

CULTURAL ASSESSMENT TOOL

Boyle/Baird Transcultural Nursing Assessment Guide for Refugees*

by

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Migration Experience

Most refugees arrive in the U.S. from developing countries, countries with meager economic resources. Thus, refugees are often poor, have low levels of formal education, and have few marketable work skills. Refugees are defined as people who flee one area, usually their home country, to seek shelter or protection from danger, such as war, or escape from famine or other environmental disasters. Many refugees are women of childbearing age with their children and many of them are in poor health and have experienced physical and psychological trauma. Refugees usually are settled in urban areas, even though they may have a rural orientation.

General Assessment Questions about the Migration Experience

- Ask your client how to pronounce their name; find out what name he/she wish to be called. Be sure you're clear on what is the first and last name as in many cultural groups the children do not share the same surname as their parents.
How do they wish to be greeted?
- Ask about the client's primary language and assess his/her ability to communicate in English in both written and oral forms. What other languages does the client speak and write?
- Ask the client in which language they prefer to receive written healthcare information? (This is a JCAHO requirement)
- How long has your client been in this country? Have he/she lived in other U.S. cities? How did the client travel here from the home country? How many years did the client spend in the diaspora or the time from leaving the country of origin to the present day? What other countries has the client lived in? What were those circumstances like?
- Did the client come to this country with family members? With others from the same village or from the same clan?

* Source: Andrews, M.-M., & Boyle, J.S. (2016). *Transcultural concepts in nursing care*. Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins. Appendix E. pp E1 – E4.

- Can the client describe the migration experience? Ask about the events that happened to the client that he/she believes are important.
- What precipitated their leaving their country?
- Did they have any major health events prior to arrival in host country? If so what? And did they receive treatment? If so, where and what were outcomes?

Challenges in using the U.S. Health Care System

- What were the client's experiences like when seeking health care in this country? Have they ever experienced discrimination? What was that experience like for his/her family members?
- What barriers might exist to using the U.S. health care system, such as language difficulties, lack of financial resources, and transportation?
- What provisions, if any, are made for refugee health care within your community?
- Are bilingual health care workers readily available? Is there distrust, suspicion or unfamiliarity of health care workers and Western medicine? Is there eye contact with the health care professional?
- Are health care professionals genuinely interested in learning about the refugees?
- Does your client or others in the refugee community strongly prefer same sex providers?
- What are the difficulties of accessing health and social services for refugees?

Language and Traditions

- What are the differences in dialects or languages spoken by between health care professionals and the refugees? Can some of the problems be identified prior to a health care visit?
- What is the literacy level of members of the refugee group? Can they read and write in any language? This may vary within specific refugee groups depending on educational level and social status within home country.
- Do the health care facilities provide educational materials in appropriate languages?

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- Are there appropriate numbers, appropriate ages and genders of translators and interpreters available in health care agencies? Are the interpreters/translators trained and/or certified?
- Is there adequate outreach to individual homes and families?

Traditional Beliefs and Practices of Healing

What is the client's understanding of his/her health problem? The understanding of how a client views his/her condition is extremely helpful information as it facilitates the health care provider's understanding of the social and cultural construction of illness. This information helps us understand the client's beliefs and behavior, facilitates further discussion of an ailment, and guides the course of treatment. It is always helpful to begin this discussion with a statement of respect such as: *"I know different people have very different ways of understanding illness...help me understand how you see things."*

- The following 9 questions can be a useful way to gain the client's perspective about the illness or health condition.

What do you think has caused your problems?

What do you call the problem or illness?

Why do you think it started when it did?

What do you think your sickness does to you?

How severe is your sickness? Will it have a long or short course?

What kind of treatment do you think you should receive?

What are the most important results you hope to receive from this treatment?

What are the chief problems your sickness has caused for you?

What do you fear most about your sickness?

Kleinman, A. (1980). *Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine and psychiatry*. Berkeley: University of California Press.

- How do religious beliefs and practices relate to health and illness?
- Do members of the refugee group seek care from indigenous healers and/or folk practitioners? Do they use traditional herbs or medicines? Are there cultural or ethnic stores

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in the neighborhood that sell herbs and traditional medicines? Or do they purchase any medicines, herbs, or vitamins from their home country?

- What modern day health care is available for this refugee group? What insurance or payment mechanisms are provided? For how long? Does the client understand how to access care?
- Which individuals in the family and/or in the refugee group make decisions about seeking health care? About the treatment options?
- What are the primary health concerns and/or illnesses in this refugee group? Examples might include female circumcision, malnutrition, mental health/trauma issues. How do the refugees' concerns align with those of the local and state health care systems.

Family/Kinship Assessment

- Are the families extended or nuclear or other? Has the structure of the family changed during or since migration? Do family members live in close proximity? Do they visit often? Where are the members of your client's family?
- What is the role and stature of individual family members? How do family members relate to each other? How have family roles changed since coming to this country?
- Ask if there are tribes and/or clans in the refugee group.
- Do the parents and/or others make arrangements for marriages? Is there a preference for first cousins to marry?
- What is the role of "elders" or "leaders" in this refugee group? How do they function within the community?
- Did the client leave family members behind or lose family members from death in the home country?

Social Life and Networks

- What are the daily routines of this group? How do the routines vary by gender? How have family roles changed? Is the refugee group integrated into the community or fairly isolated? Who are the group's leaders?

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- How does the refugee group observe important life cycle events?
- What are the educational aspirations of individual/family refugees? What are the educational experiences of the children?
- Are there special concerns such as abuse of alcohol, domestic violence, gang membership, polygamy, child marriage? How does this refugee group view these issues?

Religious Beliefs and Practices

- What are the major religious beliefs and practices within the refugee community? Does your client adhere to the predominate beliefs? Is there a special church associated with the refugees? (Churches often serve as a site for social life of the refugee community and are comfortable and acceptable places for health educational programs and other forms of outreach). How is social life integrated within the church membership?
- How do the religious beliefs/practices influence everyday life? How are they expressed in everyday life?
- Are there special beliefs and practices surrounding major life events such as birth, marriage, and death?
- Are there special “cultural” occasions, such as circumcision rites, *quince año* parties?
- Are there specific beliefs about gender roles? Are these beliefs tied to religious beliefs?

Trauma/Torture

Recently, it has become common practice to integrate trauma assessment into primary care and other health care situations. There are several trauma assessment tools that are available. These tools assess important mental health factors in a refugee that can be referred to mental health care providers for further assessment. It is important to note that screening instruments should be administered by health care workers under the supervision and support of a psychiatrist, physician and/or psychiatric mental health care nurse. These tools were *not* designed to be used as a self-report; they cannot replace the role of a mental health professional.

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The Harvard Trauma Questionnaire (HTQ)

The Harvard Trauma Questionnaire (HTQ) is a checklist that inquires about a variety of traumatic events as well as the emotional symptoms considered to be uniquely associated with trauma. Currently there are six versions of this questionnaire. The Vietnamese, Cambodian, and Laotian versions were written for use with Southeast Asian refugees. The Japanese version was written for survivors of the 1995 Kobe earthquake. The Croatian Veterans' version was written for military personnel who survived the wars in the Balkans, while the Bosnian version was written for civilian survivors of that conflict.

Questions focus on: 1) subjective descriptions of the most traumatic event(s) that an individual experienced; 2) events that may have led to a head injury; 3) trauma symptoms, including symptoms of posttraumatic stress disorder(PTSD); and, 4) specific refugee trauma, such as violence, rape, starvation, etc. Responses include: "Experienced," "Witnessed," "Heard about it," or "No". Other scales include "Not at all," "A little," "Quite a bit," and "Extremely". (<http://hpert-cambridge.org/screening/Harvard-trauma-questionnaire/>)

The Hopkins Symptom Checklist-25(HSCL-25)

The Hopkins Symptom Checklist-25(HSCL-25) is a symptom inventory that measures symptoms of anxiety and depression and has been correlated with DSM-IV-R diagnostic criteria. It consists of 25 items; Part I has 10 items for anxiety symptoms; Part II has 15 items for depression symptoms. Each question includes four categories of responses: "Not at all," "A little," "Quite a bit," and "Extremely," rated 1 to 4, respectively.

The HSCL-25 has been translated into 17 different languages including Arabic, Bosnian, Cambodian, Croatian, Japanese, Laotian, Vietnamese and Dinka (<http://hpert-cambridge.org/screening/hopkins-symptom-checklist/>).

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