

Cross-Cultural Care

By Andrea Barilla

ONE NIGHT DIANA JONES, a nurse, was preparing dinner for her 12-year-old daughter, Deidre. With Diana's long work hours, she cherished these dinners with her daughter. But this night did not go as planned. Instead of the normal talk about school, teachers and friends, Deidre asked a question.

"Ma, I have a lump on my breast. Do I have breast cancer?"

Diana froze in fear until her nursing mind kicked in. She moved into action, following the necessary procedures until it was determined there was no cancer.

While Diana found solace that her daughter was cancer free, she began to wonder about other young women and whether they were concerned about getting breast cancer. And were they being taken seriously if they felt a lump?

Exploring topics for her doctoral dissertation, Diana started talking to experts. Repeatedly, they told her that breast cancer was an older women's disease; breast cancer in young women was rare and not worthy of attention.

Diana wanted to say, "Yes, but would you want your daughter to be number one?"

With the encouragement of her dissertation chair at Northern Illinois University, Diana began a five-year study of young African-American women and breast cancer titled "Joy and Pain: Breaking Through the Myths of Breast Cancer. An Exploratory Study With Implications for Adult and Health Education."

"Research has found that breast cancer is an unequal opportunity disease," Diana said.

She referenced the most current statistics and charts provided by the American Cancer Society, which illustrate a frightening disparity: White women have a higher incidence of breast cancer than African-American women beginning at age 45. In contrast, African-American women have a higher incidence rate before age 45 and are more likely to die from breast cancer at every age (from Breast Cancer Facts and Figures 2009-2010 from the American Cancer Society).



Dr. Diana Jones



Diana's dissertation was a qualitative study focused on 14 African-American daughters with breast cancer and their biological mothers. The youngest daughter was diagnosed at 16. Sadly, many of these young women who did go to the doctor for suspicious lumps or pains in their breasts were treated as if their concerns weren't important. They had to fight to receive tests (given regularly to older women), which diagnosed their breast cancer.

Diana found that most of the women didn't trust the medical profession. Some weren't even sure they really had the disease: one, Carmen, believed she had been secretly placed in a clinical trial for the cancer drug Tamoxiphen without her consent.

Diana believes this distrust is in large part due to the Tuskegee Syphilis Study, a 40-year U.S. Public Health study, intended to document the natural progression of syphilis in black men. The 399 men with syphilis who took part in the study were told they were being treated for their "bad blood," when in fact they weren't, not even when penicillin became the accepted cure for syphilis 15 years into the study. Many of them died. While President Clinton publicly apologized for this crime of ethics, Diana believes the residue of distrust remains in the black community.

Through her dissertation research, Diana found that cultural views and passed down beliefs were a major factor in women's knowledge of breast health and breast cancer screening.

Diana's research illustrates the importance of cultural competency in nursing. One must be aware of a patient's cultural beliefs, attitudes and practices to provide successful care.

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As a nurse educator at Slippery Rock University, the now Dr. Jones uses a four-part cultural competency model.

"First, a nurse must examine her own biases toward other ethnic groups and cultures. This is cultural awareness," Diana explained. "Then, a nurse must acquire a working knowledge of world views and cultures. This is the cultural knowledge component."

The third component of the model, cultural skill, involves knowing how to conduct a cultural assessment of a patient: what she believes in, likes, and will practice regarding healthcare. "As a nurse, you may send your patient home with this wonderful plan, but she may not follow it because it's not in her makeup to do so," Diana said. "You must involve the patient and even the family in the planning."

The fourth component, cultural encounter, encourages healthcare professionals to engage in interactions with their patients.

A landmark study published in 2003 by the National Academy of Sciences titled, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," opened many eyes to the need for culturally competent care.

Diana hopes her own study will show the need for cultural competency practices for African-American women, whose distrust and fears toward the health care system may need extra attention. She hopes it also sheds light on the importance of early detection, and that young women be taken seriously when they approach medical professionals about their breast health.

"Culturally competent care means efficient and less costly care for our nation as well."

Dr. Diana Jones is assistant professor of nursing at Slippery Rock University. She earned a master of science degree and clinical nurse specialist certificate from Purdue University. Dr. Jones credits her involvement in the Farrell High School Future Nurse's program as the catalyst for her life's path. ▼

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