FOSTERING CULTURAL AWARENESS: A WORKSHOP PLAN
FOR PROFESSIONAL NURSES

by

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ABSTRACT

Montana is a multicultural rural state composed of various northern European cultures, Native Americans, Hutterites, Hispanics, Russians, Hmong, as well as other cultural groups. Nursing care in rural Montana involves care of these culturally distinct individuals. Many health care professionals including professional nurses are unfamiliar with the importance of culture in health care.

The purpose of this paper was to develop a plan for a cultural awareness workshop for professional nurses in order that they may provide more relevant nursing care. This plan will assist the author in presenting a workshop at a later date. The plan includes a workshop format and a schedule and topic outline for workshop activities. A cultural self-awareness questionnaire is presented. Useful teaching techniques, tools, and strategies are described. Finally, an evaluation form for the cultural awareness workshop was developed.

Using a review of the literature, a plan for a cultural awareness workshop was designed. The workshop is intended to be a full day seminar, largely experiential in nature. It will serve as an introduction to cultural awareness for some participants while a continuation of learning for other participants. The appendix contains a cultural awareness workshop packet to be given to workshop participants.

Results of this plan for a cultural awareness workshop will be determined, in part, by participant evaluation and ultimately, by practical application of the material. The material contained in this workshop plan will serve as a tool for conducting the workshop in the future with the ultimate aim of assisting professional nurses to provide more culturally relevant nursing care.
CHAPTER 1

INTRODUCTION

The Purpose

The purpose of this professional project was to develop a plan for a cultural awareness workshop for professional nurses in order that they may provide culturally relevant nursing care. The plan was based on a review of the literature regarding cultural assessment, cultural awareness, and cultural awareness training.

Background and Significance of the Project

The United States (U.S.) is a multicultural society. As of 1990, 75% of the U.S. population was white and of European descent, 12.3% was African-American, 9% was Hispanic, 2.8% was Asian, and 0.7% was Native American. By the year 2020, it is projected that only 53% of the U.S. population will be white of European descent. By the year 2021, the number of Asian-Americans and Hispanics will triple while the number of African-Americans will double (U.S. Department of Commerce, Bureau of Census, 1992). From these figures, it becomes obvious that the U.S. will only become a more diverse society in the future.
Montana is also multicultural although less so than the nation as a whole. As of 1990, the total population of Montana was 799,065. Of this, 93% are white; 6% are American Indian, Eskimo, or Aleut; .5% are Asian; .3% are African-American; and .5% are other race (U.S. Bureau of the Census, 1990). Although 7% of Montana's population is composed of diverse ethnic groups, many professional nurses are culturally unprepared or underprepared for delivering professional nursing care to individuals of different cultures.

The multicultural communities in the U.S. and Montana require that nurses have at least some beginning understanding of the influence of culture on health. Nurses need to be prepared to work with people from different cultures and provide culturally relevant nursing care. Nurses can give better care if they develop an understanding, appreciation, and acceptance of people who possess different beliefs, values, lifestyles, and ethnic and religious backgrounds. Cultural competence, consisting of cultural awareness, cultural knowledge, cultural skill, and a cultural encounter, is essential to rendering culturally relevant nursing care (Campinha-Bacote, 1994).

The multiculturalism in Montana has a clear relationship to rural health care. Approximately three-quarters of Montana's population is considered rural (Lee,
1991). The definition of rural used here is that part of
the population that is not classified as urban, or living in
incorporated or census-designated places of 2,500 or more
inhabitants (U.S. Bureau of the Census, 1987). In addition,
the majority of diverse cultural groups in Montana inhabit
rural areas. These diverse cultural groups in Montana
include Native Americans, Hutterites, Hispanics, Asians
including Hmong, Russians, and African-Americans.

The idea of creating a plan for a cultural awareness
workshop emerged from personal interest in culture and
culturally distinct individuals. My experiences in Mexico
and Central America, as well as with migrant farm workers,
in Colorado made me aware of different cultures and provided
me with an introduction to the value of being culturally
aware. Working with culturally distinct individuals is
interesting and challenging. Other cultural groups have
much to share with us and teach us. Thus, this project was
a way to further my own knowledge on the subject of cultural
awareness, as well as an opportunity to plan a cultural
awareness workshop for other professional nurses.

According to Giger and Davidhizar (1995), culturally
appropriate and competent care has been rarely taught in
many professional nursing programs. Madeleine Leininger, a
nurse-anthropologist, expressed a similar view when she
wrote
a serious cultural lag exists in nursing as nurses are expected to know, understand, and work effectively with people of diverse cultures, and yet have received virtually no preparation in transcultural issues (1984, p. 42).

Progress has been slow and uneven, Leininger (1995) suggested, due to a variety of factors. First, there has been a shortage of nursing faculty prepared in anthropology or transcultural nursing. Second, academic nurse leaders have failed to value, recognize, and promote transcultural nursing in nursing schools. Third, unicultural and traditional nursing curricula have dominated the curriculum. Fourth, there have been financial constraints which impede transcultural nursing education, research, and curricular changes. Fifth, biomedical and psychological content have dominated in nursing education. Sixth, there has been a fear of changing to use transcultural content. The seventh and final factors were cultural ignorance, prejudices, and biases among faculty and administrators.

Madeleine Leininger (1984) has written that she first began thinking about a need for formal preparation in a new field she came to call transcultural nursing. She encouraged other nurses to study anthropology in order to better understand different cultures. By the mid-1960s, she had founded the field of transcultural nursing and in 1974, the Transcultural Nursing Society was initiated to stimulate and promote research, theory, and clinical field practice.
Nurses can provide holistic care if they develop an appreciation, acceptance, and understanding of individuals of different ethnicity with different beliefs, values, lifestyles, and religious backgrounds. Leininger (1978) stated that professional nurses are those who are able to work effectively in at least a bicultural setting. A professional nurse should be prepared to respond effectively to people in a multicultural society. Others have said that the growing multicultural community requires new nursing graduates to have at least a beginning understanding of the influence of culture on health (Wuest, 1992). Clearly, some knowledge of other cultures is needed by today's professional nurses.

Professional nurses who work with culturally distinct individuals have much to gain from learning about those cultures. If nurses are open to other ways of viewing the world, they will be more effective in providing nursing care, experience more satisfaction from their work, and be more accepted by culturally distinct individuals.

I have long been interested in learning about the beliefs, values, and practices of different cultures. This paper has given me the opportunity to explore the topic of cultural awareness workshops and examine tools which are helpful in assessing the beliefs, values, and practices of culturally distinct individuals.
Objectives of the Project

The first objective of this professional project was to prepare a workshop format which describes the desired setting and potential participants. Secondly, a schedule and topic outline of workshop activities were developed. The topic outline included the use of a cultural self-awareness questionnaire. Third, teaching techniques and tools for use in the cultural awareness workshop were selected. Finally, an evaluation form for the cultural awareness workshop was included.

The workshop format consists of the desired setting, the facilitators, and the potential participants. A comfortable setting, preferably away from work concerns, would be most appropriate. Two facilitators will be most effective, primarily for assisting in a simulation game. The potential participants are professional nurses. The number of participants should be limited to between twelve and forty. This is the number recommended in the simulation game literature.

A schedule of activities for the full day workshop assists the facilitators and potential participants in keeping on schedule. By referring to the schedule of activities, potential participants will have an idea of topics to be covered. The topic outline will also serve to
orient potential participants to the content area to be covered.

The Cultural Self-Awareness Questionnaire (1984), developed by the University of North Carolina at Chapel Hill, is to be used. This questionnaire enables potential participants to identify their own culturally determined beliefs, attitudes, and customs. A copy of the questionnaire is included in Appendix A, the Cultural Awareness Workshop Packet. Permission to duplicate and use the Cultural Self-Awareness Questionnaire is contained in Appendix B.

Teaching techniques and tools which are useful in imparting cultural awareness workshops are described. I will use these to present the cultural awareness workshop at a later date.

The evaluation component of the project consists of an evaluation form I have designed for workshop participants. The form, which is to be completed anonymously, contains questions which measure the effectiveness of workshop content and activities, as well as space for suggestions and comments.
CHAPTER 2

LITERATURE REVIEW

The literature reviewed for this project begins with a broad overview of culture including a definition of cultural awareness. I then discuss transcultural nursing and the importance of cultural self-awareness and cultural awareness. Then, I discuss the consequences of being culturally aware and unaware, the importance of cultural assessment, and the research evaluating lack of cultural awareness. The chapter concludes with a discussion of literature on cultural awareness workshops.

Overview

Culture is a set of guidelines (both explicit and implicit) which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in it in relation to other people, to supernatural forces or gods, and to the natural environment (Helman, 1990, pp. 2-3).

Culture also provides a method of transmitting these guidelines to subsequent generations through art, symbols, language, and ritual. Moreover, culture can be seen as a "lens" through which individuals perceive the world (Helman, 1990).
Spector (1991) defined culture as the luggage that each person carries around in a lifetime. She went further to say that culture is the "sum of beliefs, practices, habits, likes, dislikes, norms, customs, rituals, and so forth that we have learned from our families during the years of socialization" (p. 50). The majority of our beliefs, thoughts, and actions, both conscious and unconscious, are determined by our culture (Spector, 1991). Culture becomes patterned expressions of who we are (Giger & Davidhizar, 1995).

There are numerous attributes of culture. Culture is shared with other group members (Skoner, 1989). It can be thought of as "the shared meaning of some phenomenon" (Huttlinger & Wiebe, 1989, p. 27). Culture is learned through a process called socialization or enculturation. Since culture is learned and shared, interaction with others in the environment is necessary for transmission (Hargrove & Katz, 1992). Culture is arbitrary in that what is taught in one culture differs from what is taught in another culture. Culture is also integrated and holistic, in that its parts are interrelated. Furthermore, culture is tacit in that its rules are more implicit than explicit and thus difficult to understand. Finally, culture is adaptive (Skoner, 1989).

Culture determines the value placed on health, work, and relationships and the meaning given to health and
illness. It is fundamental to the decision to seek health care (Skoner, 1989).

According to Hargrove and Katz (1992), a major reason for acquiring an understanding of a client's culture is that such awareness can help to prevent making a biased assessment. This understanding and learning about a client's culture is also an ongoing process.

In order to understand the impact of culture on health, it is necessary to increase one's awareness of diverse cultures. Cultural awareness is defined as "being conscious of cultural similarities and differences" (Redican, Stewart, Johnson, & Frazee, 1994, p. 215).

Transcultural Nursing

The field of transcultural nursing evolved to generate culturally-based knowledge and to use this knowledge to guide nursing decisions and actions (Leininger, 1984a). Transcultural nursing has been defined as

a humanistic and scientific area of formal study and practice in nursing which is focused upon the comparative study of cultures with regard to differences and similarities in care, health, and illness patterns based upon cultural values, beliefs, and practices of different cultures in the world, and the use of this knowledge to provide culturally-specific and/or universal nursing care to people (Leininger, 1978, p. 33).

The scope of transcultural nursing is broad in that it has a world-wide focus. The goal of transcultural nursing is
"ultimately to provide nursing care that fits with or has beneficial meanings and health outcomes to people of different or similar cultural backgrounds" (Leininger, 1995, p. 12). Transcultural nursing involves nursing practice, education, research, and administration (Tuck & Harris, 1988).

The culture of clients needs to be considered in providing basic nursing care. Nurses who are culturally sensitive and knowledgeable in the use of transcultural nursing will be more satisfied with their profession and clients will respond more positively (Leininger, 1984a). Transcultural nursing engenders a fresh approach to recurrent problems or situations in nursing (Leininger, 1984b).

**Importance of Cultural Self-Awareness**

According to McNeil (1990), awareness of one's own health and illness values is a prerequisite for cultural sensitivity. Lynam (1992) wrote about nursing curricula and stated that it is necessary that students develop an awareness of the various cultures acting to shape their personal views of people and situations. Students must be challenged to consider other ways of experiencing life and of viewing situations in order to realize that life is different for other people. Yukl (1986) wrote about Native
Americans and stated that all health care providers need to strive to separate their personal psychological and social orientations from those of the Native American patient.

Frequently, nurses are involved in promoting behavioral changes in clients, and are surprised to discover that their own culturally based ideas are not shared by their culturally different clients (Mattson, 1987). Perhaps one of the more important and enlightening moments in health workers' attempts to understand another culture occurs when they look objectively at their own values, beliefs, and biases (Brownlee, 1978).

Only when health workers begin to understand just what values and preconceptions they bring with them from their own cultures and how these influence the way in which they interpret what is happening in this new setting, can they begin to look at all objectively at what is going on around them and explore the way people of the local culture see their world (p. 245).

The attitudes and values held by individuals can impact their behavior towards people who are culturally different. Therefore, there is a necessity to explore personal beliefs which may interfere with nursing care (Lynam, 1992). According to Rothenburger (1987), nurses who work with patients from other cultures need to develop respect for the patient's cultural beliefs, as well as insight into their own attitudes and values as health care providers. This process can help the nurse avoid cultural imposition. Leininger (1978) defined cultural imposition as the tendency
of individuals to impose their values, beliefs, and standards of behavior on other cultures.

At the University of North Carolina at Chapel Hill, a Cultural Self-Awareness Questionnaire (1984) was developed to assist students to identify their own culturally determined beliefs, customs, and attitudes. The questionnaire consists of fifteen multiple choice questions, including the five issues of human nature, relations, person nature, activity, and time, as well as past, present, and future time orientations for each issue. Senior level nursing students were required to complete the questionnaire and later discussed the results in clinical conference as part of their primary care theory course. This exercise helped students realize that one's underlying values affects how she/he thinks and acts and may affect how she/he judges another's behavior (Tuck & Harris, 1988).

**Importance of Cultural Awareness**

"A patient's cultural background can directly affect his or her attitudes and responses toward treatment" (Rothenburger, 1987, p. 1205). Cultural background has an important influence on many elements of people's lives including beliefs, behaviors, and attitudes to illness, all of which may have important implications for health and health care (Helman, 1990). The extent to which nurses and
other health care providers respond to the interactions between culture and health care affects the quality of health care services provided to the culturally distinct patient (Rothenburger, 1987). In other words, a nurse must be consciously aware of the client's cultural heritage. Otherwise, she or he is likely to underestimate or misjudge the impact of that culture on health care (Mattson, 1987).

Consequences of Being Culturally Aware

Awareness of cultural issues can help us to understand how illness is perceived, who provides care, how it is provided, and how health care professionals are accepted (McNeil, 1990). If the nurse is aware of the cultural influences that may impact a patient's behavior, he or she will have more choices for providing care (Ailinger, 1977).

Kelley (1992) stated that "understanding cultural values and behaviors related to illness in Native Americans can help professionals facilitate compliance and more effective treatment" (p. 25). Delivery of uninterrupted health care to the Navajo depends on comprehension of cultural differences by non-Indian medical personnel and its acceptance of and compliance with the customs of the Navajo (Walker, 1974).

Campinha-Bacote (1994) advocated for cultural competence. The Culturally Competent Model of Care includes
the components of cultural awareness, cultural knowledge, cultural skill, and a cultural encounter. Cultural awareness is the process of becoming sensitive to interactions with other cultures. Cultural knowledge is the process by which the nurse acquires an educational foundation concerning various cultural perspectives. Cultural skill, according to Campinha-Bacote, consists of learning how to conduct a cultural assessment. Finally, the cultural encounter is the process of directly engaging in cross-cultural interactions with clients from culturally diverse backgrounds. Cultural competence involves a process of becoming rather than being culturally competent.

**Consequences of Being Culturally Unaware**

Optimal health care for all patients is not possible if cultural differences are not considered (Galanti, 1991). Furthermore, ignoring cultural differences may interfere with the ability of the nurse to help a patient, and may limit the patient's progress toward his own culturally-based definition of health (Leininger, 1978).

A lack of understanding of culturally distinct clients may result in a feeling of incompetence or inadequacy on the part of health care providers (Henderson & Primeaux, 1981). Inability of the health care provider to recognize and implement culturally specific knowledge can contribute to
frustration experienced by the health care provider, patient, or patient's family. Failure to acknowledge and use specific cultural information also can lead to patient noncompliance (Huttlinger, et al., 1992). According to MacGregor (1967), noncompliant behavior, however deviant or inappropriate, is not just mere capriciousness. The individual's response may be based on ethnic, social, or religious background. Negative responses, such as this, can impair the nurse's ability to interact effectively with clients (Clark, 1992). Overall, optimum care is unattainable without cultural understanding (Henderson & Primeaux, 1981).

Importance of Cultural Assessment

Leininger (1978) defines a culturologic assessment as a systematic appraisal or examination of individuals, groups and communities as to their cultural beliefs, values, and practices to determine explicit needs and intervention practices within the cultural context of the people being evaluated (pp. 85-86).

Similarly, Tripp-Reimer and Brink (1985) state that cultural assessments elicit shared beliefs and values concerning health problems and treatment outcomes which may facilitate or hinder medical treatment or nursing intervention. An important principle to remember in conducting a cultural assessment is that the client is the teacher and expert
Regarding his or her culture while the nurse is the learner (Rosenbaum, 1995).

Having knowledge of a culture before trying to help a client and family is analogous to a nurse or physician having basic knowledge of anatomy and physiology before doing a physical assessment or attempting to meet a patient's physical needs (Leininger, 1978, p. 58).

**Research Evaluating Lack of Cultural Awareness**

Very few research articles were located which document the lack of cultural awareness among professional nurses or other health care providers. There are, however, a multitude of non-research-oriented articles and books which address the lack of cultural awareness.

Bernal and Froman (1987) completed a research study indicating that many community health nurses do not feel confident of their ability to care for culturally distinct individuals. The authors developed a Likert-type self-efficacy scale to measure nurses' level of confidence in caring for three distinct ethnic groups, blacks, Puerto Ricans, and Southeast Asians. The sample surveyed were visiting nurses and health department, school, and occupational nurses reached through available mailing lists from organizations such as The Community Health Nursing Division of the State Health Department of Connecticut. Study results document that the nurses surveyed felt least confident in providing care for Southeast Asians and most
confident in caring for African-Americans. The level of confidence in caring for Puerto Ricans was found to be in between the other two groups. These nurses were most knowledgeable about using an interpreter correctly while less knowledgeable about health beliefs and practices and beliefs about respect, authority, and modesty.

Dr. Jan Buehler, at Montana State University, College of Nursing, conducted a study of health care provider perceptions of problems and issues encountered in providing care to Native Americans. Her findings include a continuum of health care provider cultural awareness-unawareness. She found ethnocentrism to be a major provider problem. Some providers lacked a concept of culture as well as an awareness of Native American beliefs and practices impacting health care (J. Buehler, personal communication, October, 1995).

Another study that examined provider cultural sensitivity was a survey conducted with nurses in Methodist Hospital facilities in Gary, Indiana. Results revealed that those with the most interactions with African-American patients demonstrated less cultural biases toward this group. Another finding of the survey was that some nurses of unspecified race reacted negatively to the mere introduction of ethnic and racial identity or cultural differences of patients. Fewer than one quarter of the
nurses surveyed had attended any continuing education on the topic of cultural diversity and its influence on health care (Rooda, 1992).

Thoma (1977) stated that a major reason for the failure of health care providers to assess and utilize sociocultural elements in patient care is the melting-pot myth. This myth implies that immigrants arriving to the United States will ultimately become assimilated into one "American" culture. This has not been true.

Many nurses and other health care professionals lack a basic understanding of cultural pluralism which is needed to maximize cultural competence (Varricchio, 1987). In many professional health career programs, including nursing, students are rarely taught culturally relevant and competent care techniques (Giger & Davidhizar, 1995). There is a lack of systematic transcultural coursework and supervised transcultural experiences in nursing education. Historically, the emphasis in the health care professions has been on the care of the majority population (Henderson & Primeaux, 1981).

Cultural Awareness Workshops

As part of her study at the Crow Indian Reservation, Buehler (1992) examined different strategies utilized by nurses and physicians to become culturally informed. One of
the strategies was scheduling regular, formal cultural awareness programs for health care providers. She states that these programs are important both on and off reservations.

In 1985, a group of students at the University of Southern California School of Medicine developed a four-hour workshop designed to teach fellow students about ethnic and cultural issues in patient care (Mao, Bullock, Harway, & Khalsa, 1988). The primary objective of the workshop was to increase students' awareness of life-style differences rather than to provide culture-specific information. The ultimate goal was to improve the student's ability to provide culturally-appropriate medical care.

Evaluation of the workshop at the University of Southern California School of Medicine was performed annually. Questions measured value of the workshop, content, format, and effectiveness in achieving goals. The questionnaire also sought participant suggestions for future workshops. The evaluation indicated that the students enjoyed the workshop and thought that the time in the workshop was well spent. The workshop also encouraged increased student interest in such issues (Mao et al., 1988).

Another cultural awareness workshop discussed in the literature was offered for the department directors of
Methodist Hospitals, Inc., in Gary, Indiana (Rooda & Gay, 1993). The title of the workshop was "Culture and Healthcare." Participants went through as many of the following steps as time permitted: (a) establishing a baseline from which to begin the change process, and (b) acquiring cultural knowledge, and (c) applying the knowledge to practice, and (d) ascertaining the effects of the changes. After presentation of workshop content, participants were assigned to outline continuing education programs for staff that would link culture to their specific job functions. In order to evaluate the workshop, participants were asked to comment on the relevance and value of the workshop. Overall, the comments were positive. The participants thought that the issues of culture, ethnic identity, and health care was a timely one. They believed they could use what they learned with their staff, however, they wanted to increase the time devoted to the workshop. The author advocates that all phases employed in the workshop should be included in multicultural nursing education (Rooda, 1993).

Thoma (1977) describes the New Jersey Health Cultural Awareness Program. This program resulted in 18 locally developed projects with a focus on education of health care providers and consumers and, to a lesser degree, on
research. Three of the 18 projects are discussed in the article.

The first project originated in the hospital social work department. One of its objectives was to conduct an in-service training program which discussed the following three issues: predominant ethnic groups in the area, examples of contrast or conflict with American culture, and discussion of cultural barriers and cultural sensitivity encountered in practice. The training sessions were three two-hour periods. Ninety-five percent of the more than 200 participants rated the workshop sessions as good to excellent. They believed they had become more familiar with their own culture and had acquired new information about other cultures. And, they believed that this added knowledge had changed their attitudes and helped them appreciate the difficulties caused by cultural barriers (Thoma, 1977).

Results of the New Jersey Health Cultural Awareness Program demonstrate that cultural and ethnic factors are largely overlooked in the health care system. Moreover, the lack of cultural information by health care providers limits delivery of culturally sensitive care. Programs which increase the cultural awareness of health care providers will be critical in meeting the challenges of the future (Thoma, 1977). According to Christensen (1992), "training
that provides an understanding of the importance of culture will enable professionals to work effectively within each family's cultural parameters" (p. 54).
CHAPTER 3

METHODOLOGY

Project Design

The cultural awareness workshop is intended to be a full day workshop. Ideally, the setting should be comfortable, without distractions or interruptions. The workshop plan is tailored for a group of professional nurses, ideally 12 to 40 in number, due to the experiential nature of the workshop and the recommended number for a simulation game.

Included in Appendix A is a packet of materials to be given to workshop participants. This is called the "Cultural Awareness Workshop Packet". The packet consists of a workshop description and participant learning objectives, a schedule and topic outline of workshop activities, and a warm-up exercise, called The Label Awareness Exercise. Also included is a copy of the Cultural Self-Awareness Questionnaire (1984). The packet also contains "Guidelines for Relating to Patients from Different Cultures" and "Guidelines and Principles in Conducting a Culturological Interview" as well as copies of two different
cultural assessment tools. A case study with questions to role play follows. A list of recommended references and an evaluation form to be filled out by participants are also included.

The topic outline begins with a welcome and introductions, followed by a warm-up exercise and participant completion, interpretation, and discussion of the Cultural Self-Awareness Questionnaire (1984). After a morning break, there is a brief orientation to a simulation game, followed by actual playing of the game and a debriefing period. In the afternoon, strategies for becoming informed about diverse cultures, including resources, communication techniques, and a discussion of culture brokerage, are described. The resources for becoming culturally informed include the recommended references in Appendix A. Communication techniques are described in "Guidelines for Relating to Patients from Different Cultures" and "Guidelines and Principles in Conducting a Culturological Interview", both included in Appendix A. Culture brokerage is "essentially an act of translation in which messages, instructions, and belief systems are manipulated and processed from one group to another" (Tripp-Reimer & Brink, 1985, p. 352). As a nursing intervention, culture brokerage involves the nurse as mediator between clients and health professionals, helping to bridge the gap
between the popular culture of the client and the scientific culture of the health professional (Tripp-Reimer & Brink, 1985).

After an afternoon break, a cultural assessment model for collecting relevant data for the nursing process is presented, followed by a case study enacted by participants. The case study will be an opportunity to apply the transcultural assessment model. Case studies can be useful in examining culturally diverse situations which require culturally appropriate interventions. Case studies may focus on skills in problem-solving and knowledge (Davis, 1974). At the end of the day, an evaluation form is to be completed by potential workshop participants.

The Cultural Self-Awareness Questionnaire (1984), developed by the University of North Carolina at Chapel Hill, is used. This tool is designed to increase participants' awareness of their value orientations.

Principles of adult learning are utilized to effectively facilitate learning by potential participants. Knowles (1980) provides useful assumptions about adult learning. The first assumption is that adults desire to become self directed in their learning as they mature. A second assumption is that the experiences that adults have had in their lives are excellent resources for learning. Third, adults are often aware of their own learning needs.
Fourth, adults are competency based learners. Use of these principles of adult learning will facilitate the greatest learning opportunity for the potential participants.

The cultural awareness workshop is designed to be largely experiential in nature. A developmental, experiential approach is consistent with the principles of adult learning (Knowles, 1980). Experiential learning is a non-traditional way of dealing with traditional subjects and adds a stimulating new orientation to the cultural awareness process (Carpio & Majumdar, 1993). An experiential approach emphasizes less formal, field-based experiences and mutual interaction between teacher and learners (Pedersen, 1988). It includes both cognitive and affective aspects of learning and is most effective in an integrated curriculum of content and process (Carpio & Majumdar, 1993).

The game Bafa' Bafa' (Shirts, 1977) or another similar cross-culture simulation exercise is used to immerse participants in a transcultural experience. The purpose of Bafa' Bafa' is to introduce participants to the values, customs, and expectations of a foreign culture. Bafa' Bafa' is also useful in portraying how one might feel when entering or encountering another culture (Woods, 1990).

Bafa' Bafa' begins by dividing into two groups, the Alpha culture and the Beta culture. It is best to use two facilitators to assist in the exercise, one for each
culture. The two groups are separated and introduced to their new cultures. The Alphans are relaxed, value intimacy and personal contact, and are a patriarchal and sexist culture. The Betans measure a person's value by performance in the marketplace. The participants are introduced to the rules, norms, and customs for their cultures, after which they practice their respective cultures (Woods, 1990). The two cultures are different in language, values, and acceptable behavior (Hummel & Peters, 1994).

Next, observers from the Alpha culture visit the Beta culture and attempt to acquire as much information as possible about the other culture's values and beliefs. After each visit, participants return to their respective culture to add new information they have discovered or presumed to be true about the other culture (Hummel & Peters, 1994). The game continues until all participants have been able to see how the other culture works. After all participants have visited the other culture, the game ends and the two groups debrief. Approximately one hour is required to play Bafa' Bafa'. This should be followed by a debriefing session of approximately one hour, which is considered the most important part of the exercise (Woods, 1990).
CHAPTER 4

PROJECT OUTCOME

Evaluation of Results

There are no research results as this is a workshop plan. The evaluation of the material contained in this workshop plan ultimately will be determined by practical application of the material. Potential participants will complete an evaluation form at the end of the proposed full day workshop. This participant evaluation is helpful in determining the effectiveness of the workshop and areas of needed improvement.

The success of the proposed cultural awareness workshop depends in part on workshop participant experience with various cultural groups as well as participant motivation and willingness to learn. Of course, the ultimate success of the cultural awareness workshop depends on the ability of participants to apply the newly gained awareness, knowledge, and skill to encounters with culturally distinct individuals.
Limitations

Limitations of this plan for a cultural awareness workshop remain to be discovered. The one day cultural awareness workshop alone is not sufficient to provide the awareness, knowledge, and skills necessary for providing culturally relevant nursing care. Rather, cultural awareness will be acquired over time through successive cultural encounters and follow up workshops. Cultural awareness, knowledge, and skill is a life-long endeavor.

Summary

The workshop plan for a cultural awareness workshop for professional nurses provides a framework for the author to conduct the actual workshop at a later date. Through participation in the workshop, professional nurses have the opportunity to examine personal values and beliefs, feelings, perceptions, and attitudes in interacting with people of other cultures. Participants experience how members of another culture may feel when subjected to foreign beliefs, values, and customs. They learn about various strategies for becoming informed about diverse cultures. They examine a cultural assessment tool and discuss its applicability to practice through examination of a case study involving a culturally distinct client.
Implications and Recommendations for Further Study

The plan for a cultural awareness workshop has clear implications for clinical nursing. Incorporating cultural awareness concepts into clinical practice assists the professional nurse to deliver more culturally relevant nursing care. Culturally relevant nursing care is more acceptable to the culturally distinct client. The culturally distinct client is also more accepting of the professional nurse who delivers culturally relevant nursing care. The professional nurse is also more satisfied with her/his work.

More studies are needed to document the existence of a lack of cultural awareness among professional nurses. Additional studies are also needed to measure the impact of cultural awareness workshops on the ability to provide culturally relevant nursing care.

Specific recommendations for conducting a cultural awareness workshop include incorporating representatives from different cultures into the workshop. Second, based on my Peace Corps experience of training the local people to be trainers, I recommend that potential workshop participants return to their respective communities and impart similar cultural awareness workshops. Third, the development of continued cultural awareness necessitates continuing education or follow up for workshop participants. This
would allow for sharing of additional experiences and clarification of concepts. Buehler (1993) recommends "regularly scheduled, formal cultural awareness programs for health care providers" (p. 216). Finally, I recommend that all undergraduate and graduate professional nursing programs offer a transcultural nursing course, either as a required course or as an elective course. The transcultural nursing course would enable the student to gain new knowledge as well as apply the new knowledge in a cultural encounter.
REFERENCES CITED


APPENDICES
APPENDIX A

CULTURAL AWARENESS WORKSHOP PACKET
Workshop Description

This cultural awareness workshop is intended to provide an introduction to various components of cultural awareness. Experiences are provided to improve cultural self-awareness and to assist in the development of the knowledge, skills, and attitudes necessary for providing culturally relevant nursing care.

Participant Learning Objectives

Through participation in this cultural awareness workshop, the participant will accomplish the following:

1. Examine personal cultural values and beliefs.
2. Explore feelings, perceptions, and attitudes in interacting with people of other cultures.
3. Experience how members of another culture may feel when subjected to foreign beliefs, values, and customs.
4. Discuss strategies for becoming informed about diverse cultures.
5. Describe a cultural assessment model.
6. Examine a case study requiring culturally appropriate nursing interventions.
Schedule and Topic Outline of Workshop Activities

8:00-8:20 a.m. Welcome and Introductions
  * Discuss the purpose of workshop
  * Introduction of facilitators
  * Introduction of participants

8:20-8:50 a.m. Warm-up Exercise

8:50-9:00 a.m. Participant completion of Cultural Self-Awareness Questionnaire

9:00-9:10 a.m. Interpretation of Cultural Self-Awareness Questionnaire

9:10-9:45 a.m. Discussion of Cultural Self-Awareness Questionnaire

9:45-10:00 a.m. BREAK

10:00-10:15 a.m. Brief orientation to Bafa' Bafa' or other simulation game

10:15-11:15 a.m. Playing of Bafa' Bafa' or other simulation game

11:15 a.m.- 12:15 p.m. Debriefing from Bafa' Bafa' or other simulation game

12:15-1:15 p.m. LUNCH

1:15-2:15 p.m. Strategies for becoming informed about diverse cultures
  * Resources for becoming culturally informed
  * Communication techniques
  * Use of culture brokers

2:15-2:30 p.m. BREAK

2:30-3:30 p.m. Presentation of cultural assessment model

3:30-4:00 p.m. Case Study and Role Play: Utilizing Transcultural Assessment Model
4:00-4:10 p.m.  Concluding remarks
4:10-4:30 p.m.  Evaluation of workshop
Warm-Up Exercise

The Label Awareness Exercise

Participant Objectives:

1. To provide feedback to others appropriate to their assigned label;
2. To analyze feedback from others appropriate to one's own label; and
3. To identify one's own label accurately based on feedback.

Learning Objective:
   Each of us wears a culturally assigned label on the forehead.

The Label Exercise

How do you discover when another person's perception of you may differ from your own perception of yourself? Organize participants into small groups of five to eight persons. Attach a gummed label of adjectives or nouns to the forehead of each group member (on the back if putting labels on foreheads is offensive) and ask the group to discuss a topic relevant to the program. Interact with each participant as though the adjectives or nouns on their forehead label were true for each of the other participants, with all considering each other's label simultaneously.

Each participant will know which labels are on the foreheads of the others in the group but will not know his or her own label. The labels may be typed up beforehand, or you may ask each participant to write an appropriate label, making sure that no participant gets his or her own label for the discussion. When the participants successfully have identified the label on their foreheads they can remove the label. The objective is to provide clues to others about the label on their forehead through behavior toward that person without directly giving away his or her identity.

Can participants successfully guess their labels or accurately interpret cues from others in the group? When all participants have guessed their labels, discuss the actual function of labels by which others perceive us. If some participants have not guessed their labels within 8 to
10 minutes, ask them to remove their labels anyway and begin the discussion. The emphasis is on the wide diversity of perceived identity labels we present to others.
CULTURAL SELF-AWARENESS QUESTIONNAIRE

(Based on the five orientations in Kluckhohn & Strodtbeck, 1961)

Each of the following multiple-choice items has 3 possible responses. On the line next to each item, write the letter of the alternative which describes the action or attitude closest to your own.

1. What is your view of people, in general?
   a. I expect the best of people.
   b. I expect the worst of people.
   c. My expectations of people vary, according to what they're like in any given situation.

2. You've just moved to a new city, and you'd like to go out for the evening. What do you do?
   a. Talk to other newcomers at work or in your neighborhood and get suggestions from them.
   b. Obtain and read brochures about the city from the library or chamber of commerce.
   c. Ask your supervisor at work for advice on the best places.

3. What is your philosophy of life?
   a. Things may go right or they may go wrong, and I have little or no control over them.
   b. Things will go right if I relax, don't fight life, and maintain a satisfied attitude.
   c. Things will go right if I overcome obstacles and meet challenges.

4. Your professor reports that 10% of the class cheated on a recent exam. How do you react?
   a. You think the professor must have made a mistake; people rarely do things like that.
   b. You are not surprised; you think that many people will do that sort of thing to get ahead.
   c. You are interested to learn that this is so, but you have no preconceived notions of what people will or will not do.

5. Which of these people is most like you?
   a. R.M. likes the satisfaction of completing projects, and values the resulting accomplishments or products.
   b. B.J. enjoys the ongoing process or experience of doing familiar things, and values the pleasure associated with involvement.
   c. L.K. likes activities that allow for learning and personal growth, and values the process of self-development.
6. What aspects of education has the most value to you?
   a. Completing a degree program, and receiving a diploma, as a material sign of my educational accomplishments.
   b. Being in an academic setting with many interesting people and events.
   c. The process of increasing my knowledge about various subjects and the world.

7. You have decided to take up a hobby about which you know little or nothing (e.g. photography, batik or auto mechanics). How do you go about it?
   a. You try to get a few friends involved, so you can figure it out together.
   b. You look for how-to books and teach yourself.
   c. You look for an experienced teacher and take a class.

8. As a nurse, what age group are you most interested in working with?
   a. Middle-aged adults (25-60 years).
   b. Children and young adults (0-20 years).
   c. The elderly (60+ years).

9. If you had a choice, when would you like to be alive?
   a. In the present.
   b. In the future.
   c. In the past.

10. You have a very difficult exam coming up in a week. What has the most significant effect on your grade?
    a. Luck, God or Fate.
    b. Maintaining a positive attitude about the class.
    c. Studying the material carefully.

11. When you hear news reports about vandalism or senseless murders, what is your attitude?
    a. You are surprised that people can actually do those things.
    b. It is about what you expect of people.
    c. You wonder what makes some people bad and others good.

12. How do you choose to spend a quiet evening?
    a. Completing class assignments for the next day.
    b. Watching situation comedies on T.V.
    c. Reading a few chapters of a book on a subject in which you've long been interested.
13. A friend of yours has just gotten the job he'd been hoping for. To what do you attribute his success?
   a. He was lucky.
   b. He maintained the proper perspective on life.
   c. He worked hard to do well.

14. What do you like to think about the most?
   a. Things that are happening to you now, like your current friends and classes.
   b. Things that will happen to you in the future, like what job you'll have in ten years, or where you'll be living.
   c. Things that have happened to you in the past, like fun times spent with your family or friends during the holidays or vacations.

15. You are registering as a new student at a very large university. You don't know which forms to fill out, and which forms to take where. To obtain more information, what do you do?
   a. Find a group of equally perplexed new students and work together to figure out what to do.
   b. Reread all printed information in your packet, in case you missed the instructions you need.
   c. Talk to your dorm's resident advisor and ask him/her to help you fill out the correct forms and deposit them in the right places.
INTERPRETING THE CULTURAL SELF-AWARENESS QUESTIONNAIRE

This questionnaire is designed to make you aware of your value orientations associated with five basic issues or problems. According to Kluckhohn and Strodbeck, who wrote the cross-cultural values study on which this questionnaire is based, these five issues are basic to all humans, no matter what cultural group they are from. Kluckhohn and Strodbeck also identified three possible orientations for each of the five issues. The five issues, and the three alternative orientations for each, are outlined in the chart on the following pages.

After completing the questionnaire, transfer your answers to the grid below. Then look to see if you have answered the three questions consistently, for each of the five issues. If your answers are totally consistent for a particular issue, then the three letters in that column will be the same (e.g., three a's). If two letters are the same, your answers are somewhat consistent. And if the three are different, then the answers are not consistent.

Don't be surprised if your responses are not entirely consistent. Values are difficult to assess, and it is possible for a person's values to change slightly in different situations. However, it is important to realize that a person's underlying values can cause him/her to think and act in a certain way, and may cause him/her to judge others with different orientations. The results of this questionnaire are not intended to be used alone as a detailed or definitive description of your value system. Rather, this questionnaire is one of many ways in which you can assess and identify your values. It is hoped that you will use these results as a basis for discussion.

<table>
<thead>
<tr>
<th>1. HUMAN</th>
<th>II. RELATIONAL</th>
<th>III. PERSON-NATURE</th>
<th>IV. ACTIVITY</th>
<th>V. TIME</th>
</tr>
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<tbody>
<tr>
<td>Item #</td>
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<td>11</td>
<td>15</td>
<td>13</td>
<td>12</td>
<td>14</td>
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</tbody>
</table>
DISCUSSION QUESTIONS:

1. Are these results consistent with your view of yourself? Why or why not?

2. How might your value orientations affect your behavior in general? When working with a client from a different culture?

3. Which of the alternative orientations might conflict with one another and which are compatible? How might you react if a client exhibited behaviors which were based on an orientation that conflicted with your own?

4. How does your values "profile" compare to the following "profiles" identified by Kluckhohn and Strodtbeck? (Remember that these profiles are averages. Although members of a cultural group tend to have similar values, not everyone has exactly the same orientations.)

**Americans:**

1. view human nature as neutral
2. value individualism
3. believe they can control or dominate external forces to effect outcomes
4. are oriented towards doing and achieving
5. are future-oriented

**Zuni Indians:**

1. (View on human nature not tested.)
2. value action in the context of informally structured groups
3. believe in maintaining harmony with external forces, or the world around them
4. are oriented towards doing
5. are present-oriented

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<table>
<thead>
<tr>
<th>ISSUE</th>
<th>ITEMS</th>
<th>ORIENTATIONS</th>
<th>POSSIBLE RELATED ATTITUDES/BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. What is your view of human nature? (MOUNTAIN)</td>
<td>1, 4, 11</td>
<td>a. Human-nature is good.</td>
<td>Trusting of others.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Human nature is bad.</td>
<td>Suspicious of others.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Human nature is neutral.</td>
<td>Form opinion of others on an individual basis.</td>
</tr>
<tr>
<td>II. How do you relate to other people in your activities? (RELATIONAL)</td>
<td>2, 7, 15</td>
<td>a. You are oriented toward informally-structured groups of your peers.</td>
<td>Make decisions by group consensus, where everyone has input.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. You are oriented away from groups; you are individualistic.</td>
<td>Make own decisions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. You are oriented toward rigidly-structured groups, particularly towards authority figures.</td>
<td>Defer to authority figures in making decisions.</td>
</tr>
<tr>
<td>III. What relationship do you have to the world around you? (PERSON-NATURE)</td>
<td>3, 10, 13</td>
<td>a. You feel you have little or no control over the external world, that what happens to you is the result of fate, chance, God's will, etc.</td>
<td>Wait for things to happen to you, do not actively prepare or try to control outcomes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. You feel that you can affect the quality of your life by being in harmony with external forces and people, that you should maintain a balance in your attitudes and behaviors.</td>
<td>Maintain proper perspective on a situation in which you're waiting for an outcome. Also maintain good relationships with other people.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. You feel that you are in almost total control of external forces, that you control what happens to you.</td>
<td>Try to effect or control outcomes by using your abilities to overcome obstacles.</td>
</tr>
<tr>
<td>IV. How do you value spending your time? (ACTIVITY)</td>
<td>5, 6, 12</td>
<td>a. You value actively doing, accomplishing and achieving.</td>
<td>Want to see material or observable results of your efforts, and work towards achieving them.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. You value the experience of doing things spontaneously, for their own sake.</td>
<td>Enjoy activities (active or passive) that present themselves at the moment. Not concerned with goals or outcomes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. You value the experience of doing things which contribute to self-development and personal growth.</td>
<td>Enjoy activities (active or passive) that help you increase your knowledge, insight and abilities.</td>
</tr>
</tbody>
</table>

(continued on the next page)
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<thead>
<tr>
<th>ISSUE</th>
<th>TFHS</th>
<th>ORIENTATIONS</th>
<th>POSSIBLE RELATED ATTITUDES/BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. What is your time</td>
<td>0. 9.</td>
<td>a. You are oriented towards the present,</td>
<td>Solve a problem by using immediately available resources and knowledge.</td>
</tr>
<tr>
<td>orientation?</td>
<td>14</td>
<td>and things that are of current interest and value.</td>
<td></td>
</tr>
<tr>
<td>(TIME)</td>
<td></td>
<td>b. You are oriented towards the future,</td>
<td>Solve a problem by using new ideas and technology which have not been</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and things that are new and innovative.</td>
<td>widely used.</td>
</tr>
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<td></td>
<td></td>
<td>c. You are oriented towards the past and</td>
<td>Solve a problem by using traditional, &quot;tried and true&quot; methods.</td>
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<td></td>
<td></td>
<td>tradition.</td>
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From

*Cultural Self-Awareness Questionnaire* (pp. 38-44), by University of North Carolina at Chapel Hill School of Nursing.

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GUIDELINES FOR RELATING TO PATIENTS FROM DIFFERENT CULTURES

1. Assess your personal beliefs surrounding persons from different cultures.
   - review your personal beliefs and past experiences
   - set aside any values, biases, ideas, and attitudes that are judgmental and may negatively affect care

2. Assess communication variables from a cultural perspective.
   - determine the ethnic identity of the patient, including generation in America
   - use the patient as a source of information when possible
   - assess cultural factors that may affect your relationship with the patient and respond appropriately

3. Plan care based on the communicated needs and cultural background.
   - learn as much as possible about the patient's cultural customs and beliefs
   - encourage the patient to reveal cultural interpretation of health, illness, and health care
   - be sensitive to the uniqueness of the patient
   - identify sources of discrepancy between the patient's and your own concepts of health and illness
   - communicate at the patient's personal level of functioning
   - evaluate effectiveness of nursing actions and modify nursing care plan when necessary

4. Modify communication approaches to meet cultural needs.
   - be attentive to signs of fear, anxiety, and confusion in the patient
   - respond in a reassuring manner in keeping with the patient's cultural orientation
   - be aware that in some cultural groups discussion concerning the patient with others may be offensive and may impede the nursing process

5. Understand that respect for the patient and communicated needs is central to the therapeutic relationship.
   - communicate respect by using a kind and attentive approach

6. Communicate in a nonthreatening manner.
   - conduct the interview in an unhurried manner
   - follow acceptable social and cultural amenities
   - ask general questions during the information-gathering stage
   - be patient with a respondent who gives information that may seem unrelated to the patient's health problem
   - develop a trusting relationship by listening carefully, allowing time, and giving the patient your full attention

7. Use validating techniques in communication.
   - be alert for feedback that the patient is not understanding
   - do not assume meaning is interpreted without distortion

8. Be considerate of reluctance to talk when the subject involves sexual matters.
   - be aware that in some cultures sexual matters are not discussed freely with members of the opposite sex

9. Adopt special approaches when the patient speaks a different language.
   - use a caring tone of voice and facial expression to help alleviate the patient's fears
   - speak slowly and distinctly, but not loudly
   - use gestures, pictures, and play acting to help the patient understand
   - repeat the message in different ways if necessary
   - be alert to words the patient seems to understand and use them frequently
   - keep messages simple and repeat them frequently
   - avoid using medical terms and abbreviations that the patient may not understand
   - use an appropriate language dictionary

10. Use interpreters to improve communication.
    - ask the interpreter to translate the message, not just the individual words
    - obtain feedback to confirm understanding
    - use an interpreter who is culturally sensitive

From
Transcultural Nursing: Assessment and Intervention (p 38),
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Guidelines and Principles in Conducting a Culturological Interview

(1) When feasible, conduct the interview in the individual's natural setting, such as his or her home or workplace, to get direct "eyeball" validated data through firsthand observations and experiences.

(2) At the beginning, identify yourself, the nature and focus of the interview, and the general areas of interest or plans for the interview.

(3) Use the interviewee's native language. If this is not possible, then you should use a reliable interpreter.

(4) Use a small pad to record a few key words or phrases as well as nonverbal observations.

(5) Interview in an open, friendly, respectful, and interested manner.

(6) Throughout the interview, maintain an active listening and observing role with the interviewee, and a reflective attitude about what is presented.

(7) Maintain a learning attitude; learn from the interviewee and do not assume to be the professional "expert."

(8) Let the interviewee guide the interview, sharing what he or she is comfortable discussing. The interview takes cues from the interviewee, except occasionally to clarify, validate, or direct inquiries about ideas or to open a new domain of inquiry.

(9) Since the culturological interview primarily seeks to identify behavioral and health lifestyles through identification of cultural values, beliefs, and practices, the interviewer should let the interviewee know this focus and help him or her to feel comfortable with the change from past medical interviews that focused on diseases, illness, and pathological conditions.

(10) Clarify the past and current role of the interviewee in order to determine his or her activities, role, and function in the culture.
(11) During the interview, the interviewer needs to be aware of his or her own verbal and nonverbal responses and mannerisms.

(12) At the end of an interview, the interviewer should express appreciation to the interviewee for sharing information.

According to Tripp-Reimer, Brink, and Saunders (1984), cultural assessment does not require information on every element of the culture. Nurses need to identify the major values, beliefs, and behaviors as they influence and relate to a particular clinical setting or health problem. Various cultural factors will differ in relative importance depending upon the specific client health problem and nursing intervention. Cultural assessment involves a shared negotiation or contract between client and professional in which each is treated as an equal bringing important and relevant materials to the interview (p. 79).

**Phase I: Data Collection**

**Stage I: General Assessment**

Data about client's background:

- ethnicity
- degree of affiliation with ethnic group
- religion
- patterns of decision making

Data about content that may influence nurse-client interaction:

- Language
- Styles of communication (verbal and nonverbal)
- Norms of etiquette
Stage II: Problem-Specific Cultural Information
(Examples: prenatal classes, diabetic diet teaching)

1. What do you think caused your problem?
2. Why do you think it started when it did?
3. What does your sickness do to you? How does it work?
4. How severe is your sickness: Will it have a long or short duration?
5. What kind of treatment do you think you should receive?
6. What are the most important results you hope to receive from this treatment?
7. What are the chief problems your sickness has caused you?
8. What do you fear most about your sickness?

Stage III: After nursing diagnosis made; directed at cultural factors which may influence intervention strategies

1. Is the condition good or bad?
2. What have you been doing for this problem/condition in the past and presently?
3. What do you plan to do?
4. How should a person who has this condition/problem act?
5. How should one who has this condition/problem be treated by family members?

Phase II: Data Organization

- Cultural content placed in context.
- May occur concurrently with steps in Phase I.
- Nurse interested in extent to which beliefs, values, and customs are congruent with set of standards:
  - Standards of the client's identified culture or ethnic group
  - Standards of the nurse's own culture
  - Standards of the health care facility that serves as the setting for the interaction.
If areas of incongruence identified, nurse finds out if client's system is adaptive, neutral, or maladaptive in relation to interventions. If client's system is adaptive or neutral, can be incorporated into intervention. If client's beliefs, values, and customs are maladaptive to achieving desired health outcomes, the nurse determines: (a) ways of persuasion that aid alteration of client system if client is open to change, or (b) ways of understanding client and rationale for not altering client's system, if client will not change.


GIGER AND DAVIDHIZAR’S TRANSCULTURAL ASSESSMENT MODEL
GIGER AND DAVIDHIZAR'S TRANSCULTURAL ASSESSMENT MODEL

CULTURALLY UNIQUE INDIVIDUAL
1. Place of birth
2. Cultural definition
   What is . . .
3. Race
   What is . . .
4. Length of time in country (if appropriate)

COMMUNICATION
1. Voice quality
   A. Strong, resonant
   B. Soft
   C. Average
   D. Shrivl
2. Pronunciation and enunciation
   A. Clear
   B. Slurred
   C. Dialect (geographical)
3. Use of silence
   A. Infrequent
   B. Often
   C. Length:
      (1) Brief
      (2) Moderate
      (3) Long
      (4) Not observed
4. Use of nonverbal
   A. Hand movement
   B. Eye movement
   C. Entire body movement
   D. Kinesics (gestures, expression, or stances)
5. Touch
   A. Startles or withdraws when touched
   B. Accepts touch without difficulty
   C. Touches others without difficulty
6. Ask these and similar questions:
   A. How do you get your point across to others?
   B. Do you like communicating with friends, family, and acquaintances?
   C. When asked a question, do you usually respond (in words or body movement, or both)?
   D. If you have something important to discuss with your family, how would you approach them?

SPACE
1. Degree of comfort
   A. Moves when space invaded
   B. Does not move when space invaded
2. Distance in conversations
   A. 0 to 18 inches
   B. 18 inches to 3 feet
   C. 3 feet or more
3. Definition of space
   A. Describe degree of comfort with closeness when talking with or standing near others
   B. How do objects (e.g., furniture) in the environment affect your sense of space?
4. Ask these and similar questions:
   A. When you talk with family members, how close do you stand?
   B. When you communicate with coworkers and other acquaintances, how close do you stand?
   C. If a stranger touches you, how close do you react or feel?
   D. If a loved one touches you, how do you react or feel?
   E. Are you comfortable with the distance between us now?

SOCIAL ORGANIZATION
1. Normal state of health
   A. Poor
   B. Fair
   C. Good
   D. Excellent
2. Marital status
3. Number of children
4. Parents living or deceased?
5. Ask these and similar questions:
   A. How do you define social activities?
   B. What are some activities that you enjoy?
   C. What are your hobbies, or what do you do when you have free time?
GIGER AND DAVIDHIZAR'S TRANSCULTURAL ASSESSMENT MODEL—cont'd

D. Do you believe in a Supreme Being?
E. How do you worship that Supreme Being?
F. What is your function (what do you do) in your family unit/system?
G. What is your role in your family unit/system (father, mother, child, advisor)?
H. When you were a child, what or who influenced you most?
I. What is/was your relationship with your siblings and parents?
J. What does work mean to you?
K. Describe your past, present, and future jobs.
L. What are your political views?
M. How have your political views influenced your attitude toward health and illness?

TIME
1. Orientation to time
   A. Past-oriented
   B. Present-oriented
   C. Future-oriented
2. View of time
   A. Social time
   B. Clock-oriented
3. Physiochemical reaction to time
   A. Sleeps at least 8 hours a night
   B. Goes to sleep and wakes on a consistent schedule
   C. Understands the importance of taking medication and other treatments on schedule
4. Ask these and similar questions:
   A. What kind of timepiece do you wear daily?
   B. If you have an appointment at 2 pm, what time is acceptable to arrive?
   C. If a nurse tells you that you will receive a medication in “about a half hour,” realistically, how much time will you allow before calling the nurses' station?

ENVIRONMENTAL CONTROL
1. Locus-of-control
   A. Internal locus-of-control (believes that the power to affect change lies within)
   B. External locus-of-control (believes that fate, luck, and chance have a great deal to do with how things turn out)

2. Value orientation
   A. Believes in supernatural forces
   B. Relies on magic, witchcraft, and prayer to affect change
   C. Does not believe in supernatural forces
   D. Does not rely on magic, witchcraft, or prayer to affect change

3. Ask these and similar questions:
   A. How often do you have visitors at your home?
   B. Is it acceptable to you for visitors to drop in unexpectedly?
   C. Name some ways your parents or other persons treated your illnesses when you were a child.
   D. Have you or someone else in your immediate surroundings ever used a home remedy that made you sick?
   E. What home remedies have you used that worked? Will you use them in the future?
   F. What is your definition of "good health"?
   G. What is your definition of illness or "poor health"?

BIOLOGIC VARIATIONS
1. Conduct a complete physical assessment noting:
   A. Body structure (small, medium, or large frame)
   B. Skin color
   C. Unusual skin discolorations
   D. Hair color and distribution
   E. Other visible physical characteristics (e.g., keloids, chloasma)
   F. Weight
   G. Height
   H. Check lab work for variances in hemoglobin, hematocrit, and sickle phenomena if Black or Mediterranean
B. Describe your family's typical behavior when a family member is ill.
C. How do you respond when you are angry?
D. Who (or what) usually helps you to cope during a difficult time?
E. What foods do you and your family like to eat?
F. Have you ever had any unusual cravings for:
   (1) White or red clay dirt?
   (2) Laundry starch?
G. When you were a child what types of foods did you eat?
H. What foods are family favorites or are considered traditional?

NURSING ASSESSMENT
1. Note whether the client has become culturally assimilated or observes own cultural practices.
2. Incorporate data into plan of nursing care:
   A. Encourage the client to discuss cultural differences; people from diverse cultures who hold different world views can enlighten nurses.
   B. Make efforts to accept and understand methods of communication.
   C. Respect the individual's personal need for space.
   D. Respect the rights of clients to honor and worship the Supreme Being of their choice.
   E. Identify a clerical or spiritual person to contact.
F. Determine whether spiritual practices have implications for health, life, and well-being (e.g., Jehovah's Witnesses may refuse blood and blood derivatives; an Orthodox Jew may eat only kosher food high in sodium and may not drink milk when meat is served).
G. Identify hobbies, especially when devising interventions for a short or extended convalescence or for rehabilitation.
H. Honor time and value orientations and differences in these areas. Allay anxiety and apprehension if adherence to time is necessary.
I. Provide privacy according to personal need and health status of the client (note: the perception and reaction to pain may be culturally related).
J. Note cultural health practices
   (1) Identify and encourage efficacious practices.
   (2) Identify and discourage dysfunctional practices.
   (3) Identify and determine whether neutral practices will have a long-term ill effect.
K. Note food preferences
   (1) Make as many adjustments in diet as health status and long-term benefits will allow and that dietary department can provide.
   (2) Note dietary practices that may have serious implications for the client.
Case Study

George Garcia, a 23-year-old migrant farm worker, and his wife, Anita, age 20, bring their 4-month-old daughter to the emergency room of a small community hospital. They speak only broken English. They have another small child with them, as well as two older women. They are very worried about the infant, who they say has been unable to retain feedings of diluted cow's milk. Now, because of poor sucking and increased sleeping, the infant has not had anything by mouth for the past 24 hours. When asked, the parents indicate that the infant has had only three wet diapers since yesterday. The nurse notices that the infant's eyes are sunken, she is listless, and the fontanels are depressed. When asked, the parents say the infant has been sick for 3 or 4 days. One of the older women makes a pushing up motion with her hand as she points to the infant's mouth. Further assessment reveals a rectal temperature of 103 degrees F. The family has not taken the temperature at all in the past 3 or 4 days. Skin turgor is good; mucous membranes are tacky. There has been no diarrhea. The infant's heart rate is 120 and regular, but thready. Respiration is 12 per minute at rest. The infant does not cry during rectal temperature taking or when touched with a cold stethoscope (p. 229).
Questions to Role Play

Utilizing "The Process of Cultural Assessment," Giger and Davidhizar's Transcultural Assessment Model, "Guidelines for Relating to Patients from Different Cultures," and "Guidelines and Principles in Conducting a Culturological Interview," role play the following:

1. What communication techniques would be most helpful in proceeding with the visit?

2. How would you assess how the family perceives the illness?

3. How would you assess the family's definition of health?

4. How would you demonstrate acceptance of the folk remedies that may have already been tried with the infant?

5. How would you assess which family member is likely to make the decision about whether to allow the infant to be hospitalized?

6. How would you go about teaching this family about treatment and plan of care?

Questions to Role Play Adapted From
Transcultural Nursing: Assessment and Intervention (p. 231),
Copyright 1995 by Mosby-Year Book, Inc.
Adapted with permission.
Recommended References

Workshops

*Very useful reference on necessary steps in planning, conducting, and evaluating workshops; selecting resources; designing learning activities; and budgeting.

Transcultural Nursing

*Nice, quick overview of the field of transcultural nursing.

*This is one of the fundamental works on transcultural nursing, written by the founder of the field.

Anthropology and Cross-Cultural Research

*Alternative framework for differentiating disease and illness. I especially like the description of patient and doctor explanatory models.

Cultural Assessment

*Presents transcultural nursing assessment guide, a developmental approach to transcultural nursing, cultural information according to clinical situations. Very complete.
*Presents comprehensive yet user-friendly transcultural assessment model and application to specific cultural groups.

*Comprehensive, contains two detailed assessment guides as well as information on nursing care delivery to ethnic minority patients and communities.

*Small reference book containing physical cultural variables and cultural variables in communication and values and beliefs.

*Contains useful comparison of cultural assessment guides as well as phases of process of cultural assessment.

Cultural Awareness

*Discusses three stages of multicultural development along with three alternative training sequences. Presents different awareness exercises.

Cultural Competence

*Very useful model presented, called Culturally Competent Model of Care. Also discusses different cultural assessment models. This article is applicable to all areas of nursing.
Diverse Ethnic Groups

*Focused information on health and illness beliefs of multiple ethnic groups including Hispanic American and Native American communities.

Native Americans

*Synopsis of Native American history, useful cultural assessment questions and other nursing care implications, and strategies for becoming culturally informed.

*Review of nursing and non-nursing literature on historical, social, and political contexts of Native American health; conducting research with Native Americans; acute and chronic illness; and health promotion and disease prevention.

*Short article on rituals, the Indian family, child-rearing, values and beliefs, and death and grief. Written by a Cherokee nurse.

Hispanics

*Broad overview

Cultural Simulation Games

*Costs $225. Has been used with business students, universities, and by nurses.
Culture Brokers


Reference Sources

Cultural Awareness Workshop Participant Evaluation Form

Thank you for attending the Cultural Awareness Workshop. It would be helpful to have you evaluate the workshop.

1. The Cultural Self-Awareness Questionnaire was:
   Very helpful Somewhat helpful Not helpful
   □       □       □

2. The simulation activity was:
   Very helpful Somewhat helpful Not helpful
   □       □       □

3. The role play was:
   Very helpful Somewhat helpful Not helpful
   □       □       □

4. The information on culture was:
   Very helpful Somewhat helpful Not helpful
   □       □       □

5. The strategies for becoming culturally informed were:
   Very helpful Somewhat helpful Not helpful
   □       □       □

6. The cultural assessment model was:
   Very helpful Somewhat helpful Not helpful
   □       □       □
7. The facilitator(s) for this workshop were:

Very helpful  Somewhat helpful  Not helpful
□  □  □

8. The most helpful information, skills, or attitudes I gained from this workshop are:

9. The least helpful information, skills, or attitudes I gained from this workshop are:

10. What new insights did you gain from attendance at this workshop?
11. What additional training would you like on the subject?

12. Comments or suggestions:

THANK YOU VERY MUCH FOR TAKING THE TIME TO FILL OUT THIS EVALUATION FORM.
APPENDIX B

LETTERS REQUESTING/GRANTING PERMISSION TO REPRINT INFORMATION
March 8, 1996

Sylvia Nisenoff
American Association for
Counseling and Development
Alexandria, VA

Dear Ms. Nisenoff:

As I mentioned to you on the phone, I would like to request permission to reproduce The Label Exercise, on pages 26 and 27 of *A handbook for developing multicultural awareness*. The reproductions will form a part of my professional project, a graduate program requirement. The professional project will be made available to the library at Montana State University.

I appreciate your assistance.

Sincerely,

Michelle Bailey
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A photo copy of your request is on file at ACA headquarters.

3/8/96
January 23, 1996

To Whom It May Concern:

This is to verify that your school has permission to duplicate the Nursing 76 "Cultural Self-Awareness Questionnaire" for use in your class. If I can be of further assistance, please do not hesitate to contact me at (919) 966-7768.

Sincerely,

Lorna H. Harris, Ph.D., R.N.
Research Associate Professor
Director of Minority Affairs
University of North Carolina
School of Nursing

LHH/pl
Michelle Bailey  
103 Al Place  
Belgrade, MT 59714  
Fax/phone #: (406) 388-3340  
March 8, 1996

T. Davenport  
Moaby  
11830 Westline Industrial Drive  
St. Louis, MO 63146

Dear Ms. Davenport:

As I mentioned to you on the phone, I would like to request permission to reproduce the following from the book, Transcultural nursing: Assessment and intervention by J. N. Giger and R. E. Davidhizar: (a) Giger and Davidhizar's Transcultural Assessment Model (Fig. 1 on page 9, Fig. 2 on page 10, and pages 11-13), and (b) Guidelines for relating to patients from different cultures on page 38, and (c) the case study and study questions on pages 229 and 231. I would like to make three copies of each.

The reproductions will form a part of my professional project, a graduate nursing program requirement. The professional project will be made available to the library at Montana State University.

I appreciate your assistance.

Sincerely,

Michelle Bailey

Note: See enclosed page 13 for appropriate credit line for Giger and Davidhizar's Transcultural Assessment Model.
**Giger and Davidhizar's Transcultural Assessment Model—cont'd**

<table>
<thead>
<tr>
<th>B. Describe your family's typical behavior when a family member is ill.</th>
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<td>C. How do you respond when you are angry?</td>
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<tr>
<td>D. Who (or what) usually helps you to cope during a difficult time?</td>
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<tr>
<td>E. What foods do you and your family like to eat?</td>
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<tr>
<td>F. Have you ever had any unusual cravings for:</td>
</tr>
<tr>
<td>(1) White or red clay dirt?</td>
</tr>
<tr>
<td>(2) Laundry starch?</td>
</tr>
<tr>
<td>G. When you were a child what types of foods did you eat?</td>
</tr>
<tr>
<td>H. What foods are family favorites or are considered traditional?</td>
</tr>
</tbody>
</table>

**Nursing Assessment**

1. Note whether the client has become culturally assimilated or observes own cultural practices.
2. Incorporate data into plan of nursing care:
   A. Encourage the client to discuss cultural differences; people from diverse cultures who hold different world views can enlighten nurses.
   B. Make efforts to accept and understand methods of communication.
   C. Respect the individual's personal need for space.
   D. Respect the rights of clients to honor and worship the Supreme Being of their choice.
   E. Identify a clerical or spiritual person to contact.

F. Determine whether spiritual practices have implications for health, life, and well-being (e.g., Jehovah’s Witnesses may refuse blood and blood derivatives; an Orthodox Jew may eat only kosher food high in sodium and may not drink milk when meat is served).

G. Identify hobbies, especially when devising interventions for a short or extended convalescence or for rehabilitation.

H. Honor time and value orientations and differences in these areas. Allay anxiety and apprehension if adherence to time is necessary.

I. Provide privacy according to personal need and health status of the client (Note: the perception and reaction to pain may be culturally related).

J. Note cultural health practices
   (1) Identify and encourage efficacious practices.
   (2) Identify and discourage dysfunctional practices.
   (3) Identify and determine whether neutral practices will have a long-term ill effect.

K. Note food preferences
   (1) Make as many adjustments in diet as health status and long-term benefits will allow and that dietary department can provide.
   (2) Note dietary practices that may have serious implications for the client.

Jim Henson
Permissions Department
Sage Publications
Thousand Oaks, CA

Dear Mr. Henson:

I would like to request permission to copy from the book *Mental health services: The cross-cultural context*, published in 1984 by Sage Publications. The editors are P. B. Pedersen, N. Sartorius, and A. J. Marsella. Specifically, I would like to copy the guidelines and principles in conducting a culturological interview outlined by Madeleine Leininger in Chapter 5, Transcultural Interviewing and Health Assessment. These guidelines and principles are listed on pages 121-128 under the section entitled "Interview and Assessment." I will be using this listing of guidelines and principles for a professional project, a requirement for the master's degree in nursing at Montana State University. A copy of the professional project will be made available to the library.

I appreciate your assistance.

Sincerely,

Michelle Bailey

Michelle Bailey
March 12, 1996

Ms. Michelle Bailey
103 Al Place
Belgrade, MT 59714

Re: Professional Project/Master’s Program

SAGE REFERENCE: SRN 031296 0014/5522

(Please refer to this number on all correspondence and remittance of applicable fees.)

(Sage Federal ID=95-2454902)

Dear Ms. Bailey,

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James Lee Henson
Permissions Administrator

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James Lee Henson
Permissions Administrator

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Ms. Michelle Bailey
Requestor
Date March 13, 1996

*Electronic Means refer to any method of copying, recording, storage, retrieval, or delivery of the work by any means, including, but not limited to electronic or electromagnetic means, digital.
Dear Ms. Davenport:

I would like to request permission to copy from an article entitled "Cultural assessment: Content and process" by T. Tripp-Reimer, P. J. Brink, and J. M. Saunders. Specifically, I would like to copy portions of the section entitled "The Process of Cultural Assessment" on pages 79 and 81. The article is from Nursing Outlook, March/Apri, 1984, volume 32, number 2.

I would like to make three copies. The reproductions will form a part of my professional project, a graduate nursing program requirement. The professional project will be made available to the library at Montana State University.

Thank you again for your assistance.

Sincerely,

Michelle Bailey

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March 11, 1996

Michelle Bailey
103 Al Place
Belgrade, MT 59714
Fax/phone #: (406) 388-3340

T. Davenport
Mosby
11830 Westline Industrial Drive
St. Louis, MO 63146

Dear Ms. Davenport:

would like to request permission to copy from an article entitled "Cultural assessment: Content and process" by T. Tripp-Reimer, P. J. Brink, and J. M. Saunders. Specifically, I would like to copy portions of the section entitled "The Process of Cultural Assessment" on pages 79 and 81. The article is from Nursing Outlook, March/Apri, 1984, volume 32, number 2.

I would like to make three copies. The reproductions will form a part of my professional project, a graduate nursing program requirement. The professional project will be made available to the library at Montana State University.

Thank you again for your assistance.

Sincerely,

Michelle Bailey
March 21, 1996

Mr. Chuck Graver
Permissions Department
American College of Physicians
Fax & (215) 351-2644

Dear Mr. Graver:

I would like to request permission to copy from an article entitled "Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research" by A. Kleinman, L. Eisenberg, and B. Good. This article appeared in *Annals of Internal Medicine*, February 1978, volume 88, number 2, pages 251-258. Specifically, I am interested in reproducing the eight questions listed under the section entitled "Patient's Model" on page 256.

I would like to make three copies. The reproductions will form a part of my professional project, a graduate nursing program requirement at Montana State University. The professional project will be made available to the library at Montana State University.

Thank you for your assistance.

Sincerely,

Michelle Bailey