

Module 4: Cultural and Spiritual Considerations in End-of-Life Care Supplemental Teaching Materials/Training Session Activities Contents

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Table 1: Brief Cultural Assessment: The CONFHER Model

C=	<u>Communication</u> Does the client speak English? What is their primary language? Does the client understand common health terms, such as pain or fever? What nonverbal communication is used?
O=	<u>Orientation</u> What are the client's ethnic identity, values, orientation, and acculturation? Do they identify with a specific group? Where were they born? How long have they lived here?
N=	<u>Nutrition</u> Food preferences and taboos. Food has meaning for most people and is a source of comfort. There may be some foods the person must avoid eating because they are taboo in their cultural group. <i>Consider addressing issues of medically administered nutrition and hydration based on assessment findings.</i>
F=	<u>Family Relationships</u> Family structure is important... How is family defined and who is in the family? Who is the head of the household? Who makes decisions in the family? What is the role of women and children? Is it important to have family present when someone is sick?
H=	<u>Health and health beliefs</u> Not all cultural groups subscribe to the germ theory of disease. Illness may be the result of evil spirits or something being out of balance. What does the person do to stay healthy? Who do they consult for health problems? How do they explain illness?
E=	<u>Education</u> What is the person's learning style and educational level? How much formal education did the person complete? What is their occupation?
R=	<u>Religion</u> What is that person's preference? Does the client have any religious beliefs or restrictions that have an impact on health care and illness?

Reference:

Fong, C. M (1985). Ethnicity and nursing practice. *Topics in Clinical Nursing*, 7(3), 1-10.

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Table 2: Spiritual Assessment: Mnemonics for Interviewing

SPIRITUAL ASSESSMENT: MNEMONICS FOR INTERVIEWING		
AUTHOR	COMPONENTS (MNEMONIC)	ILLUSTRATIVE QUESTIONS
Maugens	S (spiritual belief system)	What is your formal religious affiliation?
	P (personal spirituality)	Describe the beliefs and practices of your religion or spiritual system that you personally accept. What is the importance of your spirituality/religion in daily life?
	I (integration with a spiritual community)	Do you belong to any spiritual or religious group or community? What importance does this group have to you? Does or could this group provide help in dealing with health issues?
	R (ritualized practices and restrictions)	Are there specific elements of medical care that you forbid on the basis of religious/spiritual grounds?
	I (implications for medical care)	What aspects of your religion/spirituality would you like me to keep in mind as I care for you? Are there any barriers to our relationship based on religious or spiritual issues?
	T (terminal events planning)	As we plan for your care near the end of life, how does your faith impact on your decisions?
Anandarajah & Hight	H (sources of hope)	What or who is it that gives you hope?
	O (organized religion)	Are you a part of an organized faith group? What does this group do for you as a person?
	P (personal spirituality or spiritual practices)	What personal spiritual practices, like prayer or meditation, help you?
	E (effects on medical care and/or end-of-life issues)	Do you have any beliefs that may affect how the healthcare team cares for you?
Puchalski	F (faith)	Do you have a faith belief? What is it that gives your life meaning?
	I (importance or influence)	What importance does your faith have in your life? How does your faith belief influence your life?
	C (community)	Are you a member of a faith community? How does this support you?
	A (address)	How would you like for me to integrate or address these issues in your care?

Adapted from:

Taylor, E.J. (2019). Spiritual screening, history, and assessment. In B.R. Ferrell and J.A. Paice (Eds.), *Oxford textbook of palliative nursing*, 5th edition (Chapter 34). New York, NY: Oxford University Press. Reprinted with permission.

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Table 3: Spiritual Concerns or Diagnosis

Diagnoses (Primary)	Key Feature from History	Example Statements
Existential concerns	Lack of meaning Questions meaning about one's own existence Concern about afterlife Questions the meaning of suffering Seeks spiritual assistance	"My life is meaningless." "I feel useless."
Abandonment by God or others	Lack of love, loneliness Not being remembered No sense of relatedness	"God has abandoned me." "No one comes by anymore." "I am so alone."
Anger at God or others	Displaces anger toward religious representatives or others Inability to forgive	"Why would God take my child...it's not fair."
Concerns about relationship with deity	Desires closeness to God, deepening relationship	"I want to have a deeper relationship with God." "I want to understand my spirituality more."
Conflicted or challenged belief systems	Verbalizes inner conflicts or questions about beliefs of faith Conflicts between religious beliefs and recommended treatments Questions moral or ethical implications of therapeutic regimen Expresses concern with life/death or belief system	"I am not sure if God is with me anymore." "I question all that I used to hold as meaningful."
Despair/hopelessness	Hopelessness about future health, life Despair as absolute hopelessness No hope for value of life	"Life is being cut short." "There is nothing left for me to live for."
Grief/loss	The feeling and process associated with the loss of a person, health, relationship	"I miss my loved one so much." "I wish I could run again."
Guilt/shame	Feeling that one has done something wrong or evil Feeling that one is bad or evil	"I do not deserve to die pain free."
Reconciliation	Need for forgiveness or reconciliation from self or others	"I need to be forgiven for what I did." "I would like my wife to forgive me."
Isolation	Separated from religious community or other community	"Since moving to the assisted living, I am not able to go to my church anymore." "I have moved and no longer can go to my usual 12-step meeting."
Religious specific	Ritual needs Unable to perform usual religious practices	"I just can't pray anymore."
Religious/spiritual struggle	Loss of faith or meaning Religious or spiritual beliefs or community not helping with coping	"What if all that I believe is not true?"

Accessed with permission from: GWish, 2600 Virginia Ave, NW, Suite 300, Washington, DC 20037; 202-994-6220; www.gwish.org

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Table 4: LGBTQIA Resources

RESOURCE	WEBSITE
Center of Excellence for Transgender Health	https://prevention.ucsf.edu/transhealth
Hospice Foundation of America LGBT Resources	https://hospicefoundation.org/End-of-Life-Support-and-Resources/Coping-with-Terminal-Illness/How-to-Choose/LGBT-Resources
Human Rights Campaign (HRC) Glossary of Terms	https://www.hrc.org/resources/glossary-of-terms
Lambda Legal Tools for Life and Financial Planning	http://www.lambdalegal.org/publications/take-the-power
National LGBT Cancer Network - LGBT Best and Promising Practices for Cancer Care for LGBT Patients and Families Throughout the Cancer Continuum	https://cancer-network.org/lgbt-best-and-promising-practices-throughout-the-cancer-continuum/
LGBT Hospice and Palliative Care Network	https://lgbthpm.org/resources/
National Resources Center on LGBT Aging	http://LGBTagingcenter.org/resources
Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE)	http://sageusa.care/
Project Implicit - The Implicit Association Test (IAT): measures attitudes and beliefs that people may be unwilling or unable to report	https://implicit.harvard.edu/implicit/education.html
University of California Davis, LGBTQIA Resource Center - Glossary	https://lgbtqia.ucdavis.edu/educated/glossary
LGBT Veterans at the VA	https://www.benefits.va.gov/persona/lgbt.asp

All websites last accessed June 21, 2022.

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Figure 1: Self-Cultural Assessment

1. Where were you born?
How long have you lived in this country?
How old were you when you came to this country?
Where were your grandparents born?
2. What is your ethnic affiliation and how strong is your ethnic identity?
3. Who is your major support: family members, friends?
Do you live in an ethnic community?
4. How does your culture affect decisions regarding your medical treatment?
Who makes decisions - you, your family, or a designated family member?
What are the gender issues in your culture and in your family structure?
5. What are your primary and secondary languages, speaking and reading ability?
6. How would you characterize your nonverbal communication style?
7. What is your religion, its importance in your daily life, and current practices?
Is religion an important source of support and comfort?
8. What are your food preferences and prohibitions?
9. What is your economic situation, and is the income adequate to meet the needs of you and your family?
10. What are your health and illness beliefs and practices?
11. What are your customs and beliefs around such transitions as birth, illness, and death?
What are your past experiences regarding death and bereavement?
How much do you and your family wish to know about the disease and prognosis?
What are your beliefs about the afterlife and miracles?
What are your beliefs about hope?

Adapted from:

Zoucha, R. (2000). The keys to culturally sensitive care. *American Journal of Nursing*, 100(2), 24GG-24II. Reprinted with permission.

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Figure 2: A Perspective on Cultural Diversity

From: <http://www.100people.org/index.php>

If the World were 100 PEOPLE:

50 would be female

50 would be male

25 would be children

There would be 75 adults,

9 of whom would be 65 and older

There would be:

60 Asians

16 Africans

14 people from the Americas

10 Europeans

There would be:

31 Christians

23 Muslims

16 people who would not be aligned with a religion

15 Hindus

7 Buddhists

8 people who practice other religions

12 would speak Chinese

6 would speak Spanish

5 would speak English

4 would speak Hindi

3 would speak Arabic

3 would speak Bengali

3 would speak Portuguese

2 would speak Russian

2 would speak Japanese

60 would speak other languages

86 would be able to read and write; 14 would not

7 would have a college education

40 would have an Internet connection

78 people would have a place to shelter them

from the wind and the rain, but 22 would not

1 would be dying of starvation

11 would be undernourished

22 would be overweight

91 would have access to safe drinking water

9 people would have no clean, safe water to drink

Sources: 2016-Fritz Erickson, Provost and Vice President for Academic Affairs, Ferris State University (Formerly Dean of Professional and Graduate Studies-University of Wisconsin - Green Bay) and John A. Vonk, University of Northern Colorado, 2006; Returning Peace Corps Volunteers of Madison Wisconsin, *Unheard Voices: Celebrating Cultures from the Developing World*, 1992; Donella H. Meadows, *The Global Citizen*, May 31, 1990. Accessed June 23, 2022 from: https://www.100people.org/statistics_100stats.php?section=statistics

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Figure 3: Key Cultural Assessment Questions

Key Cultural Assessment Questions

Remember that a checklist does not always instill trust. Below are some suggestions for ascertaining key cultural preferences from both patient and family caregivers.

- Tell me a little bit about yourself (for families, e.g., your mother, father, siblings, etc.)
- Where were you born and raised?
- How long have you lived in this country?
- What language would you prefer to speak?
- Is it easier to write things down, or do you have difficulty with reading or writing?
- To whom do you go to for support (family, friends, community, religious or community leaders)?
- Is there anyone we should contact to come to be with you?
- I want to be sure I'm giving you all the information you need. What do you want to know about your condition? To whom should I speak about your care?
- Whom do you want to know about your condition?
- How are decisions about health care made in your family? Should I speak directly with you, or is there someone else with whom I should be discussing decisions?
- (*Address to patient or designated decision-maker.*) Tell me about your understanding of what has been happening up to this point? What does the illness mean to you?
- We want to work with you to be sure you are getting the best care possible, and that we are meeting all your needs. Is there anything we should know about any customs or practices that are important to include in your care?
- Many people have shared that it is very important to include spirituality or religion in their care. Is this something that is important for you? Our chaplain can help contact anyone that you would like to be involved in your care.
- We want to make sure we respect how you prefer to be addressed, including how we should act. Is there anything we should avoid? Is it appropriate for you to have male and female caregivers?
- Are there any foods you would like or that you want to avoid?
- Do you have any concerns about how to pay for care, medications or other services?

Death Rituals and Practices

- Is there anything we should know about care of the body, about rituals, practices, or ceremonies that should be performed?
- What is your belief about what happens after death?
- Is there a way for us to plan for anything you might need both at the time of death and afterward?
- Is there anything we should know about whether a man or woman should be caring for you after death?
- Should the family be involved in the care of the body?

Source:

Cormack, C., Mazanec, P., & Panke, J.T. (2019). Cultural considerations in palliative care. In B.R. Ferrell and J.A. Paice (Eds.), *Oxford textbook of palliative nursing*, 5th edition (Chapter 37). New York, NY: Oxford University Press. Reprinted with permission.

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Figure 4: Resources for Culture Review

Resources:

When obtaining or reviewing cultural resources, remember:

- Avoid stereotyping; all patients, regardless of cultures are individuals.
- The most important sources of information are patients and families.
- Use formal/informal cultural/community leaders; for spiritual issues – clergy, chaplains, and spiritual advisors.
- Several handbooks are available that give snapshots of what may or may not be significant in the care of patients or family members of certain ethnic or racial groups.
- Literature: research information from articles, books, and websites often contain basic information about cultural groups [review the references]
- Several investigators have conducted research concerning cultural and religious differences in end-of-life decision making – search bioethics and healthcare literature

Web-based Resources [last accessed June 21, 2022]:

- The Cross-Cultural Health Care Program (CCHCP): Broad cultural issues that impact the health of individuals and families in ethnic minority communities. Information about interpreter services, including the Medical Interpreter Code of Ethics, models of interpreter services and tips for communicating effectively through an interpreter. <http://xculture.org/>
- Diversity Rx: Models and practices, policy, legal issues, networking and links to other resources <http://diversityrx.org>
- Ethnomed: Information about cultural beliefs, medical issues and other related issues pertinent to the health care field; patient education materials that have been translated into several languages. <http://ethnomed.org/>
- HRSA [Health Resources & Services Administration—Culture, Language and Health Literacy. Effective health communication is as important to health care as clinical skill. To improve individual health and build healthy communities, health care providers need to recognize and address the unique culture, language and health literacy of diverse consumers and communities. <https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/culture-language-and-health-literacy>
- US Department of Health and Human Services: Cultural and Linguistic Competency: This website is designed to help health care organizations and providers provide high quality, culturally competent services to multiethnic populations; links to other web sites related to cultural competence and health care. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6>; <https://thinkculturalhealth.hhs.gov/>
- Transcultural Nursing Society: The society, founded in 1974, serves as a forum to promote, advance, and disseminate transcultural nursing knowledge worldwide. <https://tcns.org>
- *Spirituality and Practice*: multifaith and interspiritual website, which has a Spiritual Practice Toolkit. <https://www.spiritualityandpractice.com/practices/features/view/27713/spiritual-practice-toolkit>