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**Foundation Standard 6: Ethics**

Healthcare professionals will understand accepted ethical practices with respect to cultural, social, and ethnic differences within the healthcare environment. They will perform quality healthcare delivery.

**Accountability Criteria**

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### Culture and Health Care*

#### LEARNING OBJECTIVES

- Spell and define the key terms.
- Discuss eight specific examples of how cultural differences affect patient care.
- Describe five signs that may indicate a potential cultural barrier exists.
- List seven actions that can overcome cultural obstacles.
- List at least three culturally sensitive questions for patient care. Explain why each might be sensitive to a patient’s culture.
- Describe at least five guidelines to follow when using an interpreter.

#### KEY TERMS

- **Acculturation** (uh-KUL-chir-AY-shun) The process of learning cultural behaviors from one group or person
- **Assimilation** (uh-sim-uh-LEY-shun) The merging of cultural traits from different cultural groups
- **Culture** (KUL-chir) The act of belonging to a designated group
- **Cultural competence** (KUL-chir-uh COM-puh-ter) The ability to meet the health care needs of patients while meeting and adhering to their cultural values, beliefs, and practices
- **Emotive** (i-MOH-tiv) Expressing or exciting emotion
- **Ethnocentrism** (eth-no-SEN-triz-uhm) The belief that one’s own culture is superior to another
- **Ethnography** (eth-NAH-gruh-three) A branch of anthropology that studies and records various human culture
- **Matriarchal** (MEY-tree-ahrk-ee) Society or group with a female as head of the family or tribal line
- **Stereotype** (STER-ee-uh-tahHP) Simplified image used to characterize or describe a group
- **Stoic** (STOH-ik) Free from passion, without complaint

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*We would like to acknowledge Elizabeth Molle, RN, MS, Nurse Educator, Middletown, Conn., who initially wrote this chapter in the fourth edition.*
Cultural Overview

The United States is rich with cultures, ethnic customs, and traditions. The patient's culture plays a large role in his or her health. The health care worker's own cultural background will also affect health care choices. The importance of cultural values and connections cannot be underestimated.

Culture is the act of belonging to a designated group. It comes from the Latin word colo, which means "to cultivate." Culture refers to the norms and practices of a particular group that are learned, shared, and transcended through generations. They guide our thinking, decision making, and actions. Although culture fills a large part of our lives, its effect is unconscious. The actions are usually subtle, and thus most people are unaware of them. Culture provides security and reassurance. All humans have a great need to feel connected and bonded with other people. When bonds are weak and we do not feel connected or safe, it affects our health and wellness.

Culture is not biologically inherited. It is learned behaviors transmitted from generation to generation by family members and close friends (Fig. 5-1). These behaviors can be reinforced through social, religious, and school activities. The process of learning the behaviors occurs by osmosis. In other words, the behaviors become absorbed through repetition and positive reinforcement. Parents offer praise to their child when they demonstrate appropriate behavior.

Culture is reflected in many aspects of our lives. No aspect of our lives is free from cultural input. Our culture is expressed daily in the following:

- Eating habits
- Language
- Dress
- Hobbies
- Living patterns
- Occupation choices
- Education
- Religious affiliations
- Political points
- It also affects our interpersonal relationships, including marriages, communication patterns, and sexual habits.

Acculturation

When people with different cultural backgrounds meet, learning and growth occur. Acculturation is the process of learning cultural behaviors from one group or person. It is an unconscious fusion of attitudes and beliefs. This does not occur quickly; rather, it occurs over years. Because the United States is a melting pot of many different cultures, acculturation is always occurring. Each cultural group contains many subcultures, which can be as broad and varied as the whole group. The U.S. Census Bureau collects data every 10 years about the population in the United States. Besides population statistics, the bureau also collects data about various races, religions, and ethnic groups in the United States (Table 5-1).

Defining each culture's characteristics in a simple box is impossible because of acculturation. Patients cannot be put into culturally specific boxes or given labels on the basis of race, religion, or ethnic background. Health care workers should not assume that one criteria or belief of a certain cultural group is true for every patient in that bracket. However, some consistent beliefs and attitudes exist. Being aware of those beliefs and attitudes and being willing to accept the patient's beliefs for him or her are important.

Health care providers may not always agree with a patient's beliefs, but it is important to understand that various beliefs exist and to find ways to work within those belief systems.

Ethnography

Ethnography is a branch of anthropology that studies and records various human cultures. Health care educators look at the research information from ethnographic studies and teach providers to become culturally competent. Cultural competence is the ability to meet the health care needs of patients while meeting and adhering to their cultural values, beliefs, and practices. It requires sensitivity to the patient's needs and wants and a deep understanding of their views and values.

Cultural Impact on Health Care

Each interaction with a patient will have cultural implications. Below are some examples of conflicts that can occur. Health care workers should keep in mind that these are examples from decades of ethnographic studies and that each patient must be viewed independently (Box 5-1).
BOX 5-1
Culturally Sensitive Questions

- How does your sickness work?
- What do you think caused your sickness?
- Why do you think your sickness started when it did?
- How long do you think you will have the sickness?
- What do you call your sickness?
- What about your sickness makes you afraid?
- What about the treatment makes you afraid?
- What are the biggest problems your sickness is causing?
- Whom do you know with the same problem?
- What have you done to treat your sickness, and how has it worked?
- Who else should be asked about or involved with your care?

BOX 5-2
Western Health Care Culture

- Activism (do something)
- Healing (make it better)
- Aggressiveness (stronger is better)
- Orientation (newer and sooner is better)
- Consistent (treat everyone the same)
- Individualism and autonomy (nature can be controlled)

Wellness and Health Prevention

Americans are focused on healthy living and disease prevention (Box 5-2). The general view is that it is important to eat right, get enough sleep, exercise, and have preventive medical visits (e.g., annual Pap tests, mammograms, immunizations). An illness is seen as interference with one's schedule, and thus it must be overcome quickly. Other cultures disagree with these beliefs. For example, some American Indian tribes view weight gain as a normal occurrence in adulthood; jogging and aerobic activities are seen as senseless.

Many cultures view thinness as a sign of wasting away and sickness. What may be considered overweight to one group is healthy and normal for another.

Various national organizations have studied ethnic groups and cultures to see the differences in their approach to preventive medicine. Breast cancer mammography screening is known to be effective against early detection, but Chinese Americans are reluctant to make visits for such preventive care. Studies suggest that cultural beliefs warn against "looking for trouble" and see it as senseless medical care.

Some cultures do not value immunizations, and other cultures perceive immunizations as injecting poison or harm into the body. According to the CDC, 60.6% of whites receive the pneumococcal vaccination, but only 23.8% of Hispanics and Latinos have that immunization. Most Americans view immunizations as basic preventive health care.

Touch and Physical Space

In some cultures, close touching and human contact is a sign of respect and friendship. A simple handshake with a smile and "Hi, I am going to be your nurse today," shows warmth and caring. Yet in other cultures direct hand contact is not welcomed and is seen as an invasion of privacy. For example, Muslim women cannot be touched by men who are not immediate family members. Always ask permission first before touching any patient, regardless of cultural differences.

Most Americans prefer to keep a physical distance of 3 feet between peers and acquaintances. Yet other cultures see that distance as lack of personal caring and closeness. They may view distance as "cold." Be alert to positive or negative signs that tell whether the patient is comfortable with the amount of physical space allowed.

Communication

Communication is vital to our survival. Obviously language barriers affect our ability to communicate. According to the U.S. Census Bureau, 82% of households speak only English, but 10% of Spanish households do not speak English at all, and 18% speak English in only small amounts. Language is a form of cultural connection. It ties a group of people together:

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**CASE STUDY 5-1**

You enter a patient's room to ask how she feels. Her husband repeatedly interrupts you and answers for the patient. What should you do?

**Answers to Case Studies are available on the Evolve website:** [http://evolve.elsevier.com/Gerdin](http://evolve.elsevier.com/Gerdin)

**General Procedures**

Inpatients and outpatients are often asked to remove their clothing and wear a hospital gown for examinations. Patients do not like this procedure, but most will accept it as routine. However, it is important to be sensitive to patients who are not comfortable with this. For example, women who follow the hijab (traditional Muslim dress) cannot be seen unveiled. They will don a gown but will place a veil back. Mexican Americans are uncomfortable changing in front of members of the opposite sex.

Before entering any patient room, all health care team members should announce their arrival and wait a few moments before entering. This allows patients to apply veils or blankets to prepare to be seen.

Some cultures fear invasive procedures. For example, many Hmong people may resist blood draws and lumbar punctures because removing these fluids will upset the body's harmony. In addition, Hmong people may fear operations because of the potential for impaired spiritual health. They fear that surgical incision may frighten the soul and cause it to leave the body.

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**CASE STUDY 5-2**

You are caring for a patient who always wears a traditional amulet or talisman around his neck. You are asked to take him to radiology for a radiograph. What should you do?

**Answers to Case Studies are available on the Evolve website:** [http://evolve.elsevier.com/Gerdin](http://evolve.elsevier.com/Gerdin)
Dietary Needs

Food is a universal item that plays a huge role in people’s lives. Food is a social tool as well as a biological need. Food has many ethnic and religious implications. All attempts should be made to meet a hospitalized patient’s nutritional needs in conjunction with his or her requests. For example, Americans view meat and milk products as staples, but in India these foods may be considered taboo. In Islam, only specially prepared (halal) meats are permitted; alcohol and pork are forbidden. American Indians prefer to eat foods that are indigenous. Asians prefer to follow traditional oriental cooking patterns over fast food cooking patterns (Box 5-3).

In working with a patient who has high cholesterol, before explaining what foods should be avoided, the health care worker should take time to listen to the patient’s dietary preferences and history of eating patterns. If the patient was never taught to eat fruits as a child, the health care worker should slowly introduce them into the diet. Dietary changes take a long time to implement.

If socializing within the culture depends on large family meals with many heavy dishes, cutting down on fats and calories may be an insult to the family structure and traditions.

Some medications, such as insulin (which treats diabetes) and heparin (an anticoagulant), have pork ingredients. Alcohol is often found in cough syrups. Pork and alcohol are considered taboo in some cultures. Instead of using a pork-based insulin, a different type could be selected that is made through chemical processing. An alcohol-free cough syrup should be selected.

Many cultures and religions require fasting rituals. Sometimes the fasting lasts one day, or it may extend for longer periods. All attempts should be made to help the patient follow the fasting regimen. If the health care team thinks the patient is at risk for malnutrition or dehydration, consultations with a dietitian may offer some options. An example of an option would be to start an intravenous line (IV) and give the patient fluids. Some cultures aim to maintain a hot and cold balance in their bodies. Thus they will not drink cold beverages.

Spirituality

For many ethnicities, the spiritual component is essential for recovery and strength. Regardless of the health care provider’s belief in God, prayer, or a higher being, the patient’s belief should be accepted and assistance offered when requested. Patients often ask and want visits from their spiritual leaders while hospitalized. The health care worker should always use the correct terminology when referring to a clergyman. Using incorrect terminology is a sign of great disrespect and is insulting.

For example, Catholics use terms like father or priest, Muslims use the term imam, and Jews refer to leaders as rabbis. It could be insulting to say to a Catholic patient, “May I call your rabbi?” or to a Muslim patient, “May I call a priest?” If it is not obvious which term to use, one can use generic terms such as spiritual leader or clergyman.

Western medicine providers have mixed feelings about the effects of prayer on health recovery. Recent large studies have shown that prayer is powerful and may provide balance and harmony to the patient. Some religions require daily prayers at certain hours with specific rituals (kneeling, bending, interlocking of fingers, facing Mecca, or looking into the sky). Patients may prefer to pray quietly and alone. All attempts should be made to give patients privacy during these times.

Death

Views on death and dying vary greatly. Some cultures welcome death and see it as “advancing to the next stage.” Other cultures see death as finality, and thus life should be extended for as long as possible even if artificial life-sustaining equipment is required. The rituals surrounding death vary. For example, Muslim patients should have their heads slightly elevated after death and turned to face Mecca if possible. Mexican Americans prefer to be in the room with the patient, whereas Japanese Americans prefer not to be in the room. Asian immigrants may offer to wash the body and prepare it for cremation or burial.

Deaths from suicide have many cultural implications. Some cultures believe that suicide brings shame to the entire family, and in other cultures it is strictly forbidden. Family members who have these beliefs will react differently in hospital emergency departments when they are called with such news. They may refuse to talk to any information, whereas other family members from other cultures will ask numerous questions and request to see the body.

Medications

The actions and side effects of some medications vary on the basis of patient ethnicity (Fig. 5-3). The FDA and the Institute for Safe Medication Practices have conducted and released many studies showing drug differences on the basis of ethnicity.

For example, some antihypertensive drugs (used to lower cholesterol) have an increased potential to cause rhomboendoysis (a serious muscle condition) when given to patients with Japanese or Chinese ethnicity. In 2006 the FDA approved a combination of isoride and hydrazine drugs specifically to treat congestive heart failure in black patients. The drug combination is marketed under the trade name Benicar. It is the first drug specifically targeted to one ethnic group.

In other cases, it is sometimes the dosages of the medications will be lowered for a particular ethnic group. Here are six other specific examples:

1. Women from Islamic and African cultures with vaginal yeast infections often prefer oral drugs to vaginally inserted medications. Inserting such drugs into the vaginal cavity is not culturally correct.

2. Latin Americans prefer injections to oral medications. They perceive oral medications as less effective.

3. Some cultures practice religious fasting, which can affect medication schedules or interfere with drug absorption.

4. Mexican and Puerto Rican patients’ concern about potential addictive effects of medications can lead to reluctance to take long-term medications.

5. Vietnamese patients may take only half of their prescribed medication, believing that too much is wrong.

6. Hmong patients often have concerns about the effects of long-term medications, especially when medications are prescribed for a condition that does not cause the patient to feel ill (e.g., hypertension, diabetes).

Pregnancy

Many beliefs about pregnancy and childbirth exist (Fig. 5-4). Some beliefs have lessened through acculturation and technological advances in Western medicine. Male partners in North America may be involved in prenatal care visits, whereas other cultures do not encourage such involvement. Box 5-4 lists some restrictive and taboo beliefs.
Pregnancy Beliefs

Restrictive beliefs and taboos about pregnancy exist, but not everyone in a particular group will believe all of these, and it is important to realize that acculturation also exists.

Examples of restrictive beliefs:
- Avoid cold air during pregnancy. (Mexican, Hātian, Asian)
- Do not reach over your head: It will cause the umbilical cord to wrap around the baby’s head. (Hispanic, Asian)
- Avoid funerals and weddings: It will bring bad luck to the baby. (Vietnamese)
- Do not tie knots or allow the father to do so: It will cause difficult labor. (Navajo Indians)

Examples of taboos:
- Avoid lunar eclipses and direct moonlight: It will cause deformities. (Mexican)
- Do not sit in dances such as the Sowax: It will cause harm to the baby. (Navajo Indian)
- Do not engage in talk with people who cast spells: It will cause the baby to be eaten in the womb. (Hātian)
- Do not say the patient’s name before the naming ceremony: Harm may come to the baby. (Orthodox Jewish)

In some cultures, specific postplacenta delivery rituals are followed. Some families will hold ceremonies with the placenta after birth. It must be buried in the ground to celebrate the new life. Placing the placenta in the earth honors the child’s birth. Often a year later a tree or flower is planted in the same spot to allow the placenta to nourish its growth. In Chinese medicine, the placenta is known as a great life force and is highly respected in terms of its medicinal value.

Some cultures participate in placentophagia, which is eating of the placenta. Americans often allow health care providers to dispose of the placenta and do not even want to look at it or touch it.

Pain Management

Pain is subjective, and cultural beliefs about pain vary. Research has shown that unrelied pain may slow recovery. The response to pain may be stoic or emotive. A stoic patient does not express pain or may deny that pain is present. Asian, Native American, Pacific Islander, and East Indian cultures may be stoic. Asian patients may not accept pain medication until asked twice in order to be polite. Emotive patients express their pain and want assistance with their suffering from others. Hispanic, Arabic, and Mediterranean patients may be emotive. Anglo-Americans might not express pain openly but accept pain medication.

In some cultures, the patient and family might express themselves loudly and dramatically, whereas others may be stoic about pain.

Some cultures believe pain is caused by demons and is a sign from above that the spirits are upset. Thus the patient may refuse to admit to pain and see it as “something that I deserve and will go away on its own." Other cultures see pain as a symptom of an illness that should be treated and totally eliminated.

The health care worker should use listening and assessment skills to look for nonverbal cues of pain. Asking a patient to describe the pain on a scale of 1 to 10 may give the health care provider an idea of how intensely the pain is felt. Pain may also be identified by a facial expression (grimace or eye squeeze), perspiration, or “guarding” the affected area. Regardless of the pain assessment, the health care worker must honor the patient’s beliefs and values about pain management.

Other

Cultural differences affect patient care in many other ways, including the following:
- Refusal to give blood or to get blood transfusions
- Refusal to donate or receive organ transplants
- Refusal to place aging parents into nursing homes despite the inability to care for them at home
- Fertility control
- Mental illnesses

When health care workers ignore cultural differences, patient care suffers, resulting in the loss of trust and respect. Patients and family members who lack a sense of trust or respect with their health care professionals will not follow treatment regimens.

Guidelines for Using an Interpreter

- Speak slowly and clearly.
- Use short sentences.
- Use simple terms without jargon or slang.
- Use visual aids when appropriate.
- Repeat important information more than one time.
- Use language that identifies the interpreter as a messenger or go-between, not the authority (i.e., the doctor says or has ordered...).
- Talk to the patient, not to the interpreter, when speaking.
- Make eye contact with the patient as appropriate.
- Watch body language for understanding or confusion.
- Pause for the interpreter to translate.

Before beginning, identify factors that might influence the translator’s interpretation; ask the interpreter to report anything that is difficult to translate.

Explain to the interpreter to repeat everything that the client and health care worker say without paraphrasing, judging, or omitting anything.

Ask the interpreter to share personal cultural insights as his or her own opinion.

Interrupt and ask the interpreter to explain what is being said if the translation seems long or off topic.

Make sure the patient is aware of everything that is being discussed, even if it does not directly involve him or her.

Provide key points in writing, such as appointment times, directions, and medication names.

Ask the patient to repeat key points in his or her own words.

Signs of Cultural Barriers

Identifying a patient’s cultural beliefs or attitudes by simply looking at the patient is impossible. Listening to the patient closely and looking for nonverbal cues that something is wrong are important. The following are a few signs that may indicate a cultural barrier:
- Resistant to change
- Uncooperative
lack of trust and respect. An example of a health care stereotype may be, “Herbal medicines are a form of quackery.” Many cultures have strong beliefs in herbal and folk medicine. To ignore or dismiss their beliefs can cause problems.

For instance, Mr. Xyia uses garlic to remedy an illness. He knows that his doctor does not believe or trust in herbal medicines, so he decides not to talk about it. However, Mr. Xyia is taking a medication that interacts with garlic. Because he did not feel safe in his doctor’s perception and stereotyping of such practices, he becomes sicker. Patients need to feel trusted and safe.

**BRAIN BYTE**
The Pacific Islander culture views illness as an imbalance of self, ancestors, and the environment.

**Prejudice and Discrimination**

Stereotyping can lead to prejudice, which leads to discrimination. For example, a health care provider may have decided that a particular ethnic group of patients does not care about patient education and learning. Because of this stereotype, the health care provider might decide not to give this ethnic group any materials. This action is a form of discrimination. All health care providers must agree to care for patients regardless of race, age, color, sex, or ethnic origin. Some providers will actually be required to take this oath at graduation events.

**Overcoming Obstacles**

Among the many methods to overcome cultural obstacles are the following:

- Explore personal ideas and perceptions about different cultures. Understanding personal heritage and beliefs is vital to understanding and accepting others.
- Learn as much as possible about the cultures represented locally. Research and ask questions about their beliefs and practices. For example, how does this culture respond to pain? Does this culture have dietary habits or restrictions?
- Always use the patient’s family name unless given permission to use first names only. Some cultures view not calling people by their full names as rudeness and a sign of great disrespect.
- Direct eye contact is viewed as important in American culture. Lack of eye contact indicates betrayal and secretiveness. Many Asian populations, Native Americans, Arabs, and certain Hispanic groups consider it rude and disrespectful to make eye contact. For instance, Latino women are taught that downcast eyes are a proper response to authority. Latinos, as well as people of other cultures, believe that adorning a baby without touching it shows envy and brings bad luck by casting an “evil eye” (Fig. 5-5).
- Encourage patients to talk about their illnesses and look for areas of misunderstanding between cultural beliefs and the current diagnosis.
- Look for confusion and fear; watch for cues and respond with compassion. Do not belittle or dismiss culture-based anxiety.
- Treat all patients with respect, concern, and compassion.
- Recognize that other cultures are not as time sensitive as Americans. A patient may arrive for an 11:00 AM appointment at 11:45 AM and consider it normal. Not all cultures are time dependent.
- Many cultures are intensely involved with the supernatural and may believe that spirits or curses cause illness. In these cultures, the supernatural being must be appeased, or soothed, before healing can begin. In extreme cases they perform rituals in the hospital setting to rid the body of the demon.

**CASE STUDY 5-4** You enter a patient room and find the patient huddling on the floor and mumbling incoherently. What should you do?

**Answers to Case Studies** are available on the Evolve website: http://evolve.elsevier.com/Gardin

**Summary**

- Cultural differences can have an effect on health care. Examples of these differences include differences in beliefs regarding preventive measures, preferences in close touching and physical space, communication, beliefs regarding general procedures (e.g., blood draws, undressing), dietary practices, spiritual beliefs, views on death, beliefs about medications, beliefs about pregnancy and childbearing, and beliefs about pain.
- Cultural barriers may exist if the patient is resistant to change or appears uncooperative or argumentative, overly agreeable, or noncompliant after multiple teaching attempts.
- Although cultural heritage and beliefs are always present, the health care provider cannot allow them to interfere with providing care.
- An example of a culturally sensitive question would be to ask the patient if there is someone else who should be notified. The patient may want a priest, rabbi, shaman, family member, or some other person to participate in their care. Another is to ask the patient if someone else has the same problem to allow the patient to “tell a story” if preferred. Another culturally sensitive question is to ask the patient what treatment causes fear to allow the patient to describe concerns about care.

**Review Questions**

1. Describe how a patient’s cultural background affects his or her health care.
2. List at least seven ways that a person’s culture is expressed on a daily basis.
3. How does a patient’s culture or ethnic background affect the taking of medications?
4. How does a patient’s culture affect dietary beliefs?
5. Name five potential signs that may indicate the existence of a cultural obstacle. Give an example showing how these signs may be misinterpreted.
6. Discuss at least five steps that you can take to overcome or prevent a patient’s culture from interfering with his or her health care needs.
7. List five culturally sensitive questions.
8. List five guidelines for using an interpreter.
9. Which cultures would be less likely to participate in immunization for the seasonal and H1N1 influenza?

Critical Thinking
1. Describe your cultural background. How has your background evolved or changed from that of your parents and grandparents? How much acculturation has occurred in your family’s culture?
2. Describe a cultural barrier that you have experienced between yourself and a friend, peer, physician, or teacher. How did you feel about the encounter?
3. Use the Internet to investigate the Tuskegee syphilis experiment. Write a paragraph that describes the event and how it might affect how an African American patient views health care.
4. Use the Internet to describe the measures taken to inform people of various cultures about the H1N1 vaccination.
5. Use the Internet to describe a case study or story about the affect of culture on health care.

Explore the Web
H1N1
Flu.gov
http://www.pandemicflu.gov/
CDC Facebook
http://www.facebook.com/CDC?ref=search&id=1056483420, 4133318816.1
HHS Office of Minority Health

Tuskegee Syphilis
CDC
http://www.cdc.gov/tuskegee/timeline.htm

Indian Health Services
HHS
http://info.ihs.gov/Profile09.asp

Case Studies
Transcultural Nursing
http://www.culturediversity.org/cases.htm

CLAS Standards
HHS
http://thinkculturalhealth.org
https://www.thinkculturalhealth.org/Documents/CLAS_Standards.pdf

STANDARDS AND ACCOUNTABILITY*

Foundation Standard 6: Ethics
Healthcare professionals will understand accepted ethical practices with respect to cultural, social, and ethnic differences within the healthcare environment. They will perform quality healthcare delivery.

Accountability Criteria

6.1 Ethical Boundaries
6.11 Differentiate between ethical and legal issues impacting healthcare.
6.12 Recognize ethical issues and their implications related to healthcare.

6.2 Ethical Practice
6.21 Apply procedures for reporting activities and behaviors that affect the health, safety, and welfare of others.
6.3 Cultural, Social, and Ethnic Diversity
6.31 Understand religious and cultural values as they impact healthcare.
6.32 Demonstrate respectful and empathetic treatment of all patients or clients (customer service).

Employability Skills

LEARNING OBJECTIVES
- Define at least 10 terms relating to seeking a career in health care.
- Describe the purpose of a professional organization.
- List three benefits of membership in a student organization.
- List at least three reasons to use parliamentary procedure during an organization meeting.
- Identify the use of three motions of parliamentary procedure.
- Describe the purposes of the job application, resumé, portfolio, interview, and resignation letter.
- List at least five rules for completing a job application form.
- Provide a positive response for at least five questions that might be asked in a job interview.
- Complete a job application.
- Prepare a resumé or personal data sheet.
- Identify the components of a personal budget.

KEY TERMS
- Adjourn (uh-JERN) To suspend a session to another time or permanently
- Agenda (uh-JEN-duh) List of things to be done or considered, program of work
- Budget (BUD-uh) Summary of projected income and expenses
- Debate (di-BAYT) Discuss a question
- Harassment (uh-RAS-men) To disturb persistently, torment, bother, or persecute
- Initiative (in-ISH-uh-biv) Energy or aptitude for action, enterprise
- Motion (MO-shen) Proposal for action
- Organization (or-guh-ni-ZAY-shun) A structure through which individuals cooperate systematically to conduct business
- Resumé (REZ-o-may) Brief summary of professional and work experience
- Tax (taks) Contribution to the support of government, fee, or dues of an organization to pay its expenses

84 Core Knowledge