Taking a Stand: Steps to Stop Cross–Cultural Incivility

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Learned and shared beliefs, values and life ways of a particular group that are transmitted from one generation to the next, and are identified as patterns that guide one’s thinking and behavior.
Sources of Cultural Conflict

- Ethnocentrism – belief that one’s own way of life is better than others
- Bias/prejudice – mental attitude attributing negative or positive characteristics to others
- Stereotypes – fixed, unchanging and usually negative attribution about groups of people
Cultural Conflicts

- Discrimination – action on one's prejudices
- Cultural imposition – forcing one's own values, beliefs and way of life on others
Sources of Bias and Prejudice

- White people
- Able-bodied people
- Heterosexuals
- Males
- Christians
- Middle-class people
- Middle-aged people
- English-speaking people
- “Others”
- Disabled people
- Homosexuals
- Females
- “Others”
- People living in poverty
- Children, Youth, & the Elderly
- “Others” (immigrants)
Oppression

Stems from the combination of prejudice and institutional power which creates a system of discrimination against some groups (often called ‘target groups’ or minorities), and benefits other groups (often called ‘dominant groups’ or the majority).
Discrimination–Incivility–Oppression

- Racism
- Able–ism (discriminates against disability)
- Sexism
- Religious Oppression (anti–Semitism)
- Heterosexism
- Class–ism
- Age–ism
Cultural Sensitivity

- Experienced when neutral language, both verbal and non-verbal, is used in a way that reflects sensitivity and appreciation for the diversity of another (American Academy of Nursing Expert Panel on Cultural Competence, 2007)

- Language can be judgmental & may reflect incongruent values between groups
Ask Questions

- Open-ended, non-judgmental questions that begin “Tell me about” or “I would like to learn more about”
- What caused your problem?
- What have you done in the past that helped the problem to get better?
- What can we do to help you now?
Case Studies
(Andrews & Boyle, 2003)
Racial Incivility?

- When a Black patient was admitted to a small rural hospital with predominately White staff and patients, nurses from one shift would include “Black male” in their report to the oncoming shift. When one of the few Black nurses began using “White male” or “White female” in her report, she was accused of “having an attitude” and “trying to instigate racial trouble.”
When informed that a patient was requesting medication for pain, a Lutheran nurse of German heritage responded to a fellow nurse, “She’s just a Jewish princess who complains about pain all the time.” A Jewish laboratory technician overheard the remark and demanded to know what the nursing supervisor was going to do about the “blatant Anti-Semitism” on the unit.
Cross–Cultural Incivility?

- A slightly built Black male nurse asked to meet with the operating room nurse manager about a surgeon who had recently immigrated from Russia. The nurse complained, “Dr. Ivanovich keeps asking me why I became a nurse. He asks very personal questions about my sexual orientation and wants to know if I’m ‘queer.’ I consider this a hostile work environment and refuse to scrub for his surgical cases any more.”
After receiving a report on a critically ill victim of a motor vehicle accident, Dr. Juan Valdez–Rodriguez, the physician on call, asked for the patient’s name. The reporting nurse said, “I don’t know. Martinez, Hernandez, something like that. You’ll recognize him when you see him. Just another drunk Mexican who ran his pickup truck into a tree.” Upon entering the examining room, the physician immediately recognized the victim as his cousin.
A nurse entered into a conversation with a Chinese American food service worker. Ms. Chin remarked that for the past 4 days she had been asked to be the interpreter for an elderly Chinese man on one of the units where she delivers food. “I don’t want to offend the nurse manager who asked me to translate, but it is not right for a younger woman to speak for an older man. It is not our custom. Besides, my supervisor scolded me for being so slow to do my work. She thinks I have become lazy. Would you talk to the nurse manager for me?”
Jamal Jones is a 13 y/o Black male with sickle cell disease. He has arrived in the ED writhing and screaming in pain. His grandmother is crying and shouting, “Why can’t you help him? He’s hurting!” ...In report, the nurse states: “Jamal’s back. Same pain. Is he making it up? Why doesn’t he do what we tell him to? He wouldn’t have all these problems. He’s failing school. He stays home all the time and just lies around.
continued

- We’ll get him stabilized and send him home with a prescription for pain medication. He’ll probably sell the pain meds on the street. Might even be taking some street drugs. Who knows? No wonder he ends up back here so often.”
Cultural Mediation Skills:

- Understand the behaviors of others from their own context
- Work with the established group hierarchy
- Assume expected appropriate behaviors
- Foster common language and communication patterns
- Get comfortable with silence
- Listen and observe
- Assume role of learner of clients’ culture
Actions to diffuse cross-cultural incivility

- Dedicate time for open discussion about cultural differences
- Develop awareness of bias and inappropriate behaviors in oneself and others
- Keep judgmental terms/language in check
- Learn how to have the conversation
- Learn how to ask the question
Final Thoughts

- Silence is an action
- Become a role-model and change agent
- Raise awareness through intentional behavior
- Address issues as they occur
- Work to develop specific organizational policies about cross-cultural incivility

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing that ever has.”

Margaret Mead