



**PEAK**  
DEVELOPMENT  
RESOURCES LLC

## End of Life Care: Cultural Considerations

Peak Development Resources, LLC  
P.O. Box 13267  
Richmond, VA 23225

Phone: (804) 233-3707  
Fax: (804) 233-3705  
Email: editor@peakdev.com

*Peak Development for... Home Health Aides®* and *Competency Assessment Tool for Home Health Aides®* are components of a site license for the Peak Development Resources Competency Assessment System for Home Health Aides® and may be reproduced for this individual facility only. Sharing of these components with any other freestanding facility within or outside the licensee's corporate entity is expressly prohibited.

The information contained in *Peak Development for... Home Health Aides* is intended only as a guide for the practice of home health aides supervised by licensed personnel. It is the responsibility of the reader to understand and adhere to policies and procedures set forth by the employing institution. The editor and publisher of this newsletter disclaim any liability resulting from use or misuse of information contained herein. Professional guidance from licensed personnel should be sought.

Copyright © 2019

After reading the newsletter, the home health aide should be able to:

1. Define the terms culture, cultural awareness, cultural sensitivity and culturally competent care.
2. Discuss the importance of meeting cultural needs at the end of life.
3. List four guidelines to help meet cultural needs at the end of life.

Death is a universal life event, experienced eventually by all human beings and the people who love them. Even though death is a commonplace experience, it can be a very difficult time for many people. Caring, compassionate and knowledgeable healthcare providers can help to make this time more peaceful and meaningful for the client and family.



The goal of the healthcare team in working with the dying client is to enhance the quality of life while it lasts, and to promote transition from life to death with peace and dignity. An important aspect of this care is awareness of and meeting the client's cultural needs.

This newsletter will present an overview of culture and how it may affect end of life care. Common cultural needs and concerns will be highlighted, as well as measures that may help to meet the clients' cultural needs.

### The Impact of Culture

Culture is a set of characteristics, behaviors, and knowledge shared by a group of people. This includes their values, beliefs, customs, and practices—a "way of life" that people have learned through association with others. Many people think of culture mainly as ethnic, racial and geographic background. While these are important parts of culture to consider, there are many other

aspects that may go unnoticed. Factors such as religion, language preference, social and economic class, immigrant status, gender identity, and sexual orientation, are very significant aspects of a person's culture.

Culture is not genetic or inherited, but is learned through social interaction with others in the group. While some factors that affect culture are inherited, such as race, it is the knowledge and behaviors learned from others that form culture. Culture affects all areas of life, including beliefs about relationships, health, nutrition, communication, birth, and death. It affects behavior, preferences, attitudes, choices, and decisions about end of life care.



### Your Culture Can Affect Your Care

Before you can effectively meet your client's cultural needs, you must first examine your own beliefs. That's right—culture is not just for people from far-off places. *Everybody* has a culture, including you. As a healthcare provider, your own culture significantly affects how you view and interact with others. It can also affect the care you provide, either in a positive or negative way.

Focus on some of your values and beliefs. Do you think people "should" bathe every day? Are they dirty if they don't? Most of the world

does not bathe that often. Who is “right?” Do you think you “should” make eye contact when talking to someone? In some cultures, such as people of Asian descent, this may be viewed as rude.

What is a “normal” breakfast... eggs and bacon, or rice and fish? People often think that their culture is the best or the most “normal.” Be aware if you see these feelings in yourself. “Normal” is just what you are used to... there is no “right” or “best” culture.



Once you recognize your own cultural beliefs, you begin to have *cultural awareness*... recognizing that each cultural group has its own values, beliefs and practices. Another important quality that you need is *cultural sensitivity*... having respect for another’s cultural beliefs and practices. When you can recognize and respect the cultural needs of others, you are well on your way to providing *culturally competent care*... meeting the needs of your clients by working within their cultural beliefs.

### **Cultural Considerations for End of Life Care**

Clients have many needs as they approach the end of life, including physical, emotional, spiritual, social, and cultural. Just like making sure physical and emotional needs are met, meeting the clients’ cultural needs at the end of life supports the goals of enhancing quality of life and promoting peace and dignity.

Cultural needs are very individual, and cannot be assumed or predicted. Never make assumptions of what you “think” a client’s cultural beliefs should be, based on their ethnicity, how they look, or other factors. Only the client can tell you what their beliefs, values, and needs are. A good place to start is to ask the nurse for information based on the intake assessment. Asking the client about his/her preferences is also important as you are providing care. Take note of the client’s behavior and communication. Is he comfortable using eye contact? Does she readily communicate needs or feelings, such as discomfort, or is she less likely to make these known?

To learn about the family’s cultural beliefs and practices, watch them and talk with them. Watch as they interact with each other to get clues as to what they think is “normal” behavior. How close do they stand to each other when talking? Do they speak in a loud, fast manner, or are they quiet, with lots of silent periods? Do they make eye contact with you and each other? Also talk with them, as you give

care, to learn more about their culture. What is important to them? If you prepare food, find out what foods they normally eat and how they are prepared. What is their view of healthcare? Do they put more value on healers and herbs, or on modern medicine? Take this chance to broaden your own views by learning about the views of others.

Not all clients or families want to acknowledge or discuss impending death. In some cultures, it may be disrespectful or upsetting to use words such as “death” and “dying”, or to let the client know that he/she is dying. A different term, such as end of life, may be more acceptable. Also, family members may be the ones to make healthcare decisions or receive information from the nurse or physician, rather than the client.

It is important to understand the family’s wishes and traditions as death approaches and after it occurs. A Muslim family may want the client’s bed turned to face Mecca. For some Jewish clients, opening a window or lighting a candle may be important. The client or family may want the presence of a spiritual or religious leader. Knowing what the family desires helps the healthcare providers to anticipate and help with these practices, such as staying in the room during the last moments of life to show respect, covering the body after death, closing the eyes or mouth, or having family and friends visit with the deceased person for a period of time.



When working with clients and families at the end of life, helpful guidelines include:

- Show respect by knowing and using the client’s preferred name, pronouns, and gender identity.
- Respect the client’s and family’s cultural needs, even if you don’t understand or agree with their practices.
- Be sensitive to the client’s and family’s choices. Some may want to prolong life as long as possible, by any means available. Others may choose to have no intervention. Some clients may want pain medication or sedation, others may want to avoid it.
- Understand that everyone grieves in their own way—there is no right or wrong way. Some may show very little emotion, others may show a great deal. The depth of their grief cannot be judged by their behavior.

Showing respect, appreciation and support for a client’s cultural beliefs promotes peace and dignity at the end of life.



## End of Life Care: Cultural Considerations

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Directions: Place the letter of the one best answer in the space provided.

- \_\_\_\_ 1. Culture is best defined as:
  - A. a person's ethnic or racial background
  - B. appropriate behavior in social settings
  - C. values, beliefs and practices of a group
  - D. how a person views their health
  
- \_\_\_\_ 2. A large part of a person's culture is inherited or genetic characteristics.
  - A. True
  - B. False
  
- \_\_\_\_ 3. The first step in meeting a client's cultural needs is for the home health aide to:
  - A. watch the family's behavior
  - B. talk with the family about their beliefs
  - C. read about the family's culture
  - D. examine his/her own values and beliefs
  
- \_\_\_\_ 4. A person's culture affects his or her beliefs about:
  - A. communication
  - B. death
  - C. nutrition
  - D. all of the above
  
- \_\_\_\_ 5. Having respect for another's cultural beliefs and practices is called:
  - A. cultural sensitivity
  - B. cultural awareness
  - C. cultural diversity
  - D. culturally competent care

- \_\_\_6. Effectively meeting the client's cultural needs at the end of life helps to promote the client's sense of:
- A. peace
  - B. dignity
  - C. quality of life
  - D. all of the above
- \_\_\_7. A client's cultural needs can usually be determined based on his/her appearance and ethnicity.
- A. True
  - B. False
- \_\_\_8. Nina, the home health aide, is working with a client who believes the family should make all decisions about her care at the end of life. Nina should:
- A. involve the family, but insist that the client make decisions
  - B. tell the client that it is her right to make her own healthcare decisions
  - C. tell the family that they should not have to carry such a burden
  - D. respect the client's beliefs and wishes
- \_\_\_9. In some cultures, it is not considered appropriate to talk about death or to tell a person that he/she is dying.
- A. True
  - B. False
- \_\_\_10. As Mr. Bell is dying, his two daughters, Wendy and Barb, are with him. Wendy is sobbing and telling her father how much she loves him. Barb is looking around the room quietly, but shows no emotion. From this interaction, the home health aide knows that:
- A. Wendy is more upset than Barb is
  - B. Barb is not very close to her father
  - C. the daughters are not able to agree on how to handle their father's death
  - D. outward behavior does not always reflect a person's feelings

