

## Cultural Assessment

### Before you begin:

- Reflect on the patient's culture
- Prepare for a cultural assessment

### Components of Cultural Assessment<sup>1</sup>

- Preferred Terms for Cultural Identity
  - *“What term would you like me to use when referring to your culture?”*
- Appropriate Degree of Formality
  - *The patient's correct title should be used unless he or she requests a more casual form of address.*
- Language and Literacy
  - *“What language do you feel most comfortable speaking?”*
  - *“Do you read and write in English? Or in another language?”*
- Respectful Nonverbal Communication
  - *Watch for body language cues.*
  - *When in doubt, adopt conservative body language.*
  - *Allow the patient's preference to establish the optimal distance.*
- Alert for Elephants in the Room
  - *Be alert for a lack of trust in the healthcare system or for a fear of medical interventions.*
- History of Traumatic Experiences
  - *Is the patient a refugee or survivor of violence or genocide?*

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<sup>1</sup> Adapted from *Doorway Thoughts: Cross-Cultural Health Care for Older Adults*. (2004). Ethnogeriatrics Committee of the American Geriatrics Society. Sudbury, MA: Jones and Bartlett Publishers.

- History of Immigration or Migration
  - *Learning about this history provides insight into key life transitions and outlook.*
- Acculturation
  - *Approach with sensitivity: “Do you adhere to your culture’s traditions?”*
- Importance of Traditions and Health Beliefs
  - *What does the patient believe causes illness?*
  - *What alternative methods of treatment does the patient use?*
- Use of American Health Services
  - *Be alert for signs of guardedness that signal an underlying lack of trust.*
- Approaches to Decision Making
  - *“Do you prefer to make your own health decisions or would you prefer to involve others in the decision-making process?”*
- Disclosure and Consent
  - *Investigate cultural beliefs regarding disclosure of health information.*
- Gender Issues
  - *Learn about the structures related to gender roles in a given culture.*
- End-of-Life Decision Making and Care Intensity
  - *Be aware of your own attitudes, so that you can respect the beliefs and preferences of a patient, especially when they differ from your own.*
- Use of Advance Directives
  - *Respect patients that avoid written directives and wish to have only verbal directives in place.*