Editorial

Cultural Considerations

Culture has generally been defined as a socially transmitted behavior pattern that is based on the acceptance of the beliefs, attitudes, language, and practices that are typical of a community of individuals at a given time. The geographical, economic, and social segregation of any ethnic or racial group reinforces the culturally influenced behavior pattern. Consequently, the segregated group develops communication styles, cultural beliefs, and interactive behaviors that are socially accepted within their community but that are different than those expected by the general populous. Communication and behavioral difficulties may develop when members of these ethnic/racial groups are forced, by necessity, to deal with health professionals who have different communication patterns, cultural perspectives, and behavioral expectations.

Holistic nurses must recognize that many cultures have been influenced by the interrelatedness of the components of body, mind, and spirit. For example, psychic phenomena, spiritual intervention and inappropriate life-styles have been accepted as the causes of physical illness. Remedies for these illnesses are often culturally based and include conducting religious rituals, ingesting herbal teas, or enduring physical deprivation or punishment. Nurses must also recognize that cultural solutions to physical illnesses have probably been exhausted before the patient has sought professional health care. It is a common practice for many patients to maintain contact and seek the approval of cultural healers at the same time that professional health care is being provided. Recognition of the cultural/traditional healer or spiritual leader of a community by the health professional may facilitate patient cooperation and compliance. In addition, accepting and communicating with traditional health practitioners and reli-
igious leaders demonstrates respect for community values and may facilitate support for resolving other health-related issues.

Understanding a patient’s cultural perspective will require that the nurse become knowledgeable about those factors that influence behavior. Demonstrating interest in the patient’s culture, accepting his or her beliefs without criticism and providing culturally sensitive care will enhance understanding, promote communication, and improve compliance.

In the pages that follow, Susan Rawl presents some of the cultural beliefs, customs, and health care practices and barriers that affect the provision of care to a growing Chinese-American population.

A pilot qualitative research study that was conducted to identify traditional contemporary health practices of the Crow Indian Reservation in south central Montana is described by Janice A. Buehler.

Some of the complex factors affecting the organ donation decision and implications and strategies to increase its rate in the Black community are addressed by Henry M. Plawecki and Judith A. Plawecki.

The health care system in the Soviet Union, the health issues and concerns of its people, the education of physicians and nurses, and the unique factors influencing Soviet health care are described by Linda E. Moody.

The topic of vaso-occlusive pain crisis in children with sickle cell disease and its management is presented by Bernice Houser, Henry M. Plawecki, Juanita Carr, Martha Smith, and Judith A. Plawecki.

The biological impact of risk factors, the expression of disease, and the potential for controlling unhealthy behaviors in the Black and Hispanic populations is presented by S. Joan Gregory and Pamela I. Clark.

This collection of articles represents a small sample of the information that can assist the holistic nurse in providing culturally sensitive care.

Henry M. Plawecki, Ph.D., R.N.
Purdue University Calumet, Hammond, IN
Issue Editor