

# **ELNEC- For Veterans**

END-OF-LIFE NURSING EDUCATION  
CONSORTIUM

Palliative Care For Veterans

## **Module 4 Cultural Considerations in Palliative Care**

**PARTICIPANT OUTLINE**

## **Module 4: Cultural Considerations in Palliative Care Participant Outline**

- I. CULTURAL ASPECTS OF PALLIATIVE CARE
  - A. Military culture
    - 1. Unique American subculture
  
- II. CULTURAL DEFINED
  - A. Meaningful from individual's perspective
  - B. Striving to understand culture
  - C. Culture affects/influences palliative care
  
- III. CULTURAL DEMOGRAPHICS SPECIFIC TO VETERANS
  - A. Armed Forces subcultures
  - B. Demographics of Veterans
  - C. Period of service
  - D. War Eras
  - E. Women Veterans
  - F. LGBTQ Veterans
  - G. Poor and homeless Veterans
  
- IV. CULTURAL SENSITIVITY
  - A. Acknowledge diversity and strive for inclusion and equity
  
- V. COMPONENTS OF CULTURAL ASSESSMENT
  - A. Nurses' self-assessment
    - 1. Awareness of one's own culture and its influence on practice
    - 2. Assessment of team members' culture
  - B. Implicit bias
    - 1. Everyone has a bias
    - 2. Understanding one's bias
  - C. Other components of cultural assessment
    - 1. Social determinants of health
    - 2. Country of origin
    - 3. Immigration status
    - 4. Ethnicity
    - 5. Race
    - 6. Support community
    - 7. Decision-making process
    - 8. Primary Languages
    - 9. Communication practice
    - 10. Religion/spirituality
    - 11. Nutrition
    - 12. Economics

13. Gender, gender identity, gender expression
14. Abilities – differing physical, mental abilities.
15. Health beliefs

## VI. CULTURAL CONSIDERATIONS

### A. Considerations in communication include:

1. Safe environment
2. Communication style
3. Personal space
4. Acceptability of eye contact
5. Acceptability of touch
6. View of healthcare professionals
7. Auditory versus visual learning styles
8. Narrative interviews
9. Use of interpreters
10. Language used regarding treatment decisions

### B. Opening the door: Perform respectful introductions.

### C. The family: who the patient identifies as family

### D. Patient's desire for information - disclosure of diagnosis and/or prognosis

### E. Health equity in palliative & end-of-life care impact

## VII. WHEN CULTURES CLASH

- A. Seek to understand each other's perspective
- B. Assess own reactions and one's implicit bias
- C. Offer information
- D. Use the interprofessional team

## VIII. SPIRITUAL CONSIDERATIONS IN PALLIATIVE CARE

### A. Definitions:

1. Spirituality
2. Religion

### B. Spiritual assessment

### C. Interventions