of a woman is as wife and mother, keeper of the household. However, Judaism has great respect for the important of that role and the spiritual influence that the woman has over her family.

- At its height less than a century ago, Yiddish was understood by an estimated 11 million of the world’s 18 million Jews, and many of them spoke Yiddish as their primary language. Yiddish is not as popular as it once was, but many Jews still speak and understand the language.

Some basic words in Yiddish:

- **Shabbat Shalom:** (shah-BAHT shah-LOHM) “Peaceful Sabbath”
- **Shavua Tov:** (shah-VOO-ah TOHV) “good week” (to wish someone….)
- **Have an easy fast:** This is the proper way to wish someone well for **Yom Kippur.** (Don’t wish people a Happy Yom Kippur; it’s not a happy holiday.)
- **Shalom:** (shah-LOHM) “peace” (A way of saying “hello” or “goodbye.”)
- **Mazel Tov:** (MAH-zl TAWV) good luck. Traditional way of expressing congratulations.
- **L’Chayim:** (li-KHAY-eem) “to life.”

Orthodox Jewish rituals:

- Jews pray 3 times a day (morning, afternoon and evening).

- According to Jewish Law, men and women are separated during prayer.

- Jewish belief states that in observance of **Shabbat** (Saturday), the use of electricity as well as work of any kind (including carrying items), are avoided. Walking is limited and travel as well.

- Shabbot begins on Friday evening at sundown and is over on Saturday evening an hour after sundown (25 hours). This is a day of prayer, rest, and more elaborate and leisurely meals.

- Preparation for Shabbat usually beings at 2 to 3 hours prior, please be respectful of this time.

- The “Torah” refers to the Five Books of Moses: Genesis, Exodus, Leviticus, Numbers and Deuteronomy. But the word “torah” can also be used to refer to the entire Jewish Bible (the Old Testament), or in its broadest sense, to the whole body of Jewish law and teachings.
Following the torah law is of utmost importance to Orthodox Jews.

Jewish celebrations include **Rosh Chodesh**, the first day of each month, a minor festival where women do not work. **Rosh Hashanah**, the Jewish New Year is one of the holiest days of the year. **Yom Kippur** is the most important holiday of the year and is a day to “afflict the soul,” to atone for the sins of the past year. Jews refrain from eating and drinking (even water), washing and bathing, anointing one’s body (with cosmetics, deodorants, etc.) and wearing leather shoes. **Pesach (Passover)** is the most commonly observed. The most significant observance related to Pesach involves the removal of chametz (leaven). Chametz includes anything made from the five major grains (wheat, rye, barley, oats and spelt) and rice, corn, peanuts, and legumes (beans).

### End-of-life care:

- Because life is so valuable, Jews are not permitted to do anything that may hasten death, not even to prevent suffering. Euthanasia, suicide and assisted suicide are forbidden by Jewish law.

- However, where death is imminent, and the patient is suffering, Jewish law permits one to cease artificially prolonging life.

- Death is not considered a tragedy, even when it occurs early in life or through unfortunate circumstances. Death is a natural process.

- Mourning practices in Judaism are extensive, but are not an expression of fear or distaste for death, they have two purposes: to show respect for the dead and to comfort the living.

- After a person dies, they eyes are closed, the body is laid on the floor and covered, and candles are lit next to the body. The body is never left alone until after burial, as a sign of respect. Caregivers should allow for someone to stay with the body whenever possible.

- Respect for the dead boy is a matter of paramount importance. It is of great disrespect to eat, drink, or say commandments in the presence of the dead.

- Most communities have an organization to care for the dead, known as the chevra kaddishah (the holy society). Caregivers should allow for these volunteers to care for the body if possible.

- Autopsies are discouraged as desecration of the body. They are permitted where it may save a life or where local law requires it. If performed, the procedure must be minimally intrusive.
In preparation for the burial, the body is cleaned and wrapped in a simple, plain linen shroud.

The body must not be cremated, but buried in the earth. Coffins are not required, but if they are used, they must have holes drilled in them so the body comes in contact with the earth.

When a close relative (parent, sibling, spouse or child) first hears of the death of a relative, it is traditional to express the initial grief by tearing one’s clothing.

Form the time of death to the burial, the mourner’s sole responsibility is caring for the deceased and preparing for the burial. This period is known as aninut and usually lasts 1-2 days.

The body is never displayed at funerals; open casket ceremonies are forbidden by Jewish law.

Orthodox Jewish resources:

http://www.jewfaq.org/toc.htm
http://www.shamash.org/trb/judaism.html
http://www.jcrcdallas.org/links.php
http://www.mucjs.org/laski/jewcomm.htm
http://lii.org/pub/htdocs/search?search=judaism;action=show;searchtype=keywords
You are working with a valued Pakistani patient

Considerations before providing care:

- Many Pakistani speak English as English and Urdu are official languages in Pakistan.
- Over 95% of Pakistanis are Muslim and practice Islam.
- Be aware of generally permissible procedures: circumcision (strongly encouraged); blood transfusions; in vitro fertilization; organ transplantation; genetic engineering; organ donation; and abortion (traditional teachings say the soul is created after the third month; contemporary teachings say life begins upon conception).

Meals:

- Pakistani food includes mainly beef, chicken and mutton in curries and other spices.
- Pork and alcohol are forbidden. Avoid prescribing medication coated with pork-extracted gelatin and drugs containing alcohol, if possible.
- Pakistani Muslims eat meat only from animals killed in a certain manner (halal).
- The left hand is considered unclean, therefore, when handing someone food, use the right hand.
- Using utensils while eating is acceptable, however, Pakistanis typically use their hands.
- Fasting (from eating, drinking, sexual activity and bad habits) during the month of Ramadan (lunar calendar) is expected; exceptions to the fast are the sick and women who are pregnant, nursing and/or menstruating.

Hospital attire:

- Modest dress for female patients is very important and changing linens/clothing should be done by female care staff.
- Make every effort to pair female patients with female practitioners and care givers.

Communication:

- Shaking hands is the standard form of greeting; always shake with the right hand. Avoid shaking hands with patients/family members of the opposite sex.
Traditionally the male head of the family should be addressed when discussing medical or other issues. This male head will communicate the decisions made.

Pakistani women will tend to defer to their husbands to answer questions (if he is present).

Social interaction between men and women is avoided. When a male comes in contact with a Pakistani woman, he should avoid eye contact and any physical contact (handshakes, assistance into/out of a chair or car, etc.).

Women are often separated socially from the men. This cultural tradition may impact visitation considerations and should be handled delicately.

Approach any discussion about sex carefully; it is a sensitive subject.

Pakistani rituals:

- Muslims pray 5 times a day – dawn, midday, afternoon, sunset, evening; facing Mecca (northeast). Caregivers should take care not to walk in front of someone while at prayer.

- Washing the face, hands and feet before praying is an important component of this ritual (nursing assistance is greatly appreciated for patients with limited mobility).

- Reciting the Koran, barely audible, is believed to provide pain reduction.

- Newborn prayers, recited immediately after birth, are whispered into the right ear.

End-of-life care:

- Notify the male head of the family, preferable with a religious advisor present.

- Notify family members, and contact Pastoral Care at extension 62466 for a local mosque.

- If possible, place the patient with his or her head facing Mecca (northeast).

- Ask someone to recite the Shahdah (this can also be tape-recorded by a family member and played), or contact Pastoral Care at extension 62466.

- Allow family to arrange for the ritual washing of the body; this does not interfere with UMass Memorial’s post-mortem practice (communicate this to the head of the family).

- Allow family to make arrangements for proper funeral/burial of miscarriages.

- Avoid artificial life support for a patient in a vegetative state for a prolonged period.
- Avoid cremation or embalming, unless it is required by law.

- Avoid autopsies, unless it is for medical research and respect for the body can be guaranteed.

**Pakistani resources:**

http://cweb2.loc.gov/frd/cs/pktoc.html
http://www.loc.gov/rr/international/asian/pakistan/resources/pakistan-general.html
http://www.preventconflict.org/portal/centralasia/resources_pakistan.php
http://www.kwintessential.co.uk/resources/global_etiquette/pakistan.html
You are working with a valued **Panamanian** patient

**Considerations before providing care:**

- The culture, customs and language of the Panamanians are predominantly Caribbean and Spanish, however, Panama is a melting pot of various ethnicities and belief systems.
- Many Panamanians struggle with poverty and paying for medical services may be challenging.

**Meals:**

- Rice and bean dishes are staple to the Panamanian diet.
- The plantain, corn and seafood are also used heavily in Panamanian cooking.
- Because a majority of the population is Catholic, individuals may choose not to eat meat on Fridays, preferring fish or vegetarian dishes.
- There are a few other dietary restrictions for Panamanians, caregivers should ask the patient and/or family members in regards to personal need.

**Hospital attire:**

- Traditional folk dress or ornamentation may be desired, especially if a patient comes from an area with deep Spanish ties.
- Neatness and cleanliness are very important in Panamanian culture and patients or family members may be offended by an unkempt appearance.

**Communication:**

- Spanish is the dominant language, but English is the preferred second language in Panama. Many Panamanians are bilingual.

**Panamanian rituals:**

- The overwhelming majority of Panamanians are Roman Catholic, accounting for almost 80% of the population, although there is no official state religion.
- The Jewish community makes up the second largest religious concentration in the region.
The Bahai faith is growing significantly as Panama boasts a Bahai temple, one of only eight in the world.

The Islamic faith is also represented within the culture.

Panama is also rich in folklore and popular traditions which vary depending on the region of origination.

Panamanians celebrate many religious and secular holidays:

- New Years Day January 1
- Martyr’s Day January 9
- Carnival Monday/Tuesday before Ash Wednesday
- Ash Wednesday Wednesday before Easter
- Holy Friday Friday before Easter
- May Day May 1
- Christmas Day December 25

End-of-life care:

- Most Panamanians follow the Catholic tradition that the Lord who has created them will also reward them with eternal life in heaven.

- A natural death is optimum and actions such as withholding life support or increasing pain medication are permissible in this natural process.

- The most important thing is to be respectful of a dying patient and his or her family. This includes having a Catholic priest available, providing an interpreter if the patient does not speak English, making arrangements for having the family participate in care, and having flexibility with visitation periods to ensure optimum family involvement.

- If possible, visiting hours should be flexible to accommodate Panamanian traditions of mourning for the patient according to their customs.

Panamanian resources:

http://geography.about.com/library/cia/blcpanama.htm
You are working with a valued Polish patient

Considerations before providing care:

- Poland today is ethnically almost homogeneous (98% Polish) and Poles may be slow to interact with individuals of racial and cultural diversity.

- Poles often tend to be passive about health care and preventative medicine. They will rarely seek additional information or alternative treatments. Practitioners may need to provide numerous options for care and give steady encouragement to follow up on suggestions.

- Friends and family are very important to the Polish people.

- Most Poles do not speak English.

Meals:

- Polish food is typically higher in fat content and includes a great deal of potatoes and wheat or rye products.

- Lunch is the main meal of the day, preceded by a small breakfast and followed by a relatively small dinner.

- There are few restrictions in the Polish diet, yet caregivers should be aware of individual family preferences.

Hospital attire:

- Most Poles wear crosses or other religious medals as protective measures against danger or disease.

- Women wear very little make-up and tend to dress in a conservative manner. Allow for modesty and conservative attire.

Communication:

- An interpreter may be necessary as few Poles speak English. Be aware of the need to speak clearly and to explain medical procedures in detail.

- Poles prefer to be introduced by a third party when available.

- Eye contact is expected when holding a conversation. It is considered rude to chew gum while talking to someone.
Always shake hands when meeting someone for the first time. Poles typically shake hands upon meeting and when leaving a conversation. Shake hands with everyone in the room.

Gentlemen may kiss a woman’s hand in greeting.

Always address adults formally using a title (Dr.) or Mr. (pan), Mrs. (pani), Ms., etc.

Poles are usually quiet and reserved and dislike loud public behavior.

Casual touching is unusual except for close friends and family. Arms length or more is an acceptable distance for conversation.

Physically when talking with a Pole: keep hands out of pockets, don’t chew gum, don’t lean against things, and avoid crossing ankle over knee when sitting.

Poles are typically very sensitive to the feelings of others and direct communication may suffer because of the fear of hurting one’s feelings.

**Polish rituals:**

Approximately 95% of the Polish population is Roman Catholic and celebrate the major Roman Catholic holidays.

Families traditionally go to church on a weekly basis.

Major holidays include:

- All Saints – All Souls Day
- Harvest Holiday
- Feast of Greenery
- Palm Sunday, Easter, St. Andrew’s Night
- St. Nicholas Day
- Christmas Eve
- Christmas Day

**End-of-life care:**

Most Poles will want to follow the Roman Catholic traditions during illness and death (including having a priest available).

Poles believe that they do have some control over their future and will work to make changes that they see as important. Not as fatalistic as some other cultures, they may be more willing to try alternative treatments and “hand on” through illness.
- After death, bodies are brought home for a wake, followed by a church service and burial.

- Embalming is not typically used.

**Polish resources:**

http://www.poland.pl/index.htm
http://www.polish.org/?view=home
http://www.bl.uk/collections/easteuropean/pollink.html
You are working with a valued **Puerto Rican** patient

**Considerations before providing care:**

- Family ties are strong and extended families are the norm. Families are expected to support each member and to provide emotional, social and financial guidance and support.

- Traditionally, Puerto Rican children are assigned two co-parents to provide support throughout their lives. This fact has created a bonded network within the community and may lead to numerous visitors and discussions on how best to proceed with medical concerns.

- Puerto Ricans may exhibit a fatalistic view of an illness and require encouragement that medical treatments can be beneficial and to stay positive.

- Puerto Ricans frequently use folk remedies when dealing with illness, be aware of this and ask to see what is being used that might interfere with medication and/or treatment.

**Meals**

- Traditionally, Puerto Rican food is high in complex carbohydrates, fats and sodium and food brought in by family members will probably contain large amounts of each. Be aware of this when considering dietary concerns of various patients.

- Beans and rice is a staple of the Puerto Rican diet and may be seen as a comfort food.

- Sofrito is a favorite seasoning. The main ingredients used are cilantro leaves, garlic, green peppers, onions, and oil (it may vary depending on who’s making it).

**Hospital attire:**

- Female modesty is a very strong value. This may make it difficult to do some examinations and discuss sexuality and/or other female health concerns.

- Women, especially young women, should not be left with a man without chaperones present.

- Make an effort to pair female patients with female practitioners and care givers.

- Many Puerto Ricans will wear religious charms or symbols, mainly depicting specific saints for which they feel a unique bond.
Communication:

- Some Puerto Ricans may have two surnames (one from the father’s family and one from the mother’s family); use an individual’s full name or the father’s surname.
- Expect a conversational distance that is closer than the traditional American norm.
- Traditionally, the concept of machismo is strong within families and the community. Men run the families and often make decisions for its members.
- Puerto Ricans believe strongly in the need for personal relationships and will be more comfortable and willing to follow the directives of care givers who develop rapport and a sense of trust.

Puerto Rican rituals:

- Approximately 99% of Puerto Ricans are Christian with 70% of them being Catholic.
- Most community events (parades, festivals, etc.) have a religious basis. There is a focus on participating in these group religious experiences, more so than focusing on the individual of the faith (example: going to mass).
- Many Puerto Ricans believe in contact with the dead and may pray for their support in health matters.

End-of-life care:

- It is important that all family and friends have access to a terminally ill patient as there is some belief that the spirit cannot enter the afterlife if there is something left unsaid.
- A Catholic Priest may be desired in order to take confession and perform last rites.
- Puerto Ricans may also want special amulets, blessing candles, ointments, water, etc. that could be provided by a spiritualist in order to ease the transition towards death.
- You may want to encourage organ donation if this is appropriate (explain to the family that Latinos are approximately three times more likely to need an organ transplant than European Americans).

Puerto Rican resources:

http://www.loc.gov/rr/international/hispanic/pr/resources/pr-general.htm
http://www.aspira.org/Internet%20Resources/hispresources.htm
http://dmoz.org/Society/Ethnicity/Hispanic_and_Latino/
You are working with a valued Russian patient

Considerations before providing care:

- Approximately 85% of Russians are members of the Russian Orthodox Church (associated with the Eastern Orthodox).
- There are an estimate 21-28 million Muslims in Russia, constituting approximately 15% of the population. Relations between the Russian government and Muslim elements of the population have been marked by mistrust and suspicion.
- There is also a growing Russian Jewish population in the United States.
- Upon arrival to a medical facility, caregivers should be aware of the tradition of self-medication in Russia.

Meals

- Much Russian food is based on the peasant food of the rural population in an often harsh climate, with a combination of plentiful fish, poultry, game, mushrooms, berries, and honey. Soups have always played an important role in the Russian meal.
- Many Orthodox Christians fast every Wednesday and Friday. In general, fasting refers to abstaining from meat, fish, dairy, and other animal products; and for symbolic reasons olive oil and wine. There are also four major fasting periods during the year (you may want to ask a patient about these times).

Hospital attire:

- Orthodox Russians do not have a specific traditional dress, but all attempts should be made toward modesty and conservative hospital attire.
- Make sure to allow for traditional religious amulets and such.
- Muslim Russians practicing Islam will traditionally expect women patients to be fully covered and a female doctor and nurses should be provided if possible.

Communication:

- Russian is the common official language throughout the Russian Federation understood by 99% of its current inhabitants and widespread in many adjacent areas of Asia and Eastern Europe.
- Men in Russia will always shake hands upon meeting. It is taboo to shake hands with gloves on. Shaking hands and giving things across the threshold is also taboo.
• It is traditional in Russia for men to give flowers to women on nearly every occasion.

• It is impolite to point with your finger. But if you must point, it’s better to use your entire hand instead of your finger.

• It is impolite to put your feet up on furniture with your shoes on. Sometimes, simply showing the soles of your shoes is considered rude.

• Whistling indoors is considered very rude.

• Traditional Russian cheek kissing is done using three kisses, it is not used upon every greeting.

**Russian rituals:**

• Ethnic Russians have predominantly followed the Russian orthodox Church, aligned with the Eastern Orthodox Church, which most effectively preserves the traditions of the early Christian church.

• Religious icons are of great importance and tales of miraculous icons that moved, spoke, cried, or bled are not uncommon in the Orthodox community. Most Orthodox homes have an area set aside for family prayer, usually an eastern facing wall, where many icons are set up.

• Because there is a significant minority of Muslim Russians, their specific should also be accommodated (see Islamic resource sheet).

**End-of-life care:**

• The Orthodox believe that when a person dies his soul is “temporarily” separated from his body. Though it may linger for a short period on Earth, it is ultimately escorted either to heaven or hell.

• An individual who is seriously ill or dying may request to see a priest for confession and to be anointed (Holy Unction). They may also request that religious symbols and icons be present in the room.

• Islamic Russians will want to follow traditional practices associated with death and burial (see Islamic resource sheet).
Russian resources:

http://www.loc.gov/rr/international/european/russia/ru.html
http://www.russianinternetguide.com/
http://www.websher.net/inx/icdefaul1.htm
You are working with a valued Thai patient

Considerations before providing care:

- Most Thai people are friendly, polite and tolerant, as well as remarkably kind and patient.
- The official language is Thai.
- Buddhism isn’t just a dominant religion, it is the outlook, the moral philosophy and the way of life in the Thailand.
- Nearly 95% of Thai are Buddhists.

Meals

- Serving cold water before a meal is considered social etiquette.
- Thai cuisine has been influenced by Chinese stir fries and Indian curries while maintaining a unique taste of its own. The food is known for its enthusiastic use of fresh (rather than dried) herbs and spices, as well as fish sauce.
- Instead of a single main course with side dishes found in Western cuisine, a full meal typically consists of either a single dish or rice with many complementary dishes served with it.
- Food is generally eaten with a fork and a spoon. Chopsticks are rarely used.
- Meals are often served with a variety of spicy condiments to embolden the dish.

Hospital attire:

- Appearance should be neat and clean.
- The traditional outfit for men is long trousers with a high-collar shirt (can be short-sleeved for a casual look or long-sleeved for a more formal occasion). On formal occasions, a cummerbund is typically worn around the waist.
- Female attire tends to be rather formal and elegant.
- Most Thai women wear dresses and some may prefer to wear an evening dress when entertaining visitors if possible.
- Conservative dress is expected for both men and women.
Communication:

- A nod of your head is an appropriate greeting, but handshakes are for casual meetings and introductions (both men and women).

- Winking is inappropriate in any situation.

- Do not touch another person’s shoulders.

- Thai do not normally shake hands when they greet one another, but instead press the palms together in a prayer-like gesture (accompanied by a slight bow) called a wai.

- Generally, a younger person wais an elder who returns it. Watch how they do it and you will soon learn.

- Do not be surprised if you are addressed by your first name; for instance, Mr. Bob or Miss Mary instead of by your surname.

- Many have the nicknames, which are used in informal, casual contacts which are sometimes used in place of real names, which are quite long and hard to pronounce.

- Thai regard the head as the highest part of the body both literally and figuratively. As a result, they do not approve of touching anyone on that part of body; even in a friendly gesture. Do not touch anyone’s head particularly the head of someone’s child. Children are held in very high regard in Taiwan.

- Do not touch or point at anything with your feet, they are considered dirty.

- Meet face-to-face if possible.

- Elders are shown great respect and will make family decisions.

- Modify vocal tone and volume as not to appear loud.

- Punctuality is of great importance in Thailand.

- The Thai people have a deep, traditional reverence for their Royal Family and respect should be shown when discussing Thai politics.

- Losing your temper in public is poor manners, and you are more apt to get what you want by keeping a cool head and concealing your emotions.
Thai rituals:

- Almost each household has a special place with a miniature of the Buddha House (called the House of Spirits), which is where the family conducts their daily and religious ceremonies. Thai patients may desire room to set up a Buddha House in his/her room.

- All Buddha images, large or small, ruined or not, are regarded as sacred objects. Hence, don’t climb up on one to take a photograph or, generally speaking, do anything that might show a lack of respect.

- Buddhist priests are forbidden to touch or to be touched by a woman or to accept anything from the hand of one. If a woman has to give anything to monk, she first hands it to a man, who then presents it.

- It is considered offensive to cause any disturbance at an assembly engaged in the performance of religious worship.

End-of-life care:

- Death is definite, but the time of death is indefinite so a Buddhist aspires to be ready by being mindful of the preciousness of life and the uncertainty of its length.

- Death is viewed as an opportunity for great spiritual achievement if one is prepared and remembers one’s spiritual practices and beliefs/understandings during the death process.

- Since the state of mind at the time of death is vitally important, it’s most important to die with a calm and peaceful mind; with strong spiritual/positive thoughts prevailing.

- Listen and acknowledge feelings without judgment.

- Support “letting go” and the release of everything of this world.

- Focus on the positive and encourage rejoicing for the life that is about to be reborn.

- Death is not viewed merely as discontinued breathing or heartbeat. Death is seen as a process with stages.

- Thai patients may want to visit with a Buddhist monk and/or other religious figure while ill.

- It is best if the body is not touched until a Buddhist Monk, Nun or Lay Practitioner can do the recommended prayers. If the body must be moved, then touch the top of
the head and/or pull the hair on the crown first before touching any other part of the body.

- Allow for amulets and other religious symbols to be displayed and treat them with respect. If there is a Buddhist Stupa, text (scripture) or statue, it is best to use these to touch the crown of the head. Make prayers or good wishes for their peace and passing.

- Well trained Buddhists will not cry or show strong emotion near the body during the death process. Provide a quiet space away from the body if possible and support as you would anyone with loss.

- Buddhists believe that a happy, positive, peaceful mind creates a life of good deeds and morality, which produces a happy, fortunate rebirth. Bereaved Buddhists want the deceased to achieve this and will continue to do prayers and for 49 days.

Thai resources:

http://www.loc.gov/rr/international/asian/thailand/thailand.html  
http://newton.uor.edu/Departments&Programs/AsianStudiesDept/thailand.html  
http://tlc.ucr.edu/references/index.html
You are working with a valued Transgender patient

Considerations before providing care:

- **Transgender** encompasses the following:
  - **Transsexual** – A person whose gender identity does not align with their biological sex, and so are motivated to alter their anatomy to match their gender identity.
  - **Transgender** – Are like transsexuals but opt not to have genital surgery.
  - **Cross dresser** – A person whose gender expression is at odds with their biological sex. Most are males who identify as male, are attracted to women, but will often dress as women. There are also females who will dress as males.

- The transgender population is heterogeneous and includes people of varying ages, socioeconomic statuses, genders, races, religious, and ethnic backgrounds.

- Begin by evaluating yourself and any assumptions, phobias, biases or beliefs that you might hold internally. Be aware of your own reactions and body language.

- It is especially important to create a non-judgmental open, caring atmosphere, because of the intense difficulty some patients experience discussing being transgender in a clinical setting.

- The issue of confidentiality is also an extremely vital aspect of care, as an inadvertent “outing” of a patient could have a significant impact on their family relationships, livelihood, social status, and personal safety.

- Explain the medical record documentation process to patients, as transgender patients will be particularly conscious of protecting their medical information.

- Many will avoid seeking health care, because of negative past experiences, societal pressures, and the stigma attached.

- Friends and partners of transgender patients should be given the respect and privileges usually afforded to a spouse or relative.

- Be careful with using gender specific terms like husband or wife. Use gender neutral terms like “partner, mate, or companion.”
Questions about families need to allow for alternative definitions including, same sex parents, or multiple parent situations.

**Be Careful not to make assumptions:**

- Don’t assume that transgender patients are necessarily homosexual.
- It could take time for a transgender patient to have enough trust to divulge information.
- A patient with children is not necessarily heterosexual.
- Don’t assume that teenagers who are transgender are too young to be aware and are just going through a phase.
- Transgender men (female to male transsexuals) require pap tests unless they have had a complete hysterectomy. Don’t assume they have all had hysterectomies. A gynecological exam is an uncomfortable experience both physically and emotionally for a transgender male, be certain to continue to refer to the individual as “he” throughout the exam.
- Transgender males also need regular breast exams.
- Transgender women (male to female transsexuals) require prostate exams. Show sensitivity to the uncomfortable nature of the exam and continue to refer to her as “she” during the exam.
- Transgender females may need STD screening from the pharynx, rectum, and the genitals.
- A transgender person’s health issues do not necessarily resolve around sexuality. Consider all possible diagnosis as with any other patient.
- Be sure to screen transgender patients for domestic violence along with all other patients.

**Meals:**

- Refer to specific culture patient care guide.

**Hospital attire:**

- Be considerate of gender preferences.
- Allow for privacy and respect that some individuals may feel more comfortable having a family member or partner assist with dressing.

**End-of-life care:**

- Refer to specific culture patient care guide.

- Counseling patients on their right to designate a durable power of attorney is especially important for same sex partners, specially regarding who is authorized to make medical decisions.

**Transgender Resources:**

- [www.metrokc.gov/health/glbt/providers.htm](http://www.metrokc.gov/health/glbt/providers.htm)
- [www.ohanlan.com](http://www.ohanlan.com)
- [www.common-grnd.com](http://www.common-grnd.com)
You are working with a valued Turkish patient

Considerations before providing care:

- The culture of Turkey is an interesting combination of clear efforts to be “modern” and Western, alongside a desire to maintain traditional religious and historical values.

- There are many “grey areas” within a culture that tries to maintain secular standards but in which 99% of the population claims to be Sunni Muslim.

- Be aware of generally permissible procedures: circumcision (strongly encouraged); blood transfusions; in vitro fertilization; organ transplantation’ genetic engineering; organ donation; and abortion (traditional teachings say the soul is created after the third month; contemporary teachings say life begins upon conception).

Meals:

- Turkish cuisine varies a great deal depending on region.

- Turkish Cuisine generally consists of sauced dishes prepared with cereals, various vegetables and some meat (usually Lamb). Soups, cold dishes cooked with olive oil and pastry dishes.

- Breakfast in Turkish culture is a rich one as a range of products are consumed (cheese, butter, olives, eggs, tomatoes, green pepper, and honey are the main ingredients).

- A vegetable dish is the usual main course in a Turkish meal. There is a very large variety of vegetables used such as spinach, leeks, cauliflower or artichoke. A typical vegetable dish is prepared with a base of chopped onions and garlic sautéed in olive oil, layered with tomatoes or tomato paste.

- A Turkish meal usually starts with a thin soup (çorba) with a low consistency.

- Turkish cuisine as a huge variety of meat dishes, lamb dishes being favored.

- Turkish cuisine has a range of pastries (either salty or sweet). One of the best-known desserts in Turkish cuisine is baklava.

- Ayran (salty yogurt drink) is the most favorite cold beverage which might accompany almost all dishes in Turkey.

- Turkish coffee is a worldly known coffee which can be served sweet or bitter.
Hospital attire:

- Modest dress for female patients is important and changing liners/clothing should be done by female care staff.
- Make every effort to pair female patients with female practitioners and care givers.
- Many Turkish women are not veiled in public and are somewhat more relaxed in their dress.

Communications:

- Turkish is the official language, but there are a number of different languages and dialects found (depending on the region of origination).
- Older and younger people in Turkey tend to express themselves with a different vocabulary due to a sudden change in the language. While the generations born before the 1940s tend to use the old Arabic origin words, the younger generations favor using new expressions.
- There is a strong tradition of secularism (separation of church and state) in Turkey. The constitution recognizes religious freedom and protects various religions, however, an enormous percentage of the population is Islamic and some individuals are more fundamentalist than others.
- Traditionally the male head of the family should be addressed when discussing medical or other issues. This male head will communicate the decisions made.
- Approach any discussion about sex carefully as it is often a sensitive subject.

Turkish rituals:

- Muslims pray 5 times a day (see “Islamic” below; do not interrupt/walk in front of the patient while he/she is praying.
- Most Turks will follow the religious holidays of Islam.
- The tradition of folklore (folktales, jokes, and legends) is very rich in the culture. In some regions, desperate patients with incurable diseases and sick babies are said to have been “shown to the moon on a wooden shovel.” You may hear reference to this or other folk legends.
- Some Holidays:
  
  January 1 – New Year’s Day
  April 23 – National Sovereignty and Children’s Day
May 19 – Commemoration of Atatürk, Youth and Sports Day
August 30 – Victory Day
October – 29 Republic Day

End-of-life care:

- Notify the male head of the family, preferably with a religious advisor present.
- Notify family members, and contact Pastoral Care at ext. 3-2466 or 508-879-3800 for local mosque.
- If possible, place the patient with his or her head facing Mecca (northeast).
- Ask someone to recite the Shahdah (this can also be tape-recorded by a family member and played), or contact Pastoral Care at ext. 3-2466.
- Allow family to arrange for the ritual washing of the body; this does not interfere with UMass Memorial post-mortem practice (communicate this to the head of the family).
- Allow family to make arrangements for proper funeral/burial of miscarriages.
- Avoid artificial life support for a patient in a vegetative state for a prolonged period.
- Avoid cremation or embalming, unless it is required by law.
- Avoid autopsies, unless it is for medical research and respect for the body can be guaranteed.

Turkish Resources:

http://www.at-la.com/@la-mid.htm
http://www.pbs.org/wnet/wideangle/shows/turkey/resources.html
You are working with a valued Ukrainian Patient

Considerations before providing care:

- The Ukraine is a culture where women are somewhat subordinate to men and most discussions concerning health care should take place with the male head of the household.

Meals:

- Ukrainians tend to drink vodka often, with meals and between. Family members may see this as something to be given as a gift or to make a hospital stay more endurable. Be aware of what medications might be effected by alcohol.

- Lunch is the main meal of the day, preceded by a small breakfast and followed by a relatively small dinner.

Hospital attire:

- Ukrainian women are highly valued and seen as the moral center of the family; provide them with appropriately modest clothing.

- Some Ukrainians may wear crosses or other religious symbols that give comfort in distress.

Communication:

- Upon meeting, Ukrainians will typically shake hands and give their name instead of saying hello.

- Address individuals as Mr., Mrs., or Dr. when having conversations.

- Ukrainians may use emotion during conversation or in bargaining, being very reserved or being extremely dramatic. You may see a swift change in mood during conversation as well.

- For the most part, Ukrainians tend to be soft-spoken with slow careful speech.

- Ukrainians tend to be independent as self-reliant. Asking for and accepting help may be viewed as weakness.

- It is important to have a great deal of information before a decision is made in Ukrainian culture.
- The traditional American “ok” sign (forefinger and thumb together in a circle) is an offensive gesture as is making any gesture with a shaking fist.

- When seated, it is proper to keep your keens together and rude to put your ankle on your other knee. It is also considered inappropriate to move past seated people with your back facing them.

- Traditionally, an arms length is the appropriate conversation distance in the Ukraine.

**Ukrainian rituals:**

- Most Ukrainians living in the United States are Christian and belong to the Ukrainian or Russian Orthodox Church. The Ukrainian Church is one of the most mystical, ritualistic and symbolic of all Orthodox churches.

- Ukrainians are very focused on celebrating the past without relying on too many plans for the future.

- Remember that the Eastern Orthodox calendar is in effect in the Ukraine and so the dates of many of the main religious festivals (ex: Christmas and Easter) are on different dates than celebrations held here in the West.

**End-of-life care:**

- Ukrainians will want to support the sufferer to the greatest extent with prayers and expressions of love and caring.

- Ukrainians do not attempt to stave off death through artificial means.

- Ukrainians believe that death is a passage to the life eternal.

- Sometimes people veil mirrors in the belief that the spirit of the dead person might be reflected in them.

- It is traditional to veil the face of the reposed with a cloth.

**Ukrainian resources:**

[http://www.loc.gov/rr/international/European/Ukraine/resources/ua-culture.html](http://www.loc.gov/rr/international/European/Ukraine/resources/ua-culture.html)
[http://www.ssees.ac.uk/ukraine.htm](http://www.ssees.ac.uk/ukraine.htm)
[http://reenic.utexas.edu/countries/ukraine.html](http://reenic.utexas.edu/countries/ukraine.html)
[http://reenic.utexas.edu/countries/ukraine.html](http://reenic.utexas.edu/countries/ukraine.html)
[http://www.bl.uk/collections/easteuropean/statelnk.html](http://www.bl.uk/collections/easteuropean/statelnk.html)
You are working with a valued Vietnamese Patient

Considerations before providing care:

- Most Vietnamese follow Buddhist concepts. Buddhism on the whole is best understood not as a religion in the Western sense but most a philosophy of life and it impact profoundly on the health care beliefs and practices of Vietnamese.

- Pain and illness are sometimes endured and health-seeking remedies delayed because of the Buddhist belief in fate. Similarly, preventive health care has little meaning in this philosophy.

- When Vietnamese enter the American Health care setting, they do so frequently with the goal to relieve symptoms. In general, the Vietnamese patient expects a medicine to cure the illness immediately.

- The doctor is considered the expert on health; therefore, the expectation is that diagnosis and treatment should happen at the first visit, with little examination or personally-invasive laboratory or other diagnostic test.

- Vietnamese frequently discontinue medicines after their symptoms disappear; similarly, if symptoms are not perceived, there is no illness. Be prepared to discuss the need to continue medications in full.

- Vietnamese commonly believe that Western pharmaceuticals are developed for Americans and Europeans, and hence dosages are too strong for more slightly built Vietnamese, resulting in the potential for self-adjustment of dosages.

Meals:

The emphasis of Vietnamese cooking is on serving fresh vegetables and/or fresh herbs as side dishes along with dipping sauce. The Vietnamese also have a number of Buddhist vegetarian dishes. The most common meats used in Vietnamese cuisine are pork, beef, prawns, various kinds of tropical fish and chicken.

A typical Vietnamese meal would consist of a roast meat or fish dish, a stir-fried vegetable dish, rice to share amongst the family, small bowls of fish sauce and soy sauce, and a large bowl of soup to share amongst the family (as typical in Vietnamese cuisines the soup most often is a clear broth with vegetables and meats).

Hospital attire:

In daily life, the traditional Vietnamese styles are now replaced by Western styles. Traditional clothing or costume is worn instead on special occasions, with the exception of the Ao Dai (national formal dress usually reserved for special occasions) for females.
Communication:

- In the United States there are more than one million people who speak Vietnamese which is the seventh most-spoken language.

- Vietnamese in this country will rarely be confrontational with their American counterparts; in disagreement, a “face-saving” measure of avoidance or superficial acceptance is preferred to questioning or defiance, especially of those in positions of superiority, such as doctors. Even direct eye contact or physical positioning of elevation over one’s superior is considered forward and impolite.

- The family unit is more important than the individual, with less emphasis on the “self.” Accordingly, health care decision-making is frequently a family matter and the family will typically be involved in treatment.

Vietnamese rituals:

- Most Vietnamese follow Buddhist concepts. Buddhism on the whole is best understood not as a religion in the Western sense but more a philosophy of life, and it impacts profoundly on the health care beliefs and practices of Vietnamese.

- The diagnosis of illness is frequently understood in the three different, although overlapping, concepts of spirituality, balance, and Western ideas of medicine.

- Many Vietnamese may practice some form of ancestor worship which entails praying for the lineage on the male’s line of descent. These dead ancestors are believed to play a role in a family’s wealth, health, and success, and therefore, paying the proper respect means that the ancestors will bless the family.

End-of-life care:

The prospect of burial away from ancestral burial sites is a source of significant distress to older Vietnamese and should be handled delicately and with family. It must be taken into account that misfortune which befalls a family (illness or death) may be attributed to the ancestors’ displeasure.

In Vietnamese culture, grief and bereavement are not necessarily private, time-limited, nor does it give the appearance that the grieving family member “lets go.”

Many Vietnamese do not like to discuss death and dying because it is associated with evil and bad luck.
Vietnamese Resources:

http://asia.dir.yahoo.com/regional/countries/Vietnam/
http://digicoll.library.wisc.edu/PAIR/textMapIE.html
http://www.pocanticohills.org/Vietnam/sources.htm
Understanding Culture

Section 1: Understanding Culture
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values and attitudes that support cultural sensitivity</td>
<td>2:3</td>
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<tr>
<td>Impact of cultural difference on patient compliance</td>
<td>2:4</td>
</tr>
<tr>
<td>Common cultural faux pas’</td>
<td>2:5</td>
</tr>
</tbody>
</table>
- Making a conscious effort to avoid imposing your values on others.

- Intervening tactfully when others engage in behaviors that show cultural insensitivity or racial bias.

- Understanding that family is defined differently by different cultures.

- Accepting that male/female roles around decision making may vary significantly among cultures.

- Respecting individuals/families as decision makers even when your professional and moral views differ.

- Recognizing that the meaning or value of medical treatment and health education may vary.

- Acknowledging that religious and other beliefs influence responses to sickness, disease, and death.

- Understanding that health, wellness, and preventative services may have different meanings.

- Realizing beliefs influence reactions and approaches to children born with disorders, or special needs.

- Seeing that grief and bereavement are influenced by culture in a variety of ways.

- Obtaining information on acceptable behaviors, courtesies, and customs, unique to a particular culture.

- Keeping abreast of major health concerns for a culturally diverse patient population.

- Developing an awareness of environmental or socioeconomic risk factors contributing to health issues.
Cultural Differences Can Impact Patient Compliance in the Following Ways:

- Not understanding the instructions.
- Forgetting verbal advice.
- Not comprehending the seriousness of the condition.
- Not understanding the urgency of the recommended follow up visit, test or referral.
- Being confused by oral instructions for use of medications.
- Language barriers, hearing impairment, fear, mental confusion, literacy may impede their capabilities.
- Compliance with prescribed treatment and self-care regiments.
- Making medication or treatment mistakes.
- Seeking preventative care soon enough.
- Getting diagnosed later in the course of the disease.
- Putting them at higher risk for hospitalization.
- Needing hospitalization nearly 2 days longer per visit than the norm.

Ask patients to repeat back the information or instructions that you have provided in their own words so that you can gauge and ensure the proper level of understanding.

Provide written instructions and information when prescribing medication:

a. Name of drug
b. How it should be taken, or applied, etc., be specific
c. How long
d. What is it for
e. What will it do
f. Important side effects
g. When to notify a physician
h. What precautions to take
i. What to do if a dose is missed
Common Cultural Faux Pas’

Faux Pas – (French for false step) is a violation of accepted, although unwritten, social rules. Faux pas’ vary widely.

Typical examples of Cultural differences –

Time
The concept of time can be perceived in various ways by different groups. North Americans and Asians tend to be more schedule driven, punctuality is valued and lateness is considered a sign of disrespect. In African, Arab, and Latin American cultures, time is a more fluid concept and attitudes may be more relaxed about punctuality.

Pause in conversation
In North America and in Arabic countries pauses are short; in Japan pauses can give a contradictory sense to the spoken words. Enduring silence is perceived as comfortable in Japan, while in India, Europe and North American it may cause embarrassment.

Laughing
Connected to happiness is most countries; in Japan it is often a sign of confusion, insecurity or embarrassment.

Dinner
If invited to dine in some Asian countries and Central America it is well mannered to leave directly following the meal; not leaving may indicate that you have not had enough to eat. In India, European, and North American countries leaving is considered rude, indicating the guest wanted to eat but not enjoy the company of the host.

Weight
In Africa telling a female friend she has put on weight means she is physically healthier and has had a nice holiday. This would be considered rude in India, Europe, North American and Australia.

Eye Contact
In Africa, Asia, and Latin America avoiding eye contact is generally a sigh of respect. These same signals can be misinterpreted as signs of deception or shame in North America and European countries.

Loudness
In Africa, South America and Mediterranean countries talking and laughing loudly in public places is widely accepted. In Western European and Asian cultures it is considered rude and could be interpreted as self centeredness or attention-seeking behavior.
**Personal Space**

Africans, Arabs, and Mediterranean Europeans tend to stand close to one another during conversations. Hispanics or Latinos even closer with a lot of touching. Anglo Americans prefer a distance of about 2-3 feet. Asians prefer more distance and less touching.

**Gestures**

The “ok” sign, thumbs up, the “v” sign (such as when referring to the number 2) sitting with the soles of your shoes facing up or touching someone with your shoes, a left handshake, and pointing at or beckoning someone with a single finger, are all considered rude gestures in various cultures.
Communication
Section 2: Communication

Making health care communication more understandable 3:3
Keys to successful cross cultural communication 3:5
Understanding Intentions and Impact model 3:7
Lexicon of appropriate terms 3:9
Communication structures that support diversity 3:10
### Making Health Care Communication More Understandable

<table>
<thead>
<tr>
<th>Instead of using:</th>
<th>Consider using:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active role</td>
<td>Take part in</td>
</tr>
<tr>
<td>Activity</td>
<td>Something you do, or do often</td>
</tr>
<tr>
<td>Adequate</td>
<td>Enough</td>
</tr>
<tr>
<td>Adjust</td>
<td>Change; fine tune</td>
</tr>
<tr>
<td>Adverse (reaction)</td>
<td>Bad</td>
</tr>
<tr>
<td>Ailment</td>
<td>Sickness, illness, problem with your health</td>
</tr>
<tr>
<td>Avoid</td>
<td>Stay away from; do not use; do not eat</td>
</tr>
<tr>
<td>Benign</td>
<td>Will not cause harm; harmless; is not cancer</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Heart</td>
</tr>
<tr>
<td>Cautiously</td>
<td>With care; slowly</td>
</tr>
<tr>
<td>Chronic</td>
<td>Happens repeatedly</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Learning; thinking</td>
</tr>
<tr>
<td>Collaborate</td>
<td>Work together</td>
</tr>
<tr>
<td>Condition</td>
<td>How you feel; health problem</td>
</tr>
<tr>
<td>Dysfunction</td>
<td>Problem; not working well</td>
</tr>
<tr>
<td>Edema</td>
<td>Swelling</td>
</tr>
<tr>
<td>Excessive</td>
<td>Too much</td>
</tr>
<tr>
<td>Factor</td>
<td>Other thing</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Tired</td>
</tr>
<tr>
<td>Gauge</td>
<td>Measure; test; get a better idea of</td>
</tr>
<tr>
<td>Generic</td>
<td>Product sold without a brand name</td>
</tr>
<tr>
<td>Hazardous</td>
<td>Not safe; dangerous</td>
</tr>
<tr>
<td>High-intensity</td>
<td>Use an example like running exercise</td>
</tr>
<tr>
<td>Hypertension</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Increase gradually</td>
<td>Add to</td>
</tr>
<tr>
<td>Inhibitor</td>
<td>Drug or medicine that stops something bad</td>
</tr>
<tr>
<td>Intermittent</td>
<td>Off and on</td>
</tr>
<tr>
<td>Landmark</td>
<td>Very important event; turning point</td>
</tr>
<tr>
<td>Lesion</td>
<td>Wound; sore; infected patch of skin</td>
</tr>
<tr>
<td>Malignant</td>
<td>Cancerous</td>
</tr>
<tr>
<td>Moderately</td>
<td>Not too much</td>
</tr>
<tr>
<td>Noncancerous</td>
<td>Not cancer; does not have cancer</td>
</tr>
<tr>
<td>Option</td>
<td>Choice; more than one way</td>
</tr>
<tr>
<td>Oral</td>
<td>By mouth</td>
</tr>
<tr>
<td>Poultry</td>
<td>Chicken, turkey, etc.</td>
</tr>
<tr>
<td>Procedure</td>
<td>Operation; something done to treat the problem</td>
</tr>
<tr>
<td>Progressive</td>
<td>Get worse or better</td>
</tr>
<tr>
<td><strong>Prosthesis</strong></td>
<td>Replacement for a body part</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td><strong>Referral</strong></td>
<td>Get a second opinion; see another doctor</td>
</tr>
</tbody>
</table>

**Instead of using:**

**Consider using:**

- Routinely
- Screening
- Significantly
- Support
- Temporary
- Toxic
- Vertigo
- Wellness

- Often
- Test
- Enough to make a difference
- Help with needs
- For a limited time
- Poisonous
- Dizziness
- Feeling good; good health
### Key to Successful Cross Cultural Communication

<table>
<thead>
<tr>
<th>Withhold Assumption</th>
<th>Assumptions are beliefs not objective truths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be Empathetic</td>
<td>You must be empathetic to gain an understanding and appreciation of people from other cultures</td>
</tr>
<tr>
<td>Involve Others</td>
<td>Involving others solidifies relationships and is essential for collecting different points of view.</td>
</tr>
<tr>
<td>Exercise Open-Mindedness</td>
<td>Open-mindedness fosters innovation and creativity.</td>
</tr>
<tr>
<td>Show Sensitivity</td>
<td>Insensitivity is divisive, counterproductive, and stifles progress.</td>
</tr>
<tr>
<td>Use Wisdom</td>
<td>Interact with others in a mature and respectful manner.</td>
</tr>
<tr>
<td>Listen Actively</td>
<td>Attentive listening is vital to understanding meanings, read between the lines.</td>
</tr>
<tr>
<td>Speak Affirmatively</td>
<td>Cross cultural communication is enhanced through positive speech.</td>
</tr>
<tr>
<td>Ask Questions</td>
<td>Asking questions allows you to increase your knowledge and stops you from making assumptions.</td>
</tr>
<tr>
<td>Observe attentively</td>
<td>Pay attention to voice tone, emotion, body language, and other behaviors.</td>
</tr>
<tr>
<td>Utilize Patience</td>
<td>Respect is formed through patience and cultural knowledge is enhanced.</td>
</tr>
<tr>
<td>Be Flexible</td>
<td>Rigidity inhibits our ability to embrace cross cultural differences.</td>
</tr>
<tr>
<td>Remove Barriers</td>
<td>Barriers can be broken down through learning. Preconceptions and stereotypes are obstructive.</td>
</tr>
</tbody>
</table>
Build Trust  Mutual understanding leads to greater trust, once established greater cooperation ensues.

### Key to Successful Cross Cultural Communication

<table>
<thead>
<tr>
<th>Technique</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find commonality</td>
<td>Develop a sense of mutual understanding by focusing on commonalities.</td>
</tr>
<tr>
<td>Show Respect</td>
<td>Showing respect and courtesy for others creates a climate of openness and civility.</td>
</tr>
<tr>
<td>Exercise Tolerance</td>
<td>Tolerance is necessary for respecting other people’s views and realities.</td>
</tr>
<tr>
<td>Identify Problems</td>
<td>Review the context of situations or circumstances and focus on getting to the root of the issue.</td>
</tr>
<tr>
<td>Interact</td>
<td>Frequent interaction builds deeper interpersonal relationships and greater awareness.</td>
</tr>
<tr>
<td>Simplify Language</td>
<td>Avoid using complex language, slang, or colloquialisms.</td>
</tr>
<tr>
<td>Take Turns</td>
<td>Relationships are enhanced by allowing equal time to converse, making points and listening to responses.</td>
</tr>
<tr>
<td>Confirm understanding</td>
<td>Ensure that the message is clear by asking others to summarize or rephrase and repeat back.</td>
</tr>
<tr>
<td>Write</td>
<td>Writing information helps those who lack the confidence to say they don’t understand.</td>
</tr>
<tr>
<td>Avoid Blame</td>
<td>Blame is destructive. Analyze the situation, break it down constructively, and seek a solution.</td>
</tr>
<tr>
<td>Be Cautious</td>
<td>A funny joke to one person can be insulting to another.</td>
</tr>
<tr>
<td>With Humor</td>
<td>Be sensitive with humor.</td>
</tr>
<tr>
<td>Be Supportive</td>
<td>Making others comfortable and encouraging interaction builds trust.</td>
</tr>
<tr>
<td>Self Reflect</td>
<td>Look inward and find ways to improve yourself.</td>
</tr>
</tbody>
</table>
Understanding Intention and Impact

This model provides you with a framework for understanding the dynamics of communicating across differences. It lays out a set of skills designed to improve the communication process in a diverse setting.

Message:

- The communication process begins with a message
- The sender delivers a message with a specific neutral intent to the receiver
- There is intention on the part of the sender
- There is impact on the part of the receiver
- Both go through a meaning making process
- The sender mentally reviews his words to make sure they match the intent of the message
- The receiver is taking in what has just been said and is experiencing an impact
- Both make sense of the exchange between them
- The impact of the message on the receiver may be positive or negative

Positive

- If the impact is felt as positive then effective communication takes place and the receiver becomes the sender by returning another message

Negative

- If the impact is negative then the communication becomes ineffective
- The impact needs to be shared with the sender
- The sender needs to acknowledge the impact that the message had on the receiver and then clarify the original intent

The receiver has a responsibility to inform the sender about the negative impact of the message in a productive manner. Not informing the sender inhibits understanding and can lead to assumptions about the real meaning of the intended message.

It is important for the sender once he or she has been informed, to acknowledge the impact that the message had on the receiver, and then restate the message in a context that better explains the intent.
While both participants may feel some initial discomfort, talking about the impact opens up the opportunity for clarification and increases understanding. Staying engaged in the conversation is critical to effective communication.
Intention vs. Impact

Sender

Intention

Clarify Intent

Acknowledge Impact

Intention-Impact Model
Communicating Across Differences

Receiver

Impact

Meaning Making

Negative

Interpreted as an “ism”

Positive

Impact Feedback

Effective Communication

Message

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Lexicon of Appropriate Terms

<table>
<thead>
<tr>
<th>When Referring to:</th>
<th>Use:</th>
<th>Instead of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>Women</td>
<td>Girls, ladies, gals, females Boys</td>
</tr>
<tr>
<td>Men</td>
<td>Men</td>
<td></td>
</tr>
<tr>
<td>Asian people</td>
<td>Asian Americans, Japanese, Korean, differentiate between foreign nationals and American born, people of color.</td>
<td>Orientals, minorities</td>
</tr>
<tr>
<td>American Indians</td>
<td>Native Americans, Name of the specific tribe, e.g. Navajo, Iroquois, or people of color</td>
<td>Indians, minorities</td>
</tr>
<tr>
<td>Black people</td>
<td>African Americans, Caribbean Americans, Black people, people of color</td>
<td>Negroes, coloreds, minorities</td>
</tr>
<tr>
<td>Disabled people</td>
<td>Differently abled, developmentally disabled, physically disabled, physically challenged</td>
<td>Handicapped, crippled</td>
</tr>
<tr>
<td>Gays and Lesbians</td>
<td>Gay men, lesbian</td>
<td>Homosexuals</td>
</tr>
<tr>
<td>People of Latin or Hispanic origin</td>
<td>Latinas/Latinos, Chicanas/Chicanos, country of national origin, e.g. Cubans, Puerto Ricans, Chilean, Hispanic, people of color.</td>
<td>Minorities, Spanish-surnamed</td>
</tr>
<tr>
<td>Older or Younger adults</td>
<td>Older adults, elderly, younger people, young adults</td>
<td>Geriatrics, kids, yuppies</td>
</tr>
<tr>
<td>White people</td>
<td>European Americans, use country of origin, e.g. Irish American, Polish American, white people</td>
<td>Anglos, WASPs, Caucasians</td>
</tr>
</tbody>
</table>

Communication Structure that Support Diversity

**Dialogue** – A free flow of meaning between people. Used to explore complex issues from many points of view. The purpose of dialogue is to go beyond any one individual’s understanding.

**Discussion** – Views are presented and defended to provide a useful analysis of whole situation. Productive discussion converges on a conclusion or course of action.

**Systems Thinking** – A way of thinking about, and a language for describing and understanding the forces and interrelationships that shape the behavior of systems. Engaging in systems thinking and communicating from this mental model helps one to see how to change systems more affectively and to act more in tune with the larger processes of the natural and economic world.

**Collaborative Inquiry** – Staying engaged in a conversation or discussion in the spirit of learning more about the other person/group’s perspective.

**Cooperative Problem Solving** – Parties communicate their interests to each other before identifying possible solutions. The communication is done in a manner that enhances appreciation of each other and supports the empowerment of all parties. Parties identify as many mutually beneficial potential solutions as possible without evaluating them, then the best option is selected using rating criteria that are based on all relevant needs.

**Consensus** - After productive discussion, consensus is achieved when all negotiating parties agree they have been heard and will support the implementation of the solution. They agree to accept the solution even if it was not their preferred option.

**Collaborative Conflict Management** – Interacting together in a manner that enhances appreciation of all parties, supports empowerment and protects the interests of all parties. Possibilities and options are jointly explored. Collaborative outcomes are positive even if no agreement is reached because the process enhanced the parties’ appreciation of each other and supported the empowerment of all parties.

**Mediation** - A negotiated session in which an impartial third party person works with individuals to help them enhance their appreciation of each other, support empowerment of the parties and jointly creates mutually acceptable solution.

**Know and be able to use the various types of communication structures. The skill is being able to use the right structure for the right situation.**
Glossary
Section 4: Glossary
Glossary

A.

**Able-Bodied**
A person who does not have a disability, or a “non-disabled” person

**Ableism / Ablism.**
Preference based on mental or physical disability, that can be discriminatory.

**Aboriginal.**
First inhabitants of a geographical area. People indigenous to the area. The shortened form “Abo” is considered abusive and condescending.

**Accent.**
A distinctive manner of expression in reference to the inflection, tone, or emphasis on pronunciation that is distinctly different from the listeners, and is taken to be unique. Characterizing an individual as having a thick accent, could be defining hem as “other” or “less than” and could be seen as stereotyping.

**Acculturation.**
The process of acquiring a second culture. It is not assimilation which is to absorb into another culture.

**ADA.**
Acronym for “American Disabilities Act,” federal civil rights legislation dealing with discrimination in employment, public accommodations, transportation, and telecommunications, on the basis of disability.

**Advertising / Media and Diversity**
Often a haven for stereotypes that affect the public’s perception of various groups, with dominant groups being presented as the norm, and others as deviations from the norm.

**Affirmative Action.**
Federal law aimed at “providing access” to correct the effects of discrimination in employment or education. Taking concrete steps to eliminate discrimination.

**Africa.**
Use when relating to the content as a whole. Use specific countries or regions when possible. Do not use “Dark Continent.”
Glossary. A Cont’d

**African.**
Resident of Africa, regardless of race or ethnicity.

**African American.**
Americans of African origin. “Black” is also acceptable.

**Age / Ageism.**
A group identity based on the chronological number of years since a person’s birth. Discrimination often occurs against people who are “too young” or “too old.” When in doubt do not refer to a person’s age.

**Agnosticism.**
The belief that one cannot know the existence of God without physical evidence. Not a religion.

**AIDS.**
Acronym for “Acquired Immune Deficiency Syndrome.” Individuals diagnosed with AIDS prefer to be identified as “people with AIDS” (PWSs) rather than as AIDS victims.

**Alien.**
Used to describe a foreign born U.S. resident who is not a citizen. Those who enter legally are known as “resident aliens” and are issued “alien registration cards” or “green card.” Those who enter illegally are classified as “illegal aliens.” These terms can be considered derogatory and should be avoided outside the legal context. These terms can be isolating and demeaning to immigrants. Use “Legal immigrant” or “Legal Resident” instead of resident alien. Use “illegal immigrant” or “undocumented immigrant” instead of illegal alien.

**Ally.**
A person who supports the efforts of a group, but is not a member of that group.

**Amerasian.**
Person born of American and Asian decent, in either Korea or Vietnam with an Asian mother and a non-Asian American father. Originally described people fathered by members of the U.S. military during the Korean and Vietnam wars. The term is not derogatory, but should be avoided.

**American.**
A term used to refer to citizens of the United States. However, this is a limited use of the term since “American” includes all people in the western hemisphere (North, South, and Central America). American is comprised of more than just the United States. To present a more global focus use “U.S. resident” or “U.S. Citizen.”
Glossary. A Cont’d

American India.
Preferred term for “Native Americans” Avoid the use of “Indian” as a synonym.

Anglo American.
An American or inhabitant of the U.S. whose language and ancestry are English. Dated term that is not generally used correctly. People use it interchangeable with white Americans of European ancestry.

Anti-bias.
An active commitment to challenging prejudice, stereotyping, and all forms of discrimination.

Anti-Semitism.
Hostility toward or discrimination against Jews.

Arab.
Any native of 22 Arab countries or one who claims ancestry of the Arab world. Not all Middle Easterners or Middle Eastern Americans are Arab. Not all Arabs are Muslim, many are Christian, and not all Muslims are Arab, most live in other places including Asia, Indonesia, Africa, and North America.

Arab American.
U.S. citizen of Arabic Descent.

Asian American.
Used to designate U.S. citizens of Asian origin.

Asian Indian.
A person who originates or is descended from the Indian subcontinent, although commonly used to refer to a person from India.

Assumption.
Something taken for granted or accepted as true without proof. A supposition.

Atheism/ Atheist.
The belief that there is no God. A person who denies the existence of God. Not a religion.
B.

**Baha’i.**
A religion that emphasizes the spiritual unity of humankind, and the oneness of God. Baha’i believe in the equality of men and women. Founded by Mirza Husayn “Ali Nuri, who took the name Baha’u’llah while in exile in Baghdad. They have no public and praying is done in private.

**Bias.**
A conscious or subconscious preference which interferes with impartial judgment.

**Bigotry.**
An unreasonable belief or an irrational attachment to negative stereotypes and prejudices about other groups of people.

**Bilingual.**
Fluency between any two languages.

**Biological sex.**
The physiological and anatomical characteristics of maleness and/or femaleness.

**Bindi.**
Hindi name for decoration worn by some Asian women between the eyebrows.

**Birth defect.**
Derogatory term used for disability since birth. Use “congenital disability” or “disability since birth”.

**Bisexual.**
A person who is attracted to both sexes, women and men.

**Black.**
Non-white person of African descent regardless of national origin.

**Blind.**
Use only for a person with total loss of sight. Many people who are “legally blind” have partial sight. Use “visually impaired,” partially sighted,” or “person with low vision.”

**Boy.**
Derogatory reference to an adult male. “Homeboy” a term meaning someone native to one’s hometown does not carry the same negative connotation.
Glossary, B cont’d

**Braille.**
A system for writing and printing for people who are visually impaired. When characters and letters are formed by raised dots felt with the fingers, not limited to English. Always capitalize.

**Brain injury.**
Describes a condition where there is long term or temporary disruption in brain function resulting from injury to the brain. Do not say “brain damaged.”

**Buddhism.**
A religion of eastern and central Asia growing out of the teaching of Gautama Buddha that suffering is inherent in life and that one can be liberated from it by mental and moral purification.
C.

Cantonese.
Dialect spoken in the Canton province of China and Hong Kong, by many 19th century immigrants to the U.S. and still spoken in several Chinese American communities today.

Catholic.
Usually refers to the “Roman Catholic” church, but can also refer to other Catholic Christian denominations such as the “Eastern Orthodox” churches.

Caucasian.
Used as a synonym for white person. Derived from the erroneous notion that origin of the Indo-Europeans was the Russian Caucasus mountains. Was once used to designate one of the geographical types of human beings including people from Europe, Africa and India characterized by tall stature, and straight or wavy hair, etc.: loosely called the “white race” although it embraced many peoples of dark skin color, is now generally discredited as an anthropological term.

Chicano /Chicana.
Derived from Mexicano (Mejicano). Refers to people of Mexican American origin, used by some members of the younger Mexican American generation.

Chinese.
A person from China, or the written language of China and Taiwan. The spoken language is “Mandarin.” Should not be used as a synonym for a “Chinese American.”

Christianity.
Began as a breakaway sect of Judaism about 2000 years ago. The two religions share the same history up to the time of Jesus Christ. Christians believe in original sin and that Jesus died in the place of humanity to save humans from that sin. They believe in heaven and that those who repent their sins before God will join him in heaven.

Civil Rights.
Political, social and economic legal rights are responsibilities guaranteed by the government. The rights of personal liberty guaranteed to U.S. citizens by the 13th and 14th amendments to the Constitution and by acts of congress. “The Civil right Movement” refers to the struggles of African Americans. Do not use special rights.

Civil Union.
Legal recognition of same sex couples that provides many of the legal rights of married couples, although different from a marriage or “domestic partnership.”
Glossary. C Cont’d

Class.
A group identity usually based on economic or social status.

Closeted, in the closet.
A term used to describe a gay or lesbian person who does not want to reveal his or her sexual orientation or gender identity.

Code Switching.
When a person that is bi- or multilingual shifts between languages (code) while speaking. Switching may occur for several reasons. The speaker may be unable to express him or herself adequately in one language, the speaker may switch unconsciously when upset, tired, or excited, or the speaker may switch in order to express solidarity with a particular group.

Cognitive Disability.
A disability that affects learning and similar brain functions. Avoid “mental retardation” use specific disabilities when possible.

Coming out.
Abbreviated from “coming out of the closet” or choosing to reveal formerly hidden sexual orientation or gender identity. Refers to the overall developmental process that gays and lesbians experience as they come to terms with their sexuality.

Confucianism.
Founded in the 5th and 6th centuries B.C. by the philosopher Confucious, one of the Chinese traditional religions, whose followers recorded his sayings and dialogues. Confucianism, which grew out of tumultuous time in Chinese history, stresses the relationship between individuals, their families, and social, based on “li” (proper behavior) and “jen” (sympathetic attitude).

Congenital Disability.
A disability since birth or born with a disability. Do not use “birth defect.”

Cripple.
Derogatory term for a person with a disability.

Cross-Dresser.
Person who wears clothing identified with the opposite sex, not always indicative of sexual orientation.
Glossary.  C cont’d

Culture.
The patterns of daily life learned consciously and unconsciously by a group of people. These patterns can be seen in language, governing practices, arts, customs, food, religion, holiday celebrations, dating, clothing, and more.

Cultural Competence.
The inclusion and acceptance of the unique world views, customs, norms, patterns of behavior and traditions of many groups of people.

Cultural Myopia.
The belief that one’s particular culture is appropriate to all situations and relevant to all other individuals.

Cultural Sensitivity.
Basic and obvious respect and appreciation of various cultures that many differ from your own.
D.

Deaf.
Used to describe a person with total or profound hearing loss. Many only have mild or partial loss of hearing. Use “person with hearing loss,” “partially deaf,” or “hearing impaired.” Do not use deaf-dumb or deaf mute.

Denigrate.
To attack someone’s Character by defaming, disparaging, or belittling them.

Derogatory Term.
Offensive words or phrase that should be avoided.

Developmental Disability.
Federal, local, and legal definitions vary, but the term can include conditions such as autism and epilepsy. Use specific terms when possible.

Disability.
General term for functional limitation. “Person with a disability” or “differently able” is preferred. Do not use victim of, suffers from, stricken with, or afflicted with.

Disadvantaged.
A historically oppressed group having less than sufficient resources to meet basic needs or a lack of access to the full benefits of economic, social, and political opportunity.

Discrimination.
A prejudice based action taken by a dominant group member against a subordinate group member. These actions are used to affect another group’s opportunities, confidence, access, and ability to perform in society.

Diversity.
The condition of being different or having differences. Differences among people with respect to age, class, ethnicity, gender, health, physical and mental ability, race, sexual orientation, religion, physical size, education level, job and function, personality traits and other human differences.

Diversity Competence.
The capacity to function effectively with differences and to successfully utilize a diverse workforce.

Diversity Consultant.
A consultant who provides expert advice about the impact of human diversity on the structure, process, and success of organizations.
Glossary. D cont’d

**Diversity as Economic Empowerment.**
A diverse employee base creates value for patients, employees, and stakeholders, through innovation technology, and operational expertise. It establishes access to market shares and new talent, and legitimizes the organization to critical consumer or constituent groups.

**Diversity as Inclusion.**
Human capital is the greatest asset of an organization and key to its effectiveness. Diversity is perceived as an organizational asset because differences enhance work practices by redefining markets, products and strategies.

**Diversity as Representation.**
Having representation of diverse groups (particularly race and gender) in the workforce promotes equal opportunity recruitment and compliance with federal “Equal Employment Opportunity” requirements.

**Diversity as social justice.**
Eliminating oppression or the ways in which inequitable practices of power is used. Eradicating the “isms” or destructive beliefs and attitudes that are based solely on group identity.

**Domestic Partner**
Unmarried gay or lesbian partners who share living quarters. They are not marriages or civil unions.

**Dominant.**
A Group having power or control over key aspects of a culture or a political system. Members of the dominant group derive benefits and privilege from the formal and informal societal structures, process, and practices. Not synonymous with “majority” as a majority refers to numbers and not power dynamics. Dominant groups view themselves as superior, ideal or model people, and view others as flawed, inferior, or less than.

**Drag Queen.**
A man who dress in female attire for show, often in order to perform for others.

**Dred Scott Decision.**
A ruling by Supreme Court Chief Justice Taney in 1857 which helped institutionalize racism by defining black slaves. Freed men and women as having no right as humans.

**Dwarf.**
A small person whose limbs and features are often proportioned differently when compared to the average human anatomy. Derogatory term for a person of short stature. Derived from “dwarfism” a medical term.
E.

**Ebonics.**
A slang dialect or language used in some black American communities. Literally means “black sound.” The term is a blend of ebony and phonics.

**EEOC.**
Acronym for “Equal Employment Opportunity Commission,” a federal agency that enforces civil rights laws.

**Emigrant.**
Person who leaves their country of origin to reside in a foreign country

**ESL.**
Acronym for “English as a Second Language,” a method of teaching English in the United Sates to non-English speaking people

**Eskimos.**
Acronym of people inhabiting the arctic coastal regions of North America and parts of Greenland and northeast Siberia. Generally considered Native American People in Alaska and Canada.
Appropriate for Inupiat Eskimos or Yupik Eskimos. Not relevant for Aletus or Inuits.

**Ethnicity.**
Classification of human based on shard cultural heritage, such as place of birth, language, customs, etc. Don not use “race” as a synonym.

**Ethnocentrism.**
Tendency to use one’s own group as a norm or standard by which to assess others. Systemic oppression based on the belief in the inherent superiority of one’s group.

**Eurocentric/ Eurocentrism.**
Concepts of expression that place Europe as a center of the world. Systemic oppression based on preference for the European culture over others.

**European American.**
A citizen of the U.S. with European ancestry.

**Female.**
Biological adjectives that refers to humans, animals plants etc., but can tend to be dehumanizing when inappropriately used as a synonym for “woman” or “women”.
F.

**Feminist / Feminism**
A social movement advocating equal rights and opportunity based on the belief that women are not in any way inferior to men. The term is often applied to in a derogatory way to men and women who support this belief.

**Filipino.**
Person from the Philippines.

**FTM.**
Acronym for “female to male.” Describes a “transgender” person classified as a female at birth. But identifies as a male.

**Fundamentalism / Fundamentalist.**
A movement or point of view usually religious, characterized by a return to fundamental principles, by rigid adherence to those principles, and often by intolerance of other views.
G.

Gay.
Person attracted to the same sex, sexually and emotionally.

Gay Marriage.
Marriage for same sex couples.

Gender.
Refers to the Different roles that men and women play in society. The behavioral, cultural, and psychological traits typically associated with one’s biological sex. Usually refers to those aspects of life that are shaped by social forces or to the meaning that society gives to biological differences. Do not use “sex” as a synonym.

Gender Neutral Terms.
In general use “gender neutral terms” (e.g. police officer not policeman) when possible.

Gender Expression.
Describes how gender identity is expressed, through external characteristics and behavior that are socially defined as masculine or feminine, regardless of sexual orientation.

Gender Identity.
Self internal identification as a male or female, regardless of biological sex.

Genocide.
The systematic and planned extermination of an entire national, racial, political or ethnic group.

Ghetto.
An area or section of the city where groups live based on class, race, ethnicity, or religion, and can be derogatory when used by someone outside of the community. Avoid using ghetto when describing a low income area. Use the name of the neighborhood.

Glass Ceiling.
Term for the maximum position and/or salary women and other underrepresented persons are allowed to reach without any chance of further promotion or advancement.

GLBT.
Acronym for “Gay, Lesbian, Bisexual and Transgender.”
**Glossary. G cont’d**

**Group Identity.**
A category of differences that describes a set of common physical traits, characteristics, or attributes. Everyone has multiple group identities including, age, ability, class, education level, ethnicity, gender, nationality, race, language, religion, and sexual orientation. In organizations and society, the extent to which one is aware of the meaning and impact of these identities is key to understanding the impact of diversity and changing the status quo.

**Group Membership.**
Denotes one’s relationship to specific group identity, for each identity there is a dominant and a subordinated group. Recognizing and understanding the impact of one’s membership is essential to changing the dynamics of oppression.
H.

Handicapped.
Although not derogatory, “disabled” or “differently-abled” are preferred.

Hate Crime.
An act by any person or group against the person or property of another which constitutes an expression of hostility because of race, religion, sexual orientation, national origin, disability, gender, or ethnicity.

HBCU.
Acronym for “Historically Black Colleges and Universities.” Established to provide higher education to African Americans during a time in U.S. history when access was limited.

Hermaphrodite.
A medical term for an entity with both male and female reproductive organs. A derogatory term for an intersex person.

Heterosexism.
The presumption that heterosexuality is superior to homosexuality. Prejudice, bias, or discrimination, based on the presumption. Systemic oppression of people who are gay lesbian or bisexual.

Hindi.

Hinduism.
The dominant religion in India emphasizing dharma, basic principles of cosmic or individual existence within nature, with its resulting ritual, social observances, mystic contemplations, and ascetic practices.

Hip Hop.
An urban culture rooted in rap music, break dancing and graffiti created by African Americans and Latinos in the late 70s.

Hispanic.
Refers to the multiracial, cultural mixed group of United States inhabitants with origins in the many Latin-American nations, regardless of their ability to speak Spanish.

HIV / AIDS.
Acronym for “Human Immunodeficiency Virus”, a retrovirus identified as the main cause of AIDS. HIV virus is redundant. Do not use HIV infected.
Glossary. H cont’d

**Homophobia.**
The discomfort with, the fear, hatred or intolerance of people who are assumed to be gay, lesbian or bisexual.

**Homosexual.**
Person attracted to the same sex. Sexually and emotionally.

**HSI.**
Acronym for “Hispanic Serving Institution,” a term created by the federal government. HSI’s must have at least 25 percent Latinos, half of which are low income. Universities that earn this classification become eligible for additional funding.

**Hyphenated Americans.**
Derogatory term coined by Theodore Roosevelt to describe Americans that he believed did not want to join the American main stream.
I.

**Immigrant.**
Person who resides in a nation, country, or region, other that of his or her origin.

**Inclusion / Inclusiveness.**
As a diversity concept, it is a strategy, an approach, or a concept focusing on all members playing a part in a group’s or an organization’s mission, and a level of respect which offers the opportunity to share unique perspectives and contribute individual strengths.

**Indian / East Indian.**
Accurately defined as one who originates from the Indian continent or East Indies. Use “Indian American” if referring to someone born in the U.S. of Eastern Indian descent. The term has inaccurately been applied to Native people who inhabited North America before it became the United States. The preferred term for the group is “Native American.”

**Indigenous.**
Descendants of native people from any region.

**Integration.**
The bringing of different racial or ethnic groups into free and equal association.

**Interracial Dating / Marriage.**
Dating and or marriage between members of different races.

**Intersexed.**
Person whose biological sex is ambiguous. This may be due to external differences in genitalia, hormonal conditions, such as androgen or insensitivity syndrome or chromosomal variance. Do not use “hermaphrodite.”

**Islam.**
Religion founded by the prophet Muhammed who is believed to be the last in a long line of holy prophets, preceded by Adam, Abraham, Moses and Jesus. Being devoted to the Koran, followers worship Allah. They respect the earlier prophets but, regard the concept of the divinity of Jesus as blasphemous. There are two main divisions the “Sunnis” and the “Shiite.” They are divided over the succession after the prophet. The Shi’a believe the prophet explicitly appointed Imam Ali as his successor. The Sunnis do not believe that Ali was appointed, they adhere to the orthodox tradition and acknowledge the first four caliphs are rightful successors. Most Islamic countries have Sunni majorities except for Iran which is predominantly “Shia.” “Islam” and “Muslim” are not synonymous.
Glossary. I cont’d

Isms.
The suffix “ism” denotes the condition of systemic oppression resulting from prejudices embedded in an organization or society’s culture, based on the assumption that the dominant group possesses innately superior qualities. The outcomes are to advantage one group over another. Subordinated group members (by gender, race, age, sexual orientation, ability, etc.) experience disadvantage by being excluded, underutilized, unrecognized and underdeveloped. Dominant group members experience privilege by being include, more fully utilized, recognized and developed.
J.

**Judaism / Jewish / Jew.**
Founded 2000 B.C. by Abraham, Isaac and Jacob, espouses belief in a monotheistic God who leads his people by speaking through prophets. His word is revealed in the Torah (Old Testament). They believe that a messiah will eventually bring the world to a state of paradise. The term “Jew” can be both religious and ethnic. Jews can be of any race or nationality.

**Jihad.**
A holy war waged on behalf of Islam as a religious duty. A crusade for a principal or a belief.
L.

Latin America.
Includes all countries in America that are primarily Spanish and Portuguese speaking.

Latino / Latina.
Person of Latin American descent, regardless of their ability to speak Spanish.

Lesbian.
A woman who is sexually and romantically attracted to another woman.

Leveraging Diversity.
Enhancing organizational effectiveness and performance by making use of the different perspectives, experiences, and abilities that people bring to the workplace.

Lifestyle.
Incorrectly used as a synonym for the gay, lesbian, bisexual, sexual orientations often stereotyped as flamboyant and promiscuous.
**M.**

**Macho.**
The Spanish word for “Male.” It is often used in Latino and Latin American cultures to mean “sexist.”

**Male.**
Biological adjective that may refer to humans, plants, or animals.

**Managing Diversity.**
A term describing initiatives used to help organizations navigate rapidly changing demographics in the work force, through an organizational change in culture focused on eliminating racism, sexism, other forms of discrimination and oppression in order to foster an environment where all people have equal opportunity.

**Mandarin.**
Official language of China and Taiwan, not a dialect. Refers to spoken language only. Written language is Chinese.

**MBE.**
Acronym for “Minority Business Enterprise.” MBE certification allows companies to compete for certain business.

**Migrant.**
Can be defined as a person who migrates. Frequently refers to farm laborers who move often to different locations to harvest seasonal crops. Do not use as a synonym for immigrant or emigrant.

**Minority.**
Segment of the population not in the majority based on certain characteristics and is often subject to differential treatment.

**Miscegenation.**
Marriage of sexual relations between a man and women of different races.

**Misogyny.**
Hatred of women by men. This belief is often attributed to women, political, or social conventions that specify “appropriate” roles for women.
Glossary. M cont’d

**Model Minority.**
Stereotyping description of a particular subordinated group that is being favored at any given time by the majority culture. The “model” group is chosen based on how well they model majority group behaviors.

**MTF.**
Acronym for “Male to Female.” Describes a transgender person classified as a male at birth, but who identifies as female.

**Multicultural / Multiculturism.**
As a synonym for diversity it is a focus on recognizing the significance of all cultures regardless of differences. A pluralistic culture that reflects the interests, contributions, and values of members of diverse groups.

**Multiracial.**
A term describing a person of interracial parentage.

**Muslim.**
Follower of the Islamic religion.
N.

National Origin.
A group identity based on the nation from which a person originates, regardless of the nation in which he or she resides.

Native American.
Descendants of native inhabitants of the United States. This term is generally preferred over “American Indian.” “First people” is also acceptable. The best practice is to refer to the specific tribal affiliation or nation. Ask, when in doubt.

Nazi / Nazism.
“National Socialist German Workers Party” brought to power in 1933 under Adolph Hitler. “Nazism” is the ideology and practice of the Nazis, who has a policy of racist national expression and state control of the economy. The term has also recently been applied to other movements, “Fem Nazi” incorrectly and negatively connects the “Feminist” and the Nazi movements. A “Neo-Nazi” is a supporter of the new outgrowth of the original Nazi movement.

Negro.
Out dated term for African Americans and black people.

Neo-Colonization.
Contemporary policies used by western “first world” nations and organizations to exert regulation, power, and control disguised as a humanitarian help or aid over poorer “third world” nations. These polices are distinct from but related to the earlier periods of colonization of Africa, Asia, and the Americas by European nations.

Non-Disabled.
Person without a disability preferable to able bodied.
O.

**Opposite-Sex Couples.**
Couples with partners of the opposite sex. Heterosexuality is implied, but one or both partners are bisexual.

**Organizational Cultural Competence.**
A goal toward which all organizations strive; it is the capacity to function effectively with all cultures and to creatively utilize a diverse workforce.

**Out.**
The sharing of information about a person’s sexual orientation or gender identity. Refers to gays, lesbians, bisexuals, and transgendered because members of these groups often fear the consequences of disclosing and discussing their experiences.

**Outing.**
Inadvertently or intentionally sharing information about another person’s sexual orientation or gender identity without their consent. This act deprives the person of choosing when, how, and whom they want to tell. There are degrees of being “out;” a person may be out to some people or groups and not others, they may only share varying degrees of information about their orientation. Outing someone can have profoundly negative consequences for that person’s safety, life, work life, and future career opportunities.
Pacific Islander.
Used by U.S. Census Bureau to describe people from Fiji, Guam, Hawaii, Northern Mariana islands, Palau, Samoa, Tahiti, and Tonga. Use specific countries when possible.

Pacific Rim.
Imaginary line that frames the Pacific Ocean Primarily bordering the U.S., Canada, China, Japan, and Australia. Try to use specific countries and regions instead.

Paraplegia.
Paralysis of the lower half of the body involving both legs.

Partner.
Used to identify someone in a romantic relationship with another, typically for gay and lesbian relationships, but becoming more common to use in heterosexual relationships.

Patriarchy.
Social organization characterized by the supremacy of the father in the family, the legal subordination of wives and children, and tracing descent through the male lines. Also a community or society governed by men, perpetuating the dominance of men.

People of color.
Describes all racial and ethnic groups other than white.

Pink Triangle.
Symbol Gay men were required to wear in Nazi concentration camps. Adopted in the late 1970’s as a symbol of gay pride.

Pluralism.
A culture that incorporates mutual respect, acceptance, teamwork, and productivity among diverse individuals.

Political Correctness.
Relating to or supporting broad social, political, and educational change, to redress historical injustices in matters such as race, class, gender, sexual orientation. In practice, people attempting political correctness try to avoid offending others by taking measures or using language they perceive as safe. Those who resist political correctness view the activity as being hyper-sensitive. Those who value the activity often over audit the actions and dialogue of others. Both views can hinder meaningful dialogue.
Glossary. P cont’d

Prejudice.
A preconceived judgment or opinion regarding a person or a group based on insufficient or incorrect evidence. Can be positive or negative.

Primitive.
Term characterizing, individuals, groups, or societies, as uncivilized or less sophisticated.

Privilege.
Power and advantage derived from historical oppression and exploitation of other groups. A right or immunity granted as a benefit. The power structure of organizations and government through their infrastructure, policies, and practices reinforces the privileged group by advantaging them and disadvantaging others by creating barriers to attaining equal status.

Protestantism.
Religious denominations which broke from the Roman Catholic Church in the 16th century, includes Anglican, Baptist, Methodist, Lutheran, Presbyterian, and Quaker. Not appropriate use for Jehovah’s Witnesses, Christian Scientist, Mormons, or Eastern Orthodox churches.

Psychiatric Disability.
Acute or chronic mental illness. Psychotic, schizophrenic, neurotic and similar words should only be used in the appropriate clinical context. “Crazy, manic, lunatic, demented, psycho, and schizo” are offensive. Use “psychiatric disability,” “Psychiatric illness,” “emotional disorder,” or “mental disorder.”
Quadriplegia.
A physical disability where a person cannot use his or her arms or legs.

Queen.
An effeminate gay man. Considered derogatory when used by someone outside of the gay community.

Queer.
Once used as a derogatory term or gay. Now has become acceptable among some members of the gay community, but is still considered offensive by others because of its negative history and should not be used.

Quran.
Koran, Muslim holy book.
**Race.**
Group identity related to local geographic or global human population distinguished as a group by genetic physical characteristics, such as skin color, hair texture, facial features, etc. Today race is believed to be a social construct. Without biological merit. “Ethnicity” and “race” are not synonymous. For example black Frenchman might consider his ethnicity French while his race would be determined by his genetic heritage.

**Racism.**
System discrimination. “prejudice + power = racism.”

Rainbow Flag.
Flag adopted by the “gay and lesbian” community, consisting of red, orange, yellow, green, blue, and purple stripes.

**Religion.**
An organized belief system based on certain doctrines of faith or a belief in a supreme being or God. Organized religion suggests the manner in which people should live and the beliefs that they should accept or reject.

**Reservation.**
A section of land set aside by the federal government for Native Americans, or for a special purpose.

**Reverse Discrimination.**
Perceived discrimination against the majority group, especially resulting from policies enacted to correct past discrimination.
**S.**

**Same-Sex Couple.**
Couple with partners of the same sex.

**Same-Sex Union.**
Union performed by a member of the clergy that is not legally recognized as a marriage.

**Scapegoating.**
Blaming an individual or group for something when, in reality, there is no one person or group responsible.

**Sellout.**
A slang term for someone who has betrayed his or her principals or cause.

**Semitic.**
A member of any of the peoples speaking “Semitic” language. Including, Hebrews, Arabs, Assyrians, Phoenicians, etc.

**Sex.**
Physical distinction between male and female. Do not use gender as a synonym.

**Sexism.**
Systemic oppression based on gender. The premise that men are superior to women.

**Sexual Orientation.**
An identity based on emotional, romantic, and sexual desires determined by a person’s primary sexual attraction. Most authorities agree that a person’s sexuality (gay or mon-gay) is determined by a very young age, and as a rule, can be hidden, but not changed in later life. “Sexual orientation” is a more accurate term than “sexual preference.”

**Sexual Preference.**
A term that is often based on the incorrect assumption that people choose their “sexual orientation.” This term is also connected with the term “lifestyle” as it is assumed in both cases that the person or group chooses to behave in a particular manner. Use “sexual orientation.”

**Shinto / Shintoist.**
The ancient native religion of Japan. Stresses belief in spiritual beings and reverence for ancestors. Adherents are expected to celebrate their Gods or “kami” support the societies in which kami are patron, remain pure and sincere, and enjoy life.
Glossary. S cont ’t

Short Stature.
Preferable to little people. Dwarf and midge are both considered derogatory.

Sikhism / Sihk.
Religion founded by Shri Guru Nanek Dev Ji in the Punjab area, now in Pakistan. Sikhs believe in a single formless God with many names who can be known through meditation. They pray several times a day and are not allowed to worship icons or idols. They believe in samsara, karma and reincarnation as Hindus do, but reject the caste system. They believe that everyone has equal status in the eyes of God. Although elements of Islam have been incorporated, it is not Islamic.

Skinhead.
Originated in Great Britain as a non-racist working class movement of pride. Factory workers would shave their heads to prevent their hair from getting caught in the machinery. In the 1960s when the movement began head shaving became an emblem of the working class. Current associations include: various groups of American and British young people who shave their heads, attend rock concerts and sports events, and sometimes participate in white supremacist and anti-immigrant activities. Not synonymous with racism and neo-Nazism, though many skin heads are both racist and no-Nazi.

Slang Terms.
Words or language peculiar to particular group. Slang should be avoided, can be considered derogatory, vulgar, or abusive.

Social Construct.
A perception of a person, group, or idea has been “constructed” through cultural and social practice, but appears to be “natural.” For example the idea that women like to clean and are naturally better at it than men is a social construction. The idea may seem natural because of its historical repletion but it is not necessarily true in its essence.

Social justice.
The elimination of oppression.

Sodomy.
Oral or anal sex between people and the same or opposite sex. June 2003 the Supreme court ruled in Lawrence et al v. Texas that sodomy between consenting adults was an issue of privacy and was therefore not against the law. The ruling reserved decades of sodomy laws banning homosexual behavior.
**Glossary. S cont’t**

**Spanglish.**
Spanish characterized by words borrowed from the English language. Not a language or a dialect.

**Spanish.**
Primary language spoken in Spain and Latin America, or a person from Spain should not be used as a synonym for Latino or Hispanic.

**Stereotyping.**
A standardized impression of a person or group that represents an oversimplified opinion, image, attitude, or uncritical judgment.

**Stonewall.**
The name of a tavern in New York City’s Greenwich Village, and the site of several nights of protests after a police raid on June 28, 1969. The Stonewall incident is considered the birth of the modern gay right movement.

**Straight.**
Synonymous with heterosexual. Sometimes objected to by members of the gay community as conveying “normal.”

**Systemic Discrimination.**
Patterns of discrimination embedded in the policies and practices of an organization and or society.
Taoism / Taoist.  
Both a philosophy and a religion. Founded in China in 604 B.C. by Lau-tzu, derived primarily from the Tao-te-ching, which claims that an ever-changing universe follows the Tao or path. Taoism prescribes that people live simply, spontaneously, and in close touch with nature. Meditation allows people to achieve contact with the Tao. It has been discouraged since the Communist revolution, in China, but flourishes in Taiwan.

Third World.  
Used during the Cold War to describe countries in Africa, Asia, and Latin America still developing economically. The term “developing countries” is preferred.

TOEFL.  
Acronym for “Teaching of English as a Foreign Language” a method of teaching English in other countries to non-English speaking people.

Tolerance.  
Acceptance and open mindedness to different practices, attitudes and cultures; does not necessarily mean agreement with differences.

Transgender.  
Person whose gender identity and or gender expression varies from sex assigned at birth. Describes transsexuals cross dressers, inter-sex people and other classifications, sexual orientation is not to be assumed.

Transsexual.  
Person who identifies as a member of the opposite sex, regardless of sexual orientation.

Transvestite.  
A person who adopts the dress and often social behavior typical of the other sex. A common term for this is “cross-dressing” people from all sexual orientations cross-dress. A derogatory term for “transsexual or transgender.”

Tribe.  
A unit of social organization consisting of families, clans, or other groups who share a common ancestry, culture and leadership. Many Native Americans prefer “Nation.”
Underrepresented.
Group identities whose numbers are demographically fewer than the larger majority groups. A historically oppressed group characterized by lack of access to the full benefits of the economic, social, and political opportunity, often used as a replacement term for “minority.”
WBE.
Acronym for “Women’s Business Enterprise” WBE certification by federal allows companies to compete for certain business.

White.
People of European origin, the term is not synonymous with “Caucasian.” In the U.S. European American can also be used; some prefer terms that identify their country or origin for example Italian American, Greek America, etc.

Resources
Culturalsavvy.com
http://www.kwintessential.co.uk/cultural.service/articles/intercultural
http://www.metrock.gov/health/glbl/providers.htm
http://www.blackwormwnshealthproject.org/leshealth.htm

Cultural Competence Education, AAMC
Understanding health Disparities Health Policy Institute of Ohio
http://diversityfactor.rutgers.edu
http://ethnomed.org/cultures_cp.html
http://www.awesomlibrary.org/multiculturaltoolkit.html
http://en.wikipedia.org/wiki/intercultural_competence
The Diversity Inc Factoids and Style Guide
Providing Culturally and Linguistically Competent Health Care http://www.jerinc.com