

# **65 Tips for Foreign Born Nurses Working in American Hospitals**

By Geri-Ann Galanti, PhD

A SupportForNurses.com publication

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**65 TIPS  
FOR  
FOREIGN BORN  
NURSES  
WORKING IN  
AMERICAN  
HOSPITALS**

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Material in this booklet is based on information from Geri-Ann Galanti's book, *Caring for Patients From Different Cultures*, 3rd edition, published by University of Pennsylvania Press and her website, *Cultural Diversity in Healthcare* at <http://ggalanti.com>.

SupportForNurses.com contains informative articles, tools, and publications to support sustainable work habits for new and more experienced nurses.

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## **BENEFITS OF USING THIS BOOKLET:**

1. Learn the five primary roles of a nurse on a medical team in an American hospital.
2. Understand your rights in relationship to others on your team, including your supervisor, physicians, and other nurses.
3. Learn useful information about American culture and values in order to respond to your patients and their families.
4. Find out how to establish a trusting relationship with your patients in order to meet their needs.
5. Gain a greater understanding of American communication patterns, including appropriate gestures, verbal and non-verbal communication.
6. Gain knowledge about how to accurately assess and treat a patient's pain.

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## INTRODUCTION

Congratulations! You have been hired because you have shown yourself to be a competent nurse. However, nursing is influenced by the culture in which it is practiced. Therefore, it is important that you know something about American culture and the practice of nursing in America. This booklet will provide you with 65 tips to help you adjust to nursing in the United States.

Note that most of the tips regarding patient care are specific to Anglo American patients. When caring for patients from *other* cultures, different rules may apply. For information on caring for patients from other cultures, see the list of resources at the end of this booklet.

## PHYSICIAN/NURSE RELATIONSHIPS

1. **Ask for clarification if you don't understand a doctor's orders in order to avoid making a costly or dangerous mistake.**
2. **Question a doctor's orders if you think it's in the best interests of the patient;** it is not considered disrespectful. Be sure to talk to the doctor privately, and definitely not in front of patients.
3. **You can refuse to carry out a physician's orders if you think they are dangerous or inappropriate.** In that case, document the incident for your supervisor.
4. **You are not expected to accept verbal abuse from doctors.** If it continues after you have politely asked the doctor to stop, report it immediately to your supervisor.
5. **Nurses and doctors are members of a medical team;** it is not your job to simply be a "helper" to the doctor. Everyone on the team has roles and responsibilities related to delivering patient care.
6. **Even though you regularly work with physicians,** you are not expected to take the blame for a physician's mistakes.

## NURSE/NURSE RELATIONSHIPS

7. **You are a member of a medical team; therefore,** if you finish your own work, offer to assist another nurse. If another nurse finishes his or her work, expect that s/he will offer to help you.
8. **If a supervisor offers to help you, it does not imply that s/he thinks you are incompetent;** s/he is simply acting as a helpful team member.
9. **If you have a problem with a member of the team, speak directly to him/her about it,** rather than go to someone else or keep it to yourself. Going to someone else is referred to as "going behind their back," and that will reduce the level of trust among team members.
10. **If you feel a supervisor has treated you unfairly,** it is best to discuss the problem directly with the supervisor and find a resolution. Do not feel that you are acting improperly by doing so. If all good faith efforts to resolve the problem fail, as a last resort, you may choose to file a grievance against the supervisor. Employee issues are usually addressed through the human resources department in the hospital.
11. **If a problem or conflict arises, and you aren't able to resolve it with the person or department involved,** go to the person directly above you in rank, rather than to someone at the "top." This is referred to as "going through the chain of command."

12. **If you do not understand how to do a procedure or use a piece of equipment,** admit it and ask for assistance. There is no shame in not knowing. People will expect it to take you a while to get adjusted to your new job. The problem occurs when pretending to know something that you do not know.
13. **The hospital has many resources available.** You will be expected to learn how to use these resources for when you need information or when a problem or need arises related to patient care. You can find out about these resources by asking other nurses and your supervisor.
14. **If you are new to American culture, it is useful to observe the actions of other nurses;** through observation, you will learn a great deal, build your confidence and be more effective in your interactions with patients and team members.
15. **Most nurses will call each other by their first name.** It is a sign of friendliness and shows no lack of respect, even to someone older than you or in a position of authority over you.
16. **You are not required to give gifts to your supervisor,** even for special occasions, such as holidays, birthdays, anniversaries, etc. Gift giving is completely voluntary.

**17. Nursing Leadership positions**

Many nurses like to be in positions of leadership, such as “charge nurse.” These positions generally pay more money. However, they involve additional responsibilities and skills, including:

- Counseling and reprimanding staff members when appropriate
- Advocating for your department’s needs with administration
- The ability to deal comfortably with conflict

**NURSE & PATIENT**

**18. Patients expect nurses to treat them in a warm and friendly manner.** It is customary to smile and ask patients how they are doing. Avoid being too gruff and “no nonsense” when doing patient rounds. It will be perceived as rude and unfriendly, rather than professional.

**19. Part of your job is to provide psychosocial care for patients (emotional and psychological assessment and support),** even if they have family members nearby. Ask patients about their emotional needs in order to provide them with needed resources that will support their recovery.

**20. Independence is highly valued in the U.S.** If a patient wants to practice “self-care” – bathing and feeding themselves, etc., and has an appropriate level of mobility to do so, it should be encouraged.

**21. Bonding between a mother and her newborn is highly valued;** therefore, new mothers are encouraged to take care of their own infants following a normal delivery.

**22. While it is often helpful to include family members in patient teaching,** do not automatically expect that Anglo American families will want to participate. Ask the patient if s/he wants any family members to be included.

**23. In many cultures, patients are not given their diagnosis and prognosis, especially if they are dying.** Many Americans, however, do want to know this information. It is good practice to *always* ask the patient whether they want information about their condition to be given to them or to a designated family member. Check with your hospital regarding HIPAA regulations and confidentiality.

**24. Many patients will want the most aggressive approach and the latest treatments,** for they will perceive these to be better. Expect that in some cases, patients may choose to do their own research and advocate for a particular treatment that may not be approved or widely available.

**25. Many patients may also use complementary and alternative medicine.** Be sure to inquire in a nonjudgmental way about any herbal medications and other healers the patient may have used or may wish to access for care. It is important to know about any home remedies or herbs that may interact with prescribed medication.

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**26. Domestic Violence:** In some cultures, it is common for a husband to answer questions put to his wife. This is not customary in American culture and may sometimes be a sign of domestic violence. (Domestic violence is against the law in America). If you are treating a woman for injuries you suspect were caused by a husband/partner, you must document your suspicions and report it to the proper authorities within the hospital. Find out from your supervisor or Human Resources whom that is.

**27. Lawsuits are common in America;** therefore, document everything in writing in case a patient sues the hospital. Include the patient's behaviors and responses to treatment as well as everything that is pertinent to the patient's condition, such as a description of the patient's symptoms, actions taken to increase patient comfort, and discharge instructions when applicable.

**28. Avoid using family members as interpreters when speaking to a patient who does not speak English;** it is very important that you use a professional interpreter whenever possible. If one is not available, call the AT&T Language Line at (800) 628-8486. It offers 24-hour-a-day access to interpretations of over 140 languages, over the phone.

**THE ROLE OF THE NURSE**

**29. In the United States,** the job of the nurse extends into areas normally taken care of by family members in other countries.

**WORKING IN AMERICA****30. The nurse's job in the U.S. is five-fold:**

- To provide professional technical care
- To provide non-specialized care (e.g. bathing patients, bedpans, vital signs). For example, although emptying bedpans may not have been part of your job in your home country, if you avoid it here, it will cause resentment on the part of the other nurses.
- To serve as patient advocates. If you think a physician is not providing an appropriate level of care for the patient, and the patient is not able to advocate for him/herself, it is your job to question the physician and even suggest what should be done differently.
- To provide psychosocial care. Talk to the patients about their feelings and emotional needs in order to provide the necessary care and offer resources to support their recovery.
- To educate the patients about self-care. Patient education, prior to discharge, helps patients to competently care for themselves when they leave the hospital.

**31. Nurses are expected to use critical thinking skills to effectively manage their workload:** these skills include organization, prioritization and problem solving.



## AMERICAN CULTURE AND VALUES

Unlike many other cultures which value the *family* and *interdependence*, American culture values *independence* and *individualism*.

Therefore,

- 32. Patients may want to know the plan of care for their illness**, and expect to be part of the decision-making process. They may ask a lot of questions; it is important to remain patient and willing to answer their questions when possible. Refer questions that you are unable to answer to a physician.
- 33. Patients may refuse to do what a physician or nurse tells them to do.** If a patient is non-compliant (not taking their medication, etc.), inquire what the problem is and try to accommodate their concerns. However, do not coerce them if they remain resistant. Document and discuss patient non-compliance with a physician.
- 34. Self-care is emphasized.** Patient teaching supports this concept and is usually done as part of patient's care plan.
- 35. Elderly parents may prefer to live on their own**, rather than with their adult children even when their mobility is limited and their health is fragile. It is best not to assume otherwise.

*Privacy* and *confidentiality* are other important American values. Therefore,

- 36. You should knock before entering a patient's room.**
- 37. Do not discuss a patient's condition with family members without the patient's permission.**

*Emotional control* is valued by many Americans of northern European descent, but not by many of those of southern European descent. Therefore,

- 38. It may be inaccurate to judge a patient's pain level based on their expressiveness.** Be sure to ask about their pain level. Use the "1-10" pain scale: (1, not much pain, 10, severe pain), as a way to accurately assess their level of pain. Explain the importance of pain medication if they seem reluctant to use it. [See also Pain Management, Tip 65.]

American culture is based on an *egalitarian system*, where everyone is theoretically (even if not actually) equal. This is in contrast to the Asian system, which is *hierarchical*, in which peoples' status depends on their age, sex, profession, etc. Within the hospital, there is a hierarchical system, but it is influenced by the egalitarian nature of the culture. Therefore,

- 39. Those in positions of authority are responsible for making the final decisions**, but those "below" them may make recommendations and refuse to carry out orders that they believe can potentially do harm to a patient.

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- 40. Disagreements or conflicts need to be discussed openly and honestly.** This kind of "conflict" is seen as normal and 'healthy,' rather than something to be avoided.
- 41. Negotiation is often used to resolve problems or conflicts between two people.** Successful negotiation is often referred to as a "win-win" since the solution usually benefits both parties.
- 42. Men have no authority over women simply because they are men.** They have authority only if they are in a position of authority. Thus, for example, a male LVN is expected to take orders from a female RN.
- 43. You are not expected to behave more formally with people who are older than you or in positions of authority over you.**

### UNDERSTANDING (ANGLO) AMERICAN FAMILIES

- 44. American families are often small, with an average of two children.** Some couples choose not to have any children.
- 45. American families are often spread around the country,** therefore family members may not be able to be with a sick loved one.
- 46. Patients may make decisions about their own health without consulting other family members.** Either parent may make decisions for a child.

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- 47. Many Americans believe that patients must rest quietly in order to get well.** Therefore, patients may become irritable when there are many interruptions and the noise level is high.
- 48. The individual, not the family, is considered the primary unit.** Information about the patient is not to be given to the family without the patient's permission and decisions may be made by a patient without consulting other family members.
- 49. Due to frequent divorce and remarriage, there may be several "mothers" and "fathers" for a child.**
- 50. Americans often form "fictive" families – families created by their own choosing,** rather than by marriage or blood. This is due in part to the fact that many families are spread around the country.
- 51. If a patient is gay or lesbian,** friends may be closer to the patient than blood relatives and should be considered "immediate family" if so identified by the patient.
- 52. Maintaining a non-judgmental attitude toward different types of families – including gay and lesbian families – is expected.**
- 53. The husband will usually be the preferred labor coach,** unless the woman is a lesbian, in which case, it will be her partner. Single mothers may choose a friend or hire a labor coach to assist them.

## AMERICAN COMMUNICATION PATTERNS

- 54. Make direct eye contact, even with those who are in a position of authority over you.** Lack of eye contact may be seen as a sign of discomfort or dishonesty. People may think you are hiding something from them if you do not make direct eye contact.
- 55. Assertive communication,** clearly (and respectfully) asking others for what you need and honestly expressing your feelings, is encouraged when working on a busy unit in a hospital.
- 56. While in many Asian cultures giggling is a sign of discomfort,** in American culture it is seen as a sign of amusement, or that you are not taking something seriously. If this is your custom, you may need to explain that to others so they do not misinterpret your giggling as a sign of disrespect.
- 57. A common gesture to call someone over to you is to move the index finger back and forth towards you.** Although this gesture is used to call dogs in some parts of the world and is thus seen as rude when used with a person, in the United States it usually has no negative meaning. The preferred way of getting someone's attention, whenever possible, is to say, "Can you please come over here?"

- 58. Speaking in your own language is often a source of conflict in hospitals.** While you may feel more comfortable speaking in your native language, others may perceive you as talking about them. The best rules to follow in this regard are:
- Never speak any language other than English around patients.
  - The only time it is acceptable to speak in your native language is if you are in a break room and everyone in the room speaks your language. But as soon as someone walks in who does not speak your language, you should switch to English. It is considered good manners to invite them to join your conversation. Say something along the lines of, "Hi. We were just talking about [X]. Why don't you join us." Otherwise, they may think you were talking about them.
- 59. It is expected that your tone of voice will convey the seriousness of a situation.** If the situation is critical, make sure this is expressed in your tone of voice. People may not respond appropriately if your tone does not match your words.
- 60. Although it may be seen as friendly and respectful in other cultures to call older people by terms such as "Auntie" or "Mama,"** it is seen as rude in American culture. Call elderly patients by their last name and title ... e.g., Mr. Jones, Mrs. Miller, Miss/Ms. Roberts, unless they tell you to call them by their first name.

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- 61. Using good manners builds respect and credibility in relationships.** It is customary to say, "I'm sorry," when you make a mistake. When asking for something, say, "Please," and when someone does something for you, say, "Thank you." These words are very important and are seen as a sign of respect, even when talking to someone in a position lower than yours.
- 62. Verbal appreciation or praise of another person's positive actions is considered a valuable thing to do.** Using the phrase, "good job" or "well-done" helps build the confidence of others and promotes good will among team members.
- 63. If someone says to you, "That's crazy," do not be offended.** The word "crazy" is used similarly to "silly." It does not imply mental illness and is not meant to be insulting.
- 64. If someone asks "Do you mind if I ..." and you do not mind,** the correct polite response is "No," as in "No, I do not mind if you ..." If you say yes, they will think you do not want them to do it.

## PAIN MANAGEMENT

- 65. It is considered very important to aggressively manage a patient's pain in order for the patient to recover.** Addiction is unlikely under most circumstances for which pain medication will be prescribed. Addiction is most likely to occur when the patient is under-medicated, rather than over-medicated.

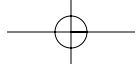
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## RESOURCES FOR CARING FOR PATIENTS FROM OTHER CULTURES

- D'Avanzo, C.A., & Geissler, E. M. (2003). *Pocket guide to cultural health assessment*, 3rd Ed. St. Louis, MO: Mosby.
- Galanti, Geri-Ann (2004) *Caring for Patients From Different Cultures*, 3rd edition. Philadelphia, University of Pennsylvania Press.
- Galanti, G. (2004) *Cultural Sensitivity: A Guidebook for Physicians & Healthcare Professionals*. Oak Park, IL: Doctors in Touch.
- Lipson, J., Dibble, S., and P. Minarik, eds. (1996) *Culture and Nursing Care: A Pocket Guide*. San Francisco: UCSF Nursing Press.

## INTERNET SITES:

- o **Cultural Diversity in Healthcare**  
<http://ggalanti.com>  
 Contains basic concepts, cultural profiles, case studies, and links to other websites, recommended books, articles, and other information relevant to cultural diversity in health care. [Note: The additional websites below can be accessed directly from the "Related Links" page of this website.]
- o **The Provider's Guide to Quality & Culture**  
<http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>

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Website is designed for clinicians to help them provide culturally competent healthcare. It contains information on several ethnic groups, along with links and other resources.

**o EthnoMed Home Page**

<http://ethnomed.org/>

Contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants to Seattle, many of whom are refugees fleeing war-torn parts of the world.

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