

### DESCRIPTION

Per the NCP (2018), it is imperative for healthcare providers to reflect upon personal biases related to race, ethnicity, gender identity, gender expression, sexual orientation, immigration and refugee status, social class, religion, spirituality, physical appearance, and abilities. Honoring and respecting cultural values and integrating them into culturally sensitive care should be prioritized for all patients.



### ASSESSMENT CONSIDERATIONS

- Many disenfranchised persons may identify with communities and families of choice rather than families of origin due to discrimination, violence, or other abusive behaviors (e.g., the literature notes several instances among LGBTQ+ persons and persons experiencing homelessness)
- Understanding cultural beliefs and practices is critical to understanding how the patient and family make meaning of health, illness, death, their cancer diagnosis, and current condition
- There may be various subcultures within a certain culture “label”; person-centered care invites oncology nurses to individualize care regardless of cultural affiliations with awareness of personal assumptions and biases about cultural groups



### COVID-19 CONCERNS

- “Culture” may encompass the beliefs, practices, traditions, and/or values of various racial and ethnic groups, religions and faith traditions, differing levels of ability, sexual and gender minorities, and social classes among others
- Cultural communities and relationships have likely been impacted due to social isolation associated with COVID-19, potentially leading to feelings of increased fear
- Many cultures prioritize community, decision-making and togetherness over individual autonomy; It may be hard to adapt to visitor restrictions and COVID-19 related practices
- Cultural beliefs and practices in the context of serious illness and during the time surrounding death are critical to the bereavement process and welfare of the patient, family, and cultural community



### QUESTIONS FOR PATIENT/FAMILY

- With whom can we speak to about your care? With whom can we share the details of your care?
- How do you make healthcare decisions within your family? Do you make them alone or in consultation with family or community?
- Who is your support system? Are they aware you are in the hospital? Would you like us to help you talk to them?
- What name do you prefer we use?
- What gender do you identify as?
- What gender pronouns do you use?
- Whom do you consider to be your family?



### ADDITIONAL SUGGESTIONS FOR CLINICAL PRACTICE

- Cultural considerations vary significantly among persons and populations; anticipate cultural care needs throughout the continuum of care
- Upon initial assessment, identify pathways to ensure culturally appropriate communication through the use of interpreters, cultural communities, family members, and other stakeholders



### RELATED RESOURCES

- Quality Interactions. (2020). Cross-Cultural Care and Communication During COVID-19. Available at: <https://www.youtube.com/watch?v=OkoNufo5nb8>
- Rosa WR et al. (2020). LGBTQ+ inclusive palliative care in the context of COVID-19: Pragmatic recommendations for clinicians. J Pain Symptom Manage. Epub ahead of print. Available at: [https://www.jpmsjournal.com/article/S0885-3924\(20\)30373-0/fulltext](https://www.jpmsjournal.com/article/S0885-3924(20)30373-0/fulltext)

