



## **Anglo-American Culture**

The term “Anglo-Americans” refers to people who were born in or whose ancestors came from mainly European countries, who now live in the United States. Although immigrants once faced religious bigotry and economic hardship, they have generally been successful in the United States.

### **Control of Environment:**

- Relies on modern health care system
- Some traditional health and illness beliefs
- Some remaining folk medicine traditions

### **Biological Differences:**

- Increased risk for breast cancer, heart disease, diabetes mellitus, and thalassemia

### **Social Organization:**

- Reliance on nuclear families and extended families
- Primarily Judeo-Christian religion
- Community social organizations
- Individualism is valued, focusing on becoming a self-reliant person with independence and freedom
- Equal sex rights are valued
- Less respect for authority and the elderly
- Materialism (things and money)
- Youth and beauty are valued

**Communication:**

Usually English is spoken

**Space:**

Eye contact is important to build trust

Usually physically non-contact people, somewhat aloof and distant

Some people from southern European countries value closer contact and touch

**Time Orientation:**

Focus is on the future over present

However, some have a strong allegiance to past tradition, with past time orientation

Some strive for “instant” time and actions

**Cultural beliefs, norms, and practices::**

- Stress is alleviated by physical and emotional means (Leisure time is highly valued)
- Dependent on technology, and reliant on scientific facts and numbers
- Caring is shown by doing special things and giving individual attention
- Generous in time of crisis

**Culturally Congruent Care:**

- Use touch sparingly, or with permission of the patient
- Use direct eye contact with conversations
- Trust is important. Communication and relationship are the key to whether the patient will share significant complaints and whether they will return for care
- Direct disagreement with a health professional would be possible, but another response would be silence and noncompliance

- Give health instruction for self-care, and include “medical facts” in patient teaching
- Set short-term and long-term goals with patient
- Family responsibilities come before other responsibilities
- Uphold cultural rituals and practices whenever possible

**References:**

Giger, J.N. & Davidhizar, R.E. (1995). Transcultural nursing assessment and intervention (2<sup>nd</sup> ed.). St. Louis: Mosby.

Leininger, M. (1991). Culture care diversity and universality: A theory of nursing (p. 356). New York: NSN Press.