QUESTION

How do I respond to cultural biases?

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As a new nurse, I was aware of how judging or stereotyping someone based on religion, gender, culture, or other bias can inhibit a caring nurse–patient relationship. Expectations or preferences of my patients and their family members in certain caregiving scenarios influenced our interactions, and, as a male healthcare professional, I learned how cultural context, interactions with unrelated people of the opposite gender, modesty, and masculinity could become barriers if not addressed. My own experience, beginning as a nurse and progressing to a nurse practitioner, has offered opportunities for me to expand the horizons of myself and my patients.

One example comes to mind. As I introduced myself to the mother of my patient, a three-year-old boy, I noticed that she seemed hesitant. The patient was newly diagnosed, scared, and unfamiliar with the new sights and sounds of the hospital environment. He had difficulty taking his medications and doing many of the other routine tasks that were necessary for his health. As we talked about his favorite cartoons and after he seemed more comfortable and started engaging in play, he started to trust me and even tried to take his medications. When I returned to check on him later, his mother seemed less tense and opened up about several issues that she did not fully understand and were concerning her. Later, she told me she was initially concerned about how a male nurse would interact with her son because, in her culture, men were not associated with being compassionate or emotionally expressive. My ability to engage with her son in a fun way began to change her perspectives and allowed for more effective care for the patient. A few days later, I noticed some other parents were more open in engaging with me. I later discovered that they had similar concerns about male caregivers but had spoken with my patient's mother. This interaction brought about a change to the microculture on the unit.

I have the honor of working in an institution with a diverse patient and provider population from all over the world and have enjoyed learning about different beliefs and cultures. I have observed how modesty is interpreted differently across cultures and that perceptions of appropriate interaction between an unrelated man and woman—and the weight this perception carried—was not universal. As a pediatric nurse and nurse practitioner, I often engage with patients for whom the mother is the primary caregiver and ever-present at the bedside. Families, particularly of the Muslim faith, often request that only female staff care for the patient. This request is consistent with faith-based beliefs about appropriate engagement between women and an unrelated man, which require that a woman be dressed modestly, often with her hair or face covered. Male caregivers should announce themselves before entering a room and wait until they are told it is acceptable to enter. If the patient requires frequent monitoring, this process can be repeated multiple times per hour. If there is an acute issue, I have to choose between patient safety or breaking trust with a patient and violating the beliefs. If a female provider is requested but staffing or patient acuity does not allow for that assignment, I start a dialogue about specific boundaries and expectations, which could vary from family to family. Through careful communication and planning, establishing therapeutic relationships and learning from each other is possible.

The need for cultural sensitivity is not unique to male healthcare professionals. Just as our patients do not want to be characterized by cultural bias, neither do we as providers. Each interaction is another piece of the complex puzzle of cultural awareness. As we learn more about particular cultural aspects of diverse religions, races, nationalities, and gender, we must remember that, despite our toolbox of experiences, each individual ultimately lives out his or her cultural identity in a unique way. Establishing trust with my patients and their caregivers is critical for us to move beyond cultural perceptions, to establish a therapeutic relationship that is culturally congruent, and to bond through our mutual experience.

RESOURCES

- **Joint Commission**
  The Quick Safety advisory document details inequality in health care.
  https://bit.ly/2KDxuAw
- **University of California, Los Angeles**
  Videos, guides, and reports are housed regarding the topic of implicit bias.
  https://equity.ucla.edu/know/implicit-bias
- **U.S. Department of Health and Human Services**
  Cultural competence is defined, and key considerations are listed for understanding distinct cultures and beliefs.
  https://bit.ly/2oJiaaT

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