

A CRITICAL ANALYSIS OF TRANSCULTURAL NURSING

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Abstract: Health care delivery is undergoing constant change that affects both patients and health professionals across the spectrum of care. Consequently, each health care profession including nursing is searching for redefinition of its role in a world where patient care and patient satisfaction are paramount. Transcultural nursing may be defined as a body of knowledge that helps to provide culturally sensitive care to all health care service users. The term transcultural nursing has gained considerable recognition in nursing and other healthcare fields as one of the most significant and growing trends in the twenty-first century. Nursing leaders' emphasised that cultural awareness and transcultural care are becoming gradually more important as the World becomes extremely more close, complex and multicultural, hence there is a need to bring transcultural nursing into a sharp focus.

Keywords: Transcultural nursing, culturally sensitive care, multicultural health care system and Cultural diversity

I. INTRODUCTION

The United Nations Educational Scientific and Cultural Organization (UNESCO) (2002) describe the concept of culture as the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, and it encompasses in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs. In practice the term transcultural nursing has multiple definitions and approaches (Cortis, 2000; Chevannes, 2002; Serrant-Green, 2001 and Gerrish and Lacey, 2006). Salimbene (1999) contends that nurses and other health care providers must be prepared to understand the role that culture plays in peoples' perceptions of their health needs and their responses to health care. Dossey, Keegan and Guzzetta (2000) declare that culture does not only account for differences in behaviours such as diet and exercise but it also determines what health conditions are considered worthy of attention and what behaviours the client engages in to restore health and to remain healthy.

Sargent, Sedlak and Martsolf (2005) stressed that healthcare consumers are entitled to culturally competent care. Lim, Downie and Nathan (2004) supports the notion that educational preparation and relevant clinical experience is important in providing nursing students with the opportunity to develop self-interest in carrying out effective and efficient transcultural nursing in today's multicultural health care system. It is for this reason that educators need to focus on providing students with relevant theoretical information and ensure sufficient clinical exposure to support student learning that will be beneficial to patients. Only then can they be effective and competent during healthcare delivery (Austin, 2001a and Austin, 2001b). Indeed, Salimbene (1999) further asserts that the degree of patients' compliance with and response to treatment will be significantly affected by the degree of variation between their expectations and the care they receive.

II. LITERATURE REVIEW

1. Defining Transcultural Nursing

The literature review demonstrates the difficulty that authors had in reaching a consensus around a definition of transcultural nursing. Although definitions differ conceptually in that one views transcultural nursing as "abilities" and another defines it as a "process" both definitions include cultural sensitivity, awareness, knowledge, skills and safety (Gallanti, 2004; Davidhizar and Giger, 2002; Papadopoulos and Lees, 2002; Andrews, 2008; and Andrews & Boyle (2012). The concern is to provide care that is culturally sensitive to the needs of the individuals, families, and groups who represent diverse cultural population within a society.

In the context of health care, cultural heritage influences the perceptual framework of illness, wellness and accepted treatment modalities (Elliott, 2001) supports the work of Leininger and asserts that as highlighted in Leininger 's Theory of Culture care Diversity and Universality, an enabling factor on culturally sensitive care have been identified. Having the required skills and ability to care for patients in a congruent manner, Leininger believes that cultural values cannot be separated from the concepts of health, and illness. Nurses must be aware of the value systems of people in their care as well as family expectations about the roles and relationships, a disconnection between nurse and patient can occur, creating serious ethical dilemmas with poor outcomes. Nursing practice cannot be ethical unless the cultural and beliefs of the patient are taken into consideration (Donnelly, 2000). Therefore, an assessment of the patient aspects of lifestyle, health beliefs and practices will enhance the nurses' decision making and judgment skills when providing care.

Leininger (1997) reviewed and described transcultural nursing as the creative synthesis of scientific and humanistic knowledge to provide meaningful congruent health care practices. A culturally competent nurse recognises that cultural differences occur across all levels of diversity, both primary (age, gender, language, physical ability and sexual preference) and secondary (socio-economic background, geographical location, education and religion) (Polaschek 1998). The purpose of transcultural nursing is to discover and provide care in specific ways for Asian, African, Caribbean, Eastern European and other cultures and subcultures. Providing adequate

cultural care is the goal of transcultural nursing. Nurses as the largest health care providers (NMC, 2004) can provide a beneficial cultural care for the well, sick, disabled or dying patient with transcultural nursing knowledge and competencies.

The call to nurses to become culturally competent is not merely a standard but an ethical imperative. Leininger and McFarland (2002) contend that “all nurses need to be prepared in transcultural nursing in order to serve culturally vulnerable populations and to develop professional competencies in transcultural nursing”.

Further Leininger (1998) asserts that the concept of transcultural nursing has been in existence ever since nursing profession started. In recent years however, the term transcultural nursing is becoming widely accepted and is generally used to mean healthcare that involves specific cultural information to provide sensitive and culturally competent care (Purnell, 2002). This definition indicates that it is not possible to provide safe and appropriate care without this orientation. Some researchers, such as McQuiston, Choi-Hevel and Clawson (2001); Anderson et al, (2003); and Lindenberg et al (2001) also support the notion that the goal of transcultural nursing is to improve the caregiver’s self-awareness.

2. Transcultural Nursing Theory

Transcultural nursing may bring about major changes in the way care is developed, planned and delivered to patients by nurses and midwives. The key to providing cultural care is an understanding of transcultural nursing theories. For any type of healthcare to be effective, whether it is hospital based or community based, it has to be built on sound educational principles. Interestingly, culturally congruent care has become a sought-after goal today and a mantra for many health organisations and professions, nationally and internationally (Seisser, 2002). Leininger was one of the first nurses to fully develop a culture care theory entitled ‘Cultural Care Diversity and Universality’ which has been widely used in nursing education, practice and research (Leininger and McFarland, 2006). Discovering what was diverse about care among cultures and what was universal was entirely a new drive in nursing. It was an important theoretical premise and futuristic vision for nursing and healthcare services with the advent of globalisation of health care. Jukes and O’Shea (1998) point out the need for learning disability nurses to work together towards developing a multicultural sensitive and responsive service to clients. Similarly, Baxter (2000) outlines the importance of respect for cultural and religious identity for mental health clients. However, Chady (2000) argues that strategies for transcultural nursing in light of the National Service Framework for mental health clients should be followed for effective practice (DoH, 1999, 2006).

Leininger (2002) states that the goal to provide culturally based care have been long overdue. Leininger explains further that it is the transcultural theory-based nursing care knowledge that has a powerful means of overcoming cultural biases, prejudices, and non-therapeutic care practices that can reduce legal suits. At the same time Seisser (2002) challenged the nurses and other health professionals to discover and use culturally based knowledge and health policies for diverse cultures. To address the challenge there is need for a provision of culturally based care that will reflect patients’ life ways. Recognising that there are about 4,000 distinct cultures in the world, there are more culture care constructs to be discovered in the future. If culture specific care is practiced, it can shorten recovery time from illnesses; reduce client costs, cultural conflicts, and cultural stresses in nursing and healthcare (Leininger & McFarland 2006).

Another important theorist is Purnell (2002) who developed “The Purnell Model for Cultural Competence” which was built on Leininger’s model with some minor exceptions. The major assumption of the model was that one culture is not superior than another culture and all cultures share core similarities. In recent years however, the term cultural care has become broadly accepted and is generally used to mean a care strategy for minority ethnics that involves effective communication process (Leininger and McFarland, 2002) and (Campiha-Bacote, 2002) in support of Purnell (2000). Purnell (2002) also explained that differences exist among, between and within cultures with the fact that cultures change slowly over time in a stable society. Purnell (2002) advocates that clients should be encouraged to participate in their own care in order to have a choice in health-related goals, plans and interventions so that health outcomes can be improved.

Culture has a powerful influence on one’s interpretation of and responses to health and everyone has the right to be respected for his or her uniqueness and cultural heritage. Caregivers need both general and specific cultural information to provide sensitive and culturally competent care (Purnell, 2002). To provide culturally congruent care is to provide care that is meaningful and fits with cultural beliefs and life ways of the client. It refers to the use of emic (local cultural knowledge and life ways) in meaningful and tailored ways that fit with etic (largely professional outsiders’ knowledge) to help specific cultures, whether ill, disabled, facing death or other human conditions (Leininger, 1999). Meleis (1999) defines culturally competent care as care that is sensitive to the differences individuals may have in their experiences and responses due to their heritage, sexual orientation, socioeconomic situation, ethnicity, and cultural background. It is a care that is based on understanding how those differences may inform the responses of people and the processes of caring for them. Brach and Fraser (2000) conclude in their study entitled “Cultural Competence California Style” that while there is substantial evidence to suggest that cultural competency should work, health systems have little evidence about which cultural competency techniques are in fact effective and less evidence on when and how to implement them properly. Canales and Bowers (2001) were able to conceptualise the provision of competent care to all persons who are perceived as different, rather than focusing only on those who are perceived as ‘culturally’ different.

Similarly, Smye and Browne (1999) believe that cultural safety is designed to focus attention on “life chances such as, access to health services, education and decent housing within a safe environment”. Policies that address cultural safety can provide a mechanism for linking macro-level issues to micro-level interactions in a health care context (Browne et al, 2002). A key element of culturally safe practice is establishing trust with the patient, Anderson et al, (2003) encourage nurses to reflect on their own personal

and cultural history and the values and beliefs that they bring to their interaction with patients, rather than imposing uncritically their own understandings and beliefs on patients and families.

III. CONCLUSION

Leininger's theory of culture care, diversity and universality states that in order to provide culturally sensitive nursing care the nurse is expected to know and respect cultural differences and similarities of clients in order to provide culturally effective and safe care (Leininger, 2002). Narayanasamy (2003) points out that health care provider must deliver services that are culturally sensitive and appropriate. However, for a variety of reasons, there is a growing concern that the cultural health care needs of minority ethnic groups are not always met adequately.

There is a general perception rather than clear evidence that cultural diversity teaching can have a positive effect on clinical practice. There is also a need to critically review cultural diversity nursing education programs and question whether they are delivering what they set out to do. Transcultural nursing should be integrated into the whole curriculum of healthcare studies, instead of being seen to form a section within it and the focus should be on the needs of patients from all cultures (NMC, 2006). There is a great opportunity to consider transcultural nursing teaching approaches and devise strategies to improve the delivery. Some evidence reveals the needs for a range of improvements in educational preparation of student nurses.

This paper highlights the significance of cultural care education as a starting point in treating minority ethnic patients with dignity and respect. The challenge within nurse education is to ensure that initial training and ongoing education prepares nurses that can demonstrate cultural understanding and sensitivity in clinical settings.

Leininger's model of culture care diversity and universality. Leininger (2002) actually states that student nurses are keenly aware of culturally diverse communities in which they live and they must develop competency skills with clients, families, and diverse groups in mind. Through making these necessary changes, there is a potential to advance the students' confidence in meeting the needs of the minority ethnic patients in England, thus allowing nurses to provide holistic and safe care to patients.

There is a need to focus on nursing curricula to include teaching and learning about cultural awareness. The nurses need more practical experience of caring for patients from different cultures. The experience could be acquired by a variety of teaching and learning methods; from overseas exchange programs, use of cultural and transcultural nursing films, videos and CDs, use of poems, paintings, and drawings related to culture care and health. Open discussion on cultural heritage and life experiences would be valuable, use of patient-student encounters or situations and the use of students' experiential accounts.

It is important to equip student nurses, registered nurses and midwives with transcultural nursing theory-based research knowledge, with the increasing number of immigrants and refugees entering UK with different lifestyles and many indigenous health care beliefs and language barriers.

REFERENCES

- [1]. Anderson, J., Perry, J., Blue, C., Browne, A., Henderson, A., Khan, K.B., Kirham, S., Lynam, J., Semeniuk, P. and Smye, V. (2003). "Rewriting" Cultural Safety Within the Postcolonial and Post national Feminist Project: Toward New Epistemologies of Healing. *Advances in Nursing Science*, 26 (3): 196-214.
- [2]. Andrews, M. M. (2008). *Theoretical foundations of transcultural nursing*. In M. M. Andrews & J. S. Boyle (Eds.), *Transcultural concepts in nursing care* (5th edition, pp. 3- 14). Philadelphia: Lippincott Williams & Wilkins.
- [3]. Andrews, M. M., & Boyle, J. S. (2012). *Transcultural concepts in nursing care*. (6th edition) Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.
- [4]. Austin, W. (2001a). Nursing ethics in an era of globalization, *Advances in Nursing Science*, 24, (2) 1-18.
- [5]. Austin, W. (2001b). Using the human rights paradigm in health ethic: The problems and the responsibilities. *Nursing Ethics*, 28, 183-195.
- [6]. Baxter, C. (2000). *Anti-racist practice: achieving competency and maintaining professional standards*. In: Thompson, T. and Mathias, P. eds. *Lyttle's Mental Health and Disorder*. Baillière Tindall, Edinburgh: 350-358.
- [7]. Brach, C. and Fraser, I. (2000) Can cultural competency reduce ethnic and racial health disparities? A review and conceptual model. *Medical Care Research and Review* 57(Supplement 1):181-217.
- [8]. Browne, C. V., Braun, K. L., Mokuan, N. and McLaughlin (2002). Developing a multisite project in geriatric and/gerontological education with emphasis in interdisciplinary practice and cultural competence. *Gerontologist*, 42 (5), 698-704.
- [9]. 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.
- [10]. Canales, M. K. and Bowers, B. J. (2001). Expanding conceptualizations of culturally competent care. *Journal of Advanced Nursing*, 36 (1), 102-111 (10).
- [11]. Chady, S. (2000). The NSF for mental health from a transcultural perspective. *British Journal of Nursing*, 10 (15): 984-990.
- [12]. Chevannes, M. (2002). Issues in educating health professionals to meet the diverse needs of patients and other service users from ethnic minority groups. *Journal of Advanced Nursing*, 39, 290-298.

- [13]. Cortis, J. D. (2004). Meeting the needs of minority ethnic patients. *Journal of Advanced Nursing*, 48 (1) 51-58.
- [14]. Davidhizar, R. and Giger, J. (2002). *Transcultural nursing: Assessment and intervention*. St. Louis: Mosby.
- [15]. Department of Health (1999). *Modern Standards and Service Models: National Service Framework for Mental Health* DoH, London.
- [16]. Department of Health (2006). *A stronger local voice: A framework for creating a stronger local voice in the development of health and social care*. Norwich: The Stationary Office. London.
- [17]. Donnelly, P. (2000). Ethics and Cross-Cultural Nursing. *Journal of Transcultural Nursing*, 11 (2), 119-126.
- [18]. Dossey, B., Keegan, L. and Guzzetta, C. (2000). *Holistic nursing: A handbook for practice*. (3rd Edition). Gaithersburg, Maryland: Aspen Publishers, Inc.
- [19]. Elliott, A. (2001). Health Care Ethics: Cultural Relativity of Autonomy. *Journal of Transcultural Nursing*, 12 (4), 326-330.
- [20]. Galanti, G. (2003). The Hispanic Family and Male-Female Relationships: *An Overview Journal of Transcultural Nursing*, 14 (3), 180-185.
- [21]. Gerrish, K. and Lacey, A. (2006). *The Research Process in Nursing*. (5th Edition). Blackwell Publishing.
- [22]. Jukes, M. and O'Shea, K. (1998). Transcultural therapy 1: mental health and learning disabilities. *British Journal of Nursing*, 7 (20), 1268-72.
- [23]. Leininger, M. (1997). Transcultural nursing: a scientific and humanistic discipline. *Journal of Transcultural Nursing*, 8(2), 54-55.
- [24]. Leininger, M. (1998) Nursing education exchanges: Concerns and benefits. *Journal of Transcultural Nursing*, 9 (2), 57-73.
- [25]. Leininger, M. (2002). Transcultural nursing legal concerns: A wake-up call. *Journal of Transcultural Nursing*, 13, 254.
- [26]. Leininger, M. M. (1999). What is transcultural nursing and culturally competent care? *Journal of Transcultural Nursing*, 10 (1), 9.
- [27]. Leininger, M. M. and McFarland, M. R. (2002). *Transcultural nursing: Concepts, theories research and practice*. (3rd Edition.). New York: McGraw-Hill.
- [28]. Leininger, M.M. and McFarland, M.R. (2006). *Culture Care Diversity and Universality: A Worldwide Nursing Theory*. (2nd Edition). Jones and Bartlett, Sudbury.
- [29]. Lim, J., Downie, J. and Nathan, P. (2004). Nursing students' self-efficacy in providing transcultural care. *Nurse Education Today*, 24, 428-434.
- [30]. Lindenberg, C., Solorazano, R., Vilaro, F. and Westbrook, L. (2001). Challenges and Strategies for Conducting Intervention Research with Culturally Diverse Populations. *Journal of Transcultural Nursing*. 12 (2), 132-139.
- [31]. McQuiston, C. Choi-Hevel, S. Clawson, M. (2001). Protegiendo Nuestra Comunidad: Empowerment Participatory Education for HIV Prevention. *Journal of Transcultural Nursing*. 12 (4), 275-282.
- [32]. Meleis, A. I. (1999). Culturally competent care [comment]. *Journal of Transcultural Nursing*, 10 (1), 12.
- [33]. Narayanasamy, A (2003) Transcultural care. Transcultural nursing: How do nurses respond to cultural needs? *British Journal of Nursing*, 12, 185-194.
- [34]. Nursing and Midwifery Council (2004). *The NMC Code of professional conduct: Standard for conduct, performance and ethics*. London.
- [35]. Nursing and Midwifery Council (2006). NMC Circular 35/2006. NMC, London.
- [36]. Papadopoulos, I. and Lees, I. (2002). Developing culturally competent research. *Journal of Advance Nursing*, 37 (3), 258-63.
- [37]. Polaschek, B.A. (1998). Cultural safety: a new concept in nursing people of different ethnicities. *Journal of Advanced Nursing*, 27, 452-457.
- [38]. Purnell, L. (2000). Description of the Purnell Model for Cultural Competence. *Journal of Transcultural Nursing*, 11 (1), 40-46.
- [39]. Purnell, L. (2002) The Purnell Model for Cultural Competence. *Journal of Transcultural Nursing*, 13 (3), 193-196.
- [40]. Salimbene, S. (1999). Cultural competence: A priority for performance improvement action. *Journal of Nursing Care Quality*, 13 (3), 23-35.
- [41]. Sargent, S. E., Sedlak, C. A. and Martsolf, D. S. (2005). Cultural competence among nursing students and faculty. *Nurse Education Today*, 25 (3), 214-221.
- [42]. Seisser, A. (2002). Madeleine Leininger on transcultural nursing and culturally competent care. *Journal for Healthcare Quality*, 24 (2), 18-22.
- [43]. Serrant-Green, L. (2001). Transcultural nursing education: a view from within. *Nurse Education Today*, 21 (8), 670-678.
- [44]. Syme, V. and Browne, A. (1999). 'Cultural Safety' and the analysis of health policy affecting aboriginal people. *Nurse Researcher*, 9 (3). 42-56.
- [45]. United Nations Educational Scientific and Cultural Organization (UNESCO) (2002). *International Mother Language Day: Universal Declaration on Cultural Diversity*. http://www.unesco.org/education/imld_2002/universal_decla.shtml.