PRACTICE GUIDELINE

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Culturally Sensitive Care

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College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

OUR MISSION is to protect the public's right to quality nursing services by providing leadership to the nursing profession in self-regulation.

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A Guide to Nurses for Providing Culturally Sensitive Care

To care for someone, I must know who I am.
To care for someone, I must know who the other is.
To care for someone, I must be able to bridge the gap between myself and the other.

Jean Watson
(Cited by J. Anderson, RN, PhD, 1987)

Introduction

Culture refers to the learned values, beliefs, norms and way of life that influence an individual's thinking, decisions and actions in certain ways.
(Adapted from Leininger, 1991)

There are many challenges associated with working across cultures. The purpose of this guide is to support nurses[1] in problem solving in commonly encountered situations.

Client-centred care requires that nurses recognize the client's culture, the nurse's culture and how both affect the nurse-client relationship. The importance of these cultural elements is emphasized in the College of Nurses of Ontario's (the College's) practice standard *Therapeutic Nurse-Client Relationship, Revised 2006*. There is no single ***right*** approach to all cultures or all individuals with a similar cultural background. The focus of care is always the client's needs. Each client and each situation is unique and requires individual assessment and planning.

As nurses strive to provide culturally sensitive care, they must recognize how the clients' and their perceptions are similar as well as different. Nurses enhance their ability to provide client-centred care by reflecting on how their values and beliefs impact the nurse-client relationship. All the attributes of the nurse, including age, gender, past experiences, strengths and weaknesses, have an impact on the interaction with the client. Through reflection, learning and support, nurses will be better able to strengthen the quality of care they provide to the diverse communities they serve. Ways of assessing and dealing with situations that cross cultures are discussed at length in this document.

The scenarios in the guide are used only to illustrate the concepts and approaches associated with providing culturally sensitive care. The examples are not meant to generalize, stereotype or exclude any particular cultural group(s).

The selected bibliography identifies additional sources for ongoing learning on various aspects of culture and care. In addition, information about the nurse-client relationship can be found in the College's *Therapeutic Nurse-Client Relationship, Revised 2006* practice standard.

Assumptions

The following assumptions are the core tenets of providing care that is culturally appropriate.

- ***Everyone*** has a culture.
- Culture is individual. Individual assessments are necessary to identify relevant cultural factors within the context of each situation for each client.
- An individual's culture is influenced by many factors, such as race, gender, religion, ethnicity, socio-economic status, sexual orientation and life experience. The extent to which particular factors influence a person will vary.
- Culture is dynamic. It changes and evolves over time as individuals change over time.
- Reactions to cultural differences are automatic, often subconscious and influence the dynamics of the nurse-client relationship.
- A nurse's culture is influenced by personal beliefs as well as by nursing's professional values. The values of the nursing profession are upheld by all nurses. (See the College's *Ethics* practice standard.)
- The nurse is responsible for assessing and responding appropriately to the client's cultural expectations and needs.

[1] In this document, *nurse* refers to Registered Practical Nurse (RPN), Registered Nurse (RN) and Nurse Practitioner (NP).

Elements of Providing Culturally Sensitive Care

What you are speaks so loudly, I can't hear what you are saying.
Ralph Waldo Emerson

Self-reflection

Everyone has a culture. To provide appropriate client care, the nurse must understand her/his culture and that of the nursing profession. Many people say they do not have a culture, but this is false. Each person has particular beliefs, values, biases, etc. that he/she has learned, and these elements affect the way people view and respond to their world and other people in it.

Self-reflection assists the nurse in identifying the values and biases that underscore her/his approach and interventions, and their impact on the client. Nurses need to examine honestly their reactions to different situations to discover why they responded in a particular way. In some circumstances, a nurse may seek help from others to assist in reflection.

Cultural biases can be particularly difficult to identify when the nurse and client are of a similar cultural background. When we ***know*** a culture, we often think we ***know*** what is right for the client, and thus may impose our own values on the client by assuming our values are their values. Recognizing differences presents an opportunity not only to ***know*** the ***other***, but also to help gain a greater sense of ***self***.

The nursing profession also has a culture. Values such as caring, empathy, truthfulness, promoting health and autonomy, and respecting client choices influence how the nurse interacts with clients. For example, in some families, decisions are heavily influenced, or even made for the client, by family members. Nurses may be opposed to this type of decision-making because client consent and autonomy is strongly valued by the nursing profession in Ontario.

Culture may also influence client perceptions of a caregiver's behaviour. For example, a client may have an existing belief about nurses from a particular cultural background or gender. The nurse needs to be sensitive to the biases each client may bring to the relationship.

Nurses can enhance their knowledge of various cultures and their skill in asking culturally relevant questions. Reflecting on their cultural beliefs and interacting with clients and colleagues from different cultures can broaden the understanding of other cultures.

Scenario

A nurse, working as a community case manager, visited the home of a toddler with severe physical and developmental delays. She explained to the parents that with their consent she would refer the child to a physiotherapy and occupational therapy program that would help the child be more independent. The parents refused, saying that it was their duty to care for their child because the child's condition is punishment for having conceived before they were married. They were not supportive of a program to increase independence. The nurse was upset and felt the parents were not acting in the child's best interests.

Discussion

The nurse did not understand the family's initial refusal of treatment. After reflection and discussion with colleagues, she realized that her personal and professional values of independence were causing her to feel upset with the parents' refusal. She decided to explore with the family their goals for their child. In doing this, she learned that the parents wanted their child to become stronger and have fewer infections. When the same therapies were described as a means of meeting these goals, the parents were quite willing to participate. The program was developed to meet the goals that the family identified as important.

Acquiring cultural knowledge

It is unrealistic to expect nurses to have in-depth knowledge of all cultures, but it is possible to obtain a broad understanding of how culture can affect beliefs and behaviours. Acquiring cultural knowledge begins with the recognition that

behaviours and responses that are viewed one way in one cultural context may be viewed in another way, or have a different meaning, in another cultural context. In health care, areas in which an individual's culture may affect beliefs and values include:

- perception of health, illness and death;
- meaning and role of suffering;
- view of hospitals, nurses, doctors and other healers;
- rituals and customs (religious and other);
- boundaries related to privacy, age, gender and relationships;
- effectiveness and value of different types of therapies;
- individual time-keeping beliefs and practices that may direct activities (e.g., medical testing appointments before sunset, or instructing clients to take medication before or after an event (such as breakfast) instead of at a specific time, such as 0800 hrs);
- family and social relationships (e.g., roles of family members in decision-making and caregiving, perception of what is best for the individual versus the family and what is best for the family as a whole);
- decision-making on consent to treatment (e.g., sharing information versus clients being shielded by family and having decisions made for them);
- independence/self-care versus interdependence/being cared for by others; and
- communication norms (e.g., eye contact versus avoiding direct eye contact, asking questions versus avoiding direct questioning).

How to reflect on your cultural beliefs and values

These suggestions have been developed to assist nurses in understanding their individual cultures. The College provides a broader discussion of key nursing values in its *Ethics* practice standard. Carefully consider the question before writing your answer. As well, consider how someone from another culture might respond to the same question.

- Think about a time when you were with a group of people from another country, or even another part of Canada. What were the similarities and differences in culture?
- What would you describe as your culture? How would you rank the following in order of importance: ethnicity, family, work, the future, diet and religion? Do you believe that your clients have the same priorities?
- Consider the list of areas where cultural variations in beliefs and values frequently occur. (See Acquiring Cultural Knowledge above.) Can you immediately determine your preferences? What about the preferences of a friend or current client? Would the choices you make in your role as a nurse be different from those for yourself or someone you care about?
- Do you believe it is appropriate to discuss health issues with a client's family and friends? Why? What about discussing health issues such as menstruation, pregnancy and sexually transmitted disease with members of the opposite sex?
- What does your body language say about you? How might a client from another culture interpret your posture, eye contact and the tone of your voice? Could your body language be communicating something different from your words?
- As an individual, how do you value personal independence, family, freedom, meaningful work, spirituality, etc.? How does this have an impact on your relationships with clients?

Continually reflecting on your reactions to your and your clients' cultures will assist you in providing culturally acceptable care.

There are many sources of cultural knowledge, including books, articles (see Selected Bibliography), colleagues and friends, workplace resources, community and church groups, and clients themselves.

Facilitating client choice

Clients differ in their definitions of health, well-being and quality of life, as well as their goals for treatment and who they consider appropriate providers of care.

The role of the nurse is to help the client meet her/his specific health goals. This requires exploring the client's view and attempting to understand the meaning behind a particular request, as well as the client's overall goals for treatment. In some cases, it may be difficult for the client to identify what may be best for him/her. Then, understanding the client's perspectives will be particularly important. When there are concerns that a client's cultural preference will negatively affect the client, the nurse works with the client to explain the harm or risks associated with the choice. When the client's choice may pose a risk or threat to the well-being of other clients, the nurse looks for ways of achieving some elements of the client's preference while safeguarding the other clients.

Scenario

The client is a woman who has developed a very good relationship with the nurse in the community health clinic. On a visit, she asks the nurse how to arrange for the excision of female genitalia for a member of her community.

Discussion

Regardless of her personal feelings about female genital excision, the nurse needs to understand the meaning of this custom for the client, which is linked to values about family purity and family honour. The nurse, however, also knows that the practice is illegal in Canada. The nurse needs to inform the client, in a nonjudgmental manner, of the potential risks and harm associated with the practice and of the legal implications. By exploring the custom and providing education and support to the woman, the nurse has a better chance of preventing a practice that carries considerable risk of harm.

Scenario

A client from a First Nations community requests that a sweetgrass ceremony be performed in the hospital as part of the treatment. The ceremony involves chanting and burning some substances, which will result in small amounts of smoke (similar to that of burning an incense stick). The nurse's initial reaction is that something like this has never been done, and that it is against hospital policy. However, she also understands the significance of this ritual for the client. The nurse raises the issue with the unit administration and, with the support of colleagues, explores the potential impact on other clients. The nurse also reviews relevant fire policies and consults with appropriate staff in other departments. It is determined that any risk to other clients can be removed by transferring the client to a private room. This is done, and the ceremony is performed.

Discussion

The nurse's commitment to client-centred care prompts her to explore ways of meeting the client's needs within the limits of the hospital setting. ***Lack of experience and fear are two of the most common barriers to providing culturally sensitive care***. Through collaboration with other colleagues, the nurse is able to address the assumption that it cannot be done and to determine ways of meeting client needs without exposing other clients to discomfort or risk. The nurse succeeds in meeting the needs of her client, not only because of her creativity, but because she takes responsibility for influencing policies and procedures in the practice setting.

Communication

A therapeutic nurse-client relationship is based on meaningful communication between nurse and client. When communication barriers exist, the nurse is responsible for developing a communication plan to make the client an informed partner in the provision of care. The communication plan can include verbal and non-verbal approaches.

Working with interpreters

Interpreters can be essential in situations in which a language barrier exists between the nurse and the client. An interpreter may be a colleague, professional interpreter, family member or member of the community. When using interpreters to communicate with clients, nurses need to obtain client consent, be sensitive to the issues surrounding interpretation and ascertain that the interpreter is appropriate for the particular client situation.

While family and friends are the most commonly available interpreters, the interpersonal dynamics of these relationships can influence the communication. When it is not possible to use a professional interpreter, colleagues and other contacts can often provide more objective interpretation than can family and friends.

Another consideration when using an interpreter who is not a health care professional is that he or she may have a limited understanding and vocabulary regarding health issues. These limitations can compromise the integrity of the communication. In this case, it is important to provide information that is as simple and clear as possible.

Sometimes, nurses and other health care professionals do not recognize the need for an interpreter; they feel that effective communication has been achieved through non-verbal means, limited language skills and communicating through family members. However, missing from this approach is the client's own voice. The client may have questions and concerns that he/she cannot communicate.

Nurses are responsible for assessing a client's understanding of the information provided, whether it is done directly or indirectly through an interpreter.

The issue of confidentiality also must be addressed. Interpreters need to recognize that, by virtue of their role, they are gaining access to personal health information that must be protected. To help the client feel comfortable with the interpreter, the nurse should inform the client that confidential information is shared only within the health care team.

Another resource for language interpretation is a telephone translation service. While it does not replace face-to-face contact and direct interpretation, a telephone interpretation can be a useful way of supporting effective communication. Typically, there is a charge for translation by telephone.

It is important to be aware that although Ontario's *Health Care Consent Act* allows for treatment to be administered in an emergency without consent because of a language barrier, it also says that reasonable steps should be taken to find a practical means of enabling communication to take place.

Strategies for working effectively with interpreters

- Seek the client's consent to use an interpreter or any other arrangement for communication.
- Before working with an interpreter, attempt to identify factors that may influence the accuracy of the translation, such as differences in dialect, religion, political affiliation, gender, age and social status.
- Explain to the interpreter the importance of repeating everything that the client and the health care provider say, without omissions, summary or judgments. The interpreter's role is to be the voice of the client.
- The interpreter may have valuable cultural or familial insight. Ask the interpreter to share these insights, and to identify them clearly as his or her insights and not as facts or the client's actual beliefs.
- Explain to the client and the interpreter that confidentiality will be maintained. The interpreter must not disclose client information to anyone. Family members and friends, in particular, need to realize that the role they play as interpreter needs to be separated from their personal role.
- Talk to the client, not to the interpreter. Maintain eye contact as appropriate. Looking at the client directly reinforces that the communication is

between the provider and the client, assisted by the interpreter. This also allows the provider to assess the non-verbal reactions and responses.
- Speak in simple terms. Avoid jargon or slang.
- Give the information to the interpreter in short sentences, and ask the interpreter to relay the information after each sentence. Interpreters have to remember and translate everything that they hear. Short sentences reduce the risk of error or omission.
- If during an interpretation you sense that a bigger exchange is taking place than what is being relayed to you, ask the interpreter to explain what is being said. The interpreter may be providing information that is appropriate, but you should ensure that important information is not missed. For example, the client may not know what a cardiologist does, and the interpreter explains that a cardiologist is a highly qualified doctor. You may want to add that cardiologists specialize in treating heart ailments, such as the one the client has.
- Ask the interpreter to explain to the client any discussion between the interpreter and the nurse. The client should be aware of what is being discussed.
- Write down key points, directions, appointment times and any other material that has numbers or can easily be confused or forgotten. Giving the client a written record prevents the interpreter from having to rely entirely on memory.
- Ask the client to repeat, in his/her own words, the information you have given. Remind the interpreter to relay everything the client says.
- Ask the interpreter if there was anything about the interaction that made it difficult to interpret. This will allow you to assess the overall quality of the interaction.

Scenario

A woman arrives at a walk-in clinic with her nine-year-old son. She does not speak English, but the child is available to interpret for his mother. The client is clutching her abdomen and showing what appears to be visible signs of pain. The child says he is very worried about his mother.

Discussion

While it is often convenient to rely on children to interpret for their parents, it is important for the nurse to be sensitive to the needs of the parent and the child. If no other interpreter is readily available, the nurse will have to work with the child to do the initial assessment and determine the severity of the situation. The woman and the son may feel uncomfortable talking about health issues such as vaginal discharge, menstruation and pregnancy, thus compromising the accuracy of the health history. An adult, preferably female, interpreter should be sought with urgency to ensure a thorough and comprehensive history. The nurse also needs to address the child's concerns and fears appropriately, as well as the stress associated with having to interpret for his mother. When using family members as interpreters, the nurse must carefully evaluate each situation on an ongoing basis.

Scenario

A nurse is asked to teach a 60-year-old woman of Chinese descent how to perform self-continuous ambulatory peritoneal dialysis. The woman has no family, speaks only Mandarin and lives in a Chinese housing environment. The visiting nurse identifies the language barrier and creates a care plan with the goal of promoting communication. The client identifies her next-door neighbour as an interpreter she would be comfortable with. The nurse asks the neighbour if she is willing to help in this role. The neighbour agrees, and the nurse reviews with the neighbour the need to maintain client confidentiality. A written list of visit dates and times is given to the neighbour, who agrees to be available for scheduled nursing visits. The care plan indicates that the nurse will knock at the neighbour's door at the start of each visit, the neighbour will accompany the nurse to the client's apartment, and the nurse will use the interpreter to promote communication throughout the visit.

Discussion

The care planning demonstrates a thoughtful process, responsive to the client's needs. There is evidence of the nurse consulting with the client and supporting the client's choice of an interpreter.

The nurse stresses confidentiality and respects the neighbour's schedule by providing a list of planned visits.

Non-verbal communication strategies

Non-verbal communication is useful in conveying and receiving information. Techniques such as demonstration, gestures, the use of pictures or symbols, and written translations of information are useful in communicating with the client.

Observing non-verbal reactions, such as facial expression, body posturing and tone of voice, is useful in assessing the client. However, it is important to explore the meaning behind all client responses and ask for clarification when necessary. It is also important for nurses to confirm their impressions with the client to ensure accurate interpretation of non-verbal responses. For example, in some cultures nodding the head means no and shaking the head means yes.

By understanding how the client may be perceiving the nurse or the situation, the nurse is able to correct misperceptions and achieve common understanding. Nurses want to appear open, receptive and interested in the client. Restrictive body language, such as the crossing of arms, using a gruff voice, rolling the eyes and looking at a watch while talking to a client, gives a silent message that the nurse is not interested in the client.

Each situation requires its own strategy. It is important to stay committed to communication. The extra effort early in the nurse-client relationship will enhance the relationship and client outcomes.

Scenario

A couple comes to a walk-in clinic with a young child who is crying and tugging at his ears. The couple has recently come to Canada, but understands English well enough that the nurse feels language is not an issue. An assessment reveals that the child has an infection in both ears, and the couple is given a prescription for an antibiotic and Tylenol drops for fever and pain. The situation is fairly routine, and an interpreter is not considered necessary. The parents are informed about the diagnosis and treatment, and they nod in understanding.

The next day the couple returns with the child whose condition seems to have worsened. There is now pink discharge from both ears, and the entire family is in distress. An interpreter is called to assist. Through the interpreter, the nurse learns that the parents had the prescription filled promptly, and they understood the child was to be given the medicine every four hours. They had been administering the antibiotic orally, but since they had treated previous ear infections with ear drops, they had administered the Tylenol drops in the child's ears.

Discussion

This example illustrates the importance of confirming that accurate communication has been achieved. To reduce the chance of confusion, the nurse could have demonstrated how to measure, and then administer, both medications. Culturally appropriate client education materials would also have been helpful.

Developing an Approach to Care

Nurses work in partnership with the client to develop a comprehensive plan of care. The plan of care is individual and needs to include the influence of the client's culture.

Assessment

In assessing clients, it is important to elicit relevant cultural information. This can be accomplished by asking questions that are open-ended and by allowing the client opportunities to explain. The nurse also needs to listen with respect and remain nonjudgmental. The following questions can be integrated into any assessment to bring out relevant information about the client's culture (adapted from Kleinman et. al., 1978).

- What do you think has caused your problems?
- Why do you think the problem started when it did?
- What do you think the sickness does to you?
- What are the major problems the sickness has caused?

- What have you done for the illness until now?
- What kind of treatment do you think you should receive?
- Is there anything else that could be done either by you or by others (e.g., family, priest, etc.)?
- What are the most-important results you hope to achieve from these treatments?
- What do you fear most about your sickness?
- What do you fear most about the treatment?
- Who should be consulted or involved in your care?

Scenario

A woman, 35, is admitted to the general medical unit. While in the hospital, she expresses concern about her partner's ability to care for her children. She also appears worried about how she will manage at home after she is discharged. The nurse suggests that perhaps a family meeting is necessary and offers to contact her husband. The nurse further suggests that maybe the client's mother, who has called often to inquire about her daughter, should be involved in the meeting.

Discussion

The nurse has made an assumption that the client's partner is male and that the relationship with the mother is one that will be supportive to the entire family. For many couples in a homosexual relationship, the issue of family can be sensitive. For some people, "family" is often their chosen family as opposed to kin. By using the word "partner," and asking the client who would be appropriate for a family meeting, the nurse shows openness and a nonjudgmental attitude.

Establishing mutual goals

Creativity and commitment to client-focused care are the key attributes necessary to integrate cultural preferences into the plan of care. Leininger (1991) has identified the following three modes of action or approaches that can be used to guide nursing judgments.

1) Culture care preservation

Culture care preservation means making efforts to integrate the client's preferences into the plan of care when these preferences are important to the client's physical, emotional or spiritual health. This approach is appropriate when the preference carries no risk of harm to either the client or to others. It does not mean that the nurse agrees with or endorses the practice for herself/himself or for other clients.

Scenario

A home care client has lost sensation and mobility in her legs. On a home visit to provide wound care for a severe burn on the sole of her left foot, the nurse discovers a picture of St. Francis of Assisi covered in plastic and carefully placed between the layers of bandage around the foot. The client describes the picture as a relic that can prevent or positively influence life's problems, and that St. Francis is known for healing animals and people. She believes that placing the picture in the dressings will help the wound to heal.

Discussion

In considering the client's preference, the nurse considers the risk of harm. In this instance, the request may be unusual, but does not pose a threat to the client if the relic is cleansed appropriately and wrapped in gauze. The spiritual benefits of the relic to the client should be recognized.

2) Culture care accommodation

In the culture care accommodation approach, the nurse explores ways to honour client choice by minimizing risks or finding ways to overcome barriers. Often this involves accommodating the key elements of the request, while negotiating with the client to undertake the actions or interventions that the nurse thinks are necessary for a positive health outcome.

Scenario

A nurse is providing direct care to an elderly woman newly diagnosed with angina. She has been prescribed nitroglycerine to manage her angina attacks. The client reveals to the nurse her firm belief that her illness is caused by the "evil eye," a glance cast upon her by another to cause this

condition. She shows the nurse her own remedy, which she claims will lift the curse of the evil eye and cure her.

Discussion

The nurse assesses the client's remedy for possible health risks, such as a high sodium content. As well, the nurse negotiates with the client to take the nitroglycerine. In doing so, the nurse will need to be vigilant to potential objections the client may have to taking the medication. The goal is to have a plan of care that includes the remedy for the evil eye, but also includes the appropriate use of the nitroglycerine. The nurse and the client may not fully understand each other's preferences, but are willing to accommodate both interventions.

3) Culture care re-patterning

Through the culture care re-patterning approach, the nurse works with clients to develop new patterns that extend beyond the client's usual way of doing things, while respecting traditional values and beliefs. Clients and care providers are encouraged to determine how a situation could be handled differently to optimize outcomes for the client, without violating beliefs or standards of practice.

Re-patterning could start with exploring and discussing with the client the available options for addressing the situation. The nurse may need to involve key individuals from the client's community to help in evaluating the options. Clients should always make their own choices about adopting any new pattern.

Scenario

A 35-year-old client is diagnosed with chronic renal failure and has started peritoneal dialysis. Maintaining adequate protein intake is an essential part of the client's ongoing treatment, and animal protein is the recommended source. The client is a Hindu by religion and has been eating eggs, chicken and goat all his life. However, since the commencement of dialysis, he has stopped eating these foods and has become a vegetarian. He tells the health care team that he wants to become a good Hindu so that God will help him with his ordeal. He says that even though many Hindus eat meat, not eating meat is a more devout way of life and one he wishes to follow.

Discussion

Recognizing that, at times of crisis, clients may revert to more traditional beliefs, the team needs to work with this client to determine the reason for his change in dietary practices. The goal is not to change his beliefs, but to increase the client's choices about how to achieve adequate protein intake. The team could involve a dietitian to teach ways to increase protein intake from vegetarian sources, such as cheese, lentils, nuts, beans and tofu. They also want to help the client explore his perceptions of what caused his illness and the role religion plays in his care. Involving a Hindu priest may be an effective way of addressing spiritual needs, and the priest may, in fact, be able to assist the client in resuming some intake of animal protein, if he chooses to do so. Regardless of approach, the ultimate decisions about diet remain with the client.

Quality Practice Settings and Culturally Sensitive Care

Nurses are always accountable for their practice. However, nurses are best able to provide quality client care when they are in an environment that supports quality professional nursing practice. Quality practice settings:

- demonstrate a commitment to diversity in their policies, committees and educational materials; and
- provide access to resources, such as interpretation services and linkages with agencies or groups providing care to specific cultural groups.

Nurses at all levels have an obligation to contribute to quality practice settings by:

- advocating for systems and resources that support nurses' ability to provide culturally appropriate care; and
- developing formal and informal networks related to culture-specific care.

Conclusion

This guide has been created to help nurses provide care that is culturally sensitive. The concepts that

it illustrates are summarized in the following behavioural directives.

Behavioural directives

- Seek to broaden your understanding of cultural concepts and issues.
- Be sensitive to issues of power, trust, respect and intimacy in the nurse-client relationship.
- Become aware of cultural differences in clients' responses to illness and care needs.
- Be nonjudgmental.
- Conduct assessments through open-ended questions to elicit the client's perceptions and beliefs.
- Advocate for client-centred care.
- Make efforts to accommodate cultural preferences in whatever way possible that does not compromise client safety.
- Recognize the occasional need to involve non-traditional health care team members, such as interpreters (linguistic and cultural), spiritual leaders/counsellors and other individuals identified by the client.
- Engage in ongoing reflection regarding cultural sensitivity and learning about different cultures.
- Develop links with relevant cultural resources.

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Other Resources

- Ethno-racial/cultural organizations within the community.
- Religious organizations within the community.
- Ethno-specific nursing or other professional associations.

Notes:

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