Improving Oncology Care of Arab American

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OBJECTIVES:

- Gain insights on the impact of language, religion and culture on pain management, illness, and death
- Gain a deeper understanding of and appreciation for the different values that shape people’s thinking.
- Build and strengthen an attitude of greater tolerance towards people from different cultures and their views of illness and care.
- Identify the health care beliefs and practices of American Arabs and Muslims
Health care providers in the United States recognize the challenges of providing care to patients from increasingly diverse ethnic and cultural backgrounds.

As a result of the diversity found in the U.S., new disease patterns are emerging with certain illnesses occurring more often among certain groups.
New challenges:
1. Language Differences
2. Varying concepts of health and disease
3. Death
4. Pain
5. Different notions of food and nutrition
6. Family
7. Religion
If these problems remain unidentified and unresolved, they can lead to patients receiving inappropriate or poor quality care.

Improved understanding will enhance a provider’s ability to offer quality healthcare and to build trusting relationships with patients.
The 2002 Institute of Medicine’s Publication, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, states that ‘Racial & ethnic minorities tend to receive a lower quality of health care than non-minorities, even when access-related factors, such as patient’s insurance status and income are controlled.”

“The report calls for cross-cultural training for all providers because evidence indicates that Stereotyping, biases, and uncertainty on the part of healthcare providers all contribute to unequal treatment.”

At least 3.5 million* Americans are of Arab descent. Arab Americans live in all 50 states, one third of the total live in California, New York, and Michigan.

* U.S.Census Bureau 2000
Prominent Arab-Americans

Casey Kasem

Donna E. Shalala
Occupation Breakdown for Arab Ancestry and U.S. Population Totals (Employed Civilian Population 16 years and older)

*Source: U.S. Census Bureau, Census 2000 Summary File 4
* Source from: Arab American Institutes
“National Guidance Memorandum” issued by the Office for Civil Rights, January 31, 1998

Title VI Prohibition Against National Origin Discrimination-Persons with limited English Proficiency

العربية

“No person in the United States shall, on the ground of race, color, or national origin be excluded from the benefits of, or be subjected to discrimination under any program receiving federal financial assistance”
The ability to read, understand and act on health information provided by the healthcare provider or healthcare system.

An important element of cultural competence
Language Concerns for Healthcare Provider

- Provide language assistance services
- Written/Verbal communications
- Family, friends and children should not be used as translators
- Translate exactly what the person says and the connotation of message
- Short hand or slang should not be used
- Recognize the natural fear of others' talking about you" and amplify that
- Family spokesperson and get releases
Language Concerns-Cont.

- Speak slowly, audibly, and distinctly
- LISTEN as much as you speak
- Respect silence. Do not to fill gaps in communications
- Don't judge people on their accents or language fluency
- NEVER make ethnic jokes.
First poster: A man lying in the hot desert sand...totally exhausted and fainting
Second poster: The man is drinking our Cola.
Third poster: Our man is now totally refreshed
Religious Affiliations of Arab Americans

Based on Zogby International Survey (2002)

- Roman / Eastern Catholic*: 35%
- Muslim**: 24%
- Eastern Orthodox***: 18%
- Protestant: 10%
- Other Religion / No Affiliation: 13%
What is Islam?
Who are Muslims?

- Islam: Arabic for “submission”
- Allah: What Muslim call God
- Muslims: followers of Islam
- Mecca: Islam's holy city
- Qu’ran: Sacred book of the Muslims
- Ramadan: Muslim holy month
- Muslims pray five times a day
- Most Muslims are not Arabs (1.5 billion). In the United States, there are 6 to 8 million African American Muslim followers. Only 15% of Muslims live in Arabic countries.
Life is preparing for after –life by fulfilling religious duties

Islam-”…comprehensive way of life that cannot be separated from the patient.”

“ Islamic customs influence everything in life from personal hygiene to socialization patterns”

“…Muslims view themselves as spiritual beings having a human experience.”

What is Islam? Cont.

- Most Muslims are moderates like those of other religions.
- According to Islam, humans are the highest creation of Allah. Islam teaches that social justice is extremely important.
- Human life has a meaning & purpose.
- Justice, equality, and respect for the earth and all creation.
- A common Muslim greeting is “As-Salaam Alaykum” which translates to “Peace Be Upon You”
- Often see some Muslims dressed in long dresses (women), or wearing turbans and have long beards (men).
- Mala’ikah, or angels
Providing Healthcare to Muslim Women

Know that:

- Women are respected and protected. The Qur’an says that women have rights:
  - To own & inherit property
  - To get an education
  - To marry or divorce
  - To keep their own original family name
  - To express their opinions on everyday matters
  - To be supported by their husband or other male relatives

- Prophet Mohammed in the “Hadith” states to Muslim men “the best among you is he who is kindest to his family.”
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Varying Concepts: Health and Illnesses
Beliefs about the cause of illness

- The Evil Eye
- Un/Lucky
- Hot & Cold
- Superstitions
Dealing with Middle-Eastern Patients

- Modesty is important
  - Gender to Gender care (if possible)
  - Culture vs. Faith

- Family involvement – Extended family
  - Dealing with private issues-sometimes answering questions for the patient
  - Family and sharaf (honor)
  - Many families may expect to be in the room at all hours and in all numbers

- The reason for personal questions during assessment needs to be made clear to the patient

- Verses from Qura’n/Holy book used-Charm

- Man is the decision maker/head of the household, woman is the chief caregiver.
  - Subcultures within cultures-not every one adheres to cultural norms & practice
Middle Eastern Patients Cont.

- Greeting
- Sharing medicine.
- Stigma - How is it manifested in this culture? / Taboo Topics
- The truth can be hidden from patient
Middle-Eastern Patients Cont.

- Respect (elderly)
- Respect for authority figures
- Respect for western medicine
- Personal rather than institutional relationships valued
- Time: Expectations and punctuality
- Passive sick role
- Nursing homes
Treating Pain & Illness

- Traditional remedies, folk Medicine
- Pain expressed openly
- Miracle cures
- Herbs, Cupping
- Medication by injection indicates the seriousness of the illness (Elderly)
- Immediate pain relief is desired; some people may wish to remain sufficiently alert to be able to pray
Diet & Food

- What types of food the patient likes
- Herbs
- “Hospitality is a way of life”
  - “Their home is your home”
  - Very open, friendly and inviting
- Muslim Arabs American
  - Alcohol consumption is prohibited
  - Pork and pork products prohibited
  - Meat prepared in the halal way
- Lentils, chickpeas, rice and burghul (cracked wheat) are commonly used as side dishes.
- Garlic, mint, lemon juice, onion and olive oil are used in most dishes
Death & Dying

DNR:
- Feeling that you have abandoned loved ones
- Lack of faith in God
- Distrust directed at physician

Religion prime source of comfort and "treatment", then family

Express grief openly; stay with deceased until transported

Transition/Resurrection, Day of judgment
Heaven/Hell

Recite to your dying one "Laa ilaha illallah" meaning there is only One God
Death & Dying Cont.

- Turn a dying person toward Mecca, laying him on his right side
- Recite (Suurah Yaaseen)” Allah will forgive the dying person, and make his death easy and more peaceful
- The dying person is encouraged to repent all earthy sins
- Grief is not permitted in the dying person’s presence, but once death has occurred, mourning is loud
Competence care

- Ensure that patients receive effective, understandable, and respectful care/compatible with their cultural health beliefs.
  - Observe facial expressions & body language
  - Never make assumptions and be patient

- Strategies to recruit, retain a diverse staff.
- Ongoing education and training in culturally and linguistically appropriate service delivery.
- Bilingual advertisement/business card

www.omhrc.gov
Competence Care Cont.

- Integrate cultural and linguistic competence measures into the health care internal audits.
- Collect and maintain a current demographic, cultural, and epidemiological profile of the serviced community.
- Develop partnerships with community
Open Cultural doors

- Be Respectful
- Non-judgmental
- Caring
- Ask how **YOU** can make **THEIR** experience more comfortable and congruent with their culture and religion
- Just because a person identifies as a member of an ethnic, religious or demographic community **DOES NOT** mean they value the entire cultural perspective. **ASK**
- **APOLOGIZE** for cultural mistakes

"Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane." Martin Luther King, Jr.

Slide taken from “Care of the Arab American Patient and Families of Muslim Faith.” Rose Khalifa, RN, BSN. Western Michigan University.
Remember

‘Unintentional violation of customs, ritual, or deeply held beliefs can prevent the establishment of relationships that allow healthcare providers to begin exploring important issues with patients from different cultures’

American journal of obstetrics & gynecology (2005) 193, 1308
Points to Take Home to Open Culture Doors

- It is a challenge to provide information about specific cultures without the appearances of stereotyping.
- Within the same culture each patient is a unique individual with his/her own personal beliefs and practice.
- Cultural diversity addresses racial and ethnic differences; however, these concepts or features of the human experience are not synonymous.
- Arab American is an ethnic affiliation while American Muslim is a religious designation.
Points to take home –Cont.

- Value diversity and respect differences
- Open cross-cultural interactions; communication, problem solving and conflict resolution
- Generalization:* Starting point,* Most people/many people,* More neutral
- Stereotyping:* End point,* Assumptions, *Negative
- Respect religious traditions
Many English words come from Arabic:

Some of the most notable are: algebra, alcohol, canon, chemistry, coffee, cotton, earth, elixir, magazine, and sugar.

(Source: Arab World Studies Notebook)
References

2. www.omhrc.gov
3. Care of The Arab American Patient and Families of Muslim Faith. Rose Khalifa, RN, Western Michigan University. School of Nursing.
4. The Here & Now Reproducible Book of WHAT IS ISLAM? WHO are MUSLIMS? By Carol Marsh
References Cont.

6. Us Censes Bureau 2000
Questions?
The Five Pillars of Islam

- **Shahadah**: A declaration of faith
- **Salat**: Worshipping God five times a day
- **Zakat**: (Almsgiving) Contributions to the poor or needy; estimated at 2.5% of what a person has.
- **Syam**: Fasting (not eating from sunrise to sunset).
- **Hajj**: (pilgrimage) Making a pilgrimage to Mecca at least once in a person’s lifetime.
Arab Culture Value System

Western Culture and Arab Culture
- Competition vs. Cooperation
- Emphasis on Future vs. Present
- Schedules vs. Relationships
- Independence vs. Obedience
- Assertiveness vs. Humility
- Individual vs. Community