



General Orientation AY 2024-2025

Caring for Diverse Populations in the Healthcare Setting

America was founded on diversity with different races and cultures coming together to live. If you traced your own family history, you would likely find a variety of cultures and possibly races that have joined through the years as a "family". Many individuals continue to come to America, bringing their values, cultures, and beliefs to our communities. While acceptance of "diversity" can be challenging for everyone at times, healthcare workers must be prepared to deal with diverse populations every day.

Learning Outcomes:

1. Identify dimensions of diversity in the healthcare setting.
2. Relate Cultural Competency concepts and their practices to the healthcare environment.
3. **Clinical Healthcare Roles:** Consider the diversity of patient populations related to patient care practices.
4. **All Nursing, MDs, & PAs:** Choose appropriate pain assessment & management strategies.

Remember these learning outcomes will be the basis of the General Orientation Quiz.

Patient Rights & Respecting Diversity

All patients in the United States, regardless of race, ethnicity, language, or beliefs, have certain rights and expectations within the healthcare environment. As a healthcare professional, you are responsible for ensuring that these rights are upheld in all patient care activities and situations.

One guideline intended to protect patients is the Patient's Bill of Rights, which serves as a cornerstone for patient care delivery. Many of these "rights" are considered foundational to the regulatory and compliance mandates discussed in the Compliance & Confidentiality module. In addition, our patients and coworkers deserve to be respected as individuals—we must recognize both the similarities and differences that they bring to the healthcare environment.

Dimensions of Diversity

EVERYONE belongs to one or more cultural groups. Whether you are working with diverse team members or caring for patients from diverse backgrounds, respecting diversity is the first step toward developing cultural competency. There are two foundational dimensions related to diversity that define an individual's identity.

Primary dimensions of diversity reflect characteristics that **make** us unique and we have no or very limited control over. These typically include age, ethnicity, gender/gender identity, sexual orientation, mental & physical abilities or qualities, race, place of birth, and so on.

Secondary dimensions of diversity are those that can and do change throughout the lifespan. Examples include educational background, geographic location, income, marital status, parental status, appearance, religious beliefs, language and communication skills, work roles and experiences, and political preferences.

Developing Cultural Competence:

Developing cultural competence is not a series of steps with an endpoint; it is an ongoing process that requires continual awareness of our global environment.

Four factors contribute to cultural or ethnic competency:

1. Developing awareness and respect for various cultures in our community and work teams. While someone may look or act differently than you, we are all human beings with the same basic needs and emotions.
2. Increasing our knowledge of other cultures in our community. Learning about cultures in your community helps you know how to communicate respectfully with people of other cultures. Culture often dictates how we interact with others - for instance, eye contact can be interpreted differently by individuals of different cultures.
3. Developing healthcare skills related to how people of different cultures approach health issues, appropriate assessment strategies, and management of healthcare.
4. Interacting with people from different cultures to develop positive relationships. Including individuals from different cultures in conversation and activities provides an opportunity to practice your cultural skills and learn about how people are alike and different.

As a healthcare professional, it is important for you to continually learn about the cultures in your community and how cultural beliefs and practices impact the healthcare environment and your work team.

Diversity in the Healthcare Setting:

The patients, families, visitors, and other healthcare workers you interact with will be remarkably the same and wonderfully different. As humans, we all have similarities that will guide our interactions and activities. Yet our humanness also creates some vast differences. Some differences are visible; others are hidden and may even be unknown!

Let's look at four categories of differences that can affect your interactions with others in the healthcare environment!

1. Individuals with Physical & Mental Challenges:

Individuals with physical, sensory, or mental challenges offer an additional complexity to daily interactions. These individuals may have had serious injuries that have impacted their physical and mental abilities. They may have had birth trauma that affected their developmental status. They may have developed a mental illness. Or, they may just be experiencing sensory deficits from the normal aging process. Working in healthcare requires that you learn to interact with individuals with these challenges in a manner that respects their dignity.

Interacting with individuals with physical challenges may or may not require additional thought or effort on your part. They may be paralyzed, have a missing limb, or have some other injury or disease that has limited their physical abilities.

As a healthcare professional, individuals with new physical challenges will seek your help for learning how to use assistive devices that may be indicated by their limitation. Not only must they learn new skills, but they also must deal with the emotional and mental challenges of a changing body image. It is important to consider the physical and emotional aspects of patient care equally in these situations.

Individuals who have lived with physical challenges for a period of time will generally know the best or easiest way to deal with their limitations. They may or may not require additional assistance from you. Be sure to ask these individuals how you may assist or what works best for them if they appear to need some assistance.

Working with individuals with a sensory challenge, such as blindness or deafness, requires that all healthcare workers increase their communication practices. There is also an increased importance for maintaining a “safe” environment for these patients because they may not be able to rely on sight or sound to alert them of hazards.

If you are working with a blind or visually challenged person:

- Identify yourself when you enter the room and explain your role if the individual doesn't know you by name.
- Be sure the patient knows where their personal items and call light are. Don't move them from this position.
- Keep pathways free of obstructions for the mobile visually impaired individual. Unexpected items in the walkway could create a dangerous situation for these individuals and cause them to fall.
- For patients, consider their fall risk status and implement appropriate measures as indicated by their individual needs.
- Remember that service animals should not be addressed or touched – they are considered “working” when in their harness. Resist the urge to pet these animals!

If you are working with a hearing-impaired person:

- Ask the person what the best way is to communicate with them.
- Make sure they can see your mouth if they are lip reading.
- Use the KISS principle to keep sentences short and simple.
- Avoid multiple conversations with others in the room since it is difficult for them to follow interruptions or interjections by other people.
- If the individual has hearing aids, make sure they are in place and turned on when communicating with them.
- If needed, use an alternative means of communication such as paper and pencil, a computer tablet, a telecommunications device for the deaf known as a TDD, or sign language to ensure communication is accurate.

Interacting with patients with extreme mental or psychological disabilities can be exceptionally challenging for healthcare professionals not accustomed to dealing with these types of individuals. You should have limited exposure to these individuals in the healthcare setting unless you are working in a behavioral or mental health facility. Patients with milder levels of disability or dementias can be found in general patient populations and may or may not have a caretaker present. Elderly patients will often experience disorientation in the healthcare environment or as a component of the aging process and require frequent re-orientation and assurance from healthcare workers. Regardless of the degree of disability or challenge the individual presents, it is important to seek input from other care providers and the family as to the “best” approach to use with a particular individual.

When communicating with individuals with mental or emotional challenges:

- Make eye contact if possible.
- Remove distracting objects and people from the immediate environment.
- Use open-ended questions and short declarative sentences when speaking.

If a caretaker is present, ask them about effective communication strategies to use with the individual. BUT, remember to focus on the individual and not just communicate with the caretaker. While the individual may or may not acknowledge you, he or she may be listening and understanding more than their behavior indicates.

2. Individuals with Ethnic and Language Differences:

According to Wikipedia, ethnicity is a socially-defined category based on common culture or nationality. Ethnicity can, but does not have to, include common ancestry, appearance, cuisine, dressing style, heritage, history, language or dialect, religion, symbols, traditions, and other cultural factors.

Ethnic differences may be found in individuals of different races, religions, beliefs, and lifestyles. They may or may not be evident by your initial interactions with the individual - but will add to the complexity of healthcare delivery. A patient's beliefs and practices may be in direct opposition to your own. It is important to be aware of your own biases and prejudices toward ethnic groups and make every effort to NOT let these impact your care.

Remember that cultural perceptions about organs and bodily functions can affect patients' perceptions of the etiology and appropriate treatment of a disease or disorder. Patient beliefs and practices can be in direct conflict with recommended "traditional" healthcare practices, creating conflict in patient care delivery. Sometimes, providing care that is **acceptable** is better if providing **optimal** care could involve losing the patient's trust or violating their beliefs.

Depending upon the culture of the patient, a variety of related practices may impact the typical care delivery process. Consider the following questions when caring for patients from a different ethnicity or culture:

- **How does the patient communicate?** Do they speak for themselves, or use a family member to convey their needs? Communication may also include eye contact, physical contact, and personal space.
- **Does the patient mistrust the health care system?** If so, it will be important to recognize this barrier and attempt to build trust by reassuring the patient of your intentions and providing explanations about care practices. This mistrust may be based on cultural and religious beliefs or legal status within the country.
- **How does the patient make decisions?** What is the role of the family versus the patient in decision-making? What support does the patient have from his or her partner, family, and friends? Do community or spiritual leaders play a role in important decisions?
- **What attitudes does the patient have toward their physical care and the gender of the healthcare provider?** Opposite-gender care providers may be prohibited in some cultures, requiring assignment changes if possible. There may also be differences in gender identity that impact how you interact and care for the patient.

It is estimated that there are up to 7,000 different LANGUAGES spoken around the world with many additional local dialects. In the United States, the Census Bureau reports that 39 languages other than English are spoken in the US. Spanish, Chinese, French, Tagalog, Vietnamese, German, and Korean are the most prevalent. Many of these individuals have learned English as a second language but may still have communication barriers in the healthcare setting.

Once a language barrier has been determined, you must find an approved interpreter within the facility or use the facility's approved Interpretation Service or device to assist in communicating with patients who speak a different language. These services or devices are available 24 hours a day.

Using a family member or other individual to interpret is not allowed since healthcare interpreters must meet strenuous bilingual guidelines to prevent miscommunication. Check with facility leadership for specific instructions on how to access interpretation services in your facility.

Whether you are interacting with an individual directly or indirectly through an interpreter, remember that a kind voice and facial expression can cross language barriers. Your professional and therapeutic communication skills should be

used in all patient interactions, but they are especially critical with patients who speak a different language or come from a different culture.

In addition, remember to:

- Maintain the patient's personal space and face them directly whenever possible.
- Be patient with both the individual and their family members.
- Assume a non-threatening (open) stance while communicating with them.
- Listen attentively to what they may be saying.

3. Individuals with Religious and Belief Differences:

Religion, beliefs, and traditional practices can be complex and vary among individuals and groups, so it is impossible to predict how any one patient or family member will apply them in the context of healthcare. Healthcare professionals should encourage patients and family members to share how religious or cultural values about personal needs, staff interactions, and treatment decisions may be pertinent to their healthcare experience.

Religious beliefs and traditional practices may commonly impact a patient's:

- Diet
- Use of medications and blood products
- Use of alternative therapies such as meditation, acupuncture, etc.
- Grieving process and end-of-life care
- Gender-specific practices
- Visitors
- Perception of the source of a disease or disorder.

Most healthcare facilities have resources related to regional religious or cultural healthcare practices available to assist you. If you are faced with a religious or cultural practice that you are unfamiliar or uncomfortable with, it is best to discuss this with your supervisor for guidance.

4. Individuals with Sexual Orientation & Gender Differences

The lesbian, gay, bisexual, transgender, queer/questioning, intersexual, and asexual (or LGBTQIA) community includes a broad range of individuals comprised of all ages, races, ethnic, cultural, and religious backgrounds, and ranges of socioeconomic status. There are two distinct features of the LGBTQIA community: gender identity and sexual orientation.

- Gender Identity is the personal sense of gender that may or may not be the gender assigned at birth such as male or female.
- Sexual Orientation is the individual's sexual gender attraction such as men being sexually attracted to men, and women being sexually attracted to women.

While the healthcare needs of these individuals will be like other people in their broader community, LGBTQIA individuals are at increased risk for several health threats when compared to their heterosexual peers. Common disparities can include:

- Less access to insurance and health care services, including preventive care
- Lower overall health status
- Higher rates of smoking, alcohol, substance abuse, and eating disorders

- Higher risk for mental health illnesses, such as anxiety and depression
- Higher incidence of physical, mental, and sexual abuse
- Higher rates of sexually transmitted diseases, including HIV infection
- Increased incidence of some cancers

Interacting with the LBGTQIA Community:

Providing healthcare to an individual from the LBGTQIA community requires the same foundation of professional, ethical, and caring manner used when providing care to an individual from any other population.

Key practices include:

- Avoid assumptions about sexual orientation and gender identity.
- Use their preferred pronouns and name. If it is not clear which pronoun your patient prefers, don't be afraid to simply ask. Asking your patient how they would like to be addressed is a sign of respect and signifies that you are aware that not all individuals identify with she/he pronouns.
- User gender-neutral language such as "partner" instead of husband or wife unless these are used by the patient.
- Respect patient privacy and confidentiality - they may or may not have shared their LBGTQIA status with others. You may be the only person in the setting to whom the patient reveals his/her status. Be careful how you treat this information. Ask the patient how they want the information to be treated. For example, information to be put in the computer system or not, or revealed to the physician or not.
- Be alert for signs of violence and abuse. If someone discloses that they have been assaulted, remember to believe them, reassure them that it wasn't their fault, and keep their disclosure confidential unless mandatory reporting is required by your state. Your supervisor can guide you about any required reporting.

Diversity is NOT Always Evident!

Diversity is not always readily evident to healthcare professionals so NEVER assume that you know how to best provide care to your patients. Just because an individual looks like you, they may have widely diverse beliefs, lifestyles, and even languages! As a healthcare professional, your role is to care for and support the patient and/or family. Your agreement or non-agreement with a particular practice, belief, or lifestyle that an individual follows should have no impact on your ability to communicate respectfully. Most importantly, LISTEN to your patients carefully to deliver optimum patient care.

Respectful Interaction Strategies

Typically, when a patient is admitted to a healthcare facility or clinic, they are asked about a variety of preferences related to their care. As a healthcare professional, you may be the one to discuss these preferences at the beginning stages of care, OR you will need to review these preferences as previously documented in their health record and follow them as appropriate.

- Addressing the patient: Ask the patient how they would like to be addressed while in the healthcare setting. Using formal names, such as Mr. and Ms., and any requested pronouns, conveys greater distance and respect when addressing individuals. Avoid using terms like "sugar", "honey", or "buddy" when speaking to an individual.
- Touch: Be cautious when touching patients from other ethnicities or religions. Casual touch may be viewed as offensive. In some cultures, eye contact with the patient or their family may be unwelcome and offensive.

Always alert the individual prior to touching them related to patient care. Opposite-gender care providers may be prohibited, so be prepared to switch assignments if this is encountered.

- Patient Privacy: Determine with the patient who should be in the room for discussions about their healthcare status and for care delivery as appropriate. This is often impacted by the culture/ethnicity of the patient.
- Communication Strategies: Explain why personal information is needed to minimize mistrust of care providers. Use short, simple explanations without medical jargon.

Dealing with the Religious Practices of Patients/Families

The healthcare setting is often a stressful environment for patients and families as they deal with potential life-and-death situations. Many individuals will rely upon their own religious beliefs and practices to help them manage their stress and maintain their daily religious lifestyle. Consider the following guidelines related to religious practices:

- Respect the individual's privacy for religious practices such as morning/evening prayers, prayers before meals or prior to procedures, etc.
- Refrain from allowing your own beliefs to impact your interactions with the patient or the care you provide. Avoid discussing your beliefs unless specifically questioned by the patient, and then only in a factual manner.
- If a patient or family requests that you join in with a religious practice do so only if you are comfortable, otherwise, excuse yourself from the area to provide privacy.
- Be respectful of any religious books, prayer shawls/rugs/beads, statues, or other religious items that the patient and family may have brought with them.
- Be aware of any cultural/ethnic/religious practices that impact patient care such as food restrictions, potential refusal of blood transfusions, and required spiritual leader involvement in their healthcare decisions.

Patient & Family Education

Patient-education strategies can also be impacted when dealing with diverse populations. Factors such as physical, mental, ethnicity, language, sexuality/gender identity, and religious beliefs all can impact the patient's and family members' needed education about a disease and/or related care.

Disease/Condition-specific education is usually coordinated among a variety of healthcare professionals based on the patient's or the family's needs. But ... ALL healthcare professionals interacting with patients and families can and should explain healthcare processes and procedures on a daily basis.

Key points to remember:

- Identify any diversity factors that will impact patient education.
- Identify and prioritize educational needs based on any critical knowledge needed or lifestyle practice changes.



Role-Specific Information:

Non-Clinical Health Care Professionals skip to the "Conclusion" on the last page of this document.

All other Healthcare Professionals, please continue with Teaching Content & Strategies below.

Teaching Content & Strategies

Patient and family education promotes involvement in care decisions, supports recovery, and encourages healthy behaviors. Frequent clinical content areas for patient and family education include:

- Healthcare procedures & processes
- Safe and effective use of medications, medical equipment, and supplies.
- Nutrition interventions.
- Rehabilitation expectations and techniques.
- Pain management.
- Available resources and how to obtain further treatment.
- Patient responsibilities including self-care.
- Discharge instructions

In selecting teaching strategies for patient and family education:

- Validate what education is needed.
- For needs related to disease/health maintenance, discuss these needs with the patient, family, and other care providers to develop an education plan.
- Use all appropriate educational resources available, including:
 - Written instructions and video demonstrations
 - Other healthcare team members with specific expertise
 - Community resources identified by the facility or care provider
 - Internet resources if approved by the facility
- Evaluate learning and reinforce instruction as necessary.

Providing Direct Patient Care

As a clinical health professional, you provide direct care to patients. This care can be very invasive to some individuals regardless of their limitations, culture, ethnicity, religious beliefs, and lifestyle - but these factors can further complicate care delivery.

- Ensure privacy; Pull curtains, close doors, and use a low voice if others are nearby.
- Always alert the patient before touching them for physical exams. Explain what you are doing and why BEFORE you touch the patient.
- Opposite-gender care providers may be prohibited, so be prepared to switch assignments if this is encountered.

Age Specific Care

Another factor to consider when looking at diverse populations is age. No doubt you have studied growth and development in your classes. Each stage of life has specific developmental needs and related healthcare concerns. Accreditation organizations require all healthcare professionals to be competent to meet these age-specific needs for patients.

If you need to review age-specific care, use the link provided within the PowerPoint Presentation. This will open a PDF document that can also be printed.

Diversity & Pain

Pain; how it is perceived, how it is managed, and treatment outcomes can all be impacted by race and ethnicity, language barriers, socioeconomic status, and communication with healthcare provider differences. Even age and sex can determine an individual's pain experience. Individuals may hold beliefs that prevent the outward expression of pain, while others may display extreme emotions related to pain. Some Asian cultures believe that the expression of pain in adults is undignified. Some cultures will report acute pain yet underreport chronic pain. Middle Eastern cultures often refuse pain medication as a component of their religious beliefs.

Studies indicate that not only does the diversity of the patient impact pain management, but also the diversity of the care provider. Realized or unrealized racial/cultural biases in care providers have been shown to affect pain management strategies and expected responses to pain in their patients. This fact further strengthens the need for diversity education for all healthcare professionals to minimize bias and misunderstanding in care delivery processes.

Healthcare professionals must continually work to understand the diversity of their community related to healthcare beliefs and practices to provide optimum patient outcomes.



Role-Specific Information:

Health Care Professionals skip to the “Conclusion” on the last page of this document.

All Nursing, Physician Assistants, and Medical Students/Doctors, please continue with Dealing with Pain below.

Dealing with Pain:

As a healthcare professional, it is your responsibility to assess the level of pain the individual is experiencing, identify and provide pain relief strategies and monitor the outcomes of your interventions.

Pain assessment includes pain rating, location, quality, pattern, onset, and duration, alleviating and aggravating factors, current pain interventions and effectiveness, and acceptable levels of pain. It is important to consider a patient's pain is what the patient says it is and exists when and where the patient says it does. But it is also important to consider the patient's psychosocial, racial, cultural, and spiritual beliefs and practices as these can affect the patient's views on pain and their response to it.

- When assessing pain, patients are asked to rate their pain using a scale of 0-10. Faces can be used to help younger children report their pain.
- Facilities will have a standardized pain scale and pain management policy that will include various strategies for rating pain including patient reporting and physiologic monitors.
- With cognitively impaired or unconscious patients, pain may be assessed by interviewing family or using nonverbal, behavioral, and physiological cues such as facial expressions, body posturing and movements, and vital signs.

Pain Management is generally achieved through a variety of pharmacologic and non-pharmacologic interventions. As a healthcare professional with pain management responsibilities, it is important to:

- Perform initial and ongoing pain assessments.
- Discuss any religious or cultural factors related to pain management that should be considered including the use of non-pharmacologic interventions such as meditation, massage, relaxation techniques, etc.
- Document assessment and measurement of pain intensity and quality including location, character, frequency, and duration.
- Administer pain medications including intravenous, patient-controlled analgesia, and spinal/epidural methods.
- Reassess the patient's pain level after any intervention to assure that the pain is adequately managed. This assessment should be documented according to facility policy!
- Medicate patients for pain prior to therapy or other treatment, especially when pain may limit the patient's ability to fully participate in the therapy or treatment.
- Provide patients with information about pain, the risk for pain, the assessment process, their responsibility to inform caregivers about their pain, and about pain management methods including alternative and complementary methods (e.g. guided imagery, heat, cold, and massage therapy) when appropriate.

CONCLUSION:

Our global society will continue to need diverse care practices as we strive to provide quality care to all patients! Developing your ability to interact with a multicultural healthcare team and diverse patient populations is an important task that you will refine as you gain experience in healthcare. Remember that your supervisor can help you identify strategies and resources that can help you learn more about the cultures in your community.

EVERY patient is special. Take the time to learn about and respect your patients' individual differences!

Remember that there will be content from this material and opportunities to apply what you've learned in the General Orientation Quiz if your role requires a quiz to document completion!