**CULTURAL DIVERSITY AND SENSITIVITY**

Floyd provides services to people from many different population groups. The co-workers you will interact with also represent many different groups.

Population groups may be identified by criteria such as age, race, ethnic origin, religion, gender, physical characteristics and socioeconomic status. Some of the major population groups represented by our customers and co-workers include:

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| **Criteria** | **Examples** |
| Age | infant, toddler, young child, older child, adolescent, adult, geriatric |
| Race, Ethnic Origin, Nationality | Latino, Hispanic, African American, Filipino, Korean, Anglo-Saxon |
| Religion | Catholic, Jehovah’s Witness, Muslim, Southern Baptist, atheist |
| Physical Characteristics | Deaf, Hearing impaired, People with disabilities, People of size, Mentally ill |
| Socio-economic Class | Indigent, Homeless, Lower class, Middle class, Upper class |
| Education Level | Unable to read, high school/college, graduate, computer savvy |

Floyd’s Service standards and behaviors give us direction on how we will treat all customers and co-workers. Most relevant to cultural sensitivity and diversity is the Responsiveness standard and the behavior, “Responds appropriately to special needs of customers (age-specific considerations, non-English speaking, hearing impaired, etc).” For Floyd to be the Provider of Choice and the Employer of Choice, all staff must appreciate the differences among the people they serve and must be sensitive to the needs those people have.

**Cultural encounters** occur when you work directly with customers and co-workers of culturally diverse backgrounds. It is demonstrated by the verbal and non-verbal messages you give.

**Cultural knowledge** is your knowledge base about various cultures which helps you to better understand customers and co-workers. Knowledge is what you may bring with you to an encounter, while awareness emerges during the encounter.

**Cultural sensitivity** is an attribute of healthcare workers. It means they possess some basic knowledge of and constructive attitudes towards the diverse population groups they care for or work with.

**Cultural competency** is an attribute of healthcare workers. It means they understand and attend to the total context of the customer’s situation including awareness of things like immigration status, stress factors of trying to interact with our systems and cultural differences.

Floyd Medical Center has policies relevant to providing culturally competent service to your customers and co-workers. These include:

* Non-English speaking patients and visitors (Administration policy manual, #AD 03-011)

If you will work with translators, review “Tips for working with a translator”

* TTY/TDD Telecommunication for the Deaf (Administration policy manual, AD 03-010)

**When Caring For Diverse Customers Always Remember:**

* **Don’t treat others as YOU would want to be treated.**

What is viewed as polite, caring, quality health care in one culture may be considered rude, uncaring, or even evidence of poor standards of care in another.

* **Address all adult patients from other cultures by their surnames unless specifically asked to use a first name.**

Most other cultures are more formal than American culture and many people who were born and brought up in another cultural environment consider it a lack of respect to address others (or be addressed) by their first names.

* **Mind your tone of voice.**

When speaking to a patient who seems to have a limited knowledge of English, don’t shout. Remember the patient is hard of understanding English, not hard of hearing. Speak slowly and softly. You can help improve a person’s comprehension of what you are saying by repeating it several times in different ways and using gestures, pictures and other non-verbal forms of communication.

* **Every culture has its own rules for touching and distance.**

When either you or the other person breaks any of these rules, the other will feel uncomfortable. For example: Americans often feel uncomfortable when someone stands less than three feet away from them, while most people from the Middle East need to stand almost nose to nose with the person to whom they are speaking.

* **Don’t ask a limited English-speaking patient or family member: “Do you understand?”**

If the patient nods his or her head or answers “yes” to your question, it only means that the patient has heard you. Try to ask questions beginning with the words “when, where, why, how”. Then listen carefully to the answer for clues to the patient’s degree of understanding or real agreement.

**Important Considerations in Hispanic American Culture**

* **Clothing or amulets -** Religious items, such as rosaries, frequently kept on person or on bed
* **Communication/greetings -** Address individuals formally, especially elders; include children
* **Interpreter use -** Same gender if possible
* **Nonverbal -** Strongly influenced by respect, direct eye contact may be avoided, handshaking considered polite and usually welcome
* **Pain -** Tend not to complain of pain; assess by nonverbal clues