

Elite Learning Podcast

Cultural Competence in Hospice Nursing

Building trust and providing dignified care across diverse cultural backgrounds—essential insights for every hospice nurse

- 🕒 Listen time: ~60 minutes • 👥 Audience: RNs, APRNs, hospice nurses, palliative care providers
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Featured Voices

Host: Dr. Candace Pierce, DNP, RN, CNE, COI

Faculty with Elite Learning by Colibri Healthcare, and healthcare educator

Guest: Melissa Dorris, RN

Certified Hospice and Palliative Nurse with experience in providing culturally sensitive end-of-life care

What You'll Learn

- What cultural competence means in the context of hospice care
- Critical points where culture and hospice care intersect
- Common barriers and misconceptions about hospice across different cultures
- Strategies for building trust with patients and families from diverse backgrounds
- How to balance clinical best practices with cultural beliefs about pain, suffering, and death
- Techniques for navigating family dynamics and conflicts over care decisions
- Special considerations for pediatric hospice patients across cultures
- Approaches to symptom management that respect cultural beliefs about consciousness and dignity

Key Takeaways

- Cultural competence isn't about memorizing customs; it's about asking questions and staying curious about each patient's unique needs.
- Four critical points where culture and hospice intersect: initial referral, patient decline, active dying process, and after death.
- Common misconceptions about hospice include fears that it hastens death or immediately administers morphine; these vary across cultural groups.
- Language barriers must be addressed with qualified interpreters, not family members, to ensure accurate communication about care decisions.
- Food and nutrition are often points of cultural conflict. Many traditions place significant importance on feeding loved ones even when clinically contraindicated.
- Pain management approaches must be tailored to cultural beliefs. Some groups value consciousness over comfort at end-of-life.

- Family-centered decision making is common in many cultures, requiring a balance between patient autonomy and cultural norms.
- Bereavement support continues for 13 months after death, respecting the significance of anniversaries in the grieving process.
- Patients with history of substance use require specialized approaches to pain management without judgment.
- Pediatric hospice patients may need additional religious/cultural approvals for care plans (e.g., rabbi approval for Hasidic Jewish families).

Do This Next

- Ask patients about their cultural and religious preferences at admission, not just at end-of-life
- Create a cultural assessment tool specific to your hospice program
- Develop a resource list of local religious and cultural leaders who can provide guidance
- Implement regular cultural competence training for all hospice team members
- Build a diverse hospice team that reflects the communities you serve
- Practice using the Teach-Back method to confirm understanding across language barriers
- Create visual guides for medication administration that transcend language barriers

3 Quick Cultural Assessment Questions

Use these with any hospice patient during initial assessment:

1. Decision-making: 'Who would you like to be involved in making decisions about your care? Is there a specific person who should be consulted first?'
2. Comfort preferences: 'What brings you comfort when you're not feeling well? Are there specific practices, foods, or rituals that are important to you?'
3. End-of-life wishes: 'Are there specific customs or practices that are important to you and your family regarding care of your body after death?'

Cultural Sensitivity Red Flags

- Making assumptions based on a patient's language, appearance, or name
- Using family members (especially children) as interpreters for sensitive conversations
- Dismissing cultural practices as 'non-compliant' behavior
- Applying a one-size-fits-all approach to pain management
- Failing to ask about food preferences and restrictions
- Touching patients without permission (particularly important in some cultures)
- Directing all communication to the 'decision-maker' rather than including the patient
- Imposing your own cultural values about 'good death' onto patients

Clinical Spotlight

- **Buddhist Beliefs:** Some Buddhist traditions believe the body must continue to be nourished even when swallowing is difficult, as this supports proper transition to the afterlife. They may also prefer minimal pain medication to maintain alertness during the dying process.
- **Pain Expression Across Cultures:** American Indian, Japanese, and German cultures often value stoicism in the face of pain. Patients may decline pain medication even when experiencing significant discomfort. Careful assessment beyond verbal reports is essential.
- **Family Decision-Making:** In many cultures, major healthcare decisions are made collectively by family units rather than individuals. Identifying the family spokesperson early helps navigate complex family dynamics while respecting cultural norms.
- **Religious Requirements:** Some religious traditions (like Hasidic Judaism) may require approval from religious leaders for medical interventions. Building relationships with local religious leaders can facilitate these conversations.
- **Cultural Approaches to Disclosure:** Some cultures prefer to protect patients from knowledge of terminal prognosis. While honesty is valued in healthcare, finding ways to respect these preferences while maintaining trust requires careful navigation.

Conversation Starter

'What cultural practice or belief have you encountered in hospice care that initially challenged you but ultimately enhanced your understanding of dignified end-of-life care?'

Nurse Leaders: Consider implementing a cultural competence committee that develops resources and training specific to the diverse populations in your service area. This investment improves both patient satisfaction and staff confidence.

Resources & Links

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