



Mather LifeWays Orange Papers are provided as a resource on topics related to the growing fields of aging, wellness, and workforce development. Their content reflects the expertise of Mather LifeWays researchers, educators, and other professionals who are leaders in creating Ways to Age Well.<sup>SM</sup>

# The Shift towards Cultural Competency in the Nursing Care of Older Adults

*An Orange Paper from Mather LifeWays  
by Dawn Lehman, PhD and Paula J. Fenza, MA*

# The Shift towards Cultural Competency in the Nursing Care of Older Adults

---

*The American nursing workforce is being challenged to meet new demands for access to quality health care. Knowledge of cultural customs enables health care providers to offer better care and help avoid misunderstandings.*

---

Research indicates that lack of cultural competence is one of the main factors contributing to the growing number of health disparities in the U.S., a key concern the government seeks to address by the end of this decade.

In 2000, the U.S. Department of Health and Human Services presented the groundwork for Healthy People 2010, which is firmly dedicated to the principle that every person in every community across the nation deserves equal access to comprehensive, culturally competent, and community-based health care systems.

Culturally congruent care has been defined as “those...supportive, facilitative, or enabling acts or decisions that are tailor-made to fit with individual, group, or institutional cultural values, beliefs, and lifeways, in order to provide or support meaningful, beneficial, and satisfying health care or well-being services.”

Competence describes behaviors that reflect appropriate application of knowledge and attitudes. A care provider’s cultural competence requires continual direction and adaptation to changing situations and contexts. Akin to the principles behind cultural competence is patient-centered care which promotes an understanding of the patient as an individual, and how they personally experience illness.

To achieve the Healthy People 2010 goal, continuing education in cultural competence is needed to enhance the knowledge, attitudes, and skills of Registered Nurses (RNs) for effective practice with diverse older populations.

## **A CHANGING POPULATION REQUIRES A CHANGE IN CARE**

Lack of cultural competence among RNs limits the potential to provide high-quality care for the growing number of people with diverse backgrounds and health care needs.

It is estimated that, by 2050, African Americans, Hispanics, Asians/Pacific Islanders, and American Indians will account for 47 percent of the American population. It is also estimated that the proportion of elderly Caucasians will decrease from 84 percent in 2000 to 64 percent in 2050, while the proportion of African Americans will double and the proportion of Hispanics will triple over that same time period (Himes, 2001).

With increases in these traditionally underserved populations, the American nursing workforce is being challenged to meet new demands for access to quality health care. Knowledge of cultural customs enables health care providers to offer better care and help avoid misunderstandings. Most importantly, this knowledge

# The Shift towards Cultural Competency in the Nursing Care of Older Adults

provides the foundation for specific assessments of individual patients, families, and communities, allowing nurses to move beyond “one-size-fits-all” approaches toward the provision of culturally competent care.

---

*Researchers argue that, although the field of cultural competence is in its preliminary stages, there is much promise for continued success in the impact it can have on health outcomes and well-being.*

---

## LEADING THE PATH TOWARDS A LONG-TERM GOAL

Researchers argue that, although the field of cultural competence is in its preliminary stages, there is much promise for continued success in the impact it can have on health outcomes and well-being. Initiatives in strengthening cultural competency have led to more successful patient education; increases in patients’ health care-seeking behavior; more appropriate testing and screening; fewer diagnostic errors; avoidance of drug complications; greater adherence to medical advice; and expanded choices and access to high-quality clinicians.

Recognizing the increasing relevancy of cultural competence, Mather LifeWays Institute on Aging piloted a series of assessments to determine the need and demand for RN training in this arena. These measures included conducting focus groups with RNs in 48 organizations who had previously participated in a nurse-educator training program; facilitating discussions with health care administrators; and administering surveys to a variety of key players, including members of a national cultural competence listserv, nursing professionals in administrative/health systems, academic, and long-term care settings, and hospital- and health system-based nursing professionals.

## FOCUS GROUPS DISCOVER LACK OF QUALITY TRAINING

Overall, the research indicated that cultural competency among nurses is considered to be very important; however, there is a need for the development of more improved training programs.

Specifically, focus group participants recognized that “cultural diversity is huge” among care providers, and emphasized the need for cultural competence skill building. They also identified the need for building effective culturally diverse teams of care providers. Respondents noted the continuing challenge of helping nurses communicate with staff with diverse cultural backgrounds.

Cultural competence training for nurses was considered essential because person-centered care depends on staff working well together to support the needs of each patient, as judged by the following feedback:

“I am a Registered Nurse and have studied this area extensively. I adapted a curriculum a few years ago for use in a large regional visiting nurse organization that is still active today. My experience has been that the available cultural competence training for nurses is poor—most of what I have seen stresses cultural diversity instead of cultural competence/cultural proficiency. As such, the training does not stress skill building and tools, but instead emphasizes awareness which will only take you so far. You can be aware and sensitive, yet we need to move forward in developing skills and tools to be able to work cross culturally.”

# The Shift towards Cultural Competency in the Nursing Care of Older Adults

---

*Once you get past interpreters and other language services, you find very little about cultural competence training, and what exists is mostly for physicians.*

---

“I have been working with government-funded HMOs for more than seven years. I have had much experience with this subject, and generally speaking, there is almost no real cultural competence training. Once you get past interpreters and other language services, you find very little about cultural competence training, and what exists is mostly for physicians.”

The listserv discussion group noted barriers to providing culturally competent care to patients. Some argued that cultural competence trainers are often just given a one- or two-hour opportunity to introduce caregivers to the concepts underlying the intersection of culture and healing. It was also noted that all clinicians are not yet onboard with the notion of cultural competence.

## SURVEY RESULTS OUTLINE WAYS TO DEVELOP EFFECTIVE TRAINING PROGRAMS

The survey conducted among nursing professionals further assessed the current state of cultural competence training and identified the most desired method of future training programs. This exploratory survey queried three different sets of professionals: nursing administrators from large health care systems, nursing faculty, and RNs from long-term care (LTC) settings.

The table below shows the percentages of the respondents who already have a cultural competence training program in place for nurses, and what proportion of their staff is currently trained—on average, 37 percent. The table also shows how respondents would rate the nursing staff’s level of competence, from the highest level (5) to the lowest level (1). More than three quarters (78 percent) of all respondents rated the current levels of cultural competence a 3 or lower, with more than 50 percent of nurse administrators from large systems reporting the lowest ratings of cultural competence in their organizations.

		Nurse Administrators %(N)	Nurse Faculty %(N)	LTC Nurses %(N)	Overall Average
<b>Status of Cultural Competence Training</b>					
Percentage of organizations with a cultural competence training program in place for nursing staff.		25% (4)	21.4% (3)	57.1% (12)	37.3%
Percentage of nursing staff or staff of organization trained in cultural competence.		47.6% (7)	21.4% (3)	55.8% (13)	36.1%
How would you rate the staff’s cultural competence at this time?	Rating of 4 or 5 (Highest)	6.3% (1)	28.6% (4)	28.6% (6)	21.6%
	Rating of 3	43.8% (7)	35.7% (5)	52.4% (11)	45.1%
	Rating of 2 or 1 (Lowest)	50% (8)	35.7% (5)	19.1% (4)	33.3%

# The Shift towards Cultural Competency in the Nursing Care of Older Adults

---

*There is a lack of consensus on which racial ethnic groups should be studied by nurses, a contributing factor to inadequate cultural competence education.*

---

Survey respondents were also asked which methods would be most effective for delivery of cultural competence education to nurses and certified nursing assistants (CNAs). Among the options of web-based training, a train-the-trainer program, and an instruction manual including print-outs, videos, and self-study guides, the top selection was web-based training.

## TOPICS OF INTEREST IN CULTURAL COMPETENCE TRAINING

Survey respondents were also asked which topics they believed would be most helpful to include in competence training. The most common topics selected in each group were: patient attitudes toward health and illness; family attitudes toward health, illness, and personal responsibility; and communication styles between staff and family.

Additionally, when asked which ethnic, racial, or cultural groups should be emphasized in cultural competence training, the majority of LTC nurse managers said that Caucasians should be emphasized in cultural competence training, which varied from faculty who did not include Caucasians in their list at all, as seen in the chart below. These perceptions exemplify a lack of consensus on which groups should be studied by nurses, a contributing factor to inadequate cultural competence education.

Administrators	Faculty	LTC Nurse Managers
Caucasians (43.4%)	Hispanic Americans (22.5%)	Caucasians (41%)
Hispanic Americans (27.5%)	African Americans (19.6%)	African Americans (31.2%)
African Americans (26.7%)	Asian Americans (17.3%)	Hispanic Americans (18.5%)
Latinos (25.3%)	American Indians (15%)	Latinos (17.5%)
Asian Americans (22.8%)	Latinos (14.6%)	Caucasian Europeans (16.4%)

It is understood that each racial/ethnic group is not homogenous. Many subcultures may comprise a particular group. The intention of any training is to provide general recommendations for effective interaction with health care staff and older adults in health care service environments. As you can see by this list, a number of other factors must be considered in order to provide culturally competent care, such as:

- Functional Level
- Medical Illnesses
- Geriatric Syndromes/Conditions
- Culture-bound Syndromes
- Personality
- Attitudes and Behaviors
- Values within Historical and Cultural Contexts

# The Shift towards Cultural Competency in the Nursing Care of Older Adults

---

*Complete cultural awareness, sensitivity, and competence behaviors related to health care are necessary because even general ideas of health, illness, suffering, and care mean different things to different groups of older adult patients.*

---

- Perceived Cultural Identity
- English Competency
- Satisfaction with Health Care
- Level of Traditional Beliefs
- Family Structure
- Lifestyle Preferences
- Language: Dialects
- Closeness to/Identification with Reference Group
- Gender Roles
- Length of Residency in the U.S.
- Degree of Assimilation
- Economic Status
- Distance from Family
- Geographic Residence
- Place of Birth
- Educational Level
- Religion

## **CHANGING THE MINDS OF NURSES**

In successfully providing culturally competent care to older patients, nurses are a key component. They need to understand the significance of time in different cultures and be able to explain their own expectations of time. They need to know the diverse types of communication, including proper forms of address, taboo gestures, and when eye contact and physical contact is acceptable or prohibited by culture or religion. They need to understand the concept of family—what family members to communicate with and how to communicate with them. They need to know the types of holidays and events that are important to older patients, including expected rituals and how they are celebrated. They also need to know food customs regarding restrictions and food pairings.

Most importantly, nurses need to know self-care customs and general health traditions. Complete cultural awareness, sensitivity, and competence behaviors related to health care are necessary because even general ideas of health, illness, suffering, and care mean different things to different groups of older adult patients. In light of these discrepancies, Mather LifeWays Institute on Aging has identified behavioral standards for culturally competent care:

- Nurse understands older patient's concepts of health and illness
- Nurse is sensitive to the nature and quality of patient's health care practice
- Nurse is aware of traditional and nontraditional methods of treatment
- Nurse understands inter- and intra-group differences
- Nurse shows respect for non-traditional healing practices
- Nurse considers patient's conflict with familiar belief systems and current practices

# The Shift towards Cultural Competency in the Nursing Care of Older Adults

- Nurse keeps an open mind and is willing to learn
- Nurse adjusts his/her approach to coincide with the cultural needs of an older adult patient
- Nurse does not just rely on technology/procedures to identify a problem
- Nurse understands the concept of family and communicates effectively
- Nurse does not try to force use of Western medicine
- Nurse does not assume the health professional knows best

---

*Many Black Americans view receiving health care as a degrading, demeaning, or humiliating experience, and have a feeling of powerlessness and alienation in the system.*

---

## GUIDELINES FOR PROVIDING CARE TO DIVERSE POPULATIONS OF OLDER ADULTS

The following charts provide examples of ways in which diverse populations vary, from attitudes and beliefs, to behaviors and communication styles—and offers recommendations for how to adapt care to each group.

<b>Black Americans*</b>		
Attitudes/Beliefs	Behaviors and Communication Styles	Recommendations
<ul style="list-style-type: none"> <li>▪ Group with highest percentage of dissatisfaction with health care.</li> <li>▪ Suspicious of health care providers because of knowledge of Tuskegee Experiment and past history of segregation and discrimination.</li> <li>▪ Many believe that God is ultimately in control.</li> <li>▪ Strong emotional bonds between elderly blacks and their extended families.</li> <li>▪ Many view receiving health care as a degrading, demeaning, or humiliating experience. Have a feeling of powerlessness and alienation in the system.</li> <li>▪ Tend to emphasize the “natural process” of health.</li> <li>▪ Reliance on traditional healers reflects deep religious faith.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Less likely to complete advance directives such as do-not-resuscitate orders or living wills.</li> <li>▪ More likely to rate their health as fair or poor than White elders and are less inclined to seek health care early in the course of a disease.</li> <li>▪ Tend to emphasize the “process.”</li> <li>▪ Read religious materials, listen to religious programs, go to church, and pray.</li> <li>▪ May use time-tested home remedies because of poverty or fear of being humiliated.</li> <li>▪ Reluctance and denial.</li> <li>▪ May receive their care with passivity while appearing to the provider to be evasive.</li> <li>▪ Some choose to “suffer in silence” because they do not feel they are being heard.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Show respect in order to establish rapport. Use respectful titles.</li> <li>▪ Be aware of a tone or action that could be interpreted as insulting.</li> <li>▪ Listen attentively.</li> <li>▪ Encourage conversation.</li> <li>▪ Learn the role and needs of “fictive kin” caregivers.</li> <li>▪ Ask the older adult and family their understanding of the treatment options.</li> <li>▪ Have a trusted spiritual counselor as part of the team.</li> <li>▪ Pay attention to appropriate grooming techniques.</li> </ul>

\* Does not apply to all Black Americans <sup>1</sup>

# The Shift towards Cultural Competency in the Nursing Care of Older Adults

---

*Many Chinese find some aspects of Western medicine (e.g., diagnostic tests) distasteful. Some are upset by the drawing of blood.*

---

## Hispanic Americans (Latino, Hispanic, Mexican)\*

Attitudes/Beliefs	Behaviors and Communication Styles	Recommendations
<ul style="list-style-type: none"> <li>▪ Some think health is a sign of good behavior; some think it is the result of good luck.</li> <li>▪ Expect depersonalized care.</li> <li>▪ Prefer to go to traditional healers.</li> <li>▪ Believe in "curanderismo," a mind-body-spirit healing approach</li> <li>▪ Prefer to attend walk-in clinics, where the waits are shorter.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The protection of health is an accepted practice that is accomplished with prayer, herbs and spices, the wearing of religious medals or amulets, and keeping relics in the home.</li> <li>▪ Puerto Ricans seek health care by going to a family member or neighbor, then to a folk practitioner, then to a physician, then back to a folk practitioner.</li> <li>▪ May go to a botanica to purchase herbs, potents, ointments, and incense.</li> <li>▪ Have a personal relationship with folk healers.</li> <li>▪ Experience frustration because of the language barrier.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Place religious relics in the resident's room.</li> <li>▪ Use an interpreter when possible.</li> <li>▪ Understand that little attention is given to the exact time of day.</li> </ul>

\* Does not apply to all Hispanic Americans <sup>1</sup>

## Asian Americans\*

Attitudes/Beliefs	Behaviors and Communication Styles	Recommendations
<ul style="list-style-type: none"> <li>▪ Less likely to use formal health care services such as those reimbursed under Medicare, because of cultural and language differences and distrust of Western medicine.</li> <li>▪ Many Chinese find some aspects of Western medicine (e.g., diagnostic tests) distasteful. Some are upset by the drawing of blood.</li> <li>▪ Hospital is an alien place to the Chinese; hospital food is strange and is served in an unfamiliar manner.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Some rely on folk medicine.</li> <li>▪ Many prefer the traditional forms of Chinese medicine and seek help from Chinese "physicians" who treat them with traditional herbs and methods.</li> <li>▪ Some do not seek help from the Western system at all; some combine traditional with Western methods.</li> <li>▪ Some Chinese, because of their distaste for some diagnostic procedures, leave the Western system rather than tolerate the pain.</li> <li>▪ Many Chinese refuse surgery or consent to it only under the most dire circumstances.</li> <li>▪ A typical Chinese patient rarely complains about what bothers him/her.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Be aware of the meaning behind an untouched food tray or the silent withdrawal of a resident. Look for problems that may underlie this behavior.</li> <li>▪ Avoid unnecessary and painful tests.</li> <li>▪ Employ an interpreter when needed.</li> </ul>

\* Does not apply to all Asian Americans <sup>1</sup>

# The Shift towards Cultural Competency in the Nursing Care of Older Adults

---

*Some American Indian family members and communities minimize memory loss and dementia and may not consent to treatment unless physical function is impaired.*

---

<b>American Indians*</b>		
Attitudes/Beliefs	Behaviors and Communication Styles	Recommendations
<ul style="list-style-type: none"> <li>▪ Traditional attitudes and perceptions of health and illness are associated with living in harmony with nature.</li> <li>▪ Value modesty and privacy.</li> <li>▪ Live each day as it comes; oriented in present time.</li> <li>▪ May feel uneasy with health care provider because of history of haphazard care and disrespectful treatment.</li> <li>▪ Have differences in the perceptions of nature and causes of illness.</li> <li>▪ Do not like separation from their families.</li> <li>▪ Do not like the unfamiliar.</li> <li>▪ Do not like the regimented environment of the hospital.</li> <li>▪ Do not like the unfamiliar behavior of the nurses and physicians who are demeaning.</li> <li>▪ Some family members and communities minimize memory loss and dementia and may not consent to treatment unless physical function is impaired.</li> <li>▪ Differ vastly in cultural (tribal) beliefs about mental illness, cultural labeling of different emotions, and conceptual language differences.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ideas and feelings are conveyed through behavior rather than speech.</li> <li>▪ A familiar response to things they don't like is silence; sometimes they leave and don't return.</li> <li>▪ Silence is valued, and long periods of silence between speakers are common. Interruption of the speaker is considered rude.</li> <li>▪ Sometimes ask to see a medicine man first and then receive treatment from the physician.</li> <li>▪ Traditions of ritual folk healing and the spiritual aspect of disease have deterred reliance on a strictly scientific medical community.</li> <li>▪ Listening is valued over talking.</li> <li>▪ Several feet in physical distance is usual comfort zone.</li> <li>▪ Eye contact is not direct or only briefly direct as a sign of respect. Gaze may be directed over the shoulder.</li> <li>▪ Emotional expressiveness may be controlled, except for humor.</li> <li>▪ Touch is not usually acceptable except for a light handshake.</li> <li>▪ Probability statements do not translate grammatically in some Indian languages, and may be misinterpreted as fact.</li> <li>▪ Older American Indians may need time to translate concepts into their language and then respond in English/Western thought to effectively communicate.</li> <li>▪ Criticism is communicated indirectly through another family member; direct criticism is considered disrespectful and rude.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognize the importance of nonverbal communication.</li> <li>▪ Speak with clients in a quiet setting.</li> <li>▪ Listen carefully and don't say, "Huh?"</li> <li>▪ Note taking is taboo; use a conversational approach.</li> <li>▪ Take a calm rather than hurried approach. Slow down when talking to an elder, especially during initial encounters and when explanations of treatments/ medications/ health care decisions are being given.</li> <li>▪ Assess literacy level before engaging in lengthy discussion.</li> <li>▪ Adult, same gender interpreters are preferred.</li> <li>▪ Questions should be adapted to age and acculturation level. Discussions should be framed to convey the message of caring and not idle curiosity about the culture or cultural practices.</li> <li>▪ Be careful about providing negative information because it may give reality to negative conditions.</li> <li>▪ Get permission before touching and physical examination.</li> <li>▪ Take care to keep the body covered.</li> </ul>

\* Does not apply to all American Indians <sup>1-2</sup>

# The Shift towards Cultural Competency in the Nursing Care of Older Adults

---

*It is important that cultural competence is viewed as nursing competence, meaning that nurses have the capacity to be equally therapeutic with older adult patients from any social context or cultural background.*

---

## **NURSES ARE KEY TO BRIDGING THE GAP OF CULTURAL COMPETENCY IN CARE**

The combined forces of an older and more ethnically and racially diverse society will have a profound impact on the United States in the coming years. By the year 2030, the number of persons 65 and older is expected to more than double to 66 million, or one in every five Americans.

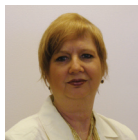
Nurses are on the front lines of patient care and are often the first professionals that patients encounter. It is important that cultural competence is viewed as nursing competence, meaning that nurses have the capacity to be equally therapeutic with older adult patients from any social context or cultural background.

### **Footnotes:**

- 1 Spector, Rachel E. (2000). Cultural Diversity in Health & Illness. New Jersey: Prentice Hall Health.
- 2 Hendrix, Levanne. Health and Health Care of American Indian and Alaska Elders. San Francisco: University of California.



*Dawn Lehman, PhD, is the Director of Education at Mather LifeWays. Reach her at [dlehman@matherlifeways.com](mailto:dlehman@matherlifeways.com).*



*Paula Fenza, MA, is the Grants Manager at Mather LifeWays. Reach her at [pfenza@matherlifeways.com](mailto:pfenza@matherlifeways.com).*

*Mather LifeWays is a unique nonprofit organization that enhances the lives of older adults by creating Ways to Age Well.<sup>SM</sup> For more information about our senior living residences, Community Initiatives, or award-winning research, please visit our website at [www.matherlifeways.com](http://www.matherlifeways.com) or call (847) 492.7500.*