

CLINICIANS WITHOUT BORDERS: A GUIDE TO TRANSCULTURAL CARE

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The world is a dynamic place. Because of increasing globalization and advances in telecommunications, technology, and transportation, people from all over the globe are now living and working together. These international fluctuations have led to unprecedented demographic shifts and changes.

According to the US Census Bureau, the population in the United States in 2000 was approximately 281.4 million, and 31.1 million of these were foreign-born. Individuals from Latin America represented 52%, Asia 26%, Europe 16%, and other foreign-born 6%.¹ It is projected that, by the year 2021, the number of Asian-Americans and Hispanic-Americans will triple, while the number of African-Americans will double.²

Immigration brings many new and wonderful qualities, traits, languages, beliefs, and knowledge from the home countries. Unfortunately, it also enables frequent misunderstandings between cultures. When people from different cultures or backgrounds attempt to communicate with one another, there can be a gap in expectations and confusion may occur.

Healthcare settings are not exempt from cultural diversity and misunderstandings. These miscommunications can be stressful for both patients and caregivers. Caring for patients from cultures other than one's own provides special challenges. In cross-cultural professional encounters, taking time to develop a trusting relationship, which fosters clear communication and understanding, promotes a positive experience for both the patient and caregiver.

This article outlines the importance of transcultural awareness and communication, and it illustrates how a caregiver can be prepared to address these issues in a clinical setting.

OBJECTIVES:

1. Examine internal barriers to communicating effectively across cultures

2. Explain the role of translators, understand the communication skills required, and appreciate the other techniques needed to provide effective care given the cultural differences
3. Describe the cultural values, beliefs, family social structure, communication patterns, and strategies for providing effective healthcare for the following patient populations:
 - Anglo-Americans
 - African-Americans
 - Hispanics/Latinos
 - Asian-Americans

Do you think you are ready to care for patients from different cultural backgrounds? Ask yourself these following questions:

- * Am I open to differences and able to accept other people's ways of doing things?
- * Am I able to learn about people and situations by listening and watching?
- * Am I able to withhold judgment until I understand a situation?
- * Am I able to find alternative solutions when making decisions?
- * Am I able to cope with complex cultural differences and still do my job successfully?

Being prepared as a clinician means having an idea of the range of cultural behaviors and understanding people's actions from their cultural perspective. *Culture* refers to certain beliefs and actions that are learned and shared by members of a group.^{3,4} *Cultural values* are an individual's preferences for particular activities sustained over time that govern their actions or decisions.⁴ According to Leininger, *transcultural nursing* is an area of study or practice that takes into account the specific values, beliefs, and ways of life of people of diverse or similar cultures, with the goal of using this knowledge in creative ways to provide culturally congruent care.³

There are basic recommendations for caring for diverse patients that transcend all cultures. These recommendations include removing internal barriers, understanding translator roles, developing communication skills, and

utilizing techniques needed to provide culturally competent care.

REMOVING INTERNAL BARRIERS: TAKING OFF YOUR CULTURAL SUNGLASSES

The importance of seeing another culture, not through our own eyes but through the eyes of the patient, is paramount for success. The term *cultural sunglasses* represent how we as individuals unconsciously look at the world from only our own perspective. Maybe in your childhood you lived all over the world. Alternatively, maybe you stayed only with people from similar backgrounds as yourself and have a narrow idea of what the outside world is like. Whatever your situation or background may be, you nevertheless have ideas of how you think people should act, dress, and respond to you. The personal ideas or prejudices that each of us have are our cultural sunglasses. As Anais Nin put it, "We don't see things as they are, we see things as we are." As you prepare to assess, treat, and stabilize your patients, be prepared to take these sunglasses off.

To provide the best possible patient and family care, we first must take a step back as clinicians. We need to assess our values, our beliefs, our customs, and ourselves. We need to feel comfortable with our previous experiences and reactions. Clinicians cannot start to care for a culturally diverse patient if they are not first comfortable with their own identity and beliefs. You must also be prepared to remove any preexisting prejudices or ideas about others that may be clouding your mind.⁵ Self-awareness is both a cognitive and an emotional process. Through self-examination, the clinician can achieve a sense of self and can become more aware of self-attributes that may create barriers to effective communication across cultures. Removing internal barriers is the first vital step to initiating a trusting relationship with your patient.

TRANSLATOR ROLES AND COMMUNICATION SKILLS

Communication skills are an important aspect of providing optimal transcultural clinician care. They are especially helpful when working with culturally diverse populations for whom English is a second language. There are many common reactions that patients have when placed in a new and stressful situation, such as an unplanned hospital or clinic visit. When stress occurs in patients, they may revert to their native language out of comfort. Patients may have difficulty concentrating on all the tasks at hand while simultaneously concentrating on speaking in a secondary language. Even if a patient can speak English fluently, he or she may not know how to express certain medical terminology except in his or her

native language. Listed below are some general guidelines for transcultural communication:

- Unless you are thoroughly effective and fluent in the target language, use an interpreter. If possible, obtain a translator of the same sex as the patient.⁶
- Learn basic words and sentences in the target language of the diverse patients who frequent your healthcare facility.
- Slow down and be patient. Careful interpretation often requires that long explanatory phrases be used, to interpret what needs to be said.⁶
- Address the patient directly, not indirectly through the interpreter as if the patient did not exist.⁶
- Return to an issue if you suspect a problem, get a negative response, or notice a puzzled look from the patient. Be sure the interpreter knows what you want.⁶
- Provide instructions in a logistical format, and have patients repeat their understanding of the medical therapy.
- Avoid complicated technical terminology and professional jargon. Drawings and communication boards may be helpful communication aids.
- Plan what you want to say ahead of time. Do not confuse the interpreter by backing up, rephrasing, or by using abstract phrases or metaphors.⁶
- Speak slowly and directly to the patient. Use a normal tone of voice. Do not shout or speak louder. Misunderstandings do not occur because patients cannot hear you, but because they need a longer time to process the information from English, into their native language, and then back to English to respond.
- Use only necessary words. Too many unnecessary words can frustrate the patient, because they will be lost in translation.

Bad example: "As you know, the procedure may last up to four hours and the toilet is available now, so would you like to use the toilet?"

Good example: "Do you need to use the toilet before your procedure?"

COMMUNICATION SKILLS AND MANEUVERS NEEDED TO PROVIDE CULTURALLY COMPETENT CARE

Here are some guidelines on what to do:

- Make a good first impression. Listen closely to the patient. Your caring behavior helps form a trusting and satisfactory relationship.
- Always start with formal greetings. It is usually best when working with adults to use the

patient's last name when addressing him or her. (In the Japanese culture, it is common to put *-san* at the end of a last name to signify respect; for example, Mr. Tanako-san).

- Ask questions to increase your understanding of the patient's cultural view of healthcare practices.
- Accept differences in communication responses throughout the wide spectrum of cultures. For example, in many of the Asian cultures, it is disrespectful to look directly at another person, especially one in authority. However, in an Anglo-American culture, it would be considered disrespectful not to make direct eye contact with the speaker.⁷
- Into the plan of care, incorporate the patient's ideas about the maintenance of health, the causes of illness, and the means to prevent or cure it. Adopt a streamlined format of questioning that will help determine some of the patient's central beliefs about health, illness, and illness prevention. Whenever possible, incorporate the patient's folk medicine and health beliefs into the patient's daily care. Establishing this layer of trust instills a greater likelihood that the treatment plan will be followed.⁷
- Allow the patient to be open and honest. Ask the patient to discuss all Western medicine and non-traditional cures that he or she is currently using.⁷
- Do not underestimate the effects of the patient's supernatural beliefs. Many cultures have traditions and beliefs that may result in the patient's failure to follow medical advice or comply with the treatment plan.⁷
- Understand the value of involving the entire family in the treatment plan. In many cultures, the immediate or extended family usually makes medical decisions. Involving the family in the decision-making process and treatment plan can facilitate increased patient compliance with the course of treatment.⁷
- When the need arises to discuss negative news with the patient, refrain from sharing every single detail of all the possible complications on a particular course of treatment. Observe the patient, and respect signs that the patient has learned as much information as he or she is able to handle at a certain point in time. In many cultures, placing oneself in a doctor's hands represents an act of trust. The patient may prefer to transfer the responsibility for treatment to the physician rather than having to make difficult decisions on his or her own.⁷

UNDERSTANDING THE SIMILARITIES AND DIFFERENCES BETWEEN CULTURES

One important way to bridge a communication gap is to understand the basic cultural beliefs, family social structure, communication patterns, and health beliefs of

the main groups of patients for which you care. Although it is not the goal of this article to discuss every nationality and culture, a few of the higher-density-population nationalities in the United States will be discussed.

All patients need to be looked at and assessed as separate individuals. Each patient is unique and has specific requirements to achieve optimum care. It would be incorrect to lump all individuals from a certain ethnic background into one group without first looking at several factors that affect culture, such as the patient's physical and social environment. Patients may also be from mixed families and have a blend of many cultures and beliefs. It is important that we understand these traits so that we understand how these attributes may work effectively or negatively with other cultures.

Let's proceed by removing our cultural sunglasses and taking a close look at the unique and interesting cultural differences and similarities within the Anglo-American, African-American, Hispanic/Latino, Chinese, Japanese, and Korean cultures.

ANGLO-AMERICAN

The term Anglo-American denotes individuals of mixed English and American influence or heritage, or those groups within the Americas that are English-speaking European American and English Canadian.

ANGLO-AMERICAN CULTURAL TRAITS AND SOCIAL STRUCTURE

- *Individualism and self-reliance:* Anglo-Americans are encouraged to see themselves as individuals and not as members of a collective group.^{8,9}
- *Family:* Anglo-American family structures have much variability. The range includes the traditional nuclear, extended, divorced single-parent, and a variety of alternative family forms. The more-modern family structure does not have a hierarchal base; parents have equal rights and responsibilities in the family. A two-income family is common in Anglo-American households.
- *Privacy:* Anglo-Americans usually assume that people need some time to themselves to rest and recover.
- *Independence and freedom:* Most Anglo-Americans do not like being constrained or having their freedom infringed upon by others. Speaking openly about almost any matter is valued, defended, and protected.
- *Directness and assertiveness:* Anglo-Americans do not generally mask their emotional responses. Anglo-Americans usually consider themselves to be frank, open, and direct in their dealings with other people.^{8,9}
- *Competition and achieving measurable outcomes:* Achieving measurable outcomes is highly regarded by Anglo-Americans. Because the competition can be intense at times, other cul-

tures may find Anglo-American behavior a bit abrasive.

- *Materialism and technology:* Anglo-Americans tend to value having material goods and the newest high-technology products. Technology is often relied upon in hospitals, clinics, and homes. Because not all cultures believe in and use such technologies, the clinician must carefully assess the influence of his or her usage on the total wellbeing of the client.^{8,9}
- *Equality:* In the United States, equality is usually respected in social relationships. Males and females generally expect to be treated with equal respect, rights, and role opportunities in the home and workplace.¹⁰
- *Youth and beauty:* Anglo-Americans tend to place a high value on children and beauty (in contrast to other cultures, whose members often pay tribute to the elderly—who are often deeply respected, valued, and cared for with kindness and affection).
- *Facts and figures:* Getting facts in quantifiable numbers and logical or objective means is often greatly valued by Anglo-Americans.⁹

ANGLO-AMERICAN COMMUNICATION PATTERNS

Nonverbal communication: Intense or emotionally-charged communication is usually not preferred in public communication situations. Anglo-Americans often dislike intensely emotional interactions that may lead to a loss of self-control. Therefore, these situations are to be avoided.¹⁰

Directness: Anglo-Americans tend to speak directly about the issues at hand. If there is a conflict, they often feel it is best to confront the person and resolve the issue immediately.⁶

Eye contact: The Anglo-American method for eye contact is for the speaker to make brief, intermittent contact with the listener. However, it is important for the listener to gaze fairly steadily at the speaker and make direct eye contact.¹⁰

Gestures: Anglo-Americans tend to use small to moderate amounts of physical gestures in usual conversation, often with their hands.

Identity orientation: In general, Anglo-Americans place a great deal of emphasis on self and being a separate individual. Children are raised to become self-sufficient.

Turn taking and pause time: Pause time between speakers is usually brief. People tend to speak on the end of the first speaker's last sentence. Anglo-Americans may feel uncomfortable when there is an extended pause when two parties are speaking or exchanging information.¹⁰

Space: The usual distance for social conversation is about two to three feet (an arm's length) from the other person, unless it is a more personal relationship. Anglo-Americans may feel uncomfortable if you stand closer than an arm's length while conversing, because they may feel that their personal, private space is being invaded. If

the person to whom you are speaking backs away a little, don't try to close the gap.

Time: Anglo-Americans place considerable value on instant time, actions, and punctuality.^{8,9} Time is conceptualized as an important entity that should be saved and not wasted. For example, it is often said in a cardiac catheterization lab that time is muscle, and time is also critical in treating stroke victims in the angiography lab.

Touch: Comparatively speaking, Anglo-Americans are conservative in regards to touch. A simple handshake may be exchanged for formal encounters. The handshake should be firm but not too aggressive.

Vocal patterns: Anglo-Americans tend to speak in a medium pitch and on the low end of vocal variation. Individuals who are passionate speakers and are vocal about topics may be suspected of irrationality, unless others share their opinions.¹⁰

Thought patterns and rhetorical style: Directness in stating the point, purpose, or conclusion of a discussion is the preferred style.¹⁰

STRATEGIES FOR EFFECTIVE HEALTHCARE FOR ANGLO-AMERICAN CLIENTS

- * Anglo-Americans generally take an interest in understanding their medical condition. They may want to know every pro and con of all treatment options. In addition, they may even do research before their appointments and have handouts and questions prepared. Be ready to assist them with data analysis, symptoms, causes, treatment options, and statistics. Anglo-Americans also may ask for a second opinion for serious conditions.
- * Because Anglo-Americans tend to place a considerable emphasis on time, one should advise them if there has been a delay in the lab or procedure rooms. The Anglo-American's impression of the type of healthcare they received is directly related to the time factor. (Did I have to wait long for my procedure to start? Did I have to wait long for my call light to be answered? Did they bring me my pain medicine right away?) Clinicians who can respond quickly to patient needs are often able to build a layer of trust.

AFRICAN-AMERICAN

African-American culture in the United States includes the various cultural traditions of African ethnic groups. It is both part of and distinct from American culture. The US Census Bureau defines African-Americans as "people having origins in any of the Black race groups of Africa."¹¹

AFRICAN-AMERICAN CULTURAL TRAITS AND SOCIAL STRUCTURE

- Religion has been theorized to help buffer the negative psychological effects of stress. African-Americans often use religion as an adaptive coping mechanism to help them transcend the limitations and difficulties of their everyday lives.¹²

- African-Americans have a higher tendency to reside in extended family households than their European American counterparts. *Extended families* are close kin relations whose members benefit from the reciprocal exchange of goods, services, and ongoing emotional support. Extended families can assist in problem-solving and stress reduction.¹²
- A strong work orientation and double-income households are common among strong two-parent African-American families.¹³ Adaptability in family roles and flexibility serves as an effective coping mechanism in healthy African-American families. Because it has been necessary for many mothers to work outside the home, African-American mothers tend to have power in the family.¹⁴
- African-Americans generally have a strong motivation to achieve, and parents commonly believe education is important.¹²
- Good and caring parenting is a strong value.¹⁴
- Older African-Americans may hold fast to their trust in folk medicine.

AFRICAN-AMERICAN COMMUNICATION PATTERNS

Animation and emotion: Communication is generally passionate and animated if authentic. Communication that is presented in a monotone way is seen as less credible. The assumption is that if one believes in something strongly then he or she will be willing to advocate its truth and establish its authenticity through argument and debate.

Directness: It is generally preferred that you are sitting directly facing the person with whom you have an issue or problem.¹⁰

Eye contact: A person who is speaking usually maintains direct and prolonged eye contact. However, a listener's eye contact tends to be a little less focused on the other person.

Gestures: When speaking, frequent and sometimes large gestures are the norm. The expressiveness of the communication is valued. If larger gestures increase expressiveness, then they are interpreted as enhancing communication.¹⁵

Identity orientation: The self is generally viewed as a part of the group. There is often a direct correlation between one's actions and how they affect the identity of the group and extended family.

Turn-taking and pause time: Individuals are granted a turn to speak when there is urgency and the ability to command attention from others.¹⁰ There is often not a long pause time between exchanges of information.

Space: Research on the use of space among African-Americans is mixed. Personal space distance required when communicating varies from person to person.¹⁶

Time: African-Americans may tend to be relaxed in regards to time. They may be puzzled or confused when someone who is time-dependent confronts them about being late.¹⁶

Touch: Among friends, African-Americans tend to use more physical touch than some other cultures. However, African-Americans may use less touch than is usually seen among people of Hispanic/Latino cultures.¹⁶

Vocal patterns: There are large variances in vocal patterns compared to some other cultures. They may speak softly or lively, with energy and variety. Depending on the situation, all vocal patterns may be considered appropriate.¹⁶

STRATEGIES FOR EFFECTIVE HEALTHCARE FOR AFRICAN-AMERICAN CLIENTS

- * Do not generalize information gathered through research to all African-American clients. Use this information as a base of knowledge, and treat each client as an individual.
- * Become aware of the historical and current experience of being an African-American in the United States.
- * Be sensitive to spiritual values and the value of the family when making a healthcare plan.
- * Be sensitive to variations in African-American norms due to normal adaptations to stress, and be flexible enough to accept these variations.
- * Learn to acknowledge and to be comfortable with the client's cultural differences.

HISPANIC AND LATINO AMERICAN

Hispanics and Latino Americans are individuals with origins in the Hispanic countries of Latin America or Spain. This large group of individuals covers many countries. There are many separate subgroups that differ by national origin, languages, and cultures, and there are many different ancestries from all continents. According to the 2000 US Census, 35.3 million (or 12.5 percent) were Hispanic. Seventy percent of the Hispanic population is concentrated in four states—California, Texas, New York, and Florida.¹³

HISPANIC AND LATINO CULTURAL TRAITS AND SOCIAL STRUCTURE

- A Hispanic family is usually the individual's primary source of social support and extends beyond the nuclear family. The Hispanic family kinship system extends to nonblood relatives, such as friends and godparents. An extended family member does not necessarily need to be a part of the client's household to provide influence. Hispanic relationships are hierarchical. Status and authority are accorded by virtue of age and experience, with males holding the highest value. In most Hispanic families, the father is the head of the family and the mother is responsible for the home. When significant others are seen together, most of the communication should be channeled through the male as

a sign of respect for his position of authority in the family.¹⁷

- Family members tend to look to elders for advice because of their experience. Hispanic/Latino families may welcome support, comfort, and advice from elders as the first line of defense when a person becomes ill.
- Religion is a prominent part of most Hispanic/Latino daily lives. Many are Roman Catholic or Protestant. The spiritual prevention of illness is an accepted practice that is accomplished with prayer, the wearing of religious medals, and the keeping of religious symbols and relics in the home.¹⁸ It may provide much comfort to the patient to be able to keep these religious medals or symbols (rosary, cross necklaces, and pictures of the saints or the Virgin Mary) directly with them during their stay in the clinic or hospital.¹⁸
- Understanding the patients' usual daily routines and eating habits is important for congruent care, the fostering of respect, and trust. Eating habits in Hispanic countries usually consists of a light meal served for breakfast, and lunch is usually the main meal of the day. A nap or rest period taken after lunch, also known as *la siesta*, is a common practice among adult Hispanics. In the early evening, a light informal snack is often eaten to sustain them until supper. Supper is often served around 9:00 PM.²

HISPANIC AND LATINO COMMUNICATION STYLES

Animation/emotion: In settings with only other Hispanics/Latinos present, a high level of emotional expression is generally acceptable. However, in the presence of strangers, their emotions or the way that they express themselves may be somewhat reduced.¹⁹

Eye contact: Direct eye contact is often viewed as disrespectful.¹⁹

Gestures: Individuals from Hispanic/Latino cultures tend to use a medium to high level of gestures. They may speak quickly, loudly, and use animated gestures to better convey points when conversing in an informal setting with other Hispanic/Latino individuals.¹⁰

Identity orientation: Obligation to family requirements usually takes precedence over one's personal requirements. Therefore, they may not want to make important decisions regarding a medical therapy without first consulting members of their family.¹⁹

Pacing and pause time: Pause time tends to be relatively short.

Space: Hispanic/Latino's interpersonal distance tends to be somewhat less than that of other cultures. Individuals may prefer to sit or stand closer than two to three feet apart when having discussions.¹⁹

Time: Hispanics often have a different orientation to time than do other cultures.²⁰ They are more relaxed about being on time for medical appointments, and healthcare professionals should not take this personally.

Touch: As a greeting, a firm handshake is a common practice between people. When close friends and family greet each other, they may exchange hugs and a light kiss on the cheek. Hispanic/Latino cultures tend to use touch more than other cultures, such as those from Asia.¹⁹

Vocal patterns: The normal range of voice pitch for Spanish speakers is narrower than it is for native English speakers; it is much more subdued.

Volume: Hispanic/Latino patients may speak quietly and formally.¹⁷ This practice is in contrast to that of Anglo-Americans, whose interactions are usually more casual and at a much higher volume. The Hispanic/Latino patient might feel like the Anglo-American is yelling or showing irritation, even when the English speaker is talking in his or her normal volume.

Thought patterns and rhetorical style: Hispanics/Latinos generally prefer a more descriptive, indirect style of communication.¹⁰

HISPANIC AND LATINO HEALTH BELIEFS

- The family is the first place the Hispanic/Latino patient may turn for help when sick. Hispanic/Latino individuals may wish to be pampered when ill, and the family can show their love and concern by caring for the sick family member.
- When seeking support outside the family, Hispanics/Latinos may turn to their physician, priest/minister, folk healer, and/or holistic spiritualist healer.²¹
- The *mal de ojo* (evil eye) or *ermidia* (envy), is thought to occur when a healthy child gets sick with an illness after a person with a strong gaze looked at the child.²¹
- *Fatalismo* (fatalism) is a cultural value expressed by belief that if something were meant to be, it will be, that "God wills it."²¹

STRATEGIES FOR EFFECTIVE HEALTHCARE FOR HISPANIC AND LATINO CLIENTS

- * • It is important to remember to treat clients as individuals rather than representatives of a national, social, religious, socioeconomic, or ethnic group.
- * • Confirm that the Hispanic/Latino patient agrees with the prescribed treatment. If the treatment is considered culturally insensitive, it is doubtful that he or she will comply with the clinician's expectations. However, because Hispanic individuals tend to have great respect for power and authority, the patient is not likely to voice disagreement to the clinician but may simply not return to the clinic.
- * • Inviting the patient to sit wherever he or she likes on the first visit may help establish a proper spatial distance between client and clinician.

- * Be sensitive to the perception of time. The patient may arrive late for tests and procedures. To keep things running smoothly in your medical unit, be prepared to make adjustments to the procedure schedule or the time for arrival.
- * Clinicians need to be aware that the client's most important asset or strength is often having access to friends and family for support. The family members need to be included as participants in the client's care whenever possible.
- * When a patient believes that an illness is caused by fatalism, use an approach that incorporates the idea that "God helps those who help themselves." This effective strategy may help bridge the gap when the patient does not want to take an active role in the healing process.
- * If the patient does not immediately agree to comply with a specific treatment plan, it does not mean that the individual lacks motivation, interest, or understanding. Rather, the client is probably discussing it with other family members to get their advice or opinion first.
- * Personal matters should be handled only within the family. Modesty is valued in Hispanic culture. The area between the waist and knees is considered particularly private. This may be a challenging issue while trying to keep a watchful eye for complications post cardiac catheterization or angioplasty procedures. To maintain the dignity of the patient, it would be best to obtain an interpreter that is the same sex as the patient.
- * It is common for a Hispanic/Latino patient to give a small gift to the clinician as a token of their appreciation after or during a treatment course. Refusal of a gift may be taken as rejection.

ASIAN-AMERICAN

Asian is a broad term encompassing people from southern India to Indonesia to northern Mongolia. According to the US Census Bureau, *Asian* refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).²² Asian-Americans and Pacific Islanders are persons of Asian or Pacific Islander ancestry. They represent more than 50 ethnic groups and speak more than 800 languages or dialects. Because this is such a large, diverse group, only the cultural values, beliefs, family social structure, communication patterns, and healthcare strategies of the Chinese, Japanese, and Koreans will be discussed.

CHINESE

Chinese Cultural Traits and Social Structure

The Chinese people tend to have a deep respect for family bonds. The traditional Chinese family has a hierarchical order. Usually the man is the head of the family and is tagged with the responsibility for earning the bread for his family. This responsibility also gives him complete authority and the final say in the affairs of the family.

China has a one-child policy that has been enforced by law. This policy was introduced as a means of controlling the rapidly growing population and thus reducing the strain on the country's natural resources. A family that has paid a special fee or satisfied other exceptions to the law can have more than one child. In these cases, older children have precedence over younger children, and male children over female.²³

Family duty is manifested by deep respect for parents and elders. Families tend to be private, and they usually prefer not to discuss issues or conflicts with people who are not family members. The focus is on family and community as a whole instead of oneself. Traditional Chinese families believe it is their duty to bring good luck and good fortune to their family.²⁰ Consequently, there is a value on strict adherence to societal norms so that one may not bring shame to the family, or to lose face. Awareness of *face* is an extremely important cultural issue. In the Asian culture, one should never insult, embarrass, shame, yell at, or otherwise demean a person.²⁴

The most commonly practiced religion among Chinese people is Buddhism. Philosophical systems such as Taoism and Confucianism are integrated with religion and cultural identity.²⁵

There are seven major Chinese language groups, with numerous dialects within each. The seven groups are Mandarin (the most widely spoken), Cantonese, Hakka, Xiang, Min, Gan, and Wu.²⁶ Mandarin is the official language of the People's Republic of China and Taiwan.

Chinese Health Beliefs

The Chinese belief that health and illness need to stay in balance is expressed by the yin-yang symbol (Figure 1). Yin and yang are identified as opposites. The yin represents the female, cold, or negative forces. The yang represents the male, hot, or positive forces. Both of these forces need to coexist in harmony; one having precedence over the other predisposes a person to illness. This concept is important to understand in regards to recovering the patient, especially when this comes to serving food, drink, and medicines. Depending on the item, medicines and foods are often considered as either hot or cold.²⁷



FIGURE 1. The Yin-Yang Symbol

Chinese medicine is a tradition that treats the person as a whole, using acupuncture, acupressure, and Chinese herbs and teas. Dietary therapy, traditional herbal medicine, Western medicine, and supernatural healing may also be used. Patients may be reluctant to divulge any information regarding the use of any Chinese or alternative medical treatments. In addition, many Chinese people will assume a sick role when they are ill and depend heavily on others for care.

Strategies for Effective Healthcare for Chinese Clients

- * If a patient asks for a drink of water, and he or she is not NPO, then ask if it should be hot or cold. Do not automatically serve a glass of ice water. Ice water may not produce harmony within the yin and yang. The Chinese patient may believe that only certain types of foods and beverages must be consumed when sick. Facilitating these dietary accommodations can help the clinician build a layer of trust.
- * Be open-minded during your patient assessments to illicit responses regarding use of both Chinese medicine and Western medicines. Use a caring and accepting approach to all types of medical therapy, and patients may be more likely to share with you their medical history.
- * A relatively longer time may be needed to make a choice between possible options in medical therapy. Consensus from the family may be required to determine if a medical option is the best decision for the group.
- * Try to avoid the number four. To a Chinese person, four can be an unlucky number because it has the same Chinese character for death. Whenever possible, please keep this in mind if there is an option of putting a patient in a specific lab or bay number. In contrast, eight is a lucky number, so if the option exists between putting the patient in bay four or eight, choose bay eight.

JAPANESE

Japanese Cultural Traits and Social Structure

The Japanese people are well known for their great attention to detail in everything they do. Everything has a purpose or spirituality behind its organized way.

Harmony is a key value in Japanese society and is the guiding philosophy for the Japanese in all venues and in society as a whole. From the time they are small, Japanese children are often taught to act harmoniously and cooperatively with others.²⁶ Japanese individuals generally see themselves as part of a group, and their group is always dealing with other groups. All decisions are usually made within the group and for the group.

Japanese behavior often revolves around the need for harmonious relationships between people. Japanese culture places great emphasis on politeness, personal responsibility, and working together for the universal, rather than the individual, good. Most generally, they will present facts that might be disagreeable in a gentle and indirect fashion. They see working in harmony as the crucial ingredient for working productively.

Greetings are generally more formal for the Japanese, and are usually initiated by a bow. Japanese people generally place the word *-san* at the end of the person's last name to signify respect (as in Tanako-san). In general, the Japanese relate themselves first to the company they work for and then to their family, in this order (*Tanako-san wa IMC no shain desu*, "Mr. Tanako-san is an IMC employee").

Family responsibilities take precedence over individual desires. The main feature of a traditional Japanese family unit is a strict gender-based role division, with a patriarchal head and a hierarchy by birth.²⁶ Japan's two major religions are Shinto and Buddhism, but there are also many other faiths celebrated. Japanese people speak *Nihongo*, known as the Japanese language.²⁶

Japanese Health Beliefs

A Japanese patient may believe that the mind and body are one entity. Discussions regarding organ donation should be handled delicately. Patients may be apprehensive to donate one's organs because they feel the unity of the body and soul might be destroyed.²⁸ Accepting the organs of a dead person could be seen as disrespectful by some Japanese and could trigger anxiety. Japanese may view death as a natural process, a part of life. Life continues after death in the form of rebirth.

In Shintoism, the emphasis is on purity and cleanliness. In terminal illnesses, dying and death are considered impure. In addition, a Japanese patient may believe in the Confucianism concept of *filial piety*. Filial piety is also known as duty, which places importance on family and social order.²⁸ If decisions need to be made regarding long-term care for a family member, the children will feel obligated to take care of parents in their own home, even if they are not equipped to do so.

Strategies for Effective Healthcare for Japanese Clients

- * Japanese patients will usually be attentive and respectful during health education. However, they may be reluctant to ask a question or add a comment because they often would prefer not to discuss anything they believe would cause a conflict or differing opinion.⁴ In addition, silence should not be interpreted as automatic agreement when you are discussing patient treatment options or medical care. It could just be the patient's way of avoiding a conflict if he or she does not agree with the caregiver.
- * People of Japanese culture may view an illness as something outside their control and therefore may not take an active role in adjusting their lifestyles. When going over post-procedure instructions and discharge care, it is important to ensure that they fully understand their role in prevention of complications. Patient education needs to emphasize the lifestyle changes required to prevent further medical issues.
- * Avoid expressing your opinions too directly to the patient. Depending on the situation, Japanese people have what they call *honne* (real opinion) and *tatemae* (public opinion). *Tatemae* is what the patient may express in most situations to avoid disturbing the harmony of the group. *Honne*, though, is what one really thinks but does not say openly, or says only to close friends or relatives.²⁹
- * Avoid interrupting people when they are speaking or thinking about an answer. Japanese individuals generally do not mind short periods of silence in the middle of a discussion.
- * The Japanese cultures prefer order and predictability in their everyday lives. Clinicians may consider planning interventions using structured activities in which roles and expectations are clearly defined.
- * Clinicians should avoid physically touching the patient unless it is required as part of patient care. Japanese cultures use touch much less than other cultures, and it may make them feel uncomfortable.
- * Like a Chinese patient, a Japanese patient may feel that the number four is an unlucky number because it has the same *kanji* (Japanese character) for death. If there is an option of putting a patient in a specific lab or bay number, keep this concern in mind.
- * Clinicians should always avoid intense or long-term eye contact to show respect to a person of Japanese culture.

KOREAN

Korean Cultural Traits and Social Structure

The family is the most important part of Korean life. In Confucian tradition, the father is the head of the family, and it is his responsibility to provide the

essentials. The eldest son also has hierarchal duties: first to his parents, then to his brothers from older to younger, then to his sons, then to his wife, and lastly to his daughters.³⁰ Family needs are much more important than individual needs. The actions of one family member can reflect either positively or negatively on the rest of the family.

Kibun is a Korean word that expresses mood and feelings. Hurting someone's *kibun* it may cause that person to lose face. Korean interpersonal relationships operate on the aspect of maintaining a peaceful, comfortable, and harmonious atmosphere at all times.³¹ Koreans follow a variety of religious ideas and organized religions. Some examples are Buddhism, Confucianism, and Christianity.³⁰

Greetings tend to be relatively formal and are usually initiated by a bow, with the person of lower social status bowing lower to the ground. However, where there is a mix of both Western and Asian cultures, a bow may be followed by a firm handshake.

Korean Health Beliefs

Traditional Koreans may view illness as an unfortunate event, and hospitalization may be seen as sign of impending death. Illness is sometimes attributed to change or disruption in the natural forces. Treatment of illnesses corresponds to the use of opposite forces of yin and yang to achieve balance. Traditional Koreans may use herbs, acupuncture, cupping, and moxibustion in addition to Western medicine. *Acupuncture* is the insertion of needles into specific body locations. Each of these points has specific therapeutic effects on corresponding organs. *Cupping* is a process in which a series of small heated glasses are placed on the skin, forming suction. The goal is to draw out the bad force. *Moxibustion* is the burning of a soft material at specified areas, corresponding to the internal energy channels on the skin.³¹

Strategies for Effective Healthcare for Korean Clients

Traditional Koreans may not like having blood drawn for labs because it may be seen as reducing their *qi*, or life force in their body.² Being sensitive to this concern and helping them understand the need for these tests can build a level of trust.

Korean cultures may make use of do not resuscitate (DNR) orders because prolonging life may be seen as unacceptable. Once again, as with other Asian cultures, organ donation and transplantation may be seen as a disturbance in the integrity of the body.² Therefore, when dealing with end-of-life issues, a clinician needs to respect the wishes of the patient and family members, even if those wishes differ from the clinician's views. The families are usually the prominent caregivers when they are ill. However, when outside care is obtained, the physician is usually seen as powerful and trustworthy.²

ASIAN COMMUNICATION STYLES

Animation/emotion: The control of emotional display and harmony is highly valued. Arguments or disagreements could result in a loss of face for both the speaker and the listener, and are usually avoided.²⁴

Eye contact: Japan and China have hierarchical societies in which it is always important to know one's status relative to the person one is speaking with. Direct eye contact is seen as disrespectful if it lasts longer than a second or two.²

Gestures: Gestures and hand movements are usually kept close to the body and are quite restrained.² Japanese, Chinese, and Korean individuals often bow as a symbol of politeness. Bowing is the act of lowering the torso and head as a social gesture in deference to another person. During this greeting, no eye contact is made, the hands are held at the side, and the person with lower status usually bows lower to the ground. When talking on the phone, some people of Asian cultures cup their hands over their mouth and phone to keep their conversation modest. Therefore, do not misunderstand this gesture and think they are saying something negative about you on the phone as the caregiver. Cupping their mouths while on the phone is a common practice.

Identity orientation: The Japanese people generally believe in collective group harmony. Decisions are often made in relation to obligations to family, and secondarily to one's own desires. In Japan, this sense obligation and personal identity may be extended to the company or business for which a person works. China is also group-oriented, but with a greater sense of personal identity than other Asian cultures. Korea is also more closely aligned with the ideals of the Japanese culture when it comes to self and family needs.²⁷

Pacing and pause time: The pause time between a person's response to the question or remark is usually somewhat longer than that of other cultures.² To people of some cultures, silence may be viewed as awkward or wasteful of time. However, the Chinese, Japanese, and Korean cultures are quite comfortable with periods of silence. Patients may view silence as a normal part of conversation and may not appreciate your efforts to fill the void with small talk.

Time: Traditionally, time is seen on a continuum. People of Asian cultures are often masters of waiting for the perfect time to initiate new changes, and they may be proficient in long-term planning and the initiation and maintenance of long-term relationships.²⁷

Touch: People of Asian cultures tend to use far less touch in public compared to those of other cultures.²⁷

Vocal patterns: The Japanese and Korean preferred mode of communication is relatively quiet. People of Japanese and Korean culture generally value suppression and restraint in conversations.²⁷ Chinese vocal patterns may be somewhat louder compared to those of other Asian cultures.

Thought patterns and rhetorical style: In general, directness in stating the point, purpose, or conclusion of a communication is not the normal mode of communication.²⁷

SUMMARY

The world is growing at a phenomenal rate, and people are shifting across borders. Multiculturally diverse individuals need to be cared for by expert clinicians who understand the diversities and similarities among cultures. The time is now to take off our cultural sunglasses and treat patients and families holistically, employing the guidelines for transcultural care reviewed in this article.

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CLINICIANS WITHOUT BORDERS: A GUIDE TO TRANSCULTURAL CARE POST TEST

Expires: October 15, 2012 Approved for 2 ARRT Category A Credits

1. **According to the 2000 US Census Bureau, it is projected that by the year 2021, the number of _____ will triple.**
 - a. Arab-Americans
 - b. Asian-Americans
 - c. African-Americans
 - d. all foreign-born Americans
2. **What term refers to certain beliefs and actions that are learned and shared by members of a group?**
 - a. Ethics
 - b. Diversity
 - c. Culture
 - d. Morals
3. **When preparing to care for patients from different cultural backgrounds, healthcare professionals should be**
 - a. open to differences, able to learn by listening and watching and able to find alternative solutions.
 - b. rigid and unbending, judgmental and unaccepting.
 - c. sure to follow procedures, quick to judge and able to speak more loudly.
 - d. sure to get a translator and speak only to them.
4. **Which of the following is/are basic recommendation/s for dealing with diverse patients?**
 - a. Understand a translator's role
 - b. Develop communication skills
 - c. Remove internal barriers
 - d. All of the above
5. **A colloquialism used to describe how individuals unconsciously look at the world from only their perspective is called**
 - a. cultural sunglasses.
 - b. rose-colored sunglasses.
 - c. solitary self-awareness.
 - d. solitary diversity.
6. **Self-awareness is a _____ and _____ process.**
 - a. dynamic; complex
 - b. cognitive; emotional
 - c. logical; conscious
 - d. difficult; sensitive
7. **When should a translator be used?**
 - a. When the patient doesn't speak any English
 - b. When a translator of the same sex is available
 - c. Unless the clinician is thoroughly fluent in the patient's native language, a translator should be used. The translator should be the same sex as the patient if possible.
 - d. Never; the clinician should learn basic words and sentences in the languages she may need and speak loudly and slowly.
8. **When using an translator to communicate with a patient that speaks English as a second language, the clinician should**
 - a. use long explanatory phrases to be sure the clinician is understood.
 - b. address the translator directly so the clinician's ideas are conveyed to the patient.
 - c. obtain a translator of the same sex as the patient, if possible.
 - d. ask the translator to repeat what the clinician has explained.
9. **Which of the following statements are NOT true regarding cultural traits of Anglo-Americans?**
 - a. Anglo-Americans are encouraged to see themselves as individuals and not as a member of any collective group.
 - b. Anglo-Americans assume that people need some time to themselves to rest and recover.
 - c. Anglo-Americans do not generally mask their emotional responses.
 - d. Anglo-Americans place a high value on the elderly.
10. **The Anglo-American method for eye contact is for the speaker to make _____ eye contact with the listener. It is also important for the listener to make _____ eye contact with the speaker.**
 - a. prolonged; intermittent
 - b. intermittent; submissive
 - c. direct; intermittent
 - d. intermittent; direct
11. **The US Census Bureau defines African-Americans as**
 - a. people having origins in any of the Black race groups of Africa.
 - b. people that can trace their origins to Africa.
 - c. people having black skin, regardless of their origins.
 - d. people born in the United States, but whose ancestors were born in Africa.
12. **African-Americans have often utilized _____ as an adaptive coping mechanism to help them transcend the limitations and difficulties of their everyday lives.**
 - a. meditation
 - b. emotional outbursts
 - c. religion
 - d. noncompliance
13. **Which of the following statements is NOT true regarding cultural traits of African-Americans?**
 - a. Because it has been necessary for many mothers to work outside the home, African-American grandmothers tend to have more power in the family.
 - b. African-American parents commonly believe education is important.
 - c. Older African-Americans may hold fast to their trust in folk medicine.
 - d. Among friends, African-Americans use more physical touch than other cultures.

14. Which of the following statements regarding African-American communication patterns is NOT true?
- Communication that is presented in a monotone is generally seen as less credible.
 - When speaking, the clinician should sit directly in front of the person and maintain eye contact.
 - Gestures should be small and restrained and kept to a minimum.
 - African-Americans tend to be relaxed in terms of time.
15. According to the 2000 US Census, 75% of the Hispanic population is concentrated in which four states?
- Arizona, Texas, California, and New Mexico
 - Arizona, Texas, New Mexico, and Florida
 - California, Texas, New York, and Florida
 - California, Texas, New Mexico, and Florida
16. Which is NOT a true statement regarding the cultural traits of Hispanic-Americans?
- An extended family member does not necessarily need to be part of the client's household to provide influence.
 - Status and authority are accorded by virtue of age and experience, with females holding the highest value.
 - Hispanic relationships are hierarchal in nature.
 - Family members look to elders for advice as their first line of defense when a person becomes ill.
17. Which of the following statements regarding Hispanic/Latino communication patterns is true?
- Hispanics tend to speak slower and more quietly and allow for less personal space than other cultures.
 - Hispanics tend to use the same speech patterns and formality when speaking amongst themselves as they do with strangers.
 - Hispanics tend to use long pause times and allow for greater personal space than other cultures.
 - Hispanics may use animated gestures and speak quickly and loudly in an informal setting with other Hispanics, but tend to speak quietly and formally when speaking to non Hispanics.
18. Which of the following statements is NOT true?
- It is important to generalize and treat patients according to their culture.
 - It is important to treat each patient as an individual and information about their culture as a base of knowledge.
 - The clinician should be sensitive to spiritual values and the value of the family when formulating a healthcare plan.
 - The clinician should learn to acknowledge and be comfortable with cultural differences.
19. When treating a patient from a different culture, the clinician should be aware that
- patients may be comforted by religious medals or symbols.
 - if a treatment plan is culturally insensitive it is doubtful that the patient will comply with the plan.
 - patients may need time to agree to a course of treatment and they may feel they need to discuss a plan with family members and get their agreement or opinion before any decision is made.
 - all of the above statements are true.
20. The major religions practiced in Japan are
- Shinto.
 - Buddhism.
 - Confusionism.
 - Taoism.
- Answers 1 and 3
 - Answers 1 and 2
 - Answers 2 and 3
 - Answers 3 and 4
21. Which of the following is thought to occur when a healthy Hispanic child gets sick after a person with a strong gaze looked at that child?
- Fatalismo
 - La siesta
 - Mal de ojo
 - Daltonismo
22. Asian-Americans and Pacific Islanders represent more than _____ ethnic groups and speak more than _____ languages or dialects.
- 20; 200
 - 30; 400
 - 40; 600
 - 50; 800
23. Which of the following is NOT a true statement regarding the cultural traits and social structure of the Chinese people?
- The exception to China's one-child policy is that a woman who has remarried is permitted to conceive one additional child with her new husband.
 - The term face indicates a duty to bring good luck and fortune to one's family. Therefore, one should never insult, embarrass, shame, yell at or otherwise demean a person or they will lose face.
 - The most commonly-practiced religion among Chinese is Buddhism.
 - The most widely spoken language group is Mandarin, and it is the official language of the People's Republic of China and Taiwan.
24. Which of the following statements is NOT a true statement about providing effective healthcare for a Chinese person?
- When offering a non-NPO patient a glass of water, ask whether he or she would prefer it hot or cold to keep harmony within the yin and yang forces.
 - A Chinese person may feel that the number four is an unlucky number, so whenever possible, avoid this number when assigning a room number or bay.

- c. The Chinese people generally use Chinese medicine, and as a clinician, you need to be prepared to counter with Western medicine.
- d. One reason the Chinese patient may need longer time to make a choice regarding care is because consensus from the family may be required.
- 25. As a show of respect in the Japanese culture, it is common to**
- use -san at the end of the patient's last name.
 - bow lower than the patient.
 - address only the male head-of-household when discussing the patient's healthcare.
 - remain standing until after the patient has been seated.
- 26. Which of the following is NOT a true statement about the cultural traits and social structure of the Japanese people?**
- Harmony is the key value in Japanese society and is the guiding philosophy in venues.
 - Japanese culture places great emphasis on politeness, personal responsibility, and working together for the universal good.
 - A traditional Japanese family unit is a strict gender-based role division with patriarchal head and a hierarchy by birth.
 - For the Japanese people, organ donation is considered a duty to society as a whole.
- 27. The family is the most important part of Korean life. In Confucian tradition, the eldest son's hierarchal duties are performed in which of the following orders?**
- Self, parents, older to younger brothers, wife, older to younger sons, and then older to younger daughters
 - Parents, older to younger brothers, older to younger sons, wife, and then older to younger daughters
 - Parents, older to younger brothers, wife, older to younger sisters, older to younger sons, and then older to younger daughters
 - Parents, older to younger brothers, older to younger sisters, wife, older to younger sons, and then older to younger daughters
- 28. In addition to Western medicine, Koreans may use moxibustion, a process in which a person**
- inserts needles into specific locations on the body to create therapeutic effects on the corresponding organs.
 - burns a soft mineral at specified areas corresponding to the internal energy channels on the skin.
 - uses suction by placing a series of small, heated glasses on the skin to draw out the bad force.
 - combines acupuncture, cupping, and the use of herbs to treat illness.
- 29. Which statement is NOT true regarding Asian Cultures?**
- People of Asian cultures use far less touch in public compared to people of other cultures.
 - Asians tend to be quite comfortable with long periods of silence.
 - Asians are very direct in stating a point, purpose or conclusion of a communication.
 - Asians believe that obligations to the group or family are more important than individual desires.
- 30. Which statement is NOT true regarding end-of-life decisions in the Korean culture?**
- Koreans do not make use of (DNR) orders because prolonging life is very important.
 - Organ donation and transplantation may be seen as a disturbance in the integrity of the body.
 - The family is usually the prominent caregiver when Koreans are ill.
 - When outside care is obtained, the physician is usually seen as powerful and trustworthy.



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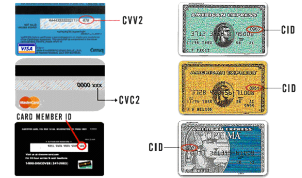
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