

CHAPTER ONE

Sociocultural Influences on the Person and Family

OBJECTIVES

STUDY OF THIS CHAPTER WILL ENABLE STUDENTS TO:

1. Define *cultures* and *subcultures*, and describe various types of subcultures.
2. Examine characteristics of a culture and determine how they affect the people under your care.
3. Evaluate values, and discuss how they influence clients, families, and health care workers.
4. Consider ways to identify diverse groups in Canada.
5. Defend the importance of nurses providing cultural care to Canadians.
6. Examine several health trends occurring in Canada.
7. Compare and contrast attitudes toward health and illness.
8. Analyze the influences of socioeconomic levels on the health status of people and groups.
9. Identify key concepts of health promotion.
10. Determine how knowledge of cultural and socioeconomic levels can contribute to the effectiveness of health promotion.
11. Evaluate ways to meet the needs of a person with cultural values and a socioeconomic level different from your own.
12. Apply knowledge about the teaching–learning process to a health promotion education program.

TEACHING–LEARNING STRATEGIES

Teaching–Learning Strategy 1. Construct the meaning of culture and subculture in Canada.

Have students who represent various cultures or subcultures present a seminar to explore the values and customs of each of their cultural backgrounds as each perceives it. After the seminar, discuss how a person’s cultural background might influence his or her disposition toward the care of patients/clients.

Have students compare themselves to what the research literature says about their culture/subculture.

Teaching–Learning Strategy 2. Discuss the importance of cultural and family rituals to child development. Encourage students to give personal examples of each of the above.

Teaching–Learning Strategy 3. Discuss components, patterns, and values found in every culture. Share examples of components and traditional and emerging values of Canadian culture. With the students, identify how this knowledge is essential in assessing, planning, and implementing the promotion of health.

Have students differentiate between Generation X and Generation Y on the basis of diverse values. Encourage them to speculate on how each affects Canadian society.

Teaching–Learning Strategies 4–7. Communication is basic to any culture. Help students learn the preferred health care terminology of the culture of the clients they will be working with.

Have students listen carefully to their words. When speaking to or about others, regardless of culture or situation, certain words or phrases convey more dignity, while others convey a stereotype.

Emphasize to students that when they are speaking to someone with a disability, they should speak directly to the person, not through a companion. Health care providers should reinforce individual qualities, achievements, and abilities. They should remember to make reference to the person first, then to the disability. Have the person with the disability tell how the professional may assist movement or function.

Assign students to write a personal values paper, relating the values held in their particular cultural, ethnic, and religious backgrounds. Include family and environmental influences, socioeconomic level, and other influences.

Have students participate in a culture/ethnic awareness exercise by answering the following questions. Then divide the class into groups of four so that students can share their perceptions with each other.

- a. What is your ethnic or racial background? What has it meant to you to belong to your ethnic or racial group?
- b. What other ethnic or racial groups reside where you grew up?
- c. What was your first experience with feeling different? What was/were the contributing factor(s)?
- d. What are your earliest memories of, and related feelings about, being a member of your race/ethnicity (Caucasian, French-Canadian, English-Canadian, Italian, German, First Nations, Ukrainian, etc)?
- e. How do you think others perceive your ethnicity or racial identity?

Encourage students to share information and examples from their personal or work experiences, or from other references. Assign each group to summarize attitudes toward health and illness typical for each group. Identify specific nursing approaches or intervention measures that could be used to help persons from each culture promote health and cope with illness, hospitalization, and treatments. Have each group recorder report back to the entire class.

Teaching–Learning Strategy 8. Assign each student to interview someone from a culture/subculture different from his or her own. From the data obtained, the student is to describe: (a) a verbatim account of the interview, and (b) implications from the data obtained for client care.

Topics or issues the student could ask about include: role of the family; main occupations for men and women; choice of occupation or mate; regard for marriage; special marriage customs;

pre- and postnatal care; rate of infant mortality; role of children; attitudes and methods of child-rearing; common political or religious practices that affect the health and well-being of citizens; weather or environmental factors significant to health; foods commonly eaten and how they compare to *Eating Well with Canada's Food Guide*; special eating or cooking customs; general nutritional status of people; attitudes toward time, privacy, society in general, work, leisure, education, and change; common health problems; availability of physical exams and dental care; daily living practices affecting health, which should be known by health care providers from another culture; average life span; and special celebration of life or mourning customs.

Contact a local homeless shelter or transitional residential facility to learn about people who are homeless or at risk for homelessness. If permissible, assign students to talk with individuals at these sites about their needs and experiences, prior lifestyle, health problems, and what would be the most helpful health promotion measure(s).

Teaching–Learning Strategy 9. Have students complete the following exercises about values.

Values Clarification

- Values are our own priorities, which we live by on a regular basis. Values are a set of personal beliefs and attitudes about the truth, beauty, or worth of any thought, object, or behaviour.
- Values are always in the process of changing. Values change as new information is gathered and examined for its worth.
- Values are personal guidelines from which judgments are made and action is taken.
- Values are *individual*, and are different for each person. Values influence the choices we make.

Below are some examples of values. Circle the 10 that are the most important to you:

Learning (education)	Life
Entertainment	Sex
Money	Religion and morals
Relaxing	Having fun
Work	Family
Beauty	Financial security
Freedom	Friendship
Goodness	Education
Health	Independence
Love	Security (personal)
Security (job)	Respect for others
Peace	Salvation
Success	Wisdom
Controlling expenses	Trust
Car	Clothing
Sobriety	Sharing
Children	Reliability
Honesty	Integrity

What Are My Values?

Below is a list of 12 values arranged in alphabetical order.

Study the list carefully. Place the number 1 next to the value that is most important to you, 2 next to the one that is next most important, and so on. The value that is least important to you relative to the others should be ranked 12. Reflect on how your personal values affect your nursing practice.

Please take the time you need to think about this, so that the end result is a true representation of *your* values.

- ___ A COMFORTABLE LIFE (a pleasurable, successful life)
- ___ EQUALITY (brotherhood, equal opportunity for all)
- ___ NATIONAL DEFENCE (protection from attack)
- ___ FREEDOM (independence, free choice)
- ___ FRIENDSHIP (close relationship with another)
- ___ PERSONAL SECURITY (safe, free from worry)
- ___ RESPECT FROM OTHERS (looked up to, admired by others)
- ___ SALVATION (saved, eternal life)
- ___ SELF-FULFILLMENT (developing myself fully)
- ___ A WORLD AT PEACE (a world free of war and conflict)
- ___ A WORLD OF BEAUTY (beauty of nature and the arts)
- ___ WISDOM (mature understanding of life)

1. Share with the other members of the group the two values most important to you and the two values least important to you, and then explain the basis for your choice.

2. Share your reactions and feelings about your choices with others.
3. Does holding certain values, as opposed to other values, make one person better than the next? How so?

Present Life Values

Read the list of present life values below.

Rank in order the five values most important to you—1, 2, 3, 4, 5

Rank in order the five values least important to you—24, 23, 22, 21, 20

- ___ Make a new discovery
- ___ Complete my education
- ___ Achieve the goals of my religion (salvation, nirvana)
- ___ Be at peace with myself
- ___ Learn to resolve conflicts I have with others
- ___ Have a close relationship with another adult
- ___ Have and rear children
- ___ Be accepted by my parents for the person I am
- ___ Accept my parents for the people they are
- ___ Be in excellent health
- ___ Change my appearance to the beautiful person I want to be
- ___ Live in a world of peace
- ___ Understand human behaviour

- ___ Know myself
- ___ Be aware of my own feelings
- ___ Express my own feelings
- ___ Develop close friendships
- ___ Live a peaceful life
- ___ Work/study part-time so I have time for other important activities
- ___ Have a challenging job even if it takes more than 40 hours a week
- ___ Gain recognition, be an expert and authority in my chosen field
- ___ Develop an active life
- ___ Feel I have contributed to the well-being of mankind
- ___ Travel at will, be free of commitments and responsibilities

Values Study Sheet

Write the names of three people you dislike or avoid. Without censoring your thoughts, make a list of five descriptive words that come to mind when you think of each person.

N _____	N _____	N _____
1 _____	1 _____	1 _____
2 _____	2 _____	2 _____
3 _____	3 _____	3 _____
4 _____	4 _____	4 _____
5 _____	5 _____	5 _____

Now compare these lists:

- a. What similarity of adjectives exists? Identify these similarities.
- b. Are there any similarities in the persons selected? Identify these similarities.
- c. How do the qualities listed compare to your own behaviour?

Teaching–Learning Strategy 10. Consider the following when teaching and leading class discussions.

Words to Avoid

1. cripple; handicapped invalid (not valid)
2. victims; afflicted by; afflicted with; stricken with
3. restricted; confined to a wheelchair; wheelchair-bound
4. normal (for non-disabled—it conveys disabled are abnormal)
5. deaf mute; deaf and dumb
6. birth defect; deformed; maimed; disfigured
7. crazy; insane
8. slow; stupid; moron; imbecile
9. fits; spastic; palsied
10. poor; pitiful; pathetic

11. unfortunate; pathetic

12. differently abled (conveys abnormality)

13. abnormal (conveys illness, dysfunction, poor health)

Preferred Words

1. Person who is challenged; person with a disability

2. Person who has experienced

3. Person who uses a wheelchair

4. Non-disabled individual

5. Individual who cannot hear or speak

6. Person was born with; person was disabled at birth

7. Person who has mental illness or emotional disorder

- | | |
|---|--|
| <p>8. Person who has a developmental delay</p> <p>9. Individual with seizures; seizure disorder</p> <p>10. Individual has experienced</p> | <p>12. Individual is able to</p> <p>13. Person has a disability, is not necessarily chronically ill or unhealthy</p> |
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Teaching–Learning Strategy 11. In a class discussion, have students summarize pertinent information from a client they have cared for in either a hospital or a community setting. Relate their information to influences of culture and social determinants of health. Discuss specific ways to meet the needs of persons from a different culture. Similarly, discuss ways to meet the needs of persons from various socioeconomic levels.

Teaching–Learning Strategy 12. Have each student prepare a written teaching plan about a specific topic, such as a special diet, for a client previously cared for.

Have the students role-play their teaching plans. Alternate the roles of teacher and the person from another culture or social class. Have different members of the class role-play the person from another sociocultural setting. Have that person react to the teaching method used.

Have students discuss the health status of Aboriginal clients in Canada. Alternatively, have students discuss the health status of immigrants to Canada.

Teaching–Learning Strategy 13. Guide the student in the clinical setting to assess, care for, and teach a patient or family who presents a different socioeconomic level or culture.

The assessment and care plan should include the following:

- a. Language or communication patterns
- b. Physiological and anatomical differences related to ethnicity or race (i.e., skin, body build, resistance or susceptibility to certain diseases).
- c. Diet (food preferences, cooking practices)

- d. Family beliefs, rituals, or customs that are used to prevent illness or promote health
- e. Alternative therapies used for this condition/illness
- f. People or other resources that will be of assistance during or after the illness
- g. Special modifications in the home that will be necessary after discharge, related to usual cultural practices

Guide the student in evaluating whether or not the care plan, and the care given, were acceptable to the person.

ADDITIONAL INFORMATION

Novels or books can be helpful in understanding people from various sociocultural backgrounds, especially when they are ethnically authentic. These books could be read by different students and the main points reported in class discussions.

Several articles, books, and websites would be useful to incorporate into class discussion.

Included here are a few examples. Challenge the students to obtain and share with the class other good reference examples they have found.

1. Srivastava, R. "Understanding Cultural Competence in Health Care." In R. Srivastava (ed.), *The Healthcare Professional's Guide to Clinical Cultural Competence*, 3, 140. Toronto: Elsevier, 2007.
2. Canada. Royal Commission on Aboriginal Peoples. *Report of the Royal Commission on Aboriginal Peoples, Vol. 1—Looking Forward Looking Back*. Ottawa: Minister of Supply and Services Canada, 1996.
3. Macionis, J., and L. Gerber. *Sociology*, 6th Canadian ed. Toronto: Pearson Prentice Hall, 2008.
4. Foster, C. H. "What Nurses Should Know when Working in Aboriginal Communities," *Canadian Nurse*, 102(4), (2006), 28–31.

5. Statistics Canada. *Population Projections of Visible Minority Groups, Canada, Provinces and Regions, 2001–2017* (Catalogue no. 91–541–XIE). Ottawa: Statistics Canada, 2005.
6. Soroka, S. N. *Canadian Perceptions of the Health Care System: A Report to the Health Council of Canada*. Toronto: Health Council of Canada, 2007.
7. Kikuchi, J. F. “Cultural Theories of Nursing Responsive to Human Needs and Values,” *Journal of Nursing Scholarship*, 37(4) (2005), 302–307.
8. Curtis, L. J., and M. Pennock. “Social Assistance, Lone Parents, and Health: What do We Know, Where do We Go?” *Canadian Journal of Public Health*, 97, Supplement 3 (2006), S4–S10.
9. Labonte, R. *Health Promotion and Empowerment: Practice and Framework*. Toronto: University of Toronto, 1993.
10. Hannah, K. J. “The State of Nursing Informatics in Canada,” *Canadian Nurse*, 103(5) (2007), 18–22.

CHAPTER 1 TEST QUESTIONS

The correct answer to each test question is filled in or indicated by an asterisk (*).

Matching: Place the letter from Column B to the left of the appropriate term in Column A.

Column A		Column B	
<u>D</u>	1. Culture	A. Behaviour that is normal for one culture may not be for another culture.	J. Geographical area, climate, and local resources influence variations in cultural lifestyles.
<u>B</u>	2. Culture shock	B. Feelings of confusion or inability to adapt to differences in customs that are a part of a new culture.	K. State of well-being in which the person is able to use purposeful, adaptive responses to stressors.
<u>A</u>	3. Cultural relativity	C. Personal behaviour is based on the belief that the customs of one's group are superior.	L. View of health that includes the unity of body, mind, and spirit, and the person's interrelatedness with others and the environment.
<u>C</u>	4. Ethnocentrism	D. Sum total of learned ways of doing, feeling, and thinking of a social group.	M. Activities that increase the level of well-being and maximize the health potential of individuals, families, groups, communities, and society.
<u>H</u>	5. Subculture	E. Group of people with same cultural and national background.	N. Assistive, supportive, or facilitative activities to improve a human condition.
<u>E</u>	6. Ethnic	F. Cultural heritage is transmitted through a family's way of living.	O. Activities that decrease the probability of occurrence of a specific illness or dysfunction.
<u>J</u>	7. Regional culture	G. Religion provides the basic way of living for a group.	
<u>I</u>	8. Socioeconomic level	H. Group of persons within the larger culture that has its own identity.	
<u>G</u>	9. Religious culture	I. Group of people that have similar financial position or social status.	
<u>F</u>	10. Family culture		
<u>K</u>	11. Health		
<u>M</u>	12. Health promotion		
<u>L</u>	13. Holistic health		
<u>O</u>	14. Primary prevention		
<u>N</u>	15. Caring		

Multiple Choice: Select the *best* answer. The asterisk (*) indicates the *best* answer.

1. Which one of the following characteristics is most pertinent to all cultures?
 - *A. adaptation is maintained through language and tradition
 - B. adherence to norms in a subculture may introduce change into the culture gradually
 - C. religious influences promote the socialization process of understanding culture
 - D. culture is uninfluenced by geographical region or natural resources
2. Components of all cultures include:
 - A. communication and transportation
 - B. ways to provide for physical survival
 - C. social controls and customs
 - D. knowledge and belief systems

a. A and D b. B and C c. A, B, and C *d. A, B, C, and D

3. You move to a rural area to do nursing practice. A review and study of cultural concepts is essential because you are informed that:
- A. as a nurse, you can teach people to do things your way
 - B. health practices you introduce will be effective whether or not they threaten established values
 - C. the health programs you devise and that are acceptable to leaders in the community will be followed by everyone
 - *D. you will find a need to live with the people to learn of their culture from their viewpoint prior to instituting new health care practices
4. Understanding socioeconomic class lifestyle is important in health care because:
- A. a person's behaviour is primarily influenced by social class background
 - B. assessment should be based on social class background
 - *C. intervention can be individualized according to socioeconomic class differences
 - D. expectations of health care are the same for the members of any socioeconomic class level
5. Whether or not a person seeks medical help when he or she feels ill (and, if he/she does seek help, how quickly he/she does so) depends on:
- A. socioeconomic level
 - B. attitude of family toward health care system
 - C. attitude toward spending money for health care
 - D. self-concept and roles of the person
- a. A and B b. C, D, and E c. A, B, and C *d. A, B, C, and D

6. In caring for a patient, the health care provider needs to recognize that:
- A. the client's behaviour is a manifestation of cultural identity
 - B. when a person is ill, he or she behaves in a culturally defined way
 - C. one's own ways of behaving are most appropriate
 - D. new health habits are easily learned without regard for previous cultural training
- *a. A and B b. C and D c. A, B, and C d. A, B, C, and D
7. Which one of the following may be a problem area for post-industrial society or post-modern society?
- *A. increased life expectancy
 - B. cultural lag in society
 - C. global migration by older adults
 - D. abundance of possessions and opportunities for baby boomers
8. Vulnerable populations include people:
- A. in any age, economic, or ethnic/racial group
 - B. who lack power in social and political relationships
 - C. who are discriminated against or are in subordinate positions
 - D. who have unusual diseases that reduce quality of life
- a. A and B b. C and D *c. A, B, and C d. B, C, and D

9. Characteristics of migrant labourers and families that make it difficult for them to receive health care include:
- A. geographic mobility
 - B. poverty-level earning
 - C. employment conditions
 - D. health care facility regulations
- a. A and B b. C and D c. A, B, and C *d. A, B, C, and D
10. Simon, an older First Nations man whom you see at a northern community nursing station, complains of often being thirsty and of frequent urination. These symptoms may indicate that Simon is predisposed to:
- *A. Type 2 diabetes
 - B. anxiety disorders
 - C. electrolyte imbalance
 - D. substance abuse

11. You are caring for Mr. H., an elderly gentleman who is upper-class and lives in an exclusive part of town. Based on your understanding of culture, you would expect which combination of the following?
- A. You listen attentively as he talks about his personal achievements.
 - B. You are aware that his attitudes of ancestry and family regarding health care might have an effect on his response to you.
 - C. You should provide minimal care since he is likely to be self-sufficient.
 - D. You should avoid talking down as you explain or teach procedures.
- a. C *b. A, B, and D c. B and D d. A, C, and D
e. A, B, C, and D
12. Health interventions of the poor and homeless person who is ill include all of the following *except*:
- A. frequent use of cultural remedies
 - B. advice from friends and neighbours for treatment of an ailment or condition
 - C. medical treatment frequently sought at a relatively late stage of illness
 - *D. inclusion of the latest scientific methods is a priority

13. Which of the following statements, concerning usual health practices of the people in various socioeconomic levels, are *true*?
- A. Poor persons are likely to have less access to accurate health information than members of middle or upper economic levels.
 - B. Poor persons are more likely than members of the middle or upper economic levels to take preventive measures and to participate in community health programs.
 - C. “Health” and “illness” may be defined differently by people in each economic level.
 - D. The poor person defines him- or herself as ill only when unable to fulfill daily responsibilities.
- a. A and C b. B and D *c. A, C, and D d. A, B, C, and D
14. People from various racial/ethnic groups react differently to pain and illness. Research studies indicate that:
- A. a person of Italian heritage is likely to complain of pain to obtain relief
 - B. a person of Jewish heritage complains of pain and demands relief because of concerns about the effects of the illness
 - C. a person of Anglo-Saxon heritage complains little about pain
 - D. a person of Oriental heritage complains considerably about pain
- a. C b. D *c. A and B d. A, B, and C e. B, C, and D

15. In some cultures, individuals are less assertive in their interactions with others. Which of the following statements will be pertinent to the helper while caring for these individuals:
- A. Passive behaviour indicates that they are not interested in what you are teaching.
 - *B. The person is likely to be listening carefully even though they are asking few questions.
 - C. Passive behaviour indicates that the person probably does not like you and is not likely to follow your suggestions.
 - D. The person actually desires an aggressive treatment response from the helper.
16. Your knowledge of language as a culturally acquired behaviour can assist you in communication with a client from another culture. Which of the following is true culturally about the use of language?
- A. It is a stabilizing element of a culture, and it allows members to reinforce their identities as members of a group.
 - B. It has verbal and nonverbal aspects.
 - C. Identical words and gestures may have different meanings for individuals from different cultures.
 - D. Touch is a universal language and may be used with an individual from any culture to convey acceptance.
- a. A and C b. B and D *c. A, B, and C d. A, B, C, and D

17. To utilize a language interpreter or translator effectively during health care, you should:
- A. prepare the interpreter with essential background information
 - B. focus your conversation and the interview toward the translator
 - *C. recognize that the translator may be unwilling to convey all statements of the patient or family
 - D. interject questions as the translator speaks to the patient or family to get as much information as possible
18. Most people consider their needs, problems, lifestyles, and solutions to problems to be unique and useful to others. This attitude is known as:
- A. egalitarianism
 - B. animism
 - *C. ethnocentrism
 - D. dominance
19. Which of the following cultural values held by a person may influence the manner in which you communicate with or teach that person as a client?
- A. Their value of privacy.
 - B. Their value of education.
 - C. Their values related to child-rearing.
 - D. Their values related to family relationships.
- a. A b. B c. C and D *d. A, B, C, and D

CHAPTER 1—Sociocultural Influences on the Person and Family

20. According to the Canadian Nurses Association (CNA), the key responsibility for nurses who wish to provide culturally appropriate care is:
- A. to conduct an appraisal of the hospital's mission statement
 - B. to utilize appropriate facilitative techniques, such as interactive empathy, when working with clients and their families
 - C. to implement standard nursing care measures to optimize health outcomes for all involved
 - *D. to take the time to examine one's own personal attitudes and values about health and nursing care