Nurses do not separate patients by skin colour and cultural belonging. They provide care to everyone and respect all forms of diversity.

Introduction

This is the third article of the series on intercultural care. The first article covered the migratory process, the modes of adaptation of immigrants to the host society, their main characteristics, and the problems which they face upon arrival. The second article provided a brief summary of the specific characteristics of a few great cultures and the barriers which they pose to nurses in their effort to accept them.

Working with immigrants who belong to various cultures and communities requires open-mindedness, as well as a minimum level of understanding of their reality and particular needs. It also requires adequate communication methods and a few adaptation strategies when providing care. The third part focuses on relations with persons from different cultural backgrounds within an intercultural context.

Otherness and the Risk of Mutual Misunderstanding

It is often hard to conciliate the cultural and religious differences of immigrants with our way of doing things within a context of care delivery. The values and manner of being of the care provider can even bewilder the client.

Members of certain cultural groups may be suspicious of medical staff as well as of the care being provided because it differs from their traditional and national concepts. Certain cultures disapprove of visual contact, the dress code of nurses, their detachment, the presence of a care provider of a different gender, and the authority exercised by female nurses upon persons from countries in which the role of women is subordinate. Such differences can create friction.

There is also a risk of us adopting ethnocentric attitudes towards foreign patients who have different customs and perspectives of what constitutes good care. Our feelings of insecurity often border on xenophobia when we deal with different traditions and religious affiliations. Certain values and requests made by immigrants can come into conflict with our way of doing things. Certain religious rituals, social customs, and therapeutic customs can come into conflict with
the logic behind locally delivered care. Male domination over their wives, spousal abuse, female modesty, the veil, genital mutilation, the presence of extended family members in the care process, superstitions evoked at certain points in life are often deemed off-putting, even unacceptable to North Americans. Nonetheless, in order to establish a constructive dialogue with immigrants and to inform them about their condition and effective care methods, care providers must avoid being narrow-minded and judgemental.

To a certain extent, care providers are in the right to expect that immigrants make an effort to adapt to our care environments, but also to accept the fact that the core values and customs of these newcomers cannot be altered swiftly and radically. They should not be hurried or pushed. The well-being of clients must always remain the primary concern. Adapting communications to their level of understanding by providing comprehensive information and education that meets their needs is a great way to limit the hazardous effects of certain practices.

In our multicultural society, misunderstandings are common. Their impact on the nursing profession should not be minimized. Our environment evolved hermetically for a long time. Care providers sometimes fall back on their old way of doing things and continue to believe that most of their patients share the exact same values and customs. Yet change has arrived, and health care institutions increasingly welcome persons of different languages, cultures and skin colour. Care providers must adapt to this reality to provide care efficiently.

**For an Intercultural Initiative**

The intercultural approach is complex. People of different cultural origins and characteristics are involved in this process. Upon arrival, immigrants must adapt to certain realities in order to live in harmony with their host society. The hosts expect immigrants to adapt to their new country and to the values of its inhabitants. They also expect them to abandon certain cultural characteristics. That is why the hosts are sometimes awed, if not baffled, when immigrants cling on to traditions which they hold dearly. A culture is an invaluable asset, and adaptation does not mean abandoning or forgetting the aspects which define a culture.

A culture is like an iceberg – one part submerged, the other part hidden below the ocean depths. One the one hand, it is easy to adapt speech and courtesy levels to the host society; on the other, it is much harder to abandon cultural, traditional and religious core values.

Quebecers have a deep-rooted cultural subconscious which can conflict with the values held by immigrants. It is not surprising that friction arises on occasion when dealing with other communities. In spite of a certain insecurity experienced by Quebecers, along with pride in asserting their own traditions, it must be considered that all cultures, without exception, are assets which contribute to the artistic, linguistic, literary, technological and gastronomical wealth of humanity. While it can be expected of immigrants that they adopt local customs, it would be a
terrible loss if they abandoned all of their traditions. Our society would be worse off if they did so.\(^1\)

### Open-mindedness

Adapting care and making it user-friendly for immigrants may seem exaggerated to some. It all depends on what adapted care entails. That our institutions provide highly advanced and proven services which the expectations is unquestionable. Everything is in the reception, in the response and in the comprehension given to the requests of immigrants and in the way our methods are explained to them. The immigrant’s perceptions of health care and treatment must not be ridiculed. A compromise can usually be reached without clashing with the values of Quebecers and immigrants.

Quebecers must realize that their way of seeing and doing things is not the only one. Quebecers have adopted certain practices which have been influenced by Asian and African customs. An example is the "mother kangaroo" position in which the mother engages in skin-to-skin contact with her newborn on her breast or on her belly.\(^2\) This post-partum contact has many benefits. It allows a bond to develop between the mother and her newborn child through intimate contact.

Yoga, acupuncture, meditation, Ayurvedic diets, and certain types of massages are other examples of foreign influence. To this may be added African baby massages with shea milk as well as the Hindu Shantala massage (which is not a massage, but rather an act of humanitude in which visual and hand contact is established with the baby while the soft voice of his mother comforts him).\(^3\) The list of foreign care practices is exhaustive.\(^4\) The expectations of

---


foreigners should therefore not be viewed from a self-serving perspective. They may not be as advanced technologically, but that does not mean that they are without merit.

A Difficult Adaptation

Adapting care to an intercultural approach is easier said than done. The realities of immigrants must be taken into consideration along with their values and customs. The care provider must also be aware of how fortunate he is to have the highly advanced care devices at his disposal, which may not be the case of the immigrants. Furthermore, he must be aware of differences of perception concerning health care. Without this awareness, the care provider will find it hard to understand the challenges that immigrants face when consulting, their level of comprehension of our care and services, and will find it more difficult to decipher their specific needs and customs.

Tips for Effective Communication

- Listen to the patient and be aware of his experience, values and culture.
- Identify verbal and non-verbal signs of what the patient wishes to communicate.
- Listen and assess own communication methods in order to modify or adapt behaviour to the needs and expectations of the patient.
- Manage own emotions to limit the risk of over-reaction, misunderstanding and conflict.
- Know the topic in order to reach out to the patient and to provide him with the necessary information.
- Adopt the appropriate attitude (gestures, eye contact, posture, clothing, facial expressions).

Adapted Communications - The Primary Condition for a Constructive Relationship

The primary condition for effective nurse-immigrant interaction is to establish warm and empathetic communications. The nurse who fails to establish such communications will also fail to reach out to these patients and to convince them. Communication is a means to share a perspective without overstating a point. In some cultures, this may be deemed impolite or a power play. Paying attention to verbal and non-verbal expressions is also a component of effective communications. Nurses must pay close attention to what immigrants
who do not master the local language are saying. They may use the wrong word to describe their condition. Their manner of speaking may reveal their genuine thoughts. Body language is not universally syntactic. Facial expressions and gestures tend to vary across cultures and may convey different meanings.

It is impossible to know everything about the values and customs of immigrants. That is why it is important to pay attention to these individuals, to show goodwill to them and to receive them warmly.5 The nurse’s face will convey many of her expressions. Immigrants who do not understand the local language observe the nurse’s body language to understand what she is doing. Smiling or showing fatigue or irritation can leave a lasting impression on these patients. Facial expressions may encourage or deteriorate communications without the nurse necessarily being aware of it.

Meaningful exchanges with Quebecers are extremely important to immigrants. It helps to make them feel accepted. Michael-Anthony Galvez interviewed an immigrant who declared that what made him suffer most here was the emptiness and lack of sincerity in relations with local people. Meaningful exchanges are even more important when disease is at issue. To establish any meaningful nurse-patient relationship, it is essential to grasp the emotions experienced by those who require treatment. Immigrants are concerned about their condition as well as that of their children and other relatives. Accustomed to a context of greater social support, they often judge care through the warmth of the contact that they have with health care professionals.

### Outcomes of Effective and Deficient Communication

- **The immigrant is more likely to adhere to the treatment.** Poor communications are often associated with negative clinical results.
- **Not paying attention to the immigrant expresses lack of awareness and compassion by the caregiver.** Not acknowledging the immigrant’s perceptions can create unrealistic expectations on both sides.
- **Ineffective communication strategies may result in failure to transmit to the user information that he needs to recover or to fight off his disease.**
- **Failure to earn collaboration can be the result of deficient communication by the nurse (paternalism, indifference, lack of enthusiasm).**
- **Patients and their families are often dissatisfied as a result of deficient communications.**

---

Sadness or worries are expressed differently across cultures and religions, which may baffle some nurses. Stoicism and extreme emotionality should not be disconcerting. Each nation and each individual expresses suffering in a personal manner. Understanding is all that matters.

It is important to observe the reaction of the person being addressed in order to find out whether the interaction is positive or not, and to confirm whether he understands what is being said to him. The nurse should also determine whether she understands what the immigrant has told her and what his needs are. It is a sign of respect to make sure that what the person is trying to say has been understood.

**Questions that Need to Be Asked**

Our beliefs, lifestyles and care methods may be quite remote from those of certain immigrants, which makes it even more difficult to achieve mutual understanding. Care providers need to ask certain questions when dealing with displaced persons in order to be efficient. They need to ask where the immigrants are from. Are they from a Western (similar) or emerging nation? Answering this question guides the care provider to potential needs. The next question is what are the problems faced by immigrants. If the language barrier is an issue, alternative methods need to be found to help the immigrant express himself in a comprehensive manner.

The immigrant may experience isolation or lack the support to which he is accustomed from his family and home country. Immigrants who have an African or Haitian background may be accustomed to living in tightly knit communities in which individuals help each other out mutually. Being separated from such a network may be extremely challenging. The immigrant may feel abandoned or desperate outside of this circle. The nurse must pay more attention to the immigrant and inform him of the services to assist immigrants which are provided by the local CLSCs as well as social and religious groups.

---


The need felt by immigrants to resort to certain unknown care methods should not be downplayed. Immigrants from Western countries are accustomed to well-structured care services. Those from emerging nations may feel insecure when dealing with cutting-edge care services. Scans, intravenous substances and catheters inserted into orifices may arouse suspicion or be deemed totally unacceptable. Immigrants need to be reassured and to receive explanations which are suited to their level of understanding. Understanding is only a part of the equation: immigrants must also overcome the barriers of tradition and their own stereotypes. Sometimes they require emotional support to help them accept the treatment being proposed.

The nurse must enquire about their perceptions of health, suffering and death. The value attributed to these elements may vary considerably from one culture to the next and may determine whether the treatment will be accepted and adhered to. It may be difficult to convince a pregnant woman to undergo an ultrasound or amniocentesis if gender in her culture is traditionally interpreted through the form of the abdomen. The nurse must also focus on treatment customs. For example, what type of care professionals do immigrants consult? Is it an acupuncturist, a shaman, a curandero, a marabout (Muslim saint), a herbalist or a physician? How do they perceive the prescribed medication? Is it an invasive element, a substance which keeps the disease in the body (thus to be avoided) or a beneficial therapy which one should follow?8 Answering these questions allows the nurse to grasp the challenges that immigrants have in understanding and accepting the treatment proposal.

The differences in customs and mentalities force us to question our methods. Unfortunately, we all too often stick to our certainties and to our beliefs based on rationality. As a result, we may be reluctant to accept the traditional practices to which some immigrants adhere. Listening to immigrants with an open mind, reaching out to them, helping them to accept our methods to manage pregnancy, disease and childcare through comparisons are necessary methods to communicate with them. Dialogue is extremely difficult to establish if it is not mutual and enlightening.9

**Essential Ingredients: Respect, Listening and Negotiation**

Health care professionals often do not take the time to listen to what the immigrant patient is saying, acting as if it is a trivial matter and there are neither differences nor comprehension and adaptation problems. They act as if the person has been heard and that he understands what is being proposed to him. Few realize that imposing upon another person something that he does not desire is an act of violence.

---


Ignorance of immigrants may be a defence mechanism because there lies uncertainty in how to approach them or help them. Some health care professionals believe that immigrants need to adapt to their customs, not the contrary. To a certain extent this is true, but it will not happen without our support and understanding. The primary key to success is to respect others, their individuality and their beliefs, and, above all, to listen to them. The culture and customs of immigrants should not be denigrated - even if they are deemed inappropriate – when reaching out to them and promoting our methods. Information and education can persuade immigrants, but it is the way that health care professionals address them and show interest which makes the difference.

Avoiding Conflict

Cultural differences can create a rift in the relations between immigrants and health care professionals which may even lead to interruptions in the treatment and its subsequent follow-up. Being aware of how to encourage communications is practical, but health care professionals must also mitigate the factors which could trigger misunderstanding and conflict. They must adopt the correct attitude to avoid any problems.

Misunderstanding and conflict may arise when:

- Western perceptions of physical and psychological care, life-time events, the cycle of life (i.e. birth, breastfeeding, sexuality, aging, disease and death) are incompatible with the naturalistic views of non-Western immigrants;
- The immigrants’ perspectives regarding prevention, health and disease are often dismissed by health care professionals when developing the nursing treatment plan, and when implementing it carrying out a follow-up.
- Treatment is sometimes offered without any explanation or support in a location which is remote from the culture of the immigrant. For example, certain women may consider a C-section to be an unacceptable alternative and visiting a hospital to deliver a baby simply off-putting;
- The female health care professional fails to match the typical image of a woman in the traditions and religious values of immigrants. Moreover, in some cultures, being examined or treated by a person of the opposite gender is simply unacceptable.
- The proposed care method is unknown to the immigrant and seems frightening. For example, inserting a catheter or an intravenous solution may be viewed as a means to possess the body of the patient;

[Translation] Cultural mediation involves mutual translation and the cultural interpretation of what is said and the meaning that it carries for the other person. Every element is important: expressions, eye contact, gestures, movements, tone, allegories, cultural codes (for each culture and social class). Intercultural mediation helps to express a culture's framework between the user and care provider.

Health care professionals openly dismiss traditional care as simplistic or dangerous and reveal their stereotypes;
Health care professionals dismiss the authority figures in certain families or immigrant communities. For example, the father, the uncle, the brother, or the head of the clan may be invested with decision-making powers in some cultures, whereas here any adult is deemed intellectually fit to provide his or her consent. Tact is required to conciliate the views of the authority figure, especially when it is the husband, and make sure that decisions are not made at the expense of the patient.
Imposing care upon a person who does not understand what it entails is an unethical act of violence.

Cultural Mediation

**Attending a Person Who Does Not Understand the Language**

- Listen to the user attentively and pay close attention to his facial expression, eye contact, gestures and intonation.
- Assess his language skills in order to determine whether he can grasp the information that needs to be transmitted to him.
- Adapt to his level of understanding to improve communication.
- Articulate and speak slowly. Avoid using medical jargon. Use short, simple sentences and hand gestures to transmit the message.
- Observe the user’s reactions and throw back a few questions to make sure that he understands what he is being told.

*Cultural mediation* is an interpretive method used to deal with certain barriers, demonstrations and claims. Health care professionals may constructively attempt to translate what has been said and seek methods which are complementary or similar between the logic of our rational approach and the naturalistic approach to create a bridge between cultures. Cultural mediation goes beyond these initiatives. Latifa Es-Safi states that "[translation] omissions, eye contact, insinuations, allegories, attitudes, body language, and cultural codes which are unique to each society transcend the linguistic context” and require specific skills.”

These codes are unfamiliar to us. Only observation, experience and training can provide the key to the enigma. Reassuring immigrant patients and showing understanding for their adaptation problems helps to earn their trust and to reveal our perspective of the problem without provoking anxiety or resentment. It is then possible to propose solutions and to negotiate acceptance if necessary. There is also cultural mediation. Health care professionals must remember that

---

immigrants are entrusting them with their health or that of a relative (child or parent). Professionals need to be up to the task.\textsuperscript{13}

**Helping People Express Themselves**

Many immigrants find it difficult to express themselves in our language. It is important to help them express themselves so that they are understood. Many professionals dismiss this situation as the problem of the immigrant. That is not the case. In the intercultural approach, the nurse must do everything that she can to encourage communication with her patient. That task is not always easy. There are no miracle solutions, but there are methods which can be used (see slides below).

**Communicating with a Person Who Does Not Master the Language**

**Attending a Person Who Does Not Understand the Language (2)**

- **Use props such as folders, images, photos.** Immigrants often find it easier to understand our language than to speak it. They also find it easier to read it than to listen to it. If no documents are available, the attending professional can jot down a few helpful notes.
- **Pause frequently to ask the user: “Do you understand what I am saying.”** He will most likely respond affirmatively.
- **Take the time to get the user to understand you. Avoid looking like you are in a rush.**
- **Avoid making overwhelming the immigrant patient with requests or questions which he must respond immediately.** Such requests create a considerable amount of stress and do not foster understanding of the language or affect the ability of users to express themselves.
- **Smile at the user or touch his hand to ease tension.** It is always intimidating to speak in a language which one does not master.

Twenty per cent of immigrants who arrive in Quebec each year come from a country in which neither English nor French are spoken. As a result, insufficient language skills prevent them from communicating with members of the dominant culture. It is therefore challenging to attend to the needs of these individuals. There is no magic formula. The health care professional can demonstrate creativity and willingness through gestures, mimes, drawings or body language.

The professional may use a relative, a friend or a neighbour who is familiar with the foreign language as an intermediary. Cultural or religious associations which cater to various nationalities can also provide staff who speak both the foreign and local language. Other possibilities include calling upon the services of an interpreter or using on-line translation software. The software more often than not provides fuzzy translations, but it is still a practical tool for exchanges.

If the patient does not master the dominant language or his vocabulary is limited, the professional must support and encourage his initiatives to speak out while reassuring him. It is disconcerting or even alienating to be sick in a foreign environment. Adapting methods to

facilitate communication is possible. Paying attention to what is being said while observing the patient closely helps the professional to identify facial expressions, gaze, gestures, and intonations which are revealing on their own. Paying close attention makes it possible to summarily assess the language abilities of the patient and to find out whether he understands what is being said or not.

Walking in the shoes of the patient is always worthwhile to establish communication and to take further initiatives. Speaking slowly and articulating in short, simple sentences while using gestures and avoiding medical jargon is always practical. The professional must also pay attention to the patient's reaction and ask him questions to make sure that he understands what is being said. Folders, publications, images and photos are also practical tools.

Non-native speakers often find it easier to understand what they are being told than to speak the language. They usually find it easier to grasp the written rather than the spoken language. When no suitable publications are available, writing down notes is a practical alternative.

Immigrant patients also need time to grasp the meaning of what is being said to them. Health care professionals must not rush things through. Imposing requirements abruptly or making hasty requests should be avoided. Such actions create stress and do not encourage understanding or expression. Smiling, encouraging or touching the hand of the patient (if acceptable) may help to ease tensions and to encourage communication, in particular with a shy person.

### Behaviour to Adopt with an Immigrant User (1)

When dealing with a user from a different culture or ethnic background, one should:

- Remember that the other person’s values and beliefs regarding pregnancy, birth, hygiene, health care, disease, treatment and death are often quite different from our own. One should listen to the user while assuming a leadership role.
- Recognize that the values and cultural and religious beliefs of the other person can affect all spheres of life: nutrition, hygiene, lifestyle habits, medication, mortuary rituals, education, relations with the care provider, etc.
- Identify the appropriate physical distance that needs to be maintained. This information can be obtained by observing the user’s reactions.
- Make sure that the patient is comfortable with visual contact.
- Ask the user how he wishes to be addressed and what is the salutation form in his culture (i.e., hand-shake, kiss, Namaste).

### Behaviours which Should Be Encouraged and Avoided

Ordinary gestures may be off-putting to strangers. For example, touching the head of children is proscribed in certain Asian cultures as it is considered sacred and inviolable. Pointing at someone to draw his attention is considered rude in some cultures. Shaking hands may be awkward to those who greet each other with a Namaste. The hands are held together at the chest with fingers pointing upwards.

Behaviour which is appropriate in our culture may be considered rude in others. Examples include: prolonged visual contact, keeping a certain distance between people, and touching. It is
important to ask whether the patient accepts that we touch him or his child. It is also worthwhile to ask the person how he wishes to be addressed. Our manners are an essential aspect of communication with strangers and a means to show respect and to earn trust.

The notion of time may also vary among cultures. Immigrants from simpler, more naturalistic backgrounds may have a different concept altogether. It is important to clearly specify the date, time and location of the appointment. Providing a written reference is a cautious approach.

Showing respect for the elderly is important in many cultures. Whether it is in certain European, Asian or African nations, elders are regarded as invaluable sages. When addressing seniors, the same respect must be shown to them. The expectations of their families, who require news of their relative or request specific care, must also be addressed.

Care

Once the relationship is established, care must be provided. The communication methods described above continue to apply to everyday procedures, such as welcoming, cleaning and treating the patient. Immigrant patients may feel insecure with our environment and our treatment methods. First, the health care professional must explain briefly and as clearly as possible why the procedure needs to be taken and then take the time required to respond to questions explicitly.

Section 8 of the Act Respecting Health Services and Social Services states that the every user of health services and social services is entitled to be informed of his state of health and welfare and to be acquainted with the various options open to him.14 Once the intervention or procedure is announced, the professional must understand the immigrant's fear and apprehension in order to find middle ground between rigour and abandonment. Goodwill and open-mindedness must not supersede the call of duty. Professionals need to remember that kind words and patience work better than authority and constraint.

The modesty of certain women must be taken into consideration. Undressing them without cause should be avoided. When employees of the same gender are available, they can be called upon; however, if that is not the case, the professional must explain to the patient that her problem is understood, but that it is impossible to proceed otherwise. Women are not alone in hesitating to be attended by a person of the opposite gender. Men may also show discontent. Immigrants, however, are generally able to understand the situation.

Consent

Problems may arise at the time the female immigrant patient is asked to sign the consent form for herself or for her child. In some cultures, it is the man who signs for his family. The man is the

14 Canadian Charter of Rights and Freedoms, R.S.C. Charter of Human Rights and Freedoms, R.S.Q., c. C-12., s. 64.
authority figure and is thus entitled to provide consent. As mentioned in the second article of this series, each adult person who is intellectually fit in Quebec is deemed capable of providing consent for the administration of care or a hospitalization, regardless of that person's gender.\(^{15}\)

No treatment may be provided without the user’s consent or that of one of his parents if a minor aged less than 14 years is involved or the person of full age is incapable of providing consent.\(^{16}\) Section 14 of the \textit{Civil Code of Québec} states that “a minor 14 years of age or over, however, may give his consent alone to such care.” Therefore, a woman who needs to consult a gynaecologist may do so without obtaining prior consent from her husband. A young girl who wishes to obtain birth control pills may do so without notifying her parents.

Exceptions are made for emergencies. “[Translation] The \textit{Civil Code of Québec} requires that consent be provided except in the case of emergency when the user’s life is in danger or his integrity threatened, and there is insufficient time to obtain consent.”\(^{17}\)

The consent form is often signed at a critical moment. Health care professionals must move rapidly to manage the anger of the husband, father or brother who wishes to decide for the woman. The professionals must protect her from male resentment within her family. It is important to adopt a calm, positive attitude and to provide explanations of the legal framework without referring to discrimination while stating that each adult is responsible for signing his or her own consent form.

\textbf{Right to Refuse Treatment}

Immigrants may be indecisive or frightened by a prospective treatment. They may also deem it unacceptable in light of their traditions and religious principles. Through negotiation, the health care professional may convince the user to change his mind. Once treatment is refused – and it may indeed be refused without any serious consequence or risk – alternatives must be sought. If the decision of the user remains unchanged, health care professionals must follow the protocol

---

\(^{15}\) Phaneuf, Margot. Part 2: Intercultural Approach: Aspects of Immigrants and Roadblocks to Participation in Health Care. \textit{Infiresources}. Available at \url{www.infiressources.ca}.

\(^{16}\) Canadian Charter of Rights and Freedoms, R.S.C. Charter of Human Rights and Freedoms, R.S.Q., c. C-12., s. 64.

regarding the right to refuse care and document it meticulously in the user's record. If a child is involved, the right to refuse treatment may fall within the administrative and judicial realm.

**Hesitation and Refusal as a Result of Fear**

The apprehensions of immigrants focus not only on the care itself, but also on the surroundings. Many immigrants come from continents or countries in which fascinating traditions and unconventional interpretations regarding symptoms and treatment methods based on superstition continue to persist. Deep-rooted, almost pathological anxiety may underlie their beliefs which are difficult to grasp in our rational society. Yet this anxiety is genuine. The good and evil spirits of Asia, the *zombies* of the Antilles, the *voodoo* of Haiti and Africa, and the *jinni* of Morocco may nonetheless haunt the user. Through fear or even in hope of being magically cured, the user may refuse advanced treatment and resort to *entities*. Most immigrants hesitate to discuss such beliefs.

"**Vodun** or **Vodou**, religion of Haiti, also practiced in **Cuba**, **Trinidad**, **Brazil**, and the southern United States, especially **Louisiana**. Vodun is commonly called *voodoo*, a term that carries derogatory and inaccurate associations, according to many scholars today. Vodun combines elements of Roman Catholicism and tribal religions of western Africa, particularly Benin. Vodun cults worship a high god, Bon Dieu; ancestors or, more generally, the dead; twins; and spirits called *loa*. The loa, which may vary from cult to cult, are African tribal gods that are usually identified with Roman Catholic saints. The snake god, for example, is identified with St. Patrick. Other elements of Roman Catholicism in Vodun include the use of candles, bells, crosses, and prayers and the practices of baptism and making the sign of the cross. Among the African elements are dancing, drumming, and the worship of ancestors and twins."

- *Encarta*,

Health care professionals must observe people who seem to fear invisible entities and who hesitate to have treatment delivered. If the immigrant raises the topic, it is important to avoid mocking his beliefs and to show understanding of his fears and emotions. It may nonetheless be difficult to convince the user if his conviction is deep-rooted. The professional can state that staff is available to attend the user. Such situations are no laughing matter. Although rare in our society, it is only fair to acknowledge that we also have our own share of supernatural beliefs.18

**Traditional Care**

Certain traditions or homemade treatments may be hazardous when used to cure a health problem. The nurse may encounter such practices during home visits. She may find cataplasm made with dubious substances such as wet sand, moistened bread crumbs, milk used as a collyrium or a natural wire or horse’s mane to squeeze and dry out a wart. Nurses must be wary of such practices and inform users of more conventional methods.

What is even more worrisome is that certain symptoms may be neglected because of religion, the disease being attributed to the will of a God, evil spirits or certain omissions or thoughts during the person's past and present lives. Listening and providing support and information are the nurse's best tools to deal with these dangerous attitudes.

Moments When Information Is Critical

Erroneous ideas abound concerning sexuality, contraception, pregnancy and birth. Nurses who work with immigrant women must be on the lookout for preconceived ideas. Immigrant women often lack information about family planning. They may even reject the notion on religious grounds or because of the dominant position of their husbands. For all of these reasons, and also because they fear having to undress or having care provided by a member of the opposite gender, they may even refuse to have their pregnancy monitored, an amniocentesis, an ultrasound, an episiotomy, and epidural anesthesia. A warm reception and simple, convincing explanations can help to establish a relationship based on trust, thereby allowing the immigrant woman to understand the significance of these interventions.

In Quebec, vulnerable families are accompanied by interveners who visit them at home. “We notice that there is friction between scientific knowledge (that of the professionals) and know-how (that of the family). Families request even more services as soon as they realize that the services provided are non-judgemental and aligned to their situation. Basically, there is some kind of chemistry between the caregiver and the family. The family realizes that there is plenty of humanity in the acts performed by the professional, who adapts his persona to the family.”

Preference for Male Children

Childbirth also raises another problem – the social preference for male children in Chinese, in Hindu and in Magrebhan (although not to the same extent) societies. The desire to have a male child is so intense that the birth of a girl may be considered a failure or dishonour for the mother. There are preconceived notions that “[translation] the stomach is more painful, a greater burden if it’s a daughter. Girls are undesirable because they prevent their parents from giving birth to a son.”

The nurse ends up having to support the mother being attended because she needs comforting to overcome this challenge, a serious issue for her. Once she begins to breastfeed her daughter, the mother accepts her fate, but the negative opinion of her family might remain. In Muslim societies, [translation] the radical contrast between the outpouring of joy which celebrates the birth of son and the mourning for a daughter may result in the mother being repudiated if it is a first-born or the second consecutive girl. Fear of infertility, miscarriage (the empty womb) as well as obsession with repetitive female births and concern about infant mortality are the four major apprehensions of the Arab mother.” Such situations are relatively unknown in Quebec society. They may become less pronounced once immigrants have settled in: yet the care provider must be aware that such stereotypes may last and remain aware of potential problems.

Spousal Abuse

Nurses should remain on the lookout for signs of spousal abuse against immigrant women. These women may have had a limited social role back in their homeland. Cultural habits may have accompanied them to Quebec. Furthermore, they may remain silent about the issue.

"Women remain silent for many reasons. Threats, shame, social outcasting, isolation as a result of immigration, the fear of being sent back to their country or of Youth Protection (DPJ) taking custody of their children and removing them can be listed among their apprehensions. Culturally, spousal abuse is often denied.”

The religious context of Islam and the African patriarchal system result in women being viewed as inferior to men. They must obey men, and this serves to justify violent behaviour. It is considered to be a private matter. Women must not complain.

In Quebec, any form of abuse - sexual or other - is against the law. Violence may take a subtle guise such verbal abuse or the destruction of self-confidence. Sadly, many immigrant women are unaware of their rights and recourses. The nurse who witnesses an act of violence must report it. Sometimes, in the absence of concrete evidence, the context leaves room for suspicion. The nurse must be extremely tactful when addressing the subject and recommending to these women that they turn to women’s groups or to organizations which assist immigrants.

Meals

Cultural and religious differences are often expressed at the table. Care providers must permit immigrants to voice their dietary expectations and criticisms. Whenever possible, it is worth enquiring about cultural or religious dietary needs and helping the immigrant adhere to them. The nurse’s responsibility is limited to calling upon a dietitian or the cafeteria, and to determine whether the patient is eating the right quantity and quality of food. Consult the second article of this series, entitled: Intercultural Approach: Aspects of Immigrants and Roadblocks to Participation in Health Care.

Respect for Elders

Many cultural groups are defined by the respect which they show to their elders. When taking care of a senior immigrant, it should come as no surprise if the children or other relatives enquire about him, request information regarding his condition, and demand to be with him as often as possible. The requests of the relatives are

generally legitimate and should be addressed as best as possible. The elders consider the support of their family to be invaluable. Without it, they feel lost and abandoned. The presence of the family is therefore essential to respond to the emotional needs of immigrant elders. Health care professionals who need intimacy to provide care simply need to ask the family to step out for a moment. Professionals also need to make sure that the overabundance of visitors does not wear out the patient unnecessarily.²⁴

**End of Life**

Agony and death reveal the specific aspects of religion. The immigrant plays out the cultural and religious values and traditional rituals to which he holds dearly. Depending on the person’s beliefs, death can be perceived as an affliction, the will of God, the completion of a succession of various lives or the beginning of rebirth. The nurse must respect the beliefs of patients in end-of-life care.

Communicating with the patient and his family is extremely important under such circumstances. It must focus on the disease’s progress, pain, relief, and the side-effects of medication. The nurse must also factor in the needs and problems of the dying person and remain on the lookout for signs of pain and discomfort. She must also enquire about the perceptions of the patient and his relatives concerning death and bereavement and welcome their expectations respectfully in order to conduct herself accordingly during the final moments.

For example, a request might involve the presence of a representative of their religious denomination (i.e. an imam, a rabbi). Jewish clients may request the presence of male or female volunteers of Chevra Kadisha who can assist the dying person or conduct the ritual cleansing of the body. Muslim clients may request to perform the funerary bathing of the body themselves.

The role of nurses in an intercultural context is to provide support to the patient and his grief-stricken family, and to help relatives do what needs to be done with the dying person (i.e. to surround him, to reconcile with him, and – if possible within the cultural framework - to express their feelings and emotions. The nurse may ask the dying person or his family authorization to pray with them in accordance with her own beliefs. This is a sign of understanding and respect. It must be remembered that each person, culture and religion has its own way of mourning. See the second part of this series.

The Nursing Intervention Plan

Providing care to immigrants requires careful planning, in particular as regards the gathering of information for the statement of clinical judgements and the care delivery. Planning without undertaking the assessment is a form of professional negligence. Within the intercultural context, it is essential to always gain a perspective on our own way of acting and being.

Gathering Information from Immigrants

Purnell and Paulanka, when writing on intercultural care, defined certain areas which must be taken into consideration when gathering information from persons of other cultures for care delivery and the subsequent follow-up, and in order to reflect their general reality. The main elements are: the past and present living environments of these individuals as well as their nature (metropolis, village, Southern country, desert country, mountain geography, etc.), the role of the family, past and present professions and job locations, risky behaviours regarding cleanliness, nutrition, death rituals, spirituality, hygiene, and care practices. These elements help us to understand the experience of the patients and to plan for better adapted care. The nurse must also remember to keep an eye on the symptoms of the patient, to show interest in the mental and dental health of immigrants, and to pay attention to generation gaps as well as to the condition of seniors.

Clinical Judgement

Just as with any other clientele, in order to plan for the care provided to immigrant clients, the nurse is required to make clinical judgements based on information that has been gathered. The plan will subsequently guide her interventions. Judgement is essential when dealing with immigrants because of their vulnerability at the social, economic and family levels. This

vulnerability engenders significant stress which may have an impact on their health. Most immigrants are accompanied by their families and have children; furthermore, most women are also at an age to procreate, which requires many sociosanitary services. Single parenthood rates are elevated among certain cultures, which also creates specific needs. One of the most relevant nursing diagnoses for a displaced person is "social displacement syndrome" along with all that it entails in terms of adaptation, mood, loss of energy, feelings of impotence, and so on.

Planning of Care

Along with the establishment of the plan of care comes the setting of goals for the patient. To discuss the plan and its objectives with the patient is to show respect and to acknowledge his autonomy. The elements which require consideration in the planning process are those identified as being problematic during information-gathering. The health problems of the patient, his personal resources which can assist him in dealing with his condition, and potential problems of adaptation to the care process need to be factored in. Language problems, fears and religious or cultural objections must also be taken into account in order to provide better adapted care.

Communication to Educate

The person educating the client must:
- Be patient and empathetic;
- Avoid stressing the client by asking too much;
- Treat gently to boost his self-esteem;
- Resort to positive reinforcement frequently during exchanges (i.e., “That’s it! You’ve got it. Way to go!”).

Whenever possible, before providing care, it is important to clearly, comprehensively and honestly explain the nature of the treatments and interventions proposed to the client. Once again, this is a sign of respect and a means to earn his collaboration. The nurse must also make sure that the proposal is accepted or negotiate tactfully whenever necessary. She must keep abreast of the reactions or apprehensions of the clients. She must never impose anything which is difficult to comprehend or to accept. Using simple, comprehensive language and avoiding medical jargon is just as important as adopting the right attitude. Open-mindedness, warm relations and listening remain the most effective tools. Once the treatment has been provided, the nurse must observe the patient’s reaction. More than a professional act, it is a sign of interest. 29

Evaluation of Care

Nursing interventions cannot be planned without evaluating their outcomes and identifying what worked and what didn’t. Whether it is for care or for the reception, it is essential to be retrospective in order to assess quality. The nurse must judge the amount of information at hand concerning the culture of the persons attended.

Was it sufficient or too limited to establish a constructive dialogue with the patient? In spite of language differences, did the nurse identify his health needs? Was the nurse able to adapt to his expectations, perspective and dress code? Did the nurse take the time required to explain her

interventions? Did she take into consideration the strengths (not just the weaknesses) and level of autonomy of the patient? If problems arose, were they the result of preconceived ideas or unrealistic requests which run contrary to safe interventions? Did the nurse show understanding at all times? Answering these questions allows nurses to modify their actions and to become more efficient.

**Client Education**

When more in-depth information is required, the nurse must educate the patient on matters such as prevention and the underlying aspects of his disease. Educating the immigrant patient nonetheless constitutes a challenge for the nurse. The language barrier as well as different health care perspectives, religious beliefs, values and lifestyles complicate this task.

There is an important parallel between planning care and planning education. Both processes are based on problem-solving, the basis for all nursing interventions; however, educating immigrants requires a different set of strategies in order to get them to understand what they need to do to prevent disease and complications, and to pursue their treatment.

The caregiver must generally take into consideration the relational requirements associated with the culture of their clients – age, respect, forms of politeness, manners. The nurse must pay attention to some of her mannerisms, such as adopting a laid-back behaviour or using the informal “tu” personal pronoun in French, which is considered rude in some cultures. The nurse must adapt her educative role to the language abilities of the client so that her message is understood as best as possible. Furthermore, the nurse must ensure that she is welcoming and that her presentation is lively and entertaining when exchanging with the client.

---

**Health Education**

- Intended to:
  - Raise awareness of matters which can help the user to live healthily and to prevent disease;
  - Assist the user in his treatment.
  - Allows patients to discover their own level of competence in health matters.
  - Promotes awareness of health care services, social services, and health care professionals.
  - Encourages the acquisition of skills which encourages the autonomy of users in managing their health.
Education sessions must remain brief if the client does not understand French very well. The nurse must be warm and patient. She must be attentive to the physical and emotional needs of the patient and observe his reactions in order to make sure that he has understood and is willing to collaborate. Creating a partnership in care with an immigrant whose values and culture are unknown is easier said than done.

Questions should be answered. The health care professional’s tone must not provoke apprehension, fear, refusal or discouragement. If the patient states his refusal on a significant matter, the nurse must seek a compromise or restate her point at a more opportune moment. She must ensure that there is always room for dialogue. Disagreements do not have to create enemies. Intercultural care requires plenty of flexibility and determination.

In order to make the education both concrete and meaningful, it is recommended that props such as real-life examples, images, photos, templates, demonstrations, and so on, be used. The nurse should not be afraid of boring the patient by repeating her point deliberately or by presenting the same information in another format (i.e. overly summarized).

**Subjects to Be Covered**

Many subjects can be covered when providing information to immigrants. The subjects must be associated with the gathering of information, the process which reveals the needs of the immigrant. One of the priorities is to encourage immigrants to adopt preventive measures for breast and colon cancer screening such as undergoing a mammography, clinical breast examination (CBE) or a Pap test. Preventive education must also inform the immigrant about preventing sexually transmitted infections such as AIDS and screening for various types of cancer (i.e. colon and prostate). Family planning is always a delicate subject depending on the religious affiliation and cultural standards of the immigrant. The family must nonetheless be a primary target for information, especially the expectant mother during the various stages of her pregnancy: perinatal period, birth, breastfeeding, caring for the baby, post-partum period. The health of the children of vulnerable families remains an extremely important topic. The nurse must conduct a post-education follow-up in order to determine whether the recommendations were understood. In addition, she must enquire about the progress of the health problem.  

Health Care Services Information

Educating immigrants is also necessary for other problems, in particular to make them more familiar with our health care system, its policies and how to gain access to it. There are many services available to vulnerable immigrant families in Quebec. CLSCs, hospitals, immigrant associations, religious groups – all offer relevant services, but the immigrant must first know of their existence. The members belonging to certain cultural communities are not always aware of the services available to them in our province. Some critics find that health care providers are not always well-informed regarding the needs of immigrants, that the providers are indifferent to their condition and conduct themselves as if the foreigners should know our way of doing things. Service efficiency is often undermined by the cultural differences between providers and beneficiaries. It is time to recognize the need for intercultural training for nurses.

More Effective Intercultural Training

Working in an intercultural approach requires the nurse to adapt. This presupposes she has knowledge of potential client problems and a certain know-how. The nurse needs to understand that immigrants have specific needs. She must identify those needs clearly and tactfully, in a manner which is respectful of the individual’s characteristics, culture and way of being. She must speak to the users in a manner which they deem acceptable, take into consideration their opinions, listen to what they have to say about their problems, manage misunderstandings and conflict, and explain to them the preventive measures or treatment required while negotiating and fostering acceptance tactfully.

The nurse must first and foremost possess a certain way of being. She must be open-minded and show understanding, tolerance and respect for the beliefs of others as well as for what they say and experience. The nurse must show warmth and empathy for the often difficult life trajectory of the immigrant clientele. Adequate training is necessary to achieve these goals. It should consist of basic training and be reinforced at a later date in environments which have a large immigrant clientele.

Conclusion

The three articles of the series on the intercultural approach explore the reality of providing care to displaced persons while attempting to understand the phenomenon of migration and its consequences. The recent waves of immigration, the main adaptation problems of immigrants, and their need for support at the physical level were covered in these articles. This final chapter covers relevant points for care in an open approach towards immigrant communities, whose socio-sanitary impact is increasingly felt in our society. Nurses are at the centre stage of these somewhat challenging relations through their contact with patients and their families in hospital settings, emergency rooms, outpatient services, CLSCs and at home. To establish relations between newcomers and Quebecers, it is essential to change certain attitudes.

We must remove ourselves from the traditional cultural prism from which we observe our patients. It can become a filter for prejudice and stereotypes, leading us to judge the patient by his skin colour and culture. In other words, each immigrant must be treated like a human being. Some will say that this is easier said than done, especially when immigrants are demanding and
show a closed-minded attitude, when their values come into conflict with ours, and when their religious expectations are difficult to accept.

These problems are persistent and must be addressed. Fortunately, many tools and methods can be applied to solve these problems. To reach an agreement, there is confrontation, and then there is dialogue. The intercultural approach encourages nurses to avoid judgment, to listen, and to find out first who our patients are and what their beliefs are in order to reach a mutually beneficial compromise. Welcoming, understanding and reaching out does not mean giving up on essential matters. Intercultural care is an enlightened method to understand the lives of others and to help them in an open-minded manner without losing sight of our own values. Essentially, it is a question of judgement.

Recognizing problems and providing support to others does not mean accepting behaviour which one deems unacceptable (i.e. spousal abuse, inadequate hygiene or treatment), but rather suggesting interventions which are acceptable to both parties.

Education is the main tool and means to reach out subtly to immigrants, to establish ties with their communities, and to provide the services which they require. Nurses must remember that they deal with individuals first, not entire cultures. Education is not an instantaneous process. Immigrants must be given time to familiarize themselves with their host country, to find the means to subsist, and to understand their experiences as displaced people. Tania de Montaigne wrote: “[Translation] Being a stranger is like being submerged in water while others talk about the surface. The sounds penetrate the depths, but not their meaning.”

---

## Intercultural Training

*Educative initiative intended to:*

- Help care providers to become aware of cultural diversity in a health care setting;
- Recognize the humanity of each person regardless of skin colour, religion, culture or ethnic origin;
- Develop a warm, welcoming attitude that is respectful of diversity;
- Acquire communication skills to deal with persons who have different cultural, religious, social and sanitary beliefs;
- Adopt an open-minded, tolerant and welcoming attitude towards all without a hint of discrimination.
Bibliography/webography


The concept of humanitude as applied to general nursing care under "General Care" of the Clinical Crossroad. http://www.infiressources.ca/fer/Depotdocument_anglais/The_concept_of_humanitude_as_applied_to_general_nursing_care.pdf


**Intercultural Approach: A Current Need - Part 1: Profile of the Condition of Immigrants in Quebec and the Challenges They Face**


**Data collection: the basis for all nursing interventions**


http://www.infiressources.ca/fer/depotdocuments/Lanalyse_des_situations_complexes_2e_version_0ct_07.ppt Analyzing Complex Situations in an Emergency Department or a Department of Surgery

http://www.infiressources.ca/fer/Depotdocument_anglais/Analyzing_complex_situations.ppt


http://www.infiressources.ca/fer/depotdocuments/Enseigner_pour_soigner.pdf Teaching In Caregiving


All documents above were most recently consulted on July 22, 2009.