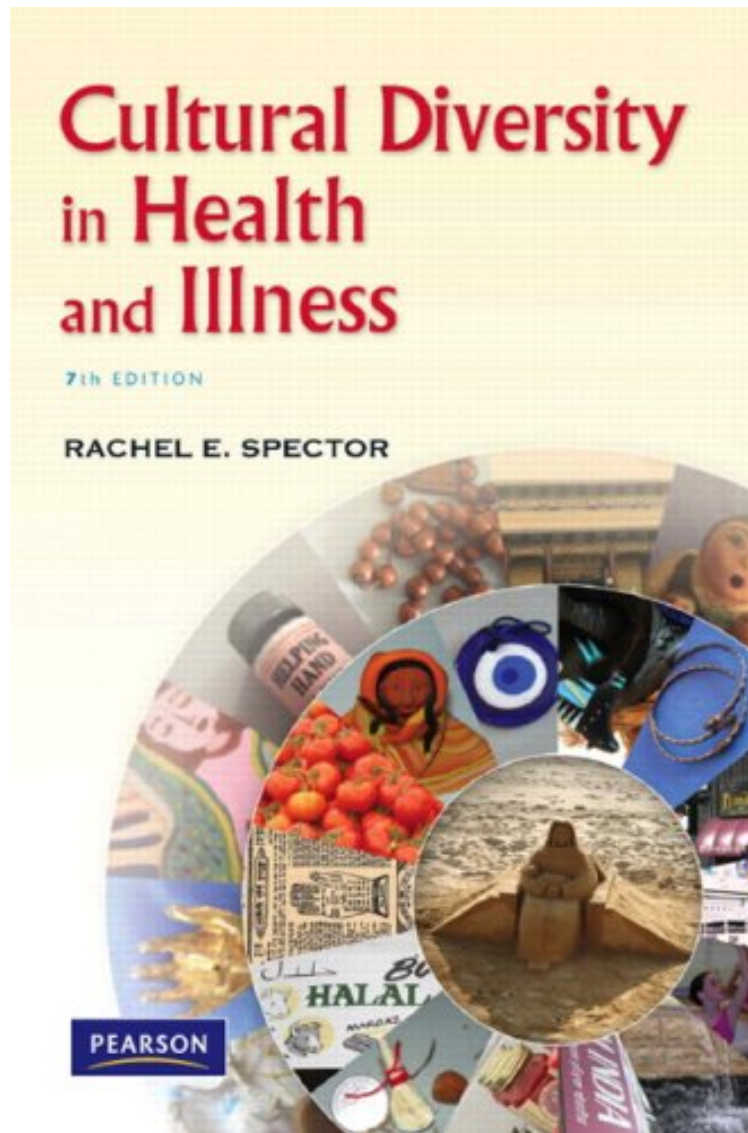


(Mobile ebook) Cultural Diversity in Health and Illness (7th Edition)

Cultural Diversity in Health and Illness (7th Edition)

Rachel E. Spector

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Rachel E. Spector : Cultural Diversity in Health and Illness (7th Edition) before purchasing it in order to gauge whether or not it would be worth my time, and all praised Cultural Diversity in Health and Illness (7th Edition):

2 of 2 people found the following review helpful. ugh. I can't believe I had to pay to read this book. By ModestoDoulaRequired for a class. The goal of the book is missed, partly because it is clearly written from a provider-centered framework that fails to teach cultural humility. Completely false information regarding alternative health practices is presented as the truth here, which only furthers the gulf of misunderstanding between providers and users of complementary/alternative medicine. So much outdated information, including listing of the government of the

Khmer Rouge as a country- it hasn't existed for since 1979. In an effort to be recent and relevant, 9/11 is once mentioned as the result of poor cultural understanding in the American Healthcare system. I hope anyone using this book as required for classes is required to read others and research some of the garbage in here. There are gems in here, but there is so much awful that the gems are difficult to appreciate. This is the 8th edition of the book, and its clear the author has updated very little edition to edition. It needs a complete rewrite. It's so bad, I will be petitioning to have this book replaced in the curricula. 1 of 1 people found the following review helpful. Non-academic, extreme bias against allopathic medicine, aura supporting nonsense

By Andie This book was so bad that I dropped the class on the first day (as soon as I read the first two chapters). Side note - There were 4 reviewers for this book and one just holds a BS from community college (which is fine but not for high level academic reviewing)

Primary issues with the textbook:

A) Uncited or questionable "specific examples" of the benefits of religion on health on p. 25-26 (citation of Levin on intercessory prayer on health by paranormal means - this is from a book called God, Faith, and Health and does not actually cite the article/research so I can't say with certainty, but I'm relatively sure this is not widely accepted or replicated research)

B) Contradictory information (p. 8 states the 14 CLAS standards "must be met by most health care-related agencies" yet the footnote to box 1-1 on page 10 states that "CLAS standards are non-regulatory and do not have the force and effect of law");

C) Subjective definitions - the continued use of health/HEALTH and other terms that are already established yet that the author has decided to give her own personal meaning to;

D) Extreme bias against allopathic medicine

1) asking if health care providers are health care advocates or patient advocates as if these are mutually exclusive (p. 15).

2) p. 137 has a chart comparing Homeopathic "HEALER" vs Allopathic Physician and describes the healer in very positive terms while making the physician sound cold and uncaring, while never mentioning the arguably most important part of medicine - efficacy. On the same page she also describes her experiences with "HEALERS" and it seems like this chart is totally anecdotal and without basis in any kind of research.

There were also a few minor issues that were almost funny - the author starts the book with a poem that she herself wrote that asks the reader to "reach out / Maybe with that physical touch / Or eyes, or aura" (yes - aura!), and each chapter begins with 4 photos that the author took which she then uses to aid in unnecessary and flowery metaphors (ex: a photo of a glass door in Spain "Figure 1-3 found in Avila, Spain, was made of translucent glass. Here the person has a choice - peer through the door and view the garden behind it or open it and actually go into the garden for a finite walk. This reminded me of people who are able to understand the needs of others and return to their own life and heritage when work is completed." EVERY glass door works like this, has she never seen a glass sliding door in someone's house before?)

4 of 4 people found the following review helpful. Should be a \$10.00 book, not \$50.00+

By Kate This book was required for a nursing class and I am not impressed. From the paperback type paper to the extremely generalized views on most cultures I could have found better resources on the web. There is some helpful info on specific cultures relating to birth and death, but photographs are black and white and look 40 years old. Hard to believe this is the latest edition.

The seventh edition of this well-respected book continues to promote an awareness of the dimensions and complexities involved in caring for people from diverse cultural backgrounds. Completely revised and updated, it examines the differences existing within North America by probing the health care system and consumers, and examples of traditional health beliefs and practices among selected populations. An emphasis on the influences of recent social, political, and demographic changes helps to explore the issues and perceptions of health and illness today. An essential for any health-care professional, this book sets the standard for cultural perspectives.

From the Back Cover

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FEATURES INCLUDE:

- Pocket Guide to Assessment and Health Tradition available online for downloading
- Companion Website www.prenhall.com/spector with activities, test questions, and more
- New Research on Culture feature depicting recent studies related to cultural competence
- New photographs displaying examples and icons of various cultures
- New learning outcomes at the beginning of every chapter
- Expanded content on the influence of spirituality and religion on health in cultural contexts
- Updated chapter on the health care delivery system including discussions of barriers and alternatives
- Demographic background discussion of each of the U.S. Census Bureau's categories of the population for a statistical overview of the diversity of patient populations

About the Author

Dr. Rachel E. Spector has been a student of culturally diverse HEALTH and ILLNESS beliefs and practices for 35 years and has researched and taught courses on culture and HEALTH care for the same time span. Dr. Spector has had the opportunity to work in many different communities, including the American Indian and Hispanic communities in Boston, Massachusetts. Her studies have taken her to many places: most of the United States, Canada, and Mexico; several European countries, including

Denmark, England, Finland, Iceland, Italy, France, Russia, Spain, and Switzerland; Israel and Pakistan; and Australia and New Zealand. She was fortunate enough to collect traditional amulets and remedies from many of these diverse communities and to meet practitioners of traditional HEALTH care in several places. She was instrumental in the creation and presentation of the exhibit Immigrant HEALTH Traditions at the Ellis Island Immigration Museum, May 1994 through January 1995. She and has exhibited HEALTH-related objects in several other settings. Recently, she served as a Colaboradora Honorifica (Honorary Collaborator) in the University of Alicante in Alicante, Spain, and Tamulipus, Mexico. In 2006, she was a Lady Davis Fellow in the Henrietta Zold-Hadassah Hebrew University School of Nursing in Jerusalem, Israel. This text was translated into Spanish by Maria Munoz and published in Madrid by Prentice Hall as Las Culturas de la SALUD in 2003. She is a Fellow in the American Academy of Nursing and a Scholar in Transcultural Nursing Society. The Massachusetts Association of Registered Nurses, the state organization of the American Nurses Association, honored her as a Living Legend in 2007. In 2008 she was recognized by the American Nurses Association for her work in Human Rights.

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You don't need a masterpiece to get the idea. Pablo Picasso In 1977 I wrote the first edition of Cultural Diversity in Health and Illness and have revised it several times since then; this is the sixth edition. The purpose of each edition has been to increase the reader's awareness of the dimensions and complexities involved in caring for people from diverse cultural backgrounds. I wished to share my personal experiences and thoughts concerning the introduction of cultural concepts into the education of health care professionals. The books represented my answers to the questions: "How does one effectively expose a student to cultural diversity?" "How does one examine health care issues and perceptions from a broad social viewpoint?" As I had done in the classroom, I attempted to bring the reader into direct contact with the interaction between providers of care within the North American health care system and the consumers of health care. The staggering issues of health care delivery are explored and contrasted with the choices that people may make in attempting to deal with health care issues. It is now imperative, according to the most recent policies of the Joint Commission of Hospital Accreditation and the Centers for Medicare Medicaid Services, that all health care providers be culturally competent. In this context, cultural competence implies that within the delivery of care the health care provider understands and attends to the total context of the patient's situation; it is a complex combination of knowledge, attitudes, and skills. Yet, How do you really inspire people to hear the content? How do you motivate providers to see the worldview and lived experience of the patient? How do you assist providers to really bear witness to the living conditions and life ways of patients? How do you liberate providers from the burdens of prejudice, xenophobia, the "isms" racism, ethnocentrism and the "antis"? It can be argued that the development of cultural competency does not occur in a short encounter with cultural diversity; but that it takes time to develop the skills, knowledge, and attitudes to safely and satisfactorily deliver Cultural Care.

Features Free Companion Web site at www.prenhall.com/specter with activities, fill-in-the-blanks, multiple choice questions, web links, and more. Online Course Management Systems. Also available are online companions for schools using course management systems. For more information about adopting an online course management system to accompany Cultural Diversity in Health and Illness, Sixth Edition please contact your Prentice Hall Health Sales Representative www.prenhall.com/misctm/rep-locator-fr.html or go to the appropriate websites at cms.prenhall.com/webct/index.html or cms.prenhall.com/blackboard/index.html or cms.prenhall.com/coursecompass

Health Traditions Imagery. This edition of the book uses symbolic images to create the linkages from chapter to chapter. The HEALTH (HEALTH, when written this way, is defined as the balance of the person, both within one's being-physical, mental, spiritual-and in the outside world-natural, familial and communal, metaphysical) images were selected to awaken you to the richness of a given heritage and the HEALTH/health beliefs, and practices inherent within both modern and traditional cultures. Guidelines for Developing Cultural Competency. A "map" that passes from broad and general dimensions of health and illness to specific images of traditional HEALTH beliefs and practices; at the personal level, the modern health care delivery level, and within traditional dimensions. Three developmental dimensions: Cultural Foundations an overview of cultural heritage and history that serves to illustrate the underlying concepts inherent in the diversity within our society, and basic elements of health and illness. Domains of HEALTH the worlds of the provider and patient as reflected in broad and general HEALTH and HEALING from a personal perspective to the perspectives of socialization into the allopathic philosophy and health care delivery system. Panoramas of HEALTH the worlds of traditional HEALTH beliefs and practices among selected populations. Historical Perspectives. An overview of historic sociocultural, public health, and health policy events and medical milestones from 1900 to 2003. OVERVIEW Unit I focuses on the background knowledge one must recognize as the foundation for developing cultural competency. Chapter 1 explores the concept of cultural heritage and history and the roles they play in one's perception of health and illness. This exploration is first outlined in general terms: What is culture? How is it transmitted? What is ethnicity? What is religion? How do they affect a given person's health? What major sociocultural events occurred during the life trajectory of a given person that may influence their personal health beliefs and practices? Chapter 2 presents a discussion of the diversity demographic, immigration, and poverty that impacts on the delivery of and access to health care. The backgrounds of each of the U.S. Census Bureau's categories of the population, an overview of immigration, and an overview of issues relevant to poverty are presented. Chapter 3

reviews the provider's knowledge of his or her own perceptions, needs, and understanding of health and illness. Unit II explores the domains of HEALTH, blends them with one's personal heritage, and contrasts them with allopathic philosophy. Chapter 4 introduces the concept of HEALTH and develops the concept in broad and general terms. The HEALTH Traditions Model is presented, as are natural methods of HEALTH restoration. Chapter 5 explores the concept of HEALING and the role that faith plays in the context of HEALING, or magico-religious, traditions. This is an increasingly important issue, which is evolving to a point where the health care provider must have some understanding of this phenomenon. Chapter 6 discusses family heritage and explores personal and familial HEALTH traditions. It includes an array of familial health beliefs and practices shared by people from many different heritages. Chapter 7 focuses on the allopathic health care delivery system and the health care provider culture. Once the study of each of these components has been completed, Unit III moves on to explore selected population groups in more detail, to portray a panorama of traditional HEALTH and ILLNESS beliefs and practices, and present relevant health care issues. These pages can neither do full justice to the richness of any one culture nor any one health-belief system. By presenting some of the beliefs and practices and suggesting background reading, however, the book can begin to inform and sensitize the reader to the needs of a given group of people. It can also serve as a model as to how to develop cultural knowledge in populations that are not included. The Epilogue is devoted to an overall analysis of the book's contents and how best to apply this knowledge in health care delivery, health planning, and health education, for both the patient and the health care professional. There is so much to be learned. Countless books and articles have now appeared that address these problems and issues. It is not easy to alter attitudes and beliefs or stereotypes and prejudices. Some social psychologists state that it is almost impossible to lose all of one's prejudices, yet alterations can be made. I believe the health care provider must develop the ability to deliver CulturalCare and a sensitivity to personal fundamental values regarding health and illness. With acceptance of one's own values comes the framework and courage to accept the existence of differing values. This process of realization and acceptance can enable the health care provider to be instrumental in meeting the needs of the consumer in a collaborative, safe, and professional manner. The first edition of this book was the outcome of a promesaa promiseonce made. The promise was made to a group of Black and Hispanic students I taught in a medical sociology course in 1973. In this course, the students wound up being the teachers, and they taught me to see the world of health care delivery through the eyes of the health care consumer rather than through my own well-intentioned eyes. What I came to see I did not always like. I did not realize how much I did not know; I believed I knew a lot. I have held on to the promesa, and my experiences over the years have been incredible. I have met people and traveled. At all times I have held on to the idea and goal of attempting to help nurses and other providers be aware of and sensitive to the beliefs and needs of their patients. I know that looking inside closed doors carries with it a risk. I know that people prefer to think that our society is a melting pot and that old beliefs and practices have vanished with an expected assimilation into mainstream North American life. Many people, however, have continued to carry on the traditional customs and culture from their native lands, and health and illness beliefs are deeply entwined within the cultural and social beliefs that people have. To understand health and illness beliefs and practices, it is necessary to see each person in his or her unique sociocultural world. The shattering events of September 11, 2001, represent in many ways the clarion call for all of us to wake up and hear and listen to the voices of all people. Indeed, the events are symptomatic of Global Polarization in such conflicts as: Traditionalism vs. Modernism...