

TRANSCULTURAL NURSING THEORY



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INTRODUCTION:

Transcultural nursing is an essential aspect of healthcare today. The ever increasing multicultural population in different countries poses a significant challenge to nurses providing individualize and holistic care to the patients. This requires the nurses to recognize and appreciate cultural differences in healthcare values, beliefs and customs. Nurses must acquire the necessary knowledge and skills in cultural competency. Culturally competent nursing care helps ensure patient satisfaction and positive outcomes. Transcultural nursing shows how professional nursing interacts with the concept of culture.

DEFINITION: According to Madeleine Leininger, transcultural nursing is a substantive area of study and practice that focuses on the comparative cultural values of caring, the belief and practices of individuals or groups of similar or different cultures.

GOAL OF TRANSCULTURAL NURSING:

- To give cultural congruent nursing care.
- To provide culture specific and universal nursing care.
- To aid in facing adverse human conditions, illness or death in culturally meaningful ways.

DEFINITIONS:

Transcultural Nursing:

- Transcultural nursing is a comparative study of cultures to understand similarities (culture universal) and differences (culture - specific) across human groups (Leininger, 1991).

Culture:

- Set values, beliefs and traditions, that are held by a specific group of people and handed down from generation to generation.
- Culture is also beliefs, habits, likes, dislikes, customs and rituals learn from one's family.
- Culture is the learned, shared and transmitted values, beliefs, norms and life way practices of a particular group that guide thinking, decisions, and actions in patterned ways.
- Culture is learned by each generation through both formal and informal life experiences.
- Language is primary through means of transmitting culture.
- The practices of particular culture often arise because of the group's social and physical environment.
- Culture practice and beliefs are adapted over time but they mainly remain constant as long as they satisfy needs.

Religion:

- Is a set of belief in a divine or super human power (or powers) to be obeyed and worshipped as the creator and ruler of the universe?

Ethnic:

- Refers to a group of people who share a common and distinctive culture and who are members of a specific group.

Ethnicity:

- A consciousness of belonging to a group.

Cultural Identify:

- The sense of being part of an ethnic group or culture.

Culture - universals:

- Commonalities of values, norms of behavior, and life patterns that are similar among different cultures.

Culture - specifics:

- Values, beliefs, and patterns of behavior that tend to be unique to a designate culture.

Material culture:

- Refers to objects (dress, art, religious artifacts)

Non-material culture:

➤ Refers to beliefs customs, languages, social institutions.

Subculture:

➤ Composed of people who have a distinct identity but are related to a larger cultural group.

Bicultural:

➤ A person who crosses two cultures, lifestyles, and sets of values.

Diversity:

➤ Refers to the fact or state of being different. Diversity can occur between cultures and within a cultural group.

Acculturation:

➤ People of a minority group tend to assume the attitudes, values, beliefs, find practices of the dominant society resulting in a blended cultural pattern.

Cultural shock:

➤ The state of being disoriented or unable to respond to a different cultural environment because of its sudden strangeness, unfamiliarity, and incompatibility to the stranger’s perceptions and expectations at is differentiated from others by symbolic markers (cultures, biology, territory, religion).

Ethnic group:

➤ Share a common social and cultural heritage that is passed on to successive generations.

Ethnic identity:

➤ Refers to a subjective perspective of the person’s heritage and to a sense of belonging to a group that is distinguishable from other group.

Race:

➤ The classification of people according to shared biologic characteristics, genetic markers, or features. Not all people of the same race have the same culture.

Cultural awareness:

➤ It is an in - depth self - examination of one’s own background, recognizing biases and prejudices and assumptions about other people.

Culturally congruent care:

➤ Care that fits the people’s valued life patterns and set of meanings - which is generated from the people themselves, rather than based on predetermined criteria.

Culturally competent care:

➤ Is the ability of the practitioner to bridge cultural gaps in caring, work with cultural differences and enable clients and families to achieve meaningful and supportive caring.

NURSING DECISIONS: Leininger (1991) identified three nursing decisions and action modes to achieve culturally congruent care.

1. Cultural preservation or maintenance.
2. Cultural care accommodation or negotiation.
3. Cultural care repatterning or restructuring.

MAJOR CONCEPTS [Leininger (1991)]

✍ Illness and wellness are shaped by a various factors including perception and coping skills, as well as the social level of the patient.

✍ Cultural competence is an important component of nursing.

✍ Culture influences all spheres of human life. It defines health, illness, and the search for relief from disease or distress.

✍ Religious and Cultural knowledge is an important ingredient in health care.

✍ The health concepts held by many cultural groups may result in people choosing not to seek modern medical treatment procedures.

✍ Health care provider need to be flexible in the design of programs, policies, and services to meet the needs and concerns of the culturally diverse population, groups that are likely to be encountered.

✍ Most cases of lay illness have multiple causalities and may require several different approaches to diagnosis, treatment, and cure including folk and Western medical interventions..

The use of traditional or alternate models of health care delivery is widely varied and may come into conflict with western models of health care practice.

✍ Culture guides behavior into acceptable ways for the people in a specific group as such culture originates and develops within the social structure through inter personal interactions.

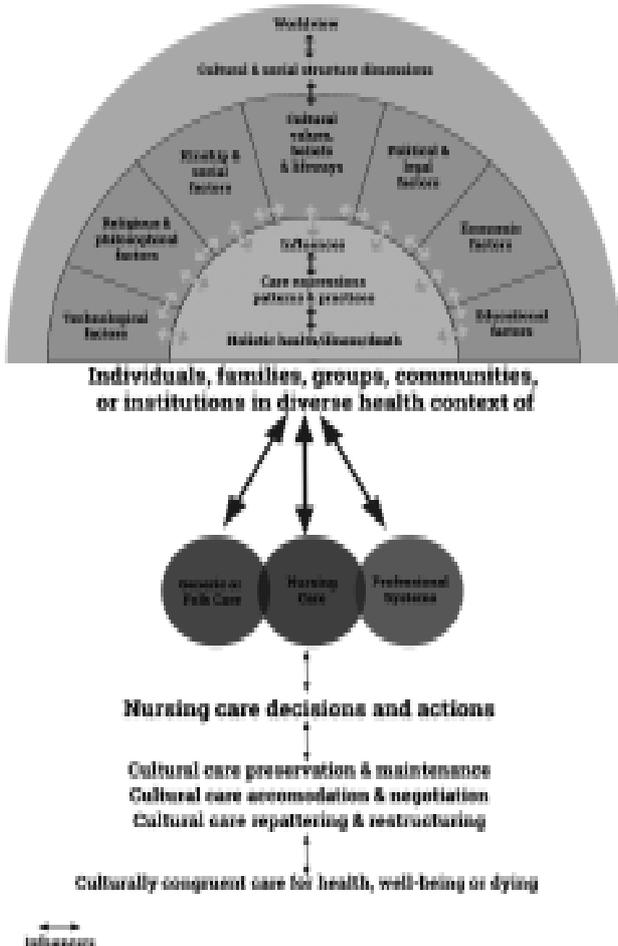
✍ For a nurse to successfully provide car for a client of a different cultural or ethnic to background, effective intercultural communication must take place.

Health Practices in Different Cultures:

- **Use of Protective Objects:** Protective objects can be worn or carried or hung in the home - charms worn on a string or chain around the neck, wrist, or waist to protect the wearer from the evil eye or evil spirits.
- **Use of Substances:** It is believed that certain food substances can be ingested to prevent illness. E.g. eating raw garlic or onion to prevent illness or wear them on the body or hang them in the home.
- **Religious Practices:** Burning of candles, rituals of redemption etc..
- **Traditional Remedies:** The use of folk or traditional medicine is seen among people from all walk of life and cultural ethnic back ground.
- **Healers:** Within a given community, specific people are known to have the power to heal.

- **Immigration:** Immigrant groups have their own cultural attitudes ranging beliefs and practices regarding these areas.
- **Gender Roles:** In many cultures, the male is dominant figure and often they take decisions related to health practices and treatment. In some other cultures females are dominant. In some cultures, women are discriminated in providing proper treatment for illness.
- **Beliefs about mental health:** Mental illnesses are caused by a lack of harmony of emotions or by evil spirits. Problems in this are most likely related to transgressions committed in a past life.
- **Economic Factors:** Factors such as unemployment, underemployment, homelessness, lack of health insurance poverty prevent people from entering the health care system.
- **Time orientation:** It is varies for different cultures groups.
- **Personal Space:** Respect the client’s personal space when performing nursing procedures. The nurse should also welcome visiting members of the family and extended family.

**Madeleine Leininger's Transcultural Nursing
The Sunrise Enabler to
Discover Culture Care Sunrise Model**



NURSING METAPARADIGM:

- She criticizes the nursing metaparadigm concepts of person, environment, health and nursing.
- She considers ‘nursing’ as a discipline and a profession and the term ‘nursing’ can’t explain the phenomenon of nursing.
 - The term ‘person’ is too limited and culture-bound to explain nursing, as the term person does not exist in every culture.
 - The concept of ‘health’ is not distinct to nursing as many disciplines use the term.
 - Instead of ‘environment’, Leininger uses the concept ‘environmental context’, which includes ‘events with meaning’ and ‘interpretations’ given to them particularly physical, ecological, socio-political and/ or cultural settings.

NURSING PROCESS AND ROLE OF NURSE

- ✍ Determine the client’s cultural heritage and language skills.
- Determine if any of his health beliefs relate to the cause of the illness or to the problem.

- ✍ Collect information about any home remedies the person is taking to treat the symptoms.
- ✍ Nurses should evaluate their attitudes toward ethnic nursing care.
- ✍ Self - evaluation helps the nurse to become more comfortable when providing care to clients from diverse backgrounds.
- ✍ Understand the influence of culture, race and ethnicity on the development of social emotional relationship, child rearing practices and attitude toward health.
- ✍ Collect information about the socioeconomic status of the family and its influence on their health promotion and wellness.
- ✍ Identify the religious practices of the family and their influence on health promotion belief in families.
- ✍ Understanding of the general characteristics of the major ethnic groups, but always individualizes care.
- ✍ The nursing diagnosis for clients should include potential problems in their interaction with the health care system and problems involving the effects of culture.
- ✍ The planning and implementation of nursing interventions should be adapted as much as possible to the client's cultural background.
- ✍ Evaluation should include the nurse's self-evaluations of attitudes and emotions toward providing nursing care to clients from diverse sociocultural backgrounds.
- ✍ Self-evaluation by the nurse is crucial as he or she increases skills for interaction.

APPLICATION TO NURSING:

- To develop understanding, respect and appreciation for the individuality and diversity of patients beliefs, values, spirituality and culture regarding illness, its meaning, cause, treatment, and outcome.
- To encourage in developing and maintaining a program of physical, emotional and spiritual self - care introduce therapies such as Ayurveda and Panchakarma.

The relative significance of culturally appropriate health care cannot be understood if the nurse does not understand the value of culturally relevant nursing diagnoses.

The application of the **North American Nursing Diagnosis Association (NANDA)** taxonomy:

Few nursing diagnoses used in accordance to transcultural nursing theory are,

1. impaired verbal communication
2. social isolation and
3. noncompliance in culturally diverse situations.

Nursing diagnoses must tend to,

1. focus on the client rather than the provider and therefore do not acknowledge the existence of other culturally relevant viewpoints (such as those expressed by the provider);
2. be generalized and, as a result, increase the likelihood, when applied in diverse cultural settings, for stereotyping and victimization; and
3. involve mislabeling phenomena, which in actuality arise as expressions of cultural dissonance rather than expressions of political, social, psychological, or economic factors.

COUNCLUSION:

Nurses need to be aware of and sensitive to the cultural needs of clients. The practice of nursing today demands that the nurse identify and meet the cultural needs of diverse groups, understand the social and cultural reality of the client, family, and community, develop expertise to implement culturally acceptable strategies to provide nursing care, and identify and use resources acceptable to the client (Andrews and Boyle, 2002).

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