

OASIS Alert

Assessment: 5 Tips For Better Cross-Cultural Assessments

Think machismo isn't your problem? Think again.

Something as basic as a pain scale may be confusing to patients from other cultures - but don't let that compromise your OASIS data.

Trying to assess a patient without understanding the patient's culture can make the assessment very inaccurate, maintains Vienna, VA-based home health nurse **Mary Narayan**, who specializes in cross-cultural nursing issues.

M0420 requires the clinician to assess the frequency of pain interfering with the patient's activity or movement, and **M0430** addresses intractable pain. But culture has a strong effect on how patients express and treat pain, experts agree.

Some cultures tend to be stoic and others express themselves with screaming and groaning even when the pain is not severe, Narayan explains. Patients from some cultures find it very confusing to try to give a number to the pain they are experiencing. Some patients are reluctant to use pain medication and see pain as an opportunity to build their strength or acquire virtue, she tells **Eli**.

Since M0420 adds reimbursement points to the clinical severity domain and "having less pain when moving around" is an outcome included in Home Health Compare, clinicians should attempt to get a handle on cultural attitudes during the OASIS assessment. This understanding also will help the clinician create a care plan more acceptable to the patient and thus more likely to be followed, Narayan adds.

Cultural understanding could be important for every assessment you do, some experts suggest. That's because even within the U. S. non-foreign population there is a wide variation in what is seen as acceptable behavior concerning pain. Even before OASIS was implemented, clinicians often discussed the importance of not imposing your culture on your patients, experts note.

Some assessment suggestions from Narayan include the following:

1. Ask many questions to elicit the patient's understanding of the illness. Asking the patient what she calls the illness or how she thinks it should be treated will let you see how the patient explains it to herself.
2. Be nondirect and conversational. Asking how other family members view the illness may make it more acceptable for the patient to discuss beliefs she is afraid may not be acceptable to the nurse.
3. Learn as much as you can about the patient's culture before the assessment. The more comfortable the patient is with you, the more information she will share. Books or Web sites are available to explain important beliefs that may influence how you are accepted. For example, different cultures use touch differently and the same gesture may mean something positive in one culture and something rude or lewd in another.
4. Medications are viewed differently across cultures. Some cultures use foods or beverages as medicine. Our culture looks positively at pills, while other cultures prefer injections. Some cultures use meditation to control pain. Others believe fate controls their life, not human intervention. Some fear using narcotic medication.

5. Try a declaratory statement and ask if the patient agrees. For example, in assessing pain you might say, "Some patients find it difficult to tell the nurse they are in pain. Might you be reluctant to tell me about your pain?" v

Editor's Note: Information about cultural beliefs is found at <http://ethnomed.org> and at www.ggalanti.com/cultural_profiles.html.