Baptist Health Schools Little Rock
NSG.4027: Professional Roles in Nursing Practice
Cultural and Generational Sensitivity in the Healthcare Workplace

Lecture objectives.
- Define the following terms:
  - Culture.
  - Cultural competence.
  - Cultural diversity.
  - Cohort.
  - Generation markers.
  - Low-context culture.
  - High-context culture.
- Develop an awareness of potential cultural diversity issues in the healthcare workplace.
- Identify generational differences, and challenges these differences may present in the healthcare workplace.

Lecture Objectives Cont.
- Determine the impact of the impending “nursing shortage” on the need for cultural competence in the healthcare workplace.
- Identify strategies for embracing cultural diversity in the healthcare workplace.
- Utilize critical thinking to identify solutions to practice scenarios related to cultural conflicts in the healthcare workplace.

Cultural Values Exercise
- Only a small percentage of Americans use alternative forms of healing other than traditional medical science.
  - Strongly agree
  - Agree
  - Disagree
  - Strongly disagree

Cultural Values Exercise
- People can change the outcome of serious medical conditions with prayer.
  - Strongly agree
  - Agree
  - Disagree
  - Strongly disagree

Cultural Values Exercise
- True grief is expressed with loud sobbing and inconsolable crying.
  - Strongly agree
  - Agree
  - Disagree
  - Strongly disagree

Cultural Values Exercise
- Life support should be removed from a person who is brain-dead with no possible hope for recovery.
  - Strongly agree
  - Agree
  - Disagree
  - Strongly disagree
5. Patients should be allowed to have family members at their bedside 24 hours a day.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

6. Family members should donate a deceased person’s organs, if medically able, so that others may be helped.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

7. Good health is largely determined by a person’s diet, exercise, and other similar activities.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

8. Nurses should question a physician if the nurse is unsure of a rationale behind the physician’s orders.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

9. To obtain a good patient history, the nurse must document the information as the patient is speaking to make sure that none of the information is missed.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

10. Family members should not be allowed to perform support tasks, such as bathing the patient, while the patient is hospitalized.
    - Strongly agree
    - Agree
    - Disagree
    - Strongly disagree
Cultural Values Exercise

11. To be an effective communicator, it is important to maintain good eye contact with people.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

Cultural Values Exercise

12. If an employee is not performing satisfactorily, the manager should speak directly to the person, even if it involves giving straightforward criticism.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

Cultural Values Exercise

13. Patting an employee on the back is a friendly gesture to say “thanks for a job well done.”
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

Cultural Values Exercise

14. Providing psychosocial care is an important part of being a nurse and nurse manager.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

What Is Culture?

- Beliefs, behaviors, actions, values, communication, perceptions, traditions, and customs common to a population.
- Culture determines:
  - What deserves attention.
  - What gets rewarded.
  - What things mean.
  - Which reactions are acceptable in a given situation and which are not.
- Characteristics of culture:
  - Develops over time and is responsive to its members and their familial and social environments.
  - Its members learn it and share it.
  - It is essential for survival and acceptance.
  - It changes with difficulty.

Cultural Diversity in the Healthcare Workplace

“Differences per se do not create tensions in the workplace; the judgments people make about one another do” (Huber, 2006, p.616).
Cultural Diversity

- Variations among groups of people with respect to the habits, values, preferences, belief, taboos, and rules for behavior determined to be appropriate for the individual and societal interaction.
- At the turn of the twentieth century, only 1 in 8 Americans was non-white.
- By 2050, it is estimated that 1 in 3 Americans will be:
  - Black
  - Hispanic/Latino
  - Native American
  - Asian/pacific islander

Cultural Competence

- Functioning effectively as an individual/organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.
- Requires that individuals not make judgments against other cultures, but rather they consider the actions, beliefs, or traits within their own cultural contexts in order to better understand cultural differences.

Why Is Cultural Competence So Important to the Healthcare Workplace?

- More supportive work environment which enhances performance.
- Improve retention of the best people, which effects the cost of recruitment, selection, and training.
- Enhance team effectiveness by taking advantage of the wealth of skills and knowledge.
- Relate more effectively with the patient.
- Communicate more effectively within the healthcare team thus providing the best care for the patient.

What Difference Does Difference Make?

- Time orientation
- Communication patterns
- Value system
- Perceptions of staff responsibilities/nursing roles
- Educational preparation

Low-context Vs. High-context

<table>
<thead>
<tr>
<th>Low-context cultures</th>
<th>High-context cultures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explicit verbal/written message carries the meaning</td>
<td>Meaning of the message is found by reading between the lines</td>
</tr>
<tr>
<td>Require extensive detailed explanations/information</td>
<td>Meaning is assumed by the nature of the situation</td>
</tr>
<tr>
<td>Very verbal</td>
<td>Less verbal/non-verbal</td>
</tr>
<tr>
<td>Value is derived from the individual</td>
<td>Value is derived from the group</td>
</tr>
<tr>
<td>Democracy</td>
<td>Consensus</td>
</tr>
<tr>
<td>Personal freedom</td>
<td>Obligation to others</td>
</tr>
<tr>
<td>Fairness</td>
<td>Fate (karma)</td>
</tr>
<tr>
<td>Competition</td>
<td>Cooperation</td>
</tr>
<tr>
<td>United States, Canada, England, Russia, Northwestern Europe</td>
<td>China, Japan, Arabia, Mexico, South America, Pacific Islands</td>
</tr>
</tbody>
</table>

“Conflict between two or more parties can occur when parties perceive the same event differently based on differences not only in race, ethnicity, gender, or sexual orientation but also in the generations in which the parties were born and the subsequent attitudes, beliefs, values, or needs that are exhibited” (Huber, 2006, p.610).
Generational Diversity in the Healthcare Workplace

- Sociologist have categorized generational groups into groups called cohorts.
  - Cohort: members of a generation who are linked through shared life experiences in their formative years.
- Each cohort is influenced by generational markers.
  - Generational markers: events that occur in a person’s lifetime that help shape who they are and define their generation.

Silent Generation
Born Between 1925-1945

- Also called mature generation.
- Grew up in a period of strong military and political leaders.
- Respect for authority was expected.
- Conformity was the characteristic most treasured and exhibited.
- Children were seen but not heard.

Baby Boomers
Born Between 1946-1964

- Entering leadership positions, replacing the silent generation.
- Grew up in a period of unprecedented economic growth.
- Grew up believing they were special and that they could ignore/break rules and still be successful.
- Love convenience and defined the term “charge it!”
- Financial security will remain a central issue for them.
- Consequently many will work past the age of retirement.
- Questioned authority.
- Blurred gender roles.
  - Because they witnessed the vulnerability of authority during the Vietnam war, civil rights confrontations, and Watergate; They are reluctant to accept formal authority.
- Prefer a more participative and less authoritarian work environment.

Generation X
Born Between 1965-1980

- Share aversion to authority with baby boomers.
- 1st generation of “latchkey kids,” therefore, they learned to be resourceful at an early age.
- Childhood was marked by economic uncertainty, thus are skeptical of traditional practices and beliefs.
- View employment contracts as agreements that either party can/will cancel at will, which means placing their future in the hands of an employer makes them uneasy and is highly unlikely.
- Loyalty to an employer is less important than person well-being.

Millennial Generation
Born Between 1981-1999

- Also known as generation Y, Nexters, and internet generation.
- Youngest group in the workplace.
- Generational marker: development of technology.
- Most demographically diverse group in the country’s history.
- Possess astonishing multitasking skills.
- Have a positive outlook and a desire to improve the world.
- Some view them as having shallow basic skills, however, because of their computer skills, they are able to generate solutions other generations could not have imagined.
- Totally technology driven.
- Problem solvers.
- Grew up in a flourishing economy.
- They matured in a world where short cuts, manipulation of rules, and situational ethics seem to have reigned.
- They do not live to work, they work to live.

Impact of Impending Nursing Shortage

Due to the maturation of the baby boomers, in less than a century, the United States will move from being “forever young” to “forever old” (Huber, 2006, p. 606).
Recruitment of Foreign Nurses

- In response to the impending nursing shortage, the idea of recruiting foreign-born registered nurses has been proposed, and in some states, enacted.
- "Nurses can ill afford to ignore the fact that the place where health care professionals received their provider education or where they had prior work experiences must be considered. Nursing education outside of the U.S. is more focused on clinical skills and less on the psychosocial needs of patients or nursing theory" (Huber, 2006, p. 607).

Without Regard to Cultural Competence, U.S. Healthcare Systems Tend to Force the Following Values on Other Cultures:

- Empowerment
- Decision making
- Self-determination
- Right to know
- "I" make the decisions about my health care
- Moral/ethical medical obligations based on Judeo-Christian beliefs
- Obligation of health care workers to "tell the truth"
- Duty to give all information to the competent patient/his or her surrogate
- Informed consent

Case Scenarios

In a disagreement between two employees, one black and the other a Filipino, a few heated words were exchanged. Wanting to avoid an escalation of the conflict, the Filipino employee walked away. The black employee, on the other hand, valuing direct confrontation of conflict and wanting to settle the problem, followed her coworker, trying to talk to her. This only caused more anxiety and panic for the Filipino woman, who had been taught to value harmony and smooth interpersonal relationships. Thus she continued to refuse to discuss it. When the black woman persisted, the Filipino turned and threatened her coworker, telling her if came any closer, she would hit her. The result was a grievance in which both employees reported physically being threatened by the other.

Case Scenarios

In a pediatric ICU, where the nurse/doctor relationship is very close and each team member is valued for their opinion and in some cases the nurse is allowed to function independently, a new physician from a Middle Eastern Country, where women rarely interact with men other than their husband, began his residency. On his first day a patient arrested and the team began to run the code as usual. The nurse, a female, taking care of the patient immediately began updating the new physician and giving her input as to what actions needed to be taken. The physician, not accustomed to women speaking up in such a way, ignored the nurse’s advice and began treating the patient according to the information he had previously received. The patient survived, but in the root cause analysis meeting following the code, the nurse voiced her frustration that the outcome could have easily not been positive due to the lack of trust shown by the new physician toward her.

Case Scenarios

What perceptions of each employee can be explained by cultural differences?

How could this conflict have been avoided or defused?

Why is dealing with conflict important?

How do you deal with conflict according to your culture?
Case Scenarios

- How do you think the physician felt in this situation?
- What could the nurse have done to be the patient’s advocate while also being sensitive to the physician’s culture?

References
