Home Health Aide DIGEST™

# Pre-/Post-Test

## Ethnic and Cultural Issues

(May/June 2003 issue)

All questions in this quiz are based on articles in the May/June 2003 issue of *Home Health Aide Digest*. After completing the quiz, please turn it in to your supervisor. (Circle the one correct response for each question.)

**1.** (True/False) Volume and tone of voice are the most easy-to-interpret signs of how a client is feeling.
a. True.
b. False.

**2.** Shaking hands with a person of Asian background may be:
a. A sign that your are challenging the person to an argument.
b. Seen as improper.
c. Understood to mean that you are the person's lifelong friend.
d. a & b.
e. None of the above.

**3.** If a client (such as someone from the Philippines) doesn't give helpful answers to your questions, it may be because:
a. The client doesn't trust you.
b. The client is joking with you.
c. The client is distracted by other problems.
d. The client assumes you already know the answers.
e. b & c.

**4.** (True/False) Traditional herbs or treatments may be quite different from modern Western medications. A client from a non-American culture usually wants to follow a doctor's advice, rather than risk mixing in methods from the "old country."
a. True.
b. False.

**5.** (True/False) Trying to learn a greeting in the client's language is risky. If you don't pronounce the words properly, the client will likely be offended.
a. True.
b. False.

**6.** The best way to understand a client's culture is to:
a. Observe the client carefully.
b. Read a book about that person's native country.
c. Ask questions often and carefully.
d. All of the above.
e. b & c.

**7.** An older African-American client and a white American HHA may have problems understanding each other's ways of thinking and acting. Which of the following is *NOT* a major reason(s) why this might happen?
a. An African-American client may not speak "standard" English.
b. An African-American client may find it hard to ask for help.
c. An African-American client may have had different life experiences than the HHA has had.
d. An African-American client may find it hard to trust someone from another race.
e. c & d.

**8.** The distance at which most white Americans are comfortable when talking with each other is:
a. 12 inches.
b. 18 inches.
c. 24 inches.
d. 36 inches.
e. Any distance is comfortable.

**9.** When asked a question such as, "Do you have leg pain?" a Mexican-American client is likely to:
a. Tell you that it hurts more than it really does.
b. Deny that the leg hurts.
c. Describe the background of the cause, then give the answer.
d. Avoid giving an answer by changing the subject.
e. Ask if you also have any leg pain.

**10.** (True/False) Medical terms are very much alike around the world, so doctors and patients–even if they must use an interpreter–usually understand each other well.
a. True.
b. False.

I began reading *Home Health Aide Digest* at _____ am/pm.

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signature

Communicating Across Cultures page 2
Not In Kansas Anymore page 5
Death Has Many Faces page 8

Home Health Aide DIGEST™

# BREAKING DOWN BARRIERS

## Spirit Profile: Helen Painter

Helen Painter's toughest client had no time for an outsider's help. Without hesitation, the woman–a dementia victim–greeted Helen with, "I don't need a home health aide and I don't want you."

Obviously, says Helen, "She wasn't going to let me do anything for her." However, Helen was not about to be refused. "I said, 'What are you looking at, recipe books?'"

"I like recipe books," the client replied. "This is about strawberries."

Like an angler setting the hook, Helen offered the woman a chance to be helpful: "Oh, maybe you can help me. I really need a recipe for a strawberry pie. Is there one in that book?" The rest was easy, Helen recalls. "She started flipping through the book and really got concerned about it. For about 15 minutes we talked recipes.

"Then," Helen continues, "I said, 'Wouldn't you like to go and get washed up a little bit?' She looked at me, and I thought, *I've had it now.* But instead she said, 'Do you really want to give me a bath?' I said, 'I would really love it if you'd let me.' She replied, 'Okay, let's go.'

"I was dumbfounded," Helen says, "because it was so easy."

According to Helen, it really isn't hard to disarm a difficult client: "Be observant. Sometimes you can see little things." By noticing what really interests a client, Helen turns an opponent into a partner. "It's all about finding common ground," she says. "Sometimes it might be photographs on the wall, and I get the person talking about her family."

> **"Seeing my client motivated and getting better is my reward."**
>
> —Helen Painter

continued on page 12

## Focus on

## Understanding Ethnic & Cultural Differences

For most people in North America, ethnic and cultural variety are everywhere. In public buildings, signs may be written in many languages. In the supermarket, shelves display some products that look very strange. At home, neighbors from another country may speak a different language, eat different foods, wear different clothes, and do things that seem very puzzling.

Learning to understand and live with different cultures can be challenging. It can also be very interesting and rewarding. As a result of that effort, you will start to look at life in new ways. You will be more relaxed around people who seem different. And, as an HHA, you will find it easier to give great care to people from backgrounds very different than yours.

This issue of the *Digest* will give you insights on how to understand and help clients from other ethnic and cultural backgrounds.

**Spirit Profile** *continued from cover*

It's a way of keeping the connection. "To this day," Helen says, "that woman has her recipe books lying there. She still relates to that. She'll ask, 'Have you ever tried this recipe?' She'll go down the page and read every ingredient to me. I just tell her, 'Oh, that sounds delicious. Maybe I'll try that.' It's like she's still communicating with me through her recipes."

Helen admits, though, that it always takes effort. "Every client I've ever had has been a challenge. The hardest thing is getting people to accept me into their home."

Sometimes a client is just riled up and needs calming. "It's better to take two steps back and let them calm down," Helen asserts. "If there's a family member present I'll ask that person why the client is upset. Sometimes I'll be told, 'Oh, he's like that all the time.' Or else, maybe something set him off before I got there, so he might not really be upset at me. Once I've found out the cause of the trouble, I can deal with it.

"For another client, I might just need to busy myself with other tasks for a little while. By then she may be a bit calmer, so I'll start asking about different things, trying to open up communication."

Once the barrier has been broken, Helen gets to work–and she gets a lot done. Her supervisor notes that Helen always completes a client's care, yet does it with a sense of calm. One client even commented that Helen "never rushes me."

Helen says her secret is setting priorities. "Number one is personal care (PC)," she emphasizes. "I get the PC done. Then, if there are other thing the client wants to do by himself, such as clean his teeth, I'll say, 'While you're doing that I'll make the bed.' As long as the client is in a safe place, I can leave him sitting while I do something else. So, I'm still supervising.

"The first visit is the longest," she says. "Then I start making notes of where things are kept and how the client likes things to be done. If I learn that she likes lotion on her back or the bottoms of her feet, I write it down. The next time I don't have to waste time asking about those things."

Sometimes the barrier is not the client's attitude, but the client's disabilities. Helen has devised a number of tricks for shampooing a client who cannot bend over a sink. "If it can be done I've done it," Helen says. "If the hair is short, I just use a wet washcloth. One client, who couldn't sit up, would roll over and hang her head over the edge of the bed. I used a garbage bag to protect the bed and set a pan on the floor to catch the water."

When it comes to dealing with the barrier of culture, Helen sees it as a no-brainer. "I'm in their home, I have to respect them," she says. "I don't treat them any differently, and I don't change. I go in being myself. I treat them as if they were me. If they have different religious beliefs they sometimes try to draw me in. So I let them talk and I listen.

"I've met people from many countries. I've never been able to visit those places, so I let them give me a 'tour' through their country. It's amazing to hear some of their stories." In the case of a Spanish-speaking client, says Helen, "I asked her daughter to teach me some basic phrases such as 'stand up.' The lady loved it!"

Such client satisfaction is at the core of Helen's love for her job. "When I meet them they may be down and depressed, but by the time they're discharged they're so motivated. They're feeling better. Seeing them motivated and getting better is my reward."

Rewards aside, there's one thing Helen wishes she could change about home health care. "I'd like a chauffeur," she says with a chuckle.

The address of the office that nominated Helen Painter is:

Citrus Memorial Home Health
502 W. Highland Blvd.
Inverness, FL 34452

"We make a living by what we get. We make a life by what we give."
—Winston Churchill



Home Health Aide DIGEST
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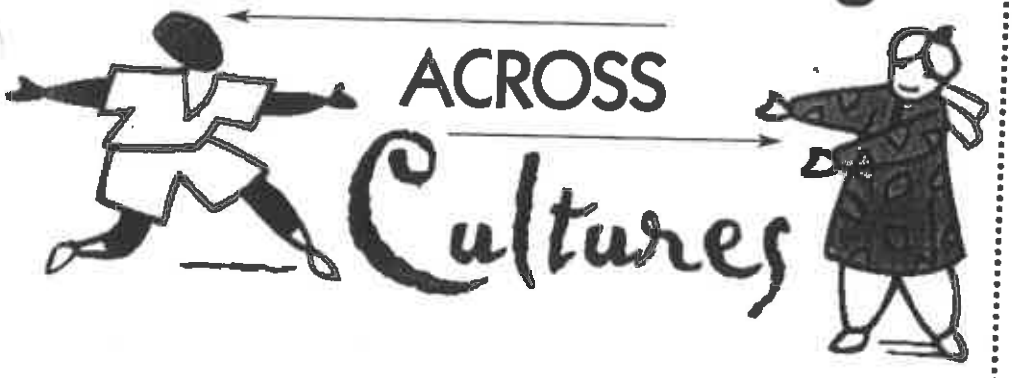
# Communicating ACROSS Cultures



by Suzanne P. Campbell

Home health aides (HHAs), who are on the front lines of client care, have a special challenge in the changing North American society. During the past decade, the US has become home to more and more ethnic groups. HHAs need to become skilled in giving culturally appropriate care by respecting the beliefs and practices of their clients.

It helps to realize that you, as an HHA, also have cultural traditions that can affect the way you relate to a client. For example, white Americans are known for wanting to get right down to business in a visit rather than spending time in small talk. In many parts of the world, however, this is considered rude.

One way to provide the best care and avoid problems is to figure out how best to communicate with a client. Here are some pointers from a study done to help health-care workers deal well with clients from diverse cultures.

## Volume of speech

People from some cultures, such as Irish and Iranian, tend to converse loudly, while others, such as most Asians, prefer to speak in low voices.

*To avoid problems:* Remember that a client's loud talking does not always mean anger. Realize also that raising your voice will *not* help a person who speaks little English to understand you better.

## Tone of voice

Tone of voice and inflection (the up and down changes in one's voice) are another way people show their culture. For example, a client who is African-American, German, or Jewish might use the same tone of voice throughout a chat. A client whose background is Italian, Irish, or Mexican may tend to be more expressive and alter the tone of voice.

*To avoid problems:* Don't assume that a client's feelings are being shown by his tone of voice.

## Use of touch

People in some countries, such as Puerto Rico, France, and Spain, rate a firm handshake as an indicator of a good person. Others, such as those from many Asian countries, see shaking hands, particularly between men and women, as improper. Mexican-Americans may touch a lot when talking to each other, but have a strong sense of modesty when asked to undress in front of another person, even for needed medical care. Koreans may prefer to bow when meeting someone, rather than shake hands.

*To avoid problems:* Observe and respect your client's use of touch.

## Small talk

Small talk before serious talk is seen as polite and necessary in many cultures. In the US, we sometimes view it as a waste of time.

*To avoid problems:* Allow your client time to be at ease with you before talking about "business."

## Gestures, eye contact, and posture

Gestures, eye contact, and posture vary widely among cultures. In India and the Philippines, and among many Native Americans, direct eye contact with others is often avoided. It may be viewed as disrespectful to meet the eyes of another person--especially if that person has higher social status. Among African-Americans and Mexican-Americans, eye contact is a valued part of communication; those who avoid it are thought to be hiding something.

*To avoid problems:* Don't judge your client based on actions that may make you uncomfortable.

## Personal space

Ethnic groups very widely in their needs for personal space--the area surrounding our bodies. It is felt that our individual space must be protected from invasion by others. Puerto Ricans and African-Americans may be at ease with only a small amount of personal space. Germans and Scandinavians need more space to be comfortable.

*To avoid problems:* Try to keep a comfortable distance between you and your client whenever you can.

## Test your cultural bias

1. While in an elevator or other confined place, notice how much personal space you try to have around yourself. How do you feel when others invade that space?

2. Recall what happens when you meet a new client. Do you like to spend time getting to know the person, or do you view small talk as a waste of time?

3. What did you learn as a child about shaking the hand or meeting the eyes of a person to whom you have just been introduced?

4. Think about whether you use touch a great deal when communicating with others. If you are not sure, ask friends or family what they have seen you

# Different Strokes for Different Folks

## Home health care in a melting pot society

by Peter D. Unseth, Ph.D.

If you as a home health aide work with clients from different cultures, you will find that people view illness and health care in different ways.

In most parts of the world, there is only one option for caring for a sick or dying family member: Do it at home. In these cultures, staying at home may be of greater concern than getting high-tech treatment. People will feel it is more important to keep a loved one at home, even if it means the person dies a bit sooner.

Therefore, people from such countries who now live in North America often face difficult choices when a loved one becomes ill. Without the extended family they once leaned upon for help, and with both spouses working every day, a family may be unable to help a sick loved one. They may need to arrange for an HHA or other help to come in. Yet they feel guilty about this, and the sick person may resent having a total stranger coming in to provide care.

Having an outsider working in the home can be difficult. Many people have a strong need, as they age, to relate to people like themselves. They find it harder to deal with "foreigners." Therefore, a care giver or HHA who is seen as a foreigner can be hard to adjust to. Also, modesty issues, often a problem for North American patients, can be a big barrier for people from other cultures. Although a male HHA rarely is assigned to a female client, this should not even be considered an option if the female client is a strict Muslim.

### Same question, different answers

How does someone from another culture answer a question?

- In the US, people usually try to be as simple and factual as possible. That is not the case in many other cultures, especially in the matter of health needs.
- People from some parts of the Philippines don't give helpful answers, because they assume the health-care worker knows the answer.
- In Ethiopia, saying, "I am fine," is a proper, friendly social response. An Ethiopian then expects the other person to ask more questions instead of taking "I'm fine" at face value.
- An Italian may voice great complaints about pain and health problems as a way of getting sympathy and support. The person may not be requesting medical help.
- Germans and other people from Northern Europe tend to mask problems. They don't want to look like complainers or to bother anyone.

Just because people in some cultures admit to pain more freely than others does not mean that they are wimps or have a lower pain threshold. They just find it easier to admit pain and to talk about it. For instance, a study in a New York Veterans Administration hospital found that patients of Jewish and Italian backgrounds complained about pain, asked for help, and sought sympathy more often than people whose families had come from Northern Europe.

### Different views of disease

People from non-Western cultures tend to be more likely to combine several methods to find healing. For example, they might use Western drugs plus traditional herbs—and maybe even a religious ritualist (such as a shaman). They may not notice (or care) that these methods do not fit together well. For instance, the sick person may shun a drug that has been prescribed, or may take something with it that keeps it from working well (such as using milk products that clash with a certain medication or herbal remedies that inhibit its effectiveness).

continued on page 4

doing. Have you ever had a client pull back from your touch or seem uncomfortable?

As a health-care provider, you will be more effective in caring for each client if you understand how best to communicate with that person. Respect for a person's cultural needs will help you to do that.

*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

*Some material from this article was adapted from "Caring: An Approach That Transcends Culture," by Roberta Rexroth and Ruth Davidhizar, Caring magazine, February 2002.*

## Different Strokes

*continued from page 3*

Many cultures have their own classes of "hot/cold" diseases, medicines, medical practices, foods, etc. Within such a system, certain things are seen as in conflict so that they cannot be done together. For instance, certain herbs may be seen as "cold," so the client might refuse a hot bath after taking such a medicine. Or, to balance a "hot" herb, they might eat a food that they rate as "cold," even if it is something that a doctor has told them not to eat.

### Children with severe health problems

A child with a severe illness or handicap is viewed in different ways around the world. Some cultures hide such a child. Some cultures give such a child poor treatment, and may allow that child to die from lack of needed treatment. A few cultures will outright kill such a child, but generally at infancy.

### Views of death

In many cultures, people want to die or be buried near home—for many reasons, both spiritual and sentimental. When such people come to North America, they may not realize that this may not be possible. Learning this can be painful and difficult for them. That is why it can be crucial to be aware of and honor a client's culture.

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**The Author**

*Peter D. Unseth, Ph.D., is a linguist who has lived in Africa and Asia. As a teacher with Wycliffe International, he trains people to enter cultures that have no written language in order to understand the language and culture, create an alphabet and grammar, translate literature such as the Bible, and train others to teach reading.*

# Say HELLO

Guten tag
Salaam
Olá
Chao ong

**by Suzanne P. Campbell**

Several years ago, I went on a foreign-exchange trip to South Korea. Wanting to impress my host, I spent part of the journey learning how to say "thank you" and "hello" in Korean. When we arrived, I proudly bowed, as taught, and displayed my ability to say "hello."

My host quickly put his hand in front of his face and started to shake. It soon became clear that he was laughing very hard. I never did find out what I *really* said, but the kindly Korean man took it in stride. And laughter was a good way to begin a friendship! (Just for the record, although I slipped on "hello," I pronounced "thank you" very well. And I had the chance to say it a lot during my visit among those friendly people.)

When you and your client do not share a common language, your attempt to learn a few words in the person's tongue may warm her heart. It shows that you care enough to make an effort. And, if you don't get it quite right, you and your client will have something to laugh about!

There are several ways you can learn to do this. One is by asking the client to teach you. Or you can buy a small pocket dictionary in the language you want to learn, or check one out from your local library.

There are also many Web sites that offer language help. For example:

*www.searchlanguage.com* offers dictionaries on most major world languages, including obscure languages such as Chorti and Passamaquoddy. It also offers a Spanish dictionary for the personal digital assistants (PDAs) so common today.

*www.yourdictionary.com* has 300 dictionaries and will even link you to a Web site that shows what your name would look like in other writing systems such as Egyptian hieroglyphics or Chinese characters.

*www.travlang.com* gives a word of the day, such as "winter," in 83 languages. You can also learn about software that will help to teach you the language you would like to learn.

Are you ready to give it a try?

Here are some ways to say hello:

Portuguese – *Olá* (OH-la)

German – *Guten tag* (GOOT-en tahk)

Vietnamese – *Chao ong* (dzhow-ong)

Mandarin Chinese – *Ni hâo* (neé-haOW)

Arabic – *Salaam* (sah-LAHM)

Russian – *Zdravstvuyte* (zzDRAST-vet-yah)

And remember to say it with a smile.

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# When You're Not in Kansas Anymore

## WATCHING FOR SIGNS of CULTURAL DIFFERENCES

by Joy Campbell, MA TESOL

When young Dorothy looks about in the Land of Oz, she tells her dog Toto, "I don't think we're in Kansas anymore." The clues are plain: wild colors, magic witches, and Munchkin greeters. In dealing with people from other ethnic or cultural backgrounds, however, the signs are not always so clear. To some extent, an HHA enters a different culture with each new client. This can be a big challenge when client and HHA come from very different backgrounds.

### Cross-cultural blunders

After many years as an English teacher on three different continents, I've made my share of cultural blunders. For example, one day in France, I wanted to bring flowers to my new host family. I was looking at a lovely pot of mums, and asked the flower vendor how much they were. She told me and asked if I wanted a sympathy card to go with them. Confused, I asked why I would want such a card. Thank goodness I did. It turns out that mums are symbols of mourning in France, and are most often used at funerals! I thought I had learned a lot about French culture, but this had never come up.

In the US, as a teacher of English as a second language, I work with students from all over the world. I've learned that mistakes can come not only from language problems, but also from body language, gestures, eating habits, religious practices, and many other not-so-obvious areas.

For instance, many of my Asian students don't like to make direct eye contact with me. Americans might see this as suspicious. However, I've learned that in Asia it is not polite for someone, such as a student or younger person, to hold eye contact with a person whom they believe has higher status.

In Morocco, an American friend told me this story: As a strict vegan (*VEE-gan*–eating no animal products of any kind, not even milk or honey), she was always careful to talk about her eating customs before accepting a dinner invitation. Even then, at more than one dinner, a well-meaning Moroccan would try to feed her chicken, thinking that "meat" only meant beef.

### Tune in

I've learned that the best way to work with a person from another culture and background is to begin by "tuning in." Pay attention to what is happening and to the person with whom you are working. Keep an open mind. Realize that most cultural mistakes are simply that–mistakes, not willful insults. Remembering this can make these times go much more smoothly.

When you meet someone from another culture, *observe*. If that person does something that you find confusing, ask about it. And, if someone reacts in a strange way to something you do, take note and ask how she might do it in her culture. I've found that people are happy to share insight about their customs. I often learn new things after asking people to talk about them. When you tune in, you open the door to cross-cultural sharing.

### Slow down

In today's hectic world, we often expect to learn everything we need to know in "sound bites" and summaries. However, cross-cultural contact requires that we slow down long enough to explore our differences. It can be a jolt to run up against a culture or custom we don't understand. If we don't slow down to think about what has just happened, we may leave upset instead of informed.

In a recent class, I asked students to break into groups so they could discuss the lesson. A Japanese man, sitting near three other students, could easily have joined those three. Instead, he crossed the room to sit with a pair of students to make another group of three. I asked why he hadn't joined the closer group. He told me that the number four is unlucky in Japan, so he would feel uneasy in a group of four. I'd heard that the Japanese never buy things in sets of four, but had no idea that this viewpoint extended to groups of people. He told me that Japanese people even dread their 44th birthdays.

By watching and asking, I learned something that will help me when working with other Japanese people.

continued on page 6

## Not in Kansas Anymore

*continued from page 5*

### Read up

Another way to ease the challenge of working with people from different backgrounds is to read about other cultures and ethnic groups. There are many books that help to explain other cultures. At any bookstore, just ask a salesperson to help you find some helpful reading. A quick search on Amazon.com revealed over 3,000 books under the topic "cross-culture."

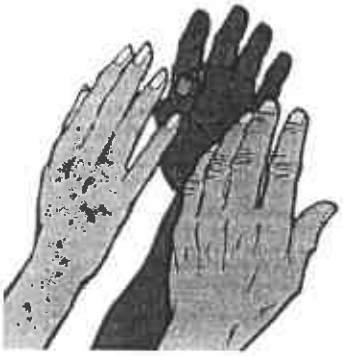
One group of books that I've found helpful is the "Culture Shock" series from Graphic Arts Center Publishing Company (GACPC). It has some 50 titles for different countries (e.g., *Culture Shock: Thailand*) that give insights about the customs and manners for each culture. Even if you work in the US, if your clients are from different countries these books will help you to understand their backgrounds and world views. GACPC also has two books on the United States (*Culture Shock: USA* and *Culture Shock: USA–the South*) for people who want to know why Americans do the things they do!

A caution about using books for cross-cultural insights: Books, by their nature, can address culture only in the most general terms. In fact, even if you can identify the culture of a client or new friend, don't count on that person to follow the "textbook" rules of that culture. The safest method for learning? Ask often and carefully about the person's culture.

### Reach out

Finally, reach out. A coworker of mine, who for decades has worked with students from around the world, told me that true kindness is always understood. No matter whom you're dealing with, and no matter where that person comes from, kindness will be welcomed.

So keep in mind that you must stay open and flexible when you cross the cultural border. A good heart goes a long way in making the crossing easier.



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**The author**

*Joy Campbell, MA TESOL, is an English-as-a-Second-Language instructor at Michigan State University. She also has served as a medical translator, has lived and worked in France, and has taught English as a Peace Corps volunteer in Morocco. She has taught on three continents and has traveled extensively on four.*

## What You Will Learn

After studying this issue of the *Digest*, you should:

1. Be aware that people from other cultures may express their feelings in different ways.
2. Know how to pay attention to ways in which politeness is expressed by people from another culture.
3. Know different methods to learn more about a client's culture.
4. Have more knowledge of how to communicate well with an older African-American client.
5. Understand that dying may be viewed differently by other cultures.

"Only those who dare to fail greatly can ever achieve greatly."

*Robert F. Kennedy*

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Insights on working with older African-Americans

# SOME R.E.S.P.E.C.T.

Good communication is like oil: It cuts down on friction. In most machines, friction is a bad thing. It causes heat and noise, and causes parts to wear out quickly. The same thing can happen between people. When they don't understand each other, things can get "hot." And feelings can get hurt.

When people from different cultures try to communicate, there are many chances for problems. The people involved are not looking for trouble. It's just that words, gestures, and body language can mean something different to each person. Even people who have grown up in the same country can have very different backgrounds. This often happens between white Americans and African-Americans.

Joyce L. Harris, Ph.D., associate professor of speech-language pathology at the University of Texas at Austin, has given much time to learning how African-Americans communicate. An African-American herself, she points out three reasons why older African-Americans and white Americans may have trouble understanding each other. First, many African-Americans speak a form of English that is sometimes viewed with less respect than "standard English." A person who uses such English may be embarrassed to speak to someone who speaks standard English–or she may say something that the other person does not understand.

Second, an older African-American may have had life experiences quite different from other Americans, whether they be white, Asian-American, or of some other background. This may cause problems when looking for a topic of conversation, or when explaining to the person why he should change an old habit, such as wearing different clothing that might improve a skin problem.

Finally, an African-American–because of difficult situations she faced earlier in life–may not trust people of other races, or may feel like a second-class citizen. If an HHA of a different color or culture comes into the home to give care, the client may feel the need to be guarded about personal feelings and care needs.

To help build a "bridge" with such a client, Dr. Harris offers seven ideas under the word RESPECT. These ideas can be helpful when giving care to an older African-American client.

**R**efrain from calling the client by his first name, as is so common in America. An older African-American may see your use of his first name as a lack of respect, or, perhaps worse, a lack of professionalism. So, unless a client asks you to do otherwise, address that person using Mr., Miss, or Mrs. with the proper surname.

**E**ducate the client and family care givers about the range and limits of services you can give. There is a good chance that they do not know. Explain how your care may better the client's quality of life.

**S**elect language and topics of conversation that fit the client's cultural background and current abilities to speak and listen.

**P**ersonalize the care plan schedule to fit the way the client relates to people. For example, if the client seems to like "warming up" with talk, do personal care first so you can be close enough to converse easily. Then take care of other "distant" tasks such as meal prep or laundry.

**E**xamine your tone of voice and body language. Avoid "elder-speak" (using simple words and speaking as though the person has limited understanding), which can sound snobbish. Ask for permission before touching, and respect the person's personal space as well as her belongings.

**C**reate a climate of mutual trust. Be honest. Explain why the client should tell you when he needs something. If the client can see why your knowing these things helps you give the best possible care, he is less likely to think you are just being snoopy.

**T**ap the client's support network. Remember that the client's "family" might include a wide range of people. For many, the church and its staff are a major source of social and emotional support.

*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

*Adapted from Joyce L. Harris,* "Aging and Ethnicity: Communication Services for Older African-Americans," *Multicultural Electronic Journal of Communication Disorders, vol. 1, no. 1 (1998). Used by permission.*

# MEDICAL MESSAGES may get MIXED UP in Translation

About 19 million Americans speak limited or no English. So what happens when one of these people visits the doctor? How can that patient understand what the doctor has to say, and *vice versa?*

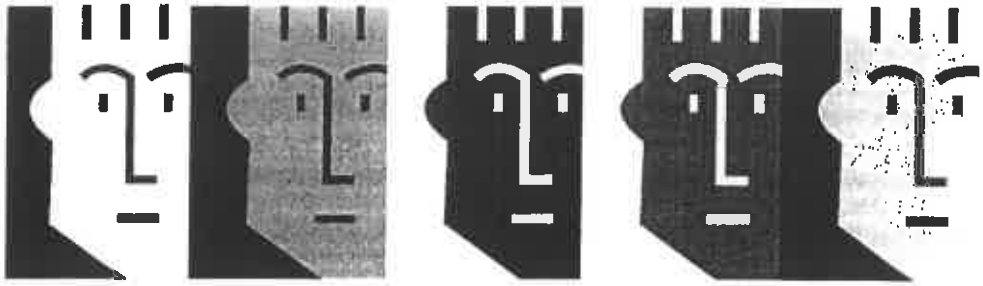
An interpreter, either an English-speaking relative or a professional, generally handles the job. But interpreters, especially nonprofessional ones, often make mistakes in translation, and the results can be serious.

It happens far too often: A study done at a pediatric clinic in Boston, in which interpreters were used at clinic visits, showed that an average of 31 translation errors were made during each clinic visit!

Most of the mistakes were oversights—the translator failing to interpret a word used by the doctor or the patient. Sometimes the word does not exist in the other's language, and the translator uses a wrong word in its place. Other times, the translator says what she *thinks* is meant, or omits or adds to the information given by the doctor or patient. Sometimes, though least often, the doctor is at fault—for example, using his rusty Spanish to talk to the patient.

When working with a client who does not speak English, keep in mind that such mistakes sometimes occur. Watch for problems that should be reported to your supervisor.

(Source: *Pediatrics,* 2003)



# Death Has Many Faces

## How culture affects the way people view dying

Death is common to every person. But death is faced in very different ways in different cultures. Understanding other views of death will be very helpful when serving a dying client whose culture is different than yours.

The difference became very clear in a recent survey made by Jill Klessig, MD (UCLA School of Medicine). When she asked patients of different cultures if they would want "futile care" (treatment for a dying person that might delay, but not prevent, death), she found a wide range of answers. Her results include the following:

- Ninety percent of African-American patients said they would want futile care if it wasn't painful or a burden.
- Iranians came close behind, with 82 percent favoring futile care.
- Of Chinese patients, 45 percent said they would want futile care.
- White (or Caucasian) patients, interestingly, were strongly opposed to such measures. Only 30 percent said they would want futile care.

### "What do you *really* mean?"

Each culture sees things differently. Therefore, what the persons seems to being saying may not be what that person really means.

For instance, even the concept of futile care may cause mix-ups. Dr. Klessig comments, "So when doctors ask a family member, 'Do you want us to do everything we can for your grandmother?' and the family says yes, they may mean that they want their grandmother to have a clean blanket and a roof over her head, not a ventilator or other life-sustaining technology."

In one case, a Korean man with failing lungs asked to not be taken off the breathing machine. He was not afraid to die. Instead, it was a culture issue. In his homeland, it is important to die at home, so he wanted to return to Korea.

### Pay attention to the differences

- ➜ For clients from some Asian cultures, health-care workers need to talk to the right person. In those cultures, a sick person's job is to get better, not make decisions. The family decides the kind of care the person should get. Therefore, if you were to ask such a client, "Would you like a bath today?", that person might answer, "Ask my son." Rather than insist that the client decide, respect her wishes.
- ➜ Sometimes it is important to not say something. Iranian culture, as well as other cultures, think it is rude to tell a person that he is going to die. With such a client, talk of death should not enter your conversation.
- ➜ In at least one Native American tribe, it is wrong for a mother-in-law and son-in-law to be in the same room. Therefore, a woman could not be with her dying daughter if that daughters husband were present. If that is the custom, an HHA should not

try to urge the "rejected" family member to join the others. It is important not to try to force the family to have everyone together.

- Personal "space" differs among cultures. For example, most white Americans are comfortable speaking at a distance of about 18 inches from each other. However, many Middle Eastern people like to talk with less than 12 inches between themselves and the other person! Such a client will want you to get "up close" when conversing.
- Something as simple as answering a question can differ greatly among cultures. Mexican-Americans, for example, often do not give a direct answer. Instead, they are apt to first spend a few minutes giving the background for the answer. Thus, the answer to "Do you have leg pain?" will not be a simple yes or no. Rather, the answer will include what happened that caused or stopped the pain.

When caring for a dying person with a background different than yours, never assume that the way you usually speak or respond will work well with that person. Observe how the client speaks to family members. Ask questions. And pass your insights on to other HHAs and RNs.

Great care happens when you connect well with your dying client and that person's family. That happens when you pay attention to their cultural needs.

*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

*Some of the Information for this article was taken from "Death and Culture: The Multicultural Challenge," by Jill Klessig, MD* (Nursing Home Medicine: Annals of Long-Term Care, *Aug. 1988)*

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We at the *Digest* thank Utopia Home Care, Inc., for renewing its commitment to your publication. As always, such generous support will help us continue to keep individual aide subscription costs as low as possible.

UTOPIA HOME CARE, INC.
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## CARE TIP

### Sponge-Bathing Made Easy

When sponge-bathing a large client, I find it easier to wash one complete side of the person first. Then I get fresh water and wash the other side. On each side, I follow procedure for which parts of the body get washed first. I use the same technique, of one-side-at-a-time, when applying lotion or powder.

*Thanks to Janet D. Fellers, HHA, of Panhandle Home Health in Martinsburg, VA.*

Have a care tip you'd like to share with other HHAs? If we publish yours, we'll send you $10! Send your client care tips (along with your name, address, phone number, and name of your agency) to:

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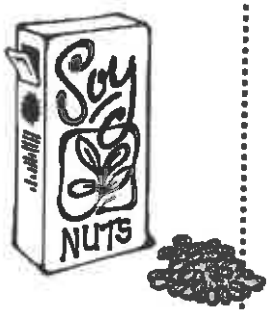
# HEALTH CARE SAVVY

## (Soy) Nuts to You

The simple addition of soy to the diet appears to be helpful in lowering blood pressure.

In a study of 60 postmenopausal women (menopausal for at least one year), it was found that when the women replaced the traditional protein sources in their diets with dry-roasted soy nuts, their blood pressure levels went down.

The study, conducted at Beth Israel Deaconess Medical Center in Boston, looked at 60 postmenopausal women who had normal or high blood pressure. They were randomly assigned to one of two groups and given a therapeutic diet to follow. One group also added 1/2 cup of dry-roasted soy nuts in place of traditional protein, while the other group did not. After eight weeks, there was a four-week "wash-out" period, and then the groups switched regimen for another eight weeks. Blood pressure and other factors such as blood lipid levels were checked and recorded before and after the regimen switch.




The study showed that both the women with high blood pressure and normal blood pressure showed significant reductions in their blood pressure readings with the addition of soy. The reduction was comparable to that provided by some blood-pressure medications. Also, the women with high blood pressure saw a significant reduction in their LDL levels (low-density lipoproteins—the so-called "bad" cholesterol), although women with normal blood pressure saw no such reduction.

What's more, about half of the women reported relief from postmenopausal symptoms, including hot flashes and sleep disturbances, as a result of the soy. This may be good news for those concerned about the risks of hormone replacement therapy (HRT).

While the researchers point out that this is a small study, stay tuned for further investigation into the benefits of soy.

(Source: *Medscape)*

## Bypass Helps Stroke Victims

Treatments to help stroke victims usually need to be given within hours after the stroke takes place in order to be effective. But what about patients who are not able to get to the hospital or who don't realize they have suffered a stroke and delay treatment? Now there is hope for some of them as well.

A stroke happens when healthy blood flow in the brain is interrupted, whether by blood clot, bleeding in the brain, or other occurrence. The area of the brain that doesn't receive the blood it needs becomes damaged.

Now a bypass procedure can reroute blood flow past the blockage so that it reaches the area of the brain where it is needed. What's more, this procedure has a longer time frame in which to be helpful—the patient needs the bypass within 120 days of the stroke. It can help the stroke victim to recover at least some of the function taken by the stroke. There are about 20 medical centers across the country where doctors are trained to do the procedure.

Since stroke is just No. 3 behind heart disease and cancer as leading causes of death in the United States, this procedure may be a life-saver for someone you know.

(Source: *Ivanhoe.com)*

## Get Your ZZZs!

How much sleep do YOU need? In our busy lives, it is so common to go with less sleep than we need. In fact, some believe that the body can grow accustomed to less sleep over time.

Don't you believe it! While the question of how much sleep one needs has been debated for years, a recent study shows that regularly getting less than six hours' sleep a night can have serious consequences.

Researchers from the University of Pennsylvania in Philadelphia conducted the study, which placed 48 healthy adults from 21 to 38 years of age into four groups. Depending on their group, the participants were allowed to sleep four, six, or eight hours each night for two weeks; the fourth group was deprived of sleep for three days. They stayed in a lab and were monitored; when not sleeping, they could watch movies, read, or talk, but could not use alcohol, tobacco, caffeine, or medications—and, of course, they couldn't nap.

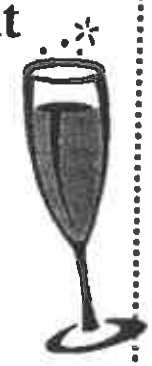
The study showed that those who got four or six hours of sleep a night were impaired in their cognitive abilities equal to those who were deprived of sleep for up to three days in a row! They were less able to pay attention and to react quickly (which can be a problem when driving). Also, they were more likely to make mistakes, less able to think quickly, and less able to multi-task (keep thoughts in order while doing something else). Even more unsettling is that these

participants said they felt only a little sleepy and had no idea how impaired they were.

This study showed that the average person needs 8.16 hours of sleep a night in order to prevent neurobehavioral defects. For HHAs, whose clients depend on their alertness, clear thinking, and not making mistakes, the recommendation is clear: Get your ZZZs!

(Source: *Sleep*, 2003)

## Cheers! A Little Nip May Fight Dementia



We've heard quite often that a little wine may be good for the heart. Now we learn that a little nip may be good for the head as well, possibly helping to prevent dementia.

A study of 373 dementia patients over the age of 65 and 373 control subjects revealed that those who drank one to six drinks a week had the lowest rates of dementia. The researchers assert that drinking moderate amounts of alcohol helps to prevent hardening of the arteries (which leads to strokes), promotes better blood flow through the blood vessels, and lowers the risk of brain lesions. Better blood flow means lower risk of vascular-related dementia, which is often caused by strokes.

Those who drank the moderate one to six drinks per week had half the risk of dementia of those who drank no alcohol at all, according to this study, done at Beth Israel Deaconess Medical Center in Boston.

There is a limit, however. Too much tippling actually increases one's risk. People who drank seven to 13 drinks a week were on par with teetotalers as to their risk of developing dementia. And imbibing more than 13 drinks a week puts one at a 22 percent greater risk.

Heavy drinkers with a genetic predisposition to developing Alzheimer's disease triple their risk of developing dementia, and men (but not women) who drink heavily double their risk. As in so many things, moderation is the key.

So should you head for your neighborhood pub? Not so fast. The researchers do not recommend that older adults start drinking simply based on the findings of this study. They advise checking with the doctor first.

(Source: *Reuters*)

## Glucosamine-Chondroitin May Irritate Asthma

If you have a client whose asthma suddenly seems to worsen for no identifiable reason, check to see if he might be taking a glucosamine-chondroitin supplement.

Many people try glucosamine-chondroitin to lessen joint soreness related to arthritis and similar conditions. However, recent research indicates that the supplement may not be good for asthma sufferers and may increase the asthma symptoms that usually are controlled by the client's regular asthma medication.

While glucosamine-chondroitin may be helpful in lessening joint pain, evidence of its effectiveness is sketchy. Also, the dietary supplement is not regulated by the Food and Drug Administration and very little is known about side effects, interaction with other drugs, etc. Now it appears that it may actually be troublesome for those with asthma.

If you suspect that your asthmatic client is also taking this supplement, talk to your supervisor. Stopping the supplement can quickly bring asthma symptoms back under control.

(Source: *Medscape*)

wheeze!

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