Chapter 15 Review

Some Key Terms:

* Culture
* Defense mechanisms
* Dominate culture
* Maslow’s hierarchy of needs
* Personal space
* Philosophy of individual worth
* Physiological needs
* Prejudice
* Self-actualization
* Self esteem
* Shaman

Philosophy of individual worth is based on the belief that all people have worth regardless of personal circumstances

* Health care workers have an obligation to provide quality of care to all patients
* Difficult to put into action because some patients are difficult, demanding and rude
* Keeping this philosophy in mind can help to motivate the health care professional to provide quality of care to all patients

Prejudice-having negative feelings about a person because he or she belongs to a specific cultural or racial group. People who display their prejudice have never assumptions about a group without understanding that people are individuals.

Best way to deal with your own prejudice? Be honest and recognize your own prejudices by examining honestly how you feel about others. Try to understand a patients motivations and beliefs.

Culture: Wide range of factors that include values, shared beliefs and attitudes, social organization, family and personal relationships, language, everyday activities, religious practices and concepts of time and space.

A patient’s culture gives them a framework for viewing the world. Culture helps predetermine motivation and compliance to traditional health care directions.

Things to remember:

* Do a cultural survey
* Understand that assumptions lead to mistakes in communication and misunderstandings
* Observing the patient is essential as is asking meaningful questions and listening carefully to responses.
* People within the same cultural group can vary dramatically
* No one way is the best way

Dominant Culture- What is considered to be the foundational beliefs and ideal behavior or a society or country.

Some common examples of attitudes of the dominant culture in the US:

* Importance of being on time
* The need to work efficiently
* The need to shake hands firmly when meeting new people

These cultural values may include such issues as:

* Gender roles
* Communication and behavior style
* Beliefs about the causes of illness
* Beliefs about cures of illness
* Beliefs about bodily care
* Who makes decisions in the family
* Child rearing approaches

Degree to which cultural values impact care depends on:

* Country of origin
* Socioeconomic background
* Number of years in the United Stats
* Degree of Acculturation
* Level of Education
* English Proficiency

Some questions to ask to help determine cultural beliefs:

* Do you think you’re sick
* How much does your sickness bother you?
* What do you think caused your sickness?
* Why do you think it started when it did?
* How does it affect your life?
* What worries you most about it?
* Do others things in your life worry you more than your sickness?
* Do you think my suggestions will help?
* Are you worried about medication self effects?
* What have you tried?
* How can I help you? What would you like from this visit?

Some Cultural Generalizations:

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| Middle Eastern | Asian | Hispanic | American |
| Direct eye contact avoided especially when HCW of the opposite sex | Direct eye contact considered rude with healthcare provider | Avoidance of eye contact can showRespect to health care provide | Eye contact means you’re listening to health care provider |
| Places greaterEmphasis on the needs of family unit | Places greater emphasis on the needs of the family unit | Places greater emphasis on the needs of family unit | Place greater emphasis on individual needs |
| Family members or close friends often speak for the patient | family opinion very important to patients decisions | Family opinion very important to patients decisions | IndividualisticPatients often speak for themselves |
| Punctuality is less important. More emphasis on relationships than tasks | Varies greatly among different subcultures. Tends to a bit more relaxed than US | Time is relative not exact. Prefer conversation before medical treatment | Time efficient Emphasis on meeting goals rather than developing relationships |
| Closest personal space compared to other cultures | Closer personal space than US | Closer personal space than US  | Greater personal space |
| Privacy very important especially with unfamiliar persons. HCW of same sex required | Privacy very important  | Privacy very important | Privacy needs are individual  |
|  Respect for Western medicine but also believe in home remedies, evil eye  | Emphasis on balancing the body, yin yang,Herbal therapies use of acupuncture  | Fate predetermined use of home remedies, faith, saints, herbs, evil eye  | Mostly Western beliefs; research based, scientific method, some appreciate the value of Eastern views  |

Maslow’s Hierarchy of Human Needs: This model was developed by Abraham Maslow to help health care professionals gain a better understanding of human needs. According to Maslow, human behavior is motivated by each individual’s

Effort to fulfill certain requirements for complete physical and mental well-being. Lower needs need to be satisfied before higher needs can be addressed.

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| ierarchy of Needs   |   |    |

Health care workers help patients meet these needs by:1. Physiological-
* Reassurance, knowledge he is receiving competent care, information about the hospital and the patients condition,
1. Safety and security-
* Providing names of staff giving care
* How to contact staff (call button)
* Routine for their care, when to expect meals, personal care etc
* Pain management
1. Love and Affection-
* Listening
* Expressing sincere interest in patient and their well being
* Therapeutic touch
* Giving patient permission to express him or herself
* Welcoming family/friends as visitors
1. Self Esteem
* Taking the time to listen
* Showing interest by referring back to something the patient said in the past or remembering important events
* Giving patient opportunity to express him or herself
* Protecting privacy
* Giving respect
* Asking for approval
1. Self Actualization
* Encouraging them to find meaningful work, hobbies
* Encouraging them to sharing recovery experiences with others
* Encouraging them to get involved with fund-raising events that they are interested in.

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Defense Mechanisms- Special categories of responses to perceived threats to self esteem1. **Compensation-** Attempting to meet a need by substituting something that does not actually satisfy that need. Ex. Drinking to lessen loneliness
2. **Control-**Trying to exert excessive control over others to make up for a loss of control elsewhere Ex. patient insists on knowing the exact schedule of care
3. **Denial-**Pretending that something is not true, especially something unpleasant
4. **Displacement-**Transferring feelings that one has about one person to a different person

**Ex.** Nurse becoming angry with her patient because her boss has just changed her schedule and she now has to work the weekend1. **Illness-**Becoming physically ill to draw attention to oneself or to escape something unpleasant
2. **Malingering-** Pretending to be ill when one is not
3. **Projection-**Failing to see one’s own weaknesses or problems while seeing them in others

Ex. Overweight mother criticizes her overweight daughter for overeating1. **Regression –** Behaving in ways that are more appropriate for a younger person
2. **Rationalization-**Explaining behavior by using a socially acceptable reason. Ex. I can’t exercise, I don’t have time
3. **Repression-**Keeping unpleasant thoughts or memories in the subconscious and out of awareness Ex. Patient lacks conscious memory of being sexually assaulted
4. **Withdrawal-**Refusing to communicate with others or participate in social activities
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