

PRIDE IN OUR DIVERSITY

he following information is provided to help you become more aware of your patients' and co-workers' views, traditions and actions. While you can use this information as a guide, keep in mind that all people within a culture are not the same. Be sure to ask your patients and their families about specific beliefs, practices and customs that may be relevant and important during medical treatment and hospitalization.

The term "Hispanic" can be applied to people from Argentina, Bolivia, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay and Puerto Rico, among others. Individuals from many of these countries may prefer to be called Latinos, Chicanos, Mexicans, Puerto Ricans, Spanish, or another classification. You should not assume that people from these countries want to be called "Hispanic." (For example, many Mexicans prefer to be identified as "Mexicans.") The two largest Hispanic groups in the Chicago area are Mexicans and Puerto Ricans.

Please keep in mind that there are distinct differences between many of the cultures that are considered Hispanic. When possible, the information in this card has been more specifically attributed.



general information

- You should use "Mr. and Mrs." plus the last names of adult patients and family members (particularly of the older generation), unless you are given permission to use first name.
- You should keep your dialogue serious rather than casual with older generations. You can be less formal with younger generations.
- Families tend to be close-knit, though this is not always the case. It is not unusual for a patient to have many visitors at his/her bedside throughout the day. Patients may expect to have a family member present 24 hours a day.
- Many Hispanics are Roman Catholic.
 (Generally, the others are Protestant). They may bring religious icons to their rooms. You should leave icons where they are placed.





relationship roles

- Latin-American families tend to be patriarchal.
 Males are heads of the household, especially in the older generation. If the patient is female, you should address her husband or male relative. (This may not apply to younger women.) If the patient is male, a male relative (preferably the eldest son) should be addressed.
- The female tends to be the primary caregiver for family members. Patients may be more receptive to female doctors and nurses.
- Family members may want to be present when doctors are speaking to patients about treatments, test results or medical progress.
- Families want to pamper and attend to the patient's needs. Nurses should show the family how to help without hindering the patient's recovery.
- When a doctor has good news, Hispanic families may want the doctor to give the patient the news.
 When the news is not good, the family may want to decide whether to tell the patient.

decision-making

- After the immediate family has been consulted about a treatment decision, the male family member may make the decision. Once the decision has been made, the patient and family will stick to it.
- Families tend to be very protective of the patient and may not share bad news or details with him/her.

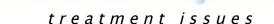
personal space

- Latin-Americans tend to stand closer together than North Americans or Europeans during gatherings, conversations, and in lines. Stepping back could be viewed as offensive or insulting.
- Hispanics may be hesitant to let people who are not of their nationality into their personal space.

gestures

- A warm handshake and smile is customary when arriving and departing. Latin Americans tend to shake hands with a gentler grip than North Americans and Europeans.
- Men who are well acquainted may greet each other with handshakes and a touch on the forearm, pats on the back, or an embrace (abrazo). Good female friends may embrace and kiss lightly on the cheek.
- When conversing, good eye contact is important and considered polite. Elders may think you are uneducated if you speak to them without making eye contact or if you talk too much.
- Hispanics often speak loud and fast, sometimes interrupting each other in conversation. They express friendly emotion through eye contact, touching and hugs. They often show appreciation with smiles and pats on the back, instead of words of thanks.
- Courteous respect is generally shown to elders and women. Men are expected to rise when an elder or woman enters a room.
- If you stand with your hands on your hips, you may convey anger or hostility.
- Hispanics (especially first generation immigrants) may find the following gestures offensive: crossing your fingers as if to say "good luck" and the "a-okay" gesture with the thumb and forefinger forming a circle.





medical treatment

- Older patients (especially first generation immigrants or those entrenched in their ethnic community) may have tried other alternatives to medical treatment, such as herbs or praying. It is important to ask what else the patient is using to treat the illness.
- Older patients may feel they are ill because God is punishing them for something they've done or because they are no longer in harmony with the forces of nature.
- Males (even adult male children) may not accurately translate matters of a private or sexual nature to female patients. It may be beneficial to use translators who are the same gender as the patient.
- Female patients may not be comfortable with or even allow male physicians or nurses to examine them.
- Mexicans like to keep as much control as possible over their treatment.

emotions

- v It is acceptable for feelings to be shown openly.
- Hispanics express their emotions using their hands and bodies.

responses to pain

- Responses to pain tend to vary, depending on ethnicity, social class, and religion of the patient.
- Pain is often expressed verbally, with facial expressions, moaning/groaning, and body language.
- Some patients will not report pain for fear of bothering the nurse, but they will tell their family of their discomfort.
- Older patients may be more tolerant of pain and refuse to acknowledge that they are in pain.

food

- On religious holidays, special occasions, and national holidays, many Hispanics celebrate with native dishes.
- Family members are likely to bring home-cooked meals or soup to patients.
- During certain holidays (such as during Lent the 40 days before Easter) or when fasting, patients may abstain from meat of all kinds, except fish.
- Hispanics tend to prefer corn oil for cooking and do not eat many sweets.
- Diseases may be classified as hot or cold. Hot diseases are treated with cold foods and cold diseases with hot. (Most foods, herbs, beverages, and medicines are classified as hot - caliente - or cold - fresco or frio.) It is important to ask which foods are appropriate and if possible, to include them in the diet plan.
- The Puerto Rican and Cuban diet usually centers around rice, beans, and fried foods (plantain, pork chops, chicken, and fish).
- Chile and native maize (corn) are staples in Mexican cooking.

death

- Hispanics may associate the hospital with death.
- When possible, avoid speaking of death or the stages of dying, especially to older patients.
- The patient or a family member will request to see the priest or pastoral leaders. All family members should be present, if possible.
- Hispanics tend to be emotional about death and will likely pray and cry.

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word	meaning		
Adios	Goodbye		
Agua	Water		
Auxillio	Help me		
Buenos dias	Good morning		
Buenas tardes	Good afternoon		
Buenas noches	Good evening		
Comida (or) alimento	Food		
Con permiso	Excuse me		
Dios te bendigá	God bless		
Dolor	Pain		
Dondé?	Where?		
Esposa (or) Mi Señora	Wife		
Esposo (or) Mi Señor	Husband		
Está bien	It's okay		
Hija ("h" is silent)	Daughter		
Hijas ("h" is silent)	Daughters		
Hijo	Son		
Hijos	Sons		
Hola, como está?	Hello, how are you?		
Joven	Young male adult		
Mádre (or) Mamá	Mother		
Mi familiá	My family		
Mucho	A lot		
No	No		
Pádre (or) Papá	Father		
Poquito	A little		
Por favor	Please		
Puedo ayudarlé	May I help you?		
Señor y Señora	Mr. and Mrs.		
Señorita	Miss		
Si Dios quiere (or) Si Dios lo decea	God willing		



important holidays & dates

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Event	Culture	Date	Description
Los Reyes Magos Fiesta de Reyes, or Feast of Epiphany		January 6	Children receive presents from the Three Kings.
Lent		40 days before Easter	Marks a period of preparation and penitence before Easter. Generally, there are food restrictions during this period.
Holy Week		Last three days before Easter	Marks the crucifixion, death, and burial of Christ.
Easter		Date varies, usually an April Sunday	Commemorates the resurrection of Christ.
Cinco de Mayo	Mexico	May 5	Celebrates the expulsion of the French from Mexico.
Birth of the Cuban Republic	Cuba	May 20	Marks the birth of the Cuban Republic.
Feast of San Juan	Puerto Rico	June 24	Honors the Patron Saint of Puerto Rico. Includes both religious and social celebrations.
Constitution Day	Puerto Rico	July 25	Observes the compact between Puerto Rico and the U.S.
Feast of Our Lady of Charity	Cuba	September 8	Honors the patroness of Cuba.
Mexican Independence Day or El Grito	Mexico	September 16	Commemorates the end of Spanish rule over Mexico.
All Soul's Day, Day of the Dead, or El Dia de los Muertos		November 2	Stands as a day of remembrance for the dead.
Virgin of Guadalupe	Mexico	December 12	Anniversary of the Virgin Mary's last appearance to Juan Diego.
Christmas		December 25	Celebrates the birth of Christ.
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Sources

Linton, Cynthia. "Cuban Americans." "Mexican Americans. " "Puerto Rican Americans. "<u>The Ethnic Handbook: A</u> <u>Guide to Cultures and Traditions of Chicago's Diverse Communities.</u> Chicago, Illinois: The Business Press, 1996. p. 41 - 45; 141 - 146; 177 - 175.

Magida, Arthur. "Roman Catholic. "<u>How to Be a Perfect Stranger: A Guide to Etiquette in Other People's Religious</u> <u>Ceremonies.</u> Woodstock, Vermont: Jewish Lights Publishing, 1996. p. 349 - 366.

Memorial Sloan-Kettering Cancer Center. "Getting Acquainted With..." Diversity Cards. New York, NY.

Conversations with Alice Rodriquez Ross, Maria Mercedes Manzo, and Michele Kopyto and Rachel Perez, University of Chicago Hospitals and Maria Pillot, Towers Perrin.

