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特集：健康先進国に求められる文化に即した保健医療―災害保健活動に焦点を当てて―

＜ Review ＞

Cultural diversity in disaster: the need of caregivers to understand

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Abstract

Emergencies and disasters of all kinds create challenges to medical, nursing and other caregivers, especially those who come from other countries and are not familiar with local costumes. Working in uncertain environment, with limited resources, and misunderstanding the affected community, may influence the efficiency of the interaction between the providers and the local community. Many times, it may not be related to professional knowledge or skills (such as being qualified nurse or physicians) but to wrong interpretation of the local culture. In order to avoid misunderstanding, it is the caregiver responsibility to come over the gaps between diverse cultures. This can be achieved only if teams are ready in advance to deal with diverse cultures. It should be an inherent part of our basic training as caregiver and to be taught during every day work.　Only then, we could keep an open mind and fulfil our mission with sensitivity to other people culture and behavior.

keywords: Culture, Diversity, Sensitivity, Competence, Health, Disaster

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I. Preface

Sharing my experience in the area of Emergency and Disaster Preparedness and Response brought me too many countries around the globe.　During the years, I found out that the more I teach, the more I learn. During an Emergency, Disaster Preparedness and Response course, I have started one of the session with a short video presenting a person applying for an acupuncture therapy due to major back pain. The clinic was located in a high floor of a very old building. While seated there, needles spread all over his body, waiting for relief, fire grasped the building. Opening the main clinic door trying to escape, the person found himself trapped in the flamed corridor. In order to save his life, he fled into the smoking clinic, looking for another escape route. He approached the window watching through it outside, down below in the street an escape mattress was spread out ready for jumping…. The mattress was white, and marked in the middle of it with a very large red circle. Following the video, some of the audience members mentioned that the red circle on the mattress symbolized Japan's flag and in this case, it can be interpreted as support of the Japanese forces instead of keeping neutrality as expected from health/ relief responders. From my point of view, the red mark was a sign of the jumping direction.　I was not aware of the cultural sensitivity related to the symbol interpreted by people of different cultures… In retrospect, I as a foreigner, obviously, was not being aware to all cultural sensitivities. It was a new topic, emphasizing that I need to be more sensitive and alert all time, in all that related to cultural diversity and sensitivity, although I considered myself very professional and with a high level of awareness…

II. Cultural diversity and sensitivity

In order to understand the meaning of cultural sensitivity and the role of health professionals in emergencies and disasters in diverse cultural environments, we should understand first what the core components of culture and cultural diversity are.

There are many definitions of culture. Most of the definitions are related to knowledge, experience, beliefs, values,

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attitudes, meanings, hierarchies, religion, gender, age, ethnic origin, family structure, common identity, viewpoints, language and profession. Furthermore, according to pepole.tamu.edu [1] :" Culture in its broadest sense is cultivated behavior; that is the totality of a person's learned, accumulated experience which is socially transmitted, or more briefly, behavior through social learning… it is a way of life of a group of people communication and imitation from one generation to the next. Culture is symbolic communication …. "

Heath care providers and nurses particularly use communication skills as one of the most important components tool of nursing care in routine as well as in emergency and disaster. That includes verbal and nonverbal communication, active listening (in order to understand) understanding the other person's body language, build trust and personal relationship (with patients and co-workers). Those skills help nurses to develop cultural awareness, being sensitive to different symbols in different cultures.

Examples: The sign "OK" in North America, it means things are going well (figure1). In France, this sign is related to a person that is thought to be worthless. In Japan, the single illustrated in figure 2, refers to money, while in Brazil, Russia and Germany it means that something is not appropriate for the workplace.

The sign illustrated in figure 3 "Che Cosa Voui"means in Italy: "what do you want?" (figure 3). When in Egypt the meaning is "be patient", and in Greece, the meaning is "just perfect".

As so, we can see that the same signs and symbols may have different interpretation in different cultures.

Emergency and Disaster Nurses (like other medical personnel and first responders) may be deployed in different counties, and cultures where they will meet different languages, symbols, behavior and religions. As first providers, and caregivers it is our responsibility to learn the cultural diversity and behavioral codes, and to respect them.

Cultural diversity is based on cultural, ethnic and racial factors. We, as professional team members are influenced by other member of our society and have our individual behavior, self-perception, judgment the other and interpersonal relations. When arriving to a disaster area, we bring our beliefs and opinions with us.

In order to understand the emotions and needs of people from a different culture during disaster we should develop "Cultural Sensitivity", which is a set of skills that allows us to respect and value other cultures, and reduce cultural barriers. It is the upon caregiver's responsibility, to learn the cultural.

Examples: In Indian, people may use body language indicating "yes" by moving their head from one side to another, while the western people indicate by the same movement "no".

In the Ethiopian culture, looking in the eyes of adults/ elderly people is considered rude. Therefore, in Ethiopia, it is expected from young people not to look in an old man eyes. While in the western culture, not looking in someone's eyes when talking to him, may be considered as disrespect.

In Japan, when introducing each other, the handshake will follow the bow (a bow is regarded as an act of respect). While in the western culture, the handshake is a part of introducing each other without a bow. This may be considered to some Japanese as rude. Furthermore, in the Japanese society, following the introduction, when presenting a business card, the receiver, should pay attention to the card, while the western may remove it away quickly.

III. Cultural conpetence

Nurses, Health Care Providers and other disaster responders should develop Cultural Competence (National Center for Cultural Competence-NCCC) Georgetown University [2] that includes a set of values, principles, behaviors, attitudes, policies, and structures, which will enable the organization to work effectively cross-culturally. Cultural competence is related to the awareness of the existence of cultural differences that affect the values: religion, age, sex, socio-economic status, ethnic group, heritage and sexual orientation. Having Cultural competence is not related only to disaster, but to our daily work in any organization.

figure1

figure2

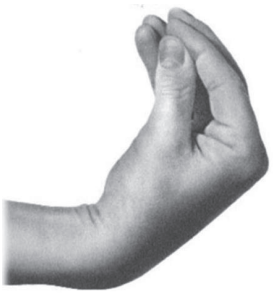

figure 3

By creating a work environment with cultural competence in routine, our performance, will be much more efficient and sensitive to our patients, their families and our co-workers. The ability of providers and organizations to deliver effectively health care, that meets the social, cultural, and linguistic needs of patients, will bring better cooperation and can help improve health outcomes and quality of care and can improve life. People with cultural competence may be more afficiant additionally to just the knowledge and skills.

The Campinha – Bacote Model [3] sees competence as the ongoing process done by health care providers in order to achieve efficient work within the cultural context: The five constructs of cultural competence are related to:

Cultural awareness [3] - built on self-examination and self-exploration of the cultural background. Having cultural awareness enables to identify our own prejudice and judgment about other people or culture. In a way, caregivers should not approach patients with a patronizing manner and should not put theirs culture as better than other culture.

Cultural skills [3] are manifested by the way we collect information; Medical information gathering and medical examination must fit cultural restrictions.

Example: in some communities medical examination will be perform to a patient by the same gender staff member in order to avoid intimacy with foreigners. As such, in a Jewish orthodox society, male staff member should perform male's medical examination (as much as possible). Clinging to cultural customs can avoid violation of privacy.

Understanding cultural diversity requires Cultural Knowledge [3] that can be learned through "official" learning programs as well as from a face to face interaction with our patients, families and communities, during our daily work, as well as during emergencies.

According to Lavizzo-Mourey [4], a part of cultural knowledge includes the integration of health-related beliefs, practices, and cultural values.

Each one of us brings his own values and beliefs when approaching our patients. In order to avoid prejudice; we should keep an "open mind" and learn other cultures in every possible way.

Example: Believing that all orthodox Jews are the same because apparently they are all dressed in the same way and the dress reflects their belonging to the community. Yet, there are subtle differences in the garments, according to sub groups (that may differentiate from one another by several costumes) in the community that cannot be identified by a foreigner. This emphasizes the lack of knowledge regarding the Jewish orthodox community.

When meeting with different cultural varieties and applying the knowledge about the cultural characteristics, we can avoid misunderstanding and have better cooperation with the patients and their families.

Cultural Encounters - there is a need to learn about other cultures in order to meet and to be aware of the differences and avoid stereotyping. According to Campinha- Baptiste [5], Health care personnel should be engaged with direct (face-to-face) interaction with patients from cultural diversity in order to learn about them and to avoid stereotyping According to the Campinha – Bacote Model [5] , there should be a need for Cultural Desire from caregivers. In order to provide care in a different cultural environment, it is not enough to understand the cultural diversity; furthermore, the caregiver should aspire to provide it without relationship to their own cultural values. Therefore, the provider should really believe in what he is doing and not just "be there".

Nurses, health providers and other may be considered as "Cultural Competent Agents", and as such, they should keep an open mind as part of their awareness and understand that no culture is "higher" or "lower" than the other is. Learning about the differences in the same culture and not only between cultures may help to widen our cultural competence.

Cultural awareness is related to our daily work and should be a part of our personal perspective and qualifications: nurses should use their capability to collect data based on communication skills.

Examples: Approaching a patient, asking him how does he want us to call him, instead of assuming that he will appreciate us calling him by his private/surname, will present the respect that we as a professional team have to the local costumes and will help to build trust.

Asking the patient, a question such as in what way do you think I can help you? Will help us as to understand the patient perception.

In order to avoid misunderstanding we should ask the patient in want language he would want us to communicate with him. It is our responsibility to clarify that we transfer the information beyond the language barrier. [4] Health care organizations must provide care and information to patients in their preferred language.

Yet, we should remember that language is not just words and sentences and reflects a whole culture. It is important to understand different terminology as well as the different behavioral presentation. It can help to reduce the boundaries between the caregivers and the patients.

Examples: Pain is difficult to assess, mostly due to the different cultural beliefs; in some cultures, pain is accepted as normal part of life while others see it as an outcome of sickness or a clinical condition. Pain is also related to the expression of feeling in different cultures; verbal/ nonverbal expression, crying out, groan and more.

Personal Space: in some cultures, the private space is less important that in others. Among those who consider their private space important, its invasion may be considered rude and will create distance and disengagement from the invader.

IV. Caregivers in Disaster

All of the mentioned above may be manifested with greater vigor through the entire disaster cycle. Preparedness: before the disaster occurs, during routine. This stage may provide an opportunity, to us, the caregivers, to learn about the community characteristics. It may help us as caregiver to identify leaders that have the impact on the community, to establish cooperation between the community and other institutions, and/or authorities, and encourage collaboration in different level of preparedness: education, training, equipping, voluntary roles and more.

Response: Immediately after the disaster occurs, the first responders will be the family members and neighbors. The community members may deliver lifesaving and emergency care. When the Urban Search and Rescue (USAR) Teams, Emergency Medical Teams (EMT) and other official first responders will arrive, they should cling to the local community realm; considering them as an asset and a resource of knowledge and capabilities to come over cultural gaps.

Recovery: may start within few weeks after the disaster occurred. In this stage, the involvement of the community gets a high impact on the process of rehabilitation: setting the needs and priorities.

Being involved with the policy development, understanding the cultural impacts and characteristics may help to reduce resistance to the "outsider forces" and will help the community members to help themselves (with the professional support of the EMT and other agencies, national and international such as the UN Office for Coordination of Humanitarian Affair (OCHA), the United Nations Disaster and assessment Coordination (UNDAC), team from OCHA, the World Health Organization (WHO) and more UN agencies, as well as local and international NGOs and volunteers.

Mitigation: may be considered as a "turning point" following a disaster, integrating with the stage of disaster preparedness. In a way, this is a stage of lessons learned, assessment, evaluation and analysis of the risks following the disaster, in order to minimize the disaster impact on the population. When it comes to public health, nurses as other health providers are responsible for providing immediate care as well as continue care for chronic patients. That may mean providing more services due to lack of services within the local community, following the disaster.

Moreover, in this stage, the community may have now the time and the strength to process all emotions to related to the disaster. Therefore, additionally to the clinical knowledge, it is expected that nurses should have the knowledge of local cultural costumes relating to grief and death, in order to calm fears, worries, and frustrations. Meeting local communities during such a fragile time in life is a privilege and demands professionalism, responsibility and coordination capabilities.

According to the ICN [6] : the role of disaster nurses is related to a variety of nursing fields: it includes practice (in different nursing fields such as public health , acute care, rehabilitation, chronic patients care and much more), education (ether public education as well as health professional education), management, consultation, advocacy and research.

Disaster nurses are required to have the clinical knowledge and skills, cooperation with multidisciplinary teams (physicians, other nurses, social workers, psychologists and more). All requires a team work spirit. Most of the time it falls upon the nurses to coordinate between all forces working together, requiring managerial skill and sensitivity.

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＜総説＞

災害における文化の多様性
―ケア提供者が理解する必要性―

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抄録

全ての緊急事態と災害は，医療・看護・その他のケア提供者，特に国外から来た地元の文化に馴染のない者には，課題をもたらす．不確実な状況下で，資源も限られ，かつ被災地を誤解していると，支援者と地元の人々との相互関係の効果に影響しうる．多くの場合，専門知識や技術（看護師や医師の資格）に関係ないが，地元の文化の解釈には悪影響を及ぼすかもしれない．誤解を避けるために，多様な文化の隔たりを埋めることは支援者の責務である．このことは，チームが事前に多様な文化への対処を準備していることで達成し得る．それは，ケア提供者としての本質的な基礎的研修の一部であり，日々の業務の中で教えられるべきことである．それによってのみ，我々は偏見のない心を持ち，他の文化や行為に対する感受性を持って使命を果たすことができるだろう．

キーワード：文化，多様性，感受性，能力，健康，災害