Culturally Sensitive End of Live Care

Tynai Musaev

New York College of Technology

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Chan, J., & Kayser-Jones, J. (2005). The Experience of Dying for Chinese Nursing Home Residents: Cultural considerations. *Journal of Gerontological Nursing,* *31*(8), 26-53. Retrieved September 28, 2015, from EBSCO host.

Joyce Chan and Jeanie Kayser-Jones were the primary authors of this article. The composition focuses on Chinese culture and how it affects health. The writing gives a case study that was conducted to investigate factors of care among Chinese residents. The study shows that communication barrier, Western food, and differing cultural beliefs are the major factors that affect healthcare. Also, the work explains how Chinese people experience cultural and language barriers, come across Western health care practices, and how they eventually have difficulty in adjusting to a new environment. Moreover, the article further investigates the clinical, social, cultural, and environmental factors influencing the care of terminally ill residents in nursing homes.

The evidence derived from this study includes Chinese traditional family values and their respect for older people. Traditional Chinese medicine was the treatment of choice as oppose to Western medications. There is also proof that there has been no study investigating communication issues of non-English speaking Chinese residents of nursing homes. The article further shows that the Chinese resident’s inability to communicate with others affects nearly every aspect of care. It also demonstrates that when residents failed to make themselves understood, they were frustrated, and they felt lonely and isolated. Moreover, the work also depicts that the children of the Chinese residents often take paternalistic roles and make all health care decisions for their elderly parents.

In conclusion, this evidence can be applied in nursing in that the understanding of the factors that affect Chinese health will help health care providers in developing and implementing strategies that can provide them with culturally sensitive care. Particularly, these concepts can also help caregivers come up with strategies that can improve communication. One of these strategies includes on-site professional interpreters. For instance, pain would be better managed if language barrier were addressed. Addressing the food preference would most likely increase nutritional status of Chinese nursing home residents.

Hattori, K., & Ishida, D. (2012). Ethnographic study of a good death among elderly Japanese Americans. *Nursing & Health Sciences,* *14*(4), 488-494. doi:10.1111/j.1442-2018.2012.00725.x

The article is written by Keiko Hattori and Dianne Ishida. Keiko comes from the Faculty of Health and Welfare, Okayama, Japan and Dianne Ishida comes from the school of Nursing and Dental Hygiene. The article looks at the concept of good health in details. Also, the composition examines a case study that was used to learn a pattern of beliefs about good death held by old Japanese Americans living in Hawaii.

Some of the concepts that emerged include the fact that a majority of people believed that burdening someone had an extreme negative cultural implication. Similarly, sufficient preparation for older life and death is the strategy in burden prevention. There is a link between coherent family relationships and not being a burden to the family. Family support was important and expected from their children. It also shows that financial stability is one of the best preparations in avoiding being a burden to the family at the old age.

In summation, these concepts can be applied in nursing practice in that a good understanding of the idea of good death will help nurses to plan and provide appropriate end-of-life care. Thus, living wills might be ignored at latter. Those nurses who work with elderly Japanese American need to remember the importance of involving family members in care planning. Nurses should also be aware of the existence of generational differences on the concept of good death.

Wang, J., & Kearney, J. (2013). The experience of Chinese American parents of children with life-limiting illness: A comprehensive review. *International Journal of Palliative Nursing,* *19*(7), 347-354. Retrieved September 28, 2015, from EBSCO host.

Jinjiao Wang and Joan Kearney were the main authors of this article. The composition describes what Chinese American parents' undergo during their children's end-of-life period from a culturally informed perspective. Also, the article looks at culture-based phenomena regarding the philosophy of life, the illness that can affect treatment choices, and some specific patterns of communication depicted amongst families and their providers. The writing also identifies specific characteristics of children with illness and their parents as well as how one might examine these characteristics in the cultural context with respect to the provision of pediatric palliative care.

The evidence that can be derived from this article includes several imperative concepts. For instance, when a Chinese child is being treated for a life-threatening sickness such as cancer in a Western health-care system, culturally determined health beliefs can create conflicts regarding treatment choice. Conflicts of this nature have the potential of affecting adherence to Western therapeutic regimes. Moreover, Chinese have a tendency of seeking supplemental care methods instead of prescribed treatments. There are some suggestions that indicate that Chinese immigrant parents are reluctant to reveal how they feel. They instead verbalize their concerns to health-care providers. As a result, they leave health providers with an assumption that parental needs and concerns have been addressed properly. Proofs have also shown that Chinese-American parents actively communicate with care providers while seeking outside support. Cultural-based traditions of reticence and reserved communication style with financial strain and inadequate social support further worsen the matter. Chinese-American parents have higher rates of physical symptoms than their Caucasian American counterparts.

To sum it up, nurses can apply these concepts in their nursing practice when dealing with Chinese -American parents accompanied by ill children. The nurses use these concepts in reducing the physical and psychological distress rate seen in these parents that normally goes undetected and untreated in the health-care system. Particularly, these concepts can also be applied in training cultural competence for current and future care providers. Other findings in this article can be addressed directly in the clinical setting.

Reference

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