



Global Missions
Health Conference

Cultural Distress and the Physiological Response

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College of Nursing



Prayer



Learning Objectives

- Define cultural distress and the physiological effects on the body.
- Identify othering in the clinical setting.
- Examine culturally sensitive care and the importance of cultural humility.



Culture is...

- Learned
- Transmitted
- Spoken and Unspoken
- Visible and Invisible
- Dynamic
- Ever-changing
- Governs actions and or decisions



Culture Includes

- Knowledge
- Beliefs
- Art
- Morals
- Law
- Customs
- And it influences a person's definition of health and illness.



What are Cultural Values?

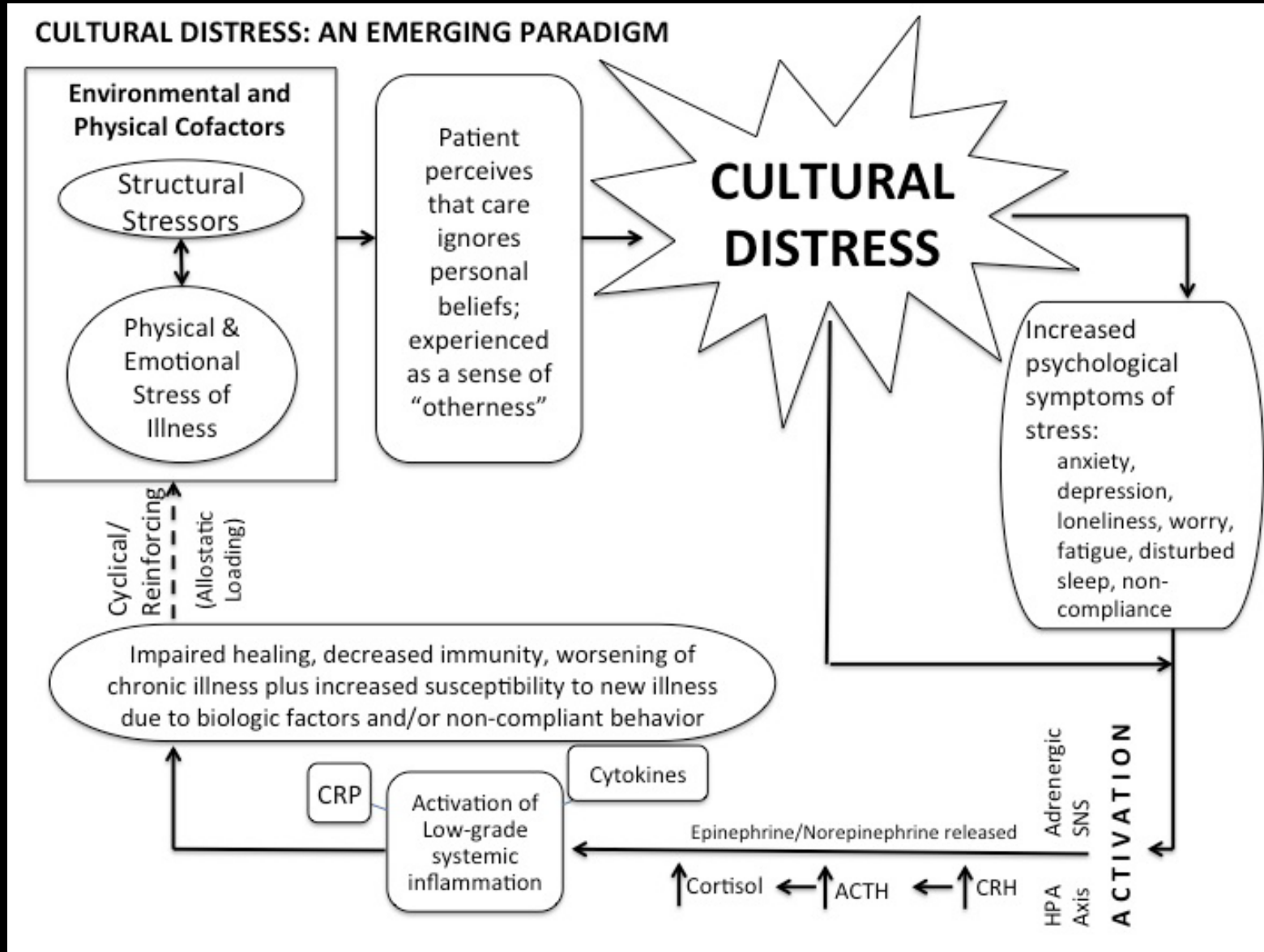


What is Cultural Distress?

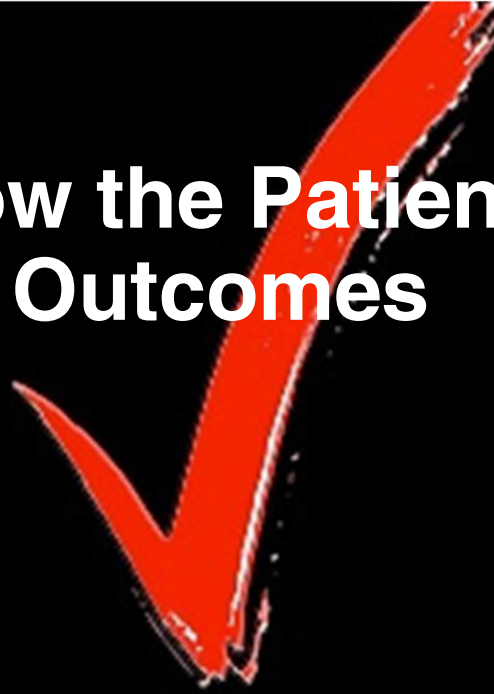
- “A negative response rooted in a cultural conflict in which the **patient lacks control** over the environment and the practices taking place in the patient-provider encounter” (DeWilde & Burton, 2017, p. 2).
- Offers a bio-behavioral framework for understanding outcomes in patients who do not receive care that incorporates their cultural beliefs (DeWilde & Burton, 2017).
- **Power Imbalance** ➡ **Stress Response**



Cultural Distress Diagram



Failure to Consider How the Patient Receives Care Affects Outcomes



Patients
Included

- Healthcare providers often focus on their own capabilities and not on the specific care received by the patient.
- Failure to integrate how the patient receives the care offered neglects a critical component of cultural care
(DeWilde & Burton, 2017).

Back to Cultural Distress

Environmental and Physical Cofactors

- Structural stressors.
- Established by the political, societal, economic, and social structures in which one lives.
- This can create a feeling of otherness.

The Physical, Emotional, and Spiritual Stress of Illness

- The illness elicits a behavioral and physiological stress response.

Other



**What Populations Could You Identify as
Being “Othered”?**

Otherness



- The experience of **feeling marginalized** and excluded because of the visible differences from those perceived as more mainstream and socially acceptable.
- Includes skin color, gender orientation, physical abilities, language, socioeconomic status, and education level.
- The person being '**othered**' **views themselves as 'less than'** in relation to the rest of society.
- Impacts access to care, as those who have experienced otherness do not feel welcome and tend not to seek care.

Examples of Structural Stressors

A 3D white figure holding a large red pencil, standing on a grey tablet with a checklist. The figure is positioned behind the text on the right side of the slide. The background is a solid purple color on the left and a grey gradient on the right.

Collecting demographic data

Enforced rounding

Visiting hours

Safety rules and regulations

Limited time to care for patients

COVID restrictions

Potential Sources of Structural Stressors

IDENTITIES	DISADVANTAGED	PRIVILEGED
Age	Children/Elderly	Adult
Gender	Female	Male
Religion/Spirituality	Non-Western Religions	Judeo-Christian
Sexual Orientation	Nonconforming/Transgender	Congruent
Race/Ethnicity	Underrepresented Groups	White/European decent
Abilities	Disability/cognitive impairment/mental illness	Abled body/mind
Education	=/< HS	> HS
Language	Limited English/1st language is not English	English
Income	< Median	=/> Median

POTENTIAL SOURCES OF STRUCTURAL STRESS

Structural Stressors Case Study In USA

IDENTITIES	DISADVANTAGED	PRIVILEGED
Age	Children/Elderly	Adult
Gender	Female	Male
Religion/Spirituality	Non-Western Religions	Judeo-Christian
Sexual Orientation	Nonconforming/Transgender	Congruent
Race/Ethnicity	Underrepresented Groups	White/European decent
Abilities	Disability/cognitive impairment/mental illness	Abled body/mind
Education	=/< HS	> HS
Language	Limited English/1st language is not English	English
Income	< Median	=/> Median
POTENTIAL SOURCES OF STRUCTURAL STRESS		

- 70-year-old
- Muslim
- Female, Heterosexual
- Syrian
- No disabilities
- HS educated
- Limited English
- Limited income

Identities	Disadvantages	Privilege
Age	X	
Gender	X	
Religion/ Spirituality	X	
Sexual Orientation		X
Ethnicity	X	
Abilities		X
Education		X
Language	X	
Income	X	
Total	6	3



Black Sea

Georgia

Tbilisi
თბილისი

Yerevan
Երևան

Azerbaijan

Ankara

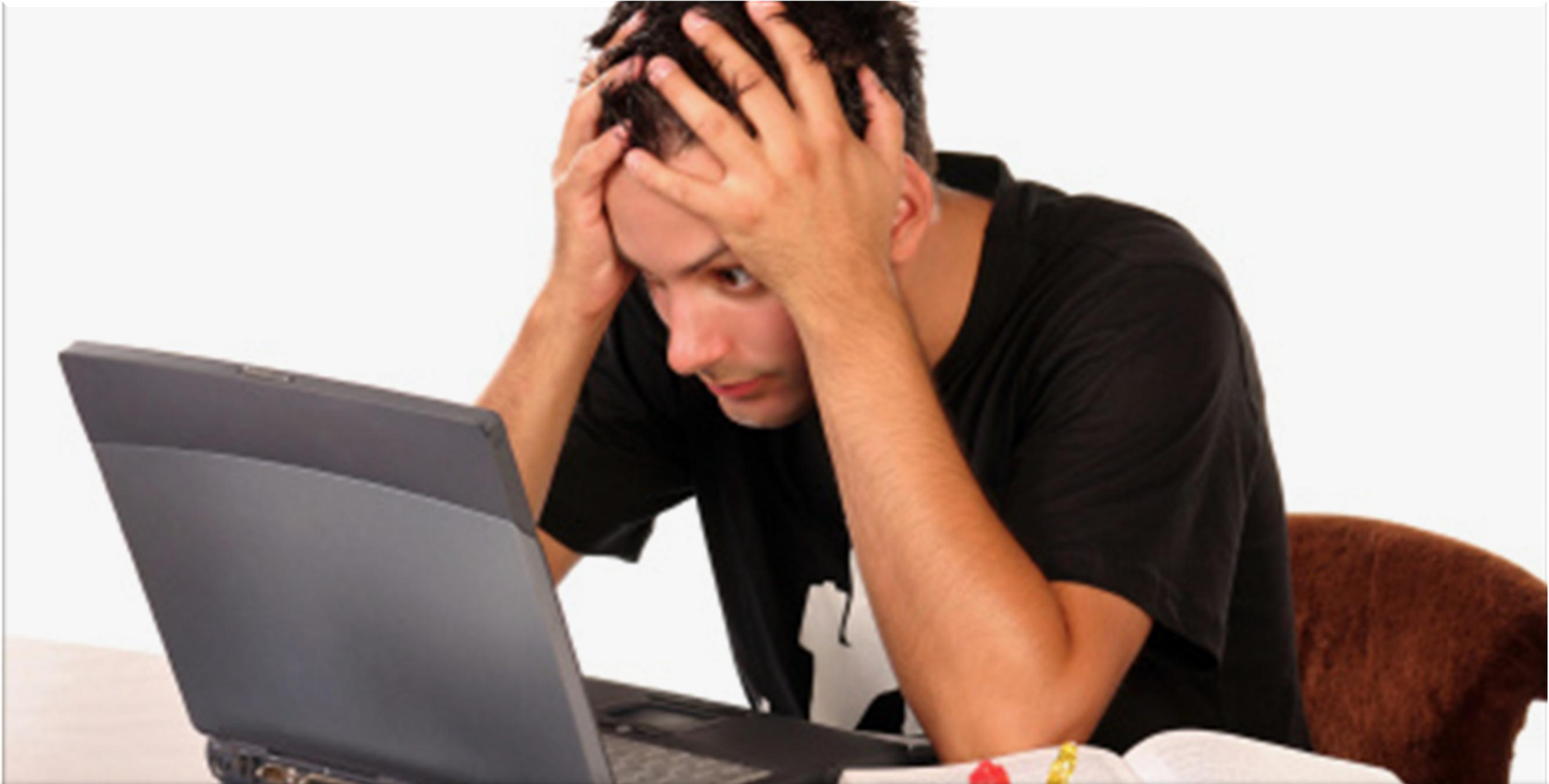
Turkey

Konya

The Result of Cultural Distress



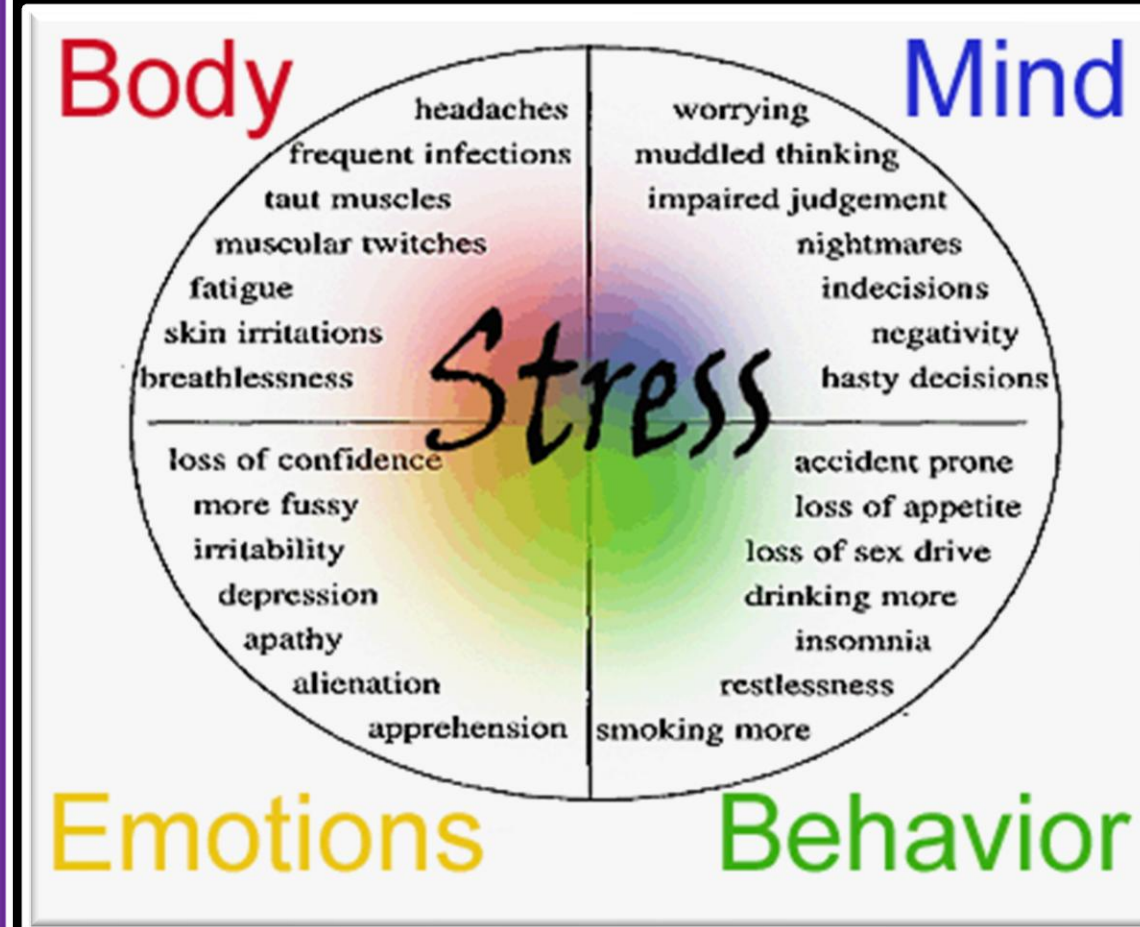
- Patient perceives that care ignores personal beliefs.
- Sense of 'otherness' results.
- Means cultural sensitivity has not been displayed.
- Cultural congruence is the patient's perception of whether culturally sensitive care has been provided.
- **Cultural competence is displayed** when interactions between the patient and provider equal the care that is both **received and perceived** (DeWilde & Burton, 2017; Kagawa-Singer et al., 2014; Schim & Doornbos, 2010).



What Types of Things Lead to Stress in Your Life?

Too Much Stress!!

- “A negative response rooted in a cultural conflict in which the patient lacks control over the environment and the practices taking place in the patient-provider encounter” (DeWilde & Burton, 2017, p. 2).
- It all occurs simultaneously.
- **Stress + Stress + Stress = Emotional, spiritual, and physiological stress response**



Physiologically results in **Allostatic Overload!!!**

Wait – What is Allostasis?

Allostasis: adapting in an environment of change or stress (Sterling & Eyer, 1988).

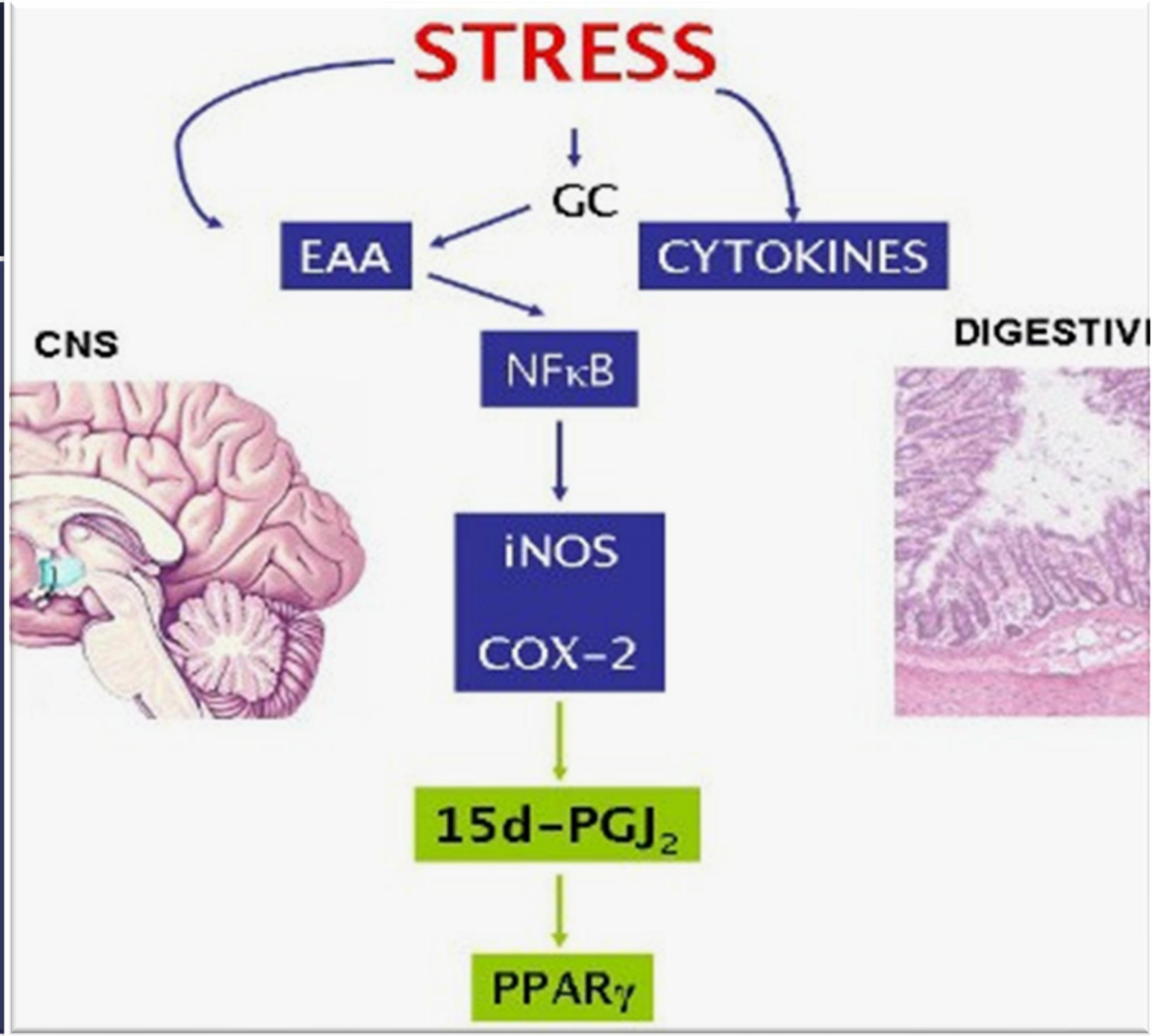
- Normal and essential mechanism for survival.
- Initiates the deployment of physiologic mediators of cortisol secretion and catecholamines to return the body to its normal state.

What is the difference between homeostasis and allostasis?

- **Homeostasis maintains life**, such as pH, blood sugar levels, and body temperature.
- **Allostasis dynamically adapts to changing environments** and stressful events to maintain homeostasis and involves changes in things like hormone levels and metabolic rate.

Allostatic Loading

- Repeated activation of the allostasis mechanism impairs the stress response cycle.
- Leaves the physiologic systems unable to adapt.
- Causes dysregulation of the Hypothalamic Pituitary Adrenal Axis (HPA), the Sympathetic Nervous System (SNS), and the mediators of low-grade systemic inflammation.



Research: Effects of Allostatic Overload

Demonstrated to exist in immigrant population, caregivers, and low socioeconomic situations.

Has been shown to affect pregnancy and birth outcomes.

Studies have linked allostatic overload to aging and a lack of resilience.

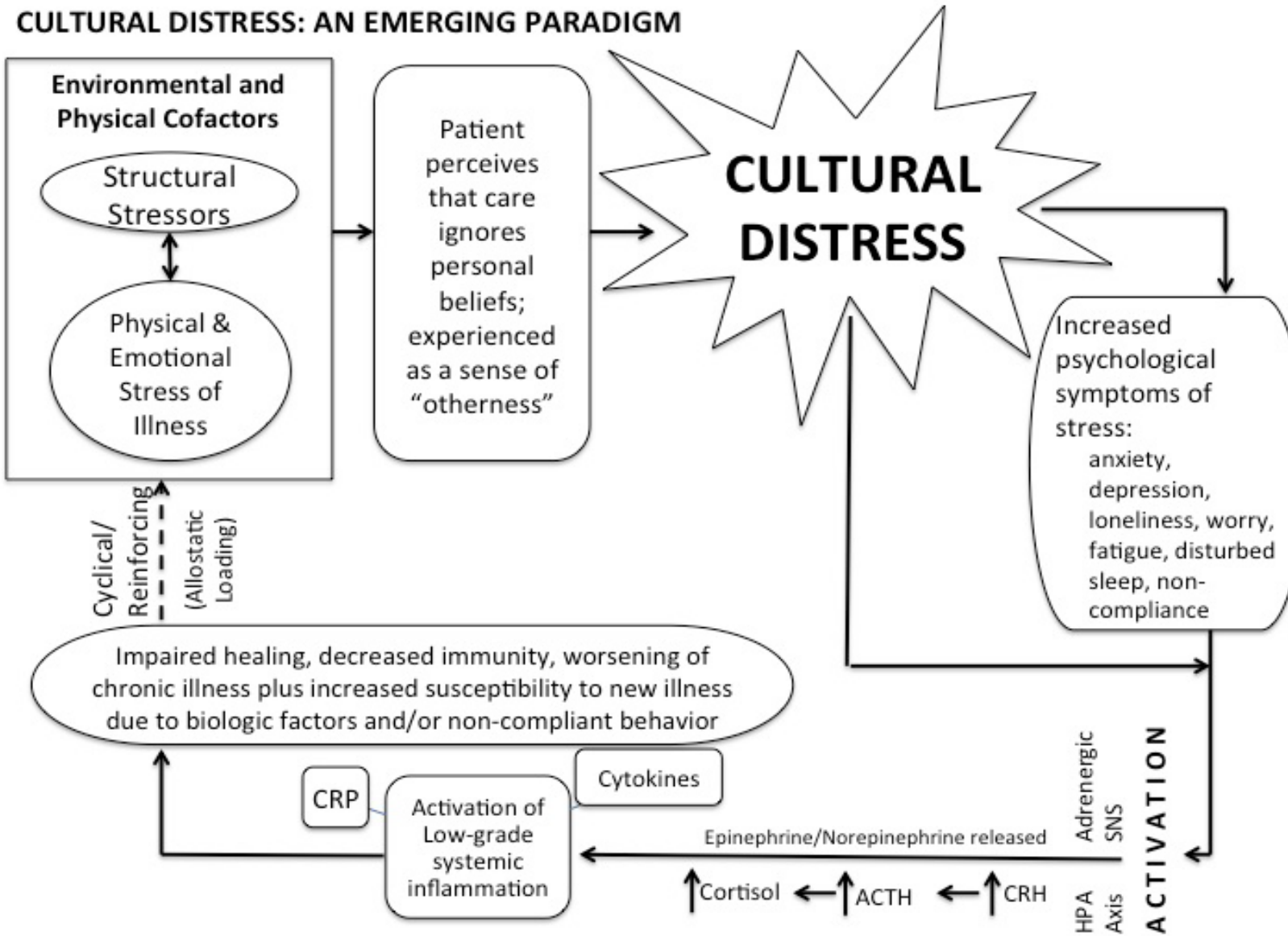
Results in impaired functioning of the immune system, coronary heart disease, and early death.

Cultural distress may share many of the same signs and symptoms as allostatic load.

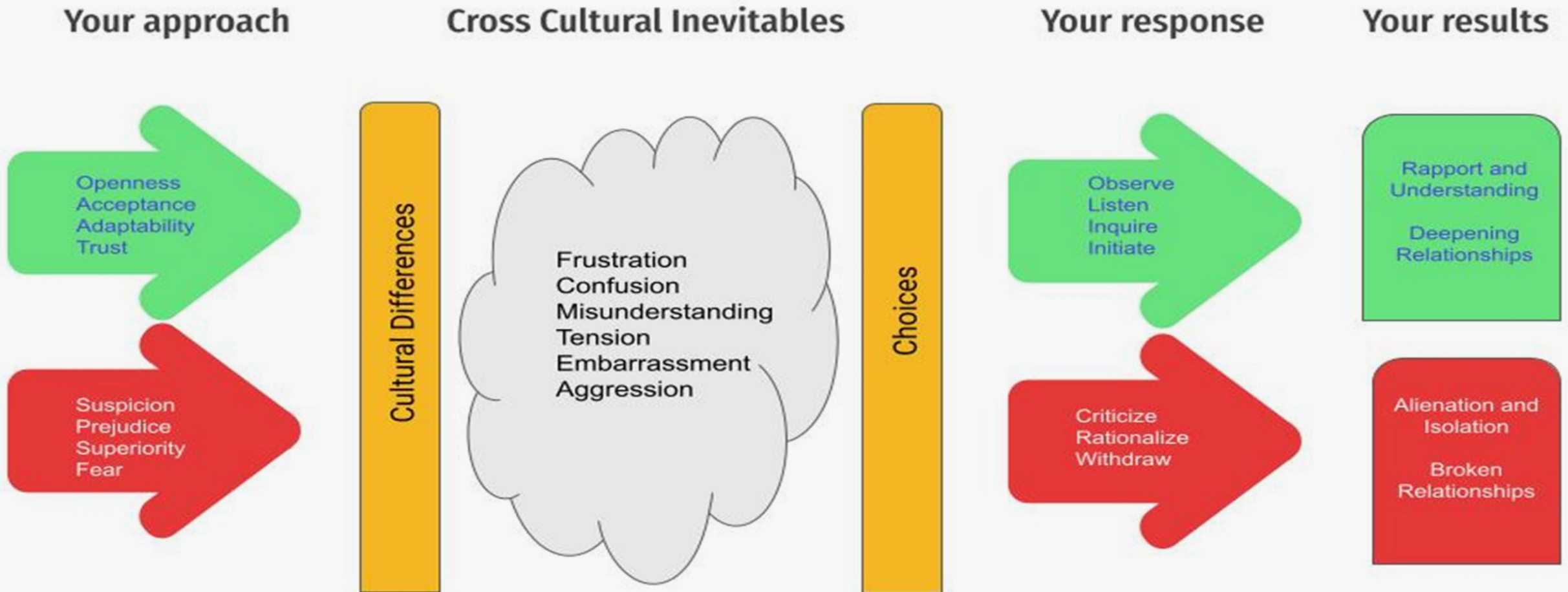
Structural Stressors = Overload

- Those structural stressors are all stress hits:
 - Ethnicity, gender identity, age, attire, language, religious practices, and ability.
 - The person is not receiving culturally sensitive care.
- **Too many stress hits = low resiliency**
- **Too many stress hits = low coping**
- **= Allostatic Overload!!!**





What Can We Do Differently? Change Our Entry Posture





Cultural Humility

- Humility seeks to understand, shows honor and respect to others, looks for opportunities to serve others, and begins with knowing who you are.
- It is a **process of self-reflection** to gain a deeper understanding of cultural differences to improve how vulnerable groups are treated.
- The personal reflection is followed by an appreciation of the patient's perspective.

Showing Cultural Humility

- Imitating the humility of Jesus.
- Putting the needs of others before our own.
- Engaging in self-reflection.
- Valuing each person's background.
- Being willing to learn from others.



Values Orientation – Questions to Ask

- What are your beliefs about health and illness?
- How do these beliefs influence your healthcare choices?
- What are your thoughts about work, leisure, and education?
- Is there a cultural stigma associated with your illness?
- What is your preference regarding privacy, courtesy, and touch?



Goals:

Show the Love of Jesus & Minimize Health Disparities

- Ethnic minorities.
- Residents of rural areas.
- Women, children, and older adults.
- Persons with disabilities.
- People who are incarcerated.
- People who are homeless.
- LGBTQ+ populations.
- People with substance use disorders.
- Other special populations, such as those with sensory conditions.



A Biblical Worldview



- God created the universe and loves all people.
- People are made in God's image and likeness (Gen 1:27)
- Serving others is sacred work, done with power, grace, and humility; small tasks done with love (Mother Teresa).
- When we stand before a patient, we enter 'holy ground', a special time and place where we can honor others.

What Questions
Do You Have?



References

- Boyle, J., Collins, J.W., Ludwig-Beymer, P., & Andrews, M.M.(2025). *Transcultural concepts in nursing care* (9th ed). Philadelphia, PA: Wolters Kluwer.
- Betancourt, J. R., Green, A. R., Carrillo, J. E., & Park, E. R. (2005). Cultural competence and health care disparities: Key perspectives and trends. *Health Affairs*, 24(2), 499-505. doi:10.1377/hlthaff.24.2.499
- Cai, D., (2016). A concept analysis of cultural competence. *International Journal of Nursing Sciences*, 3, 268-273.
- Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing*. 13(3), 181-184
- DeWilde, C. & Burton, C. (2017). Cultural distress: An emerging paradigm. *Journal of Transcultural Nursing* 28(4), 334-341.
- Elmer, D. (2022). Cross-cultural connections: Stepping out and fitting in around the world.
- Turkson-Ocran, R., Nkimbeng, M., Erol, D., Hwant, D., Aryitey, A., & Hughes, V. (2022). Strategies for providing culturally sensitive care to diverse populations. *Journal of Christian Nursing*, 39(1), 16-21.