

Chapter 2 Families, Cultures, and Complementary Therapies

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I. The Family

A. Definitions of Family

1. U.S. Census Bureau: two or more individuals who are joined together by marriage, birth, or adoption and live together in the same household
2. Broad definition: families as individuals who have established bonds of emotional closeness, sharing, and support

B. Family Values

1. Guided by a common set of values or beliefs about the worth and importance of certain ideas and traditions
2. Bind family members together
3. Influenced by external factors

C. Types of Families

1. Nuclear family
 - a) *Children live in a household with both biological parents and no other relatives or persons*
 - b) *Dual-career/dual-earner family now considered the norm*
2. Child-free (childless) family
3. Extended family
 - a) *Couple shares household and childrearing responsibilities with parents, siblings, or other relatives*
4. Extended kin network family
 - a) *Two nuclear families of primary or unmarried kin live in proximity to each other*
5. Single-parent family
6. Single mother by choice family
7. Blended or reconstituted nuclear family
 - a) *Two parents with biological children from a previous marriage or relationship who marry or cohabitate*
8. Binuclear family
 - a) *Postdivorce family in which the biological children are members of two nuclear households, with parenting by both the father and the mother*
 - b) *Heterosexual couple who may or may not have children and who live together outside of marriage*
 - c) *Gay and lesbian families*

9. Heterosexual cohabitating family

D. Family Development Frameworks

1. Family's progression over time according to specific, typical stages in family life
2. Multiple models
3. See Table 2–1: Eight-Stage Family Life Cycle, p. 19

E. Family Assessment

1. Definition: collection of data about the family's:
 - a) *Type and structure*
 - b) *Current level of functioning*
 - c) *Support system*
 - d) *Sociocultural background*
 - e) *Environment*
 - f) *Needs*
2. Nurse needs to establish trusting relationship
3. Basic information
 - a) *Name, age, sex, family relationship of all people residing in the household*
 - b) *Family type, structure, roles, values*
 - c) *Cultural associations, including norms and customs related to childbearing, childrearing, newborn/infant feeding*
 - d) *Religious affiliations*
 - e) *Support network*
 - f) *Communication patterns*
 - g) *Disabilities*

II. Cultural Influences Affecting the Family

A. Culture Characterized by Certain Key Elements

1. Shared values and beliefs
2. Is learned and dynamic
3. Is integrated into life and uses symbols
4. Race
 - a) *Group of people who share biologic similarities such as skin color, bone structure, and genetic traits*
5. Ethnicity
 - a) *A cultural group's sense of identification associated with the group's common social and cultural heritage*
 - b) *Stereotyping: assuming all members of a group have the same characteristics*

6. Acculturation

a) *Process of modifying one's culture to fit within the new or dominant culture*

7. Assimilation

a) *Related to acculturation; adopting and incorporating traits of the new culture within one's practice*

b) *Improved health status and health behaviors*

c) *Health sometimes declines*

B. Family Roles and Structure

1. Largely dependent on cultural influence

2. Family structure defines acceptable roles and behavior of family members

3. Culture defines gender roles, role of the elderly, and role of the extended family

4. Family goals determined by cultural values and practices, as are family member roles and childbearing and childrearing practices and beliefs

C. Health Beliefs, Approaches, and Practices

1. Incorporation of spirituality

a) *Health and illness determined by supernatural forces such as God, gods, magic, spirits, or fate*

b) *Miscarriage or the illness of a pregnant woman may be perceived as a punishment for actions*

2. Scientific or biomedical health paradigm

d) *Physiology explains all illness and life itself*

e) *Biochemical reactions and genomic code explain all health states*

f) *Approach often called "Western medicine"*

3. Holistic health belief

a) *Illness results when the natural balance or harmony is disturbed*

b) *Common in North American Indian and Asian cultures*

c) *Hot and cold theory of disease*

d) *See Table 2–2: Hot and Cold Conditions and Foods, p. 22*

D. Healthcare Practitioners

1. Combination of spiritual, holistic, or biomedical healthcare providers

2. Folk healers vary according to the culture

a) *Hispanic Americans: curanderismo, sobador*

b) *Latin America and the Caribbean: espiritistas describes a healer who communicates with spirits for the physical and emotional development of the patient*

c) *Native Americans: shaman*

E. Impact of Religion and Spirituality

1. Diverse meanings of religion and spirituality
2. Religion → belief in or worshipping of a supernatural being or Supreme Being (such as God or Allah)
3. Spirituality → individual's experience and own interpretation of his or her relationship with a Supreme Being
4. Religious beliefs, affiliations, practices → influence experiences, attitudes toward healthcare, childbearing, childrearing
 - a) *Belong to large institutionalized religious groups*
 - b) *No formal affiliation*
 - c) *Agnostic*
 - d) *Atheist*
5. Attempt to accommodate religious rituals, practices requested by family
6. Not unusual to encounter childbearing families with belief in conflict with own
 - a) *Nurse must respect family's view and avoid being judgmental about their beliefs*

F. Childbearing Practices

1. Families in the United States and Western countries commonly have only one or two children
2. In many cultures, it is common to have as many children as possible
3. In some cultures, a woman who gives birth attains a higher status, especially if child is male
4. Culture may influence attitudes and beliefs about contraception
5. Health values and beliefs important in understanding reactions and behavior
6. Individuals of many cultures take protective precautions based on their beliefs
 - a) *Taboo: behavior or thing that is to be avoided*
7. In developing countries, mortality rates among infants and young children are extremely high
 - a) *Traditions focus on protecting baby from evil spirits*

III. Culture and Nursing Care

A. Without Cultural Awareness, Caregivers Tend to Project Their Own Cultural Responses

1. Ethnocentrism
 - a) *Conviction that the values and beliefs of one's own cultural group are the best or only acceptable ones*

- b) Inability to understand the beliefs and worldview of another culture*
- 2. Culture shock**
 - a) Experience of attempting to understand or adapt to a culture fundamentally different from own culture*
- 3. Cultural competence**
 - a) Ability to understand and effectively respond to the needs of individuals and families from different cultural backgrounds*

B. Culturally Influenced Responses

- 1. Biologic differences**
 - a) Genetic and physical differences occur among cultural groups*
 - b) Can lead to disparity in needs and care*
 - c) Blood type, body build, skin color, drug metabolism, susceptibility to certain diseases*
 - d) Fundamental differences between genders, ages, and races*
- 2. Communication patterns**
 - a) Members of cultural groups share information and preserve their beliefs, values, norms, and practices*
 - b) Essential families communicate with nurses and other healthcare providers*
 - c) Language can affect health literacy skills*
 - d) Translation services should be available in all healthcare settings*
 - e) Variations reflected in word meaning, voice inflection and quality, verbal styles*
 - f) Use of first names and surnames varies among cultural groups*
 - g) Address family members respectfully*
 - h) Nonverbal communication: body language such as posture, gestures, facial expressions, eye contact, and touch, use of silence*
 - (1) Eye contact has different meanings among different cultures*
 - (2) Silence considered sign of respect in some cultures*
 - (3) Appropriateness of touch varies with each culture*
 - (4) Sense of personal space differs by culture*
- 3. Time orientation**
 - a) Cultures have specific values and meanings regarding time orientation*
 - b) Events of the past, events that occur in the present, events that will occur in the future*
 - c) Time refers to punctuality regarding schedules and appointments*
- 4. Nutrition**
 - a) Nutritional habits and patterns vary among cultures; related to both religious practices and health beliefs*
 - b) Nutrition essential to culture's practices for health promotion and care during illness*

C. Nursing Management for Providing Culturally Competent Care

1. Focus of nursing care is assessment of cultural influences on patient's health
 - a) *Determining family's cultural healthcare beliefs and practices*
 - b) *See Table 2–3: Sample Cultural Assessment, p. 27*
2. North American Nursing Diagnosis Association (NANDA) nursing diagnoses
 - a) *May be culturally biased*
 - b) *Specific nursing diagnoses dependent on reason family seeks contact with healthcare professionals*
 - c) *Apply culturally sensitive techniques when dispelling any cultural myths*
 - d) *Collaborate with a multidisciplinary team*

IV. Complementary Health Approaches and the Family

A. Complementary Therapy

1. Procedure or product used as adjunct to conventional medical treatment
2. Acupuncture, acupressure, and massage therapy often used with conventional medical care
3. Many health insurance plans cover at least a portion of the cost

B. Integrative Health Approaches

1. Use of complementary and conventional medical techniques together in a coordinated manner
2. Used in the relief of pain, addressing side effects of drug therapies, cancer pain, health promotion

C. Alternative Therapy

1. Substance or procedure used in place of conventional medicine
2. Not usually available in conventional clinics and hospitals
3. Costs not typically covered under health insurance policies

D. Western Healthcare

1. Integration between conventional medicine and complementary therapies
2. National Center for Complementary and Integrative Health (NCCIH)
3. Complementary and alternative therapies must be assessed for safety, including positive and negative benefits, cost, efficacy, and clinical usefulness

E. Benefits and Risks

1. Many health benefits
 - a) *Health promotion, wellness, holistic healing vs. physical cure*
2. Safety alert
 - a) *Complementary and alternative therapies must be assessed for safety.*
 - (1) Positive and negative benefits, cost, efficacy, clinical usefulness
 - b) *Use of herbs and natural products*
 - (1) Issues regarding misleading claims and safety
 - (2) Especially important for pregnant women

F. Types of Complementary Health Approaches

1. Homeopathy: person treated with small doses of medicines that would cause illness when given to someone who is healthy
2. Naturopathy: utilizes healing forces of nature; referred to as *natural medicine*
3. Traditional Chinese medicine (TCM): seeks to ensure the balance of energy, called *chi* or *qi*
 - a) *Yin and yang, opposing internal and external forces that, together, represent the whole*
 - b) *Acupuncture*
 - c) *Acupressure (Chinese massage)*
 - d) *Herbal therapy*
 - e) *Qi gong*
 - f) *T'ai chi*
 - g) *Moxibustion*
4. Mind-based therapies
 - a) *Biofeedback*
 - b) *Hypnosis*
 - c) *Visualization*
 - d) *Guided imagery*
5. Chiropractic
 - a) *Concepts of manipulation to address health problems thought to be result of abnormal nerve transmissions caused by misalignment of the spine*
6. Massage therapy
 - a) *Manipulation of the soft tissues of the body to reduce stress and tension, increase circulation, diminish pain, and promote a sense of well-being*
 - b) *Swedish massage, shiatsu massage, Rolfing, trigger point massage*
 - c) *Techniques: pressing, kneading, gliding, circular motion, tapping, and vibrational strokes*
 - d) *Most common recommended complementary therapy during the prenatal and intrapartum period*
7. Herbal therapies
 - a) *Used since ancient times to treat illnesses and ailments*
 - b) *Herbs categorized as dietary supplements and controlled by Dietary Supplement Health Education Act*
 - c) *Do not require approval by Food and Drug Administration (FDA)*
 - d) *Lists identifying common herbs women are advised to avoid or use with caution during pregnancy and lactation are available*
8. Therapeutic touch
 - a) *Belief that people are a system of energy with a self-healing potential*
 - b) *Healing promoted when the body's energies are in balance*
 - c) *Applied cautiously to pregnant women and newborns by trained providers*

9. Other types of complementary health approaches

- a) *Ayurveda*
- b) *Meditation*
- c) *Craniosacral therapy*
- d) *Reflexology*
- e) *Hydrotherapy*
- f) *Hatha yoga*
- g) *Regular physical exercise*
- h) *Aromatherapy*
- i) *Color and light therapy*
- j) *Music and sound therapies*
- k) *Magnetic therapy*
- l) *Reiki*

G. Nursing Care of the Family Using Complementary Therapies

1. Complementary and alternative medicine (CAM) used by 33.2% of adults and 11.6% of children in United States
2. Use of CAM in pregnancy: desire for normal birth and rewarding emotional birth experience
3. Nurses should use a nonjudgmental approach in assessing pregnant women and families for use of CAM
4. Nurses should use complementary modalities in the scope of their nursing practice and nursing practice act in their state
5. Nurses should document their use of CAM within the context of nursing practice
6. Nurses have a role in conducting and supporting research on CAM

V. Focus Your Study

VI. Activities

1. Individual

Have students develop a family tree and identify the type of family to which they belong.

2. Small Group

Divide the class into pairs. Have pairs of students interview each other and conduct a transcultural assessment.

3. Large Group

Survey students about their families' cultural and ethnic backgrounds. Discuss how the backgrounds may affect healthcare practices related to maternal–child nursing.