Transcultural Nursing Theory
Dr. Madeleine Leininger (1925-2012)

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Beginnings... Transcultural Nursing Theory

- In mid 1940’s, working with med-surgical patients she began to realize how the concept of human care was important in nursing.
- After WWII, she worked as a clinical specialist in child mental health in a child guidance center.
- Children were from culturally diverse backgrounds due to immigration.
Beginnings...(cont)

- Began to notice behavioral differences and questioned the cultural aspects of these differences in relation to care.
- Searched the known psychoanalytic and mental health theories.
- Her continued observations, questioning, and linking the concepts of human care and culture led to her establishing the theory of culture care & transcultural nursing. (Cameron, C. & Luna, L., 2005).
The ultimate goal of the theory is to provide cultural congruent nursing care practices. If one fully discovers care meanings, patterns, and process, one can explain and predict health or well-being.

Health and care behaviors vary among cultures, therefore nursing care cannot be determined through superficial knowledge and limited contact with a cultural group.

Nursing care must be based on knowledge by examining social structure, world view, cultural values, language, and environmental contexts. This is depicted in the sunrise model. (Cameron, C. & Luna, L., 2005).
The Culture Care Theory (a.k.a.)

defines nursing as a learned scientific and humanistic profession that focuses on human care phenomena and caring activities in order to help, support, facilitate, or enable patients to maintain or regain health in culturally meaningful ways, or to help them face handicaps or death.
Primary Themes and the Sunrise Model

- The concept of culture was derived from anthropology and the concept of care was derived from nursing.
- a CONCEPTUAL MODEL of nursing developed by LEININGER to depict the components of the CULTURAL CARE DIVERSITY AND UNIVERSALITY theory of nursing.
Definitions

- **Caring** – action or activity towards providing care.
- **Care** – assist others with real or anticipated needs to promote health & wellness.
- **Culture** – Learned, shared, & transmitted values, beliefs, norms of a group that influences behavior.
- **Cultural Care** – aspects of culture that influence or enable a person to deal with illness or death.

**Culture care diversity and universality**

- **Diversity** – differences in meanings, values, or care of different groups of people.
- **Universality** – common care or similarities among cultures. • (Tomey & Alligood, 2001)
Definitions (cont)

- **Nursing** – learned profession with a disciplined focus on care phenomenon. • **Worldview** – personal view of meaning of life.

- **Health** – state of well-being that is culturally defined and valued by the culture. (Tomey & Alligood, 2001).

Cultural Perspectives:

- **Emic** - refers to an insider’s views and knowledge of the culture.

- **Etic** - means the outsider’s viewpoints of the culture and reflects more on the professional angles of nursing. (Cameron, C. & Luna, L., 2005).
Definitions

**Cultural and Social Structure Dimensions** include factors related to spirituality, social structure, political concerns, economics, educational patterns, technology, cultural values, and ethnohistory that influence cultural responses of people within a cultural context.

- **Cultural Care Preservation or Maintenance** refers to nursing care activities that help people from particular cultures to retain and use core cultural care values related to healthcare concerns or conditions.
  - Ex: - Promotion of breastfeeding practices.
  - - Maintaining the involvement of family/relatives in caring for the patient
Definitions

**Cultural Care Accomodation or Negotiation** refers to creative nursing actions that help people of a particular culture adapt or negotiate with others in the healthcare community in an effort to attain the shared goal of an optimal health outcome for patients of a designated culture.

- Ex: training of *hilots* to use sterile techniques in delivering babies

**Cultural Care Re-Patterning or Restructuring** refers to therapeutic actions taken by culturally competent nurses. These actions help a patient to modify personal health behaviors towards beneficial outcomes while respecting the patient's cultural values.

- Ex: Chronic smoker working with the nurse for his well-being
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Transcultural Theory

Concepts

- Uses culture to understand behavior.
- All cultures are not alike.
- Culture influences all spheres of life.
- It defines health, illness, and the search for relief from disease or distress.
- Each person viewed as unique with differences that are respected.
- Cultural Competence is important in nursing.

- It is a combination of culturally congruent behaviors, practice attitudes, & policies that allow nurses to work effectively in cross cultural situations. • Sagar, 2012)
Statements: Dr. Leininger criticizes the metaparadigm concepts of nursing, person, health and environment

- Nursing as a discipline and a profession and the term “nursing” can not 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 in particular physical, ecological and sociopolitical and or cultural settings. (Sagar, 2012)
- Apart from culture and environmental context, ethnohistory is also meaningful when examining care from the cultural perspective.

Ethnohistory refers to past events and experiences of individuals, groups, or societies that define how different groups within a society have experienced and understood the natural environment.
Three (3) Modalities

- Dr. Leininger *does not use* the term nursing intervention because it communicates the ideas of cultural interference and imposition practices. • She *prefers* the care modalities term because it has a connotation of nurse and individual working together to implement care. (Cameron, C. & Luna, L., 2005).

• These modes have substantively influenced nurses’ ability to provide culturally congruent nursing care and have fostered the development of culturally competent nurses. (Cameron, C. & Luna, L., 2005).

• The three modes / modalities for guiding nursing care judgments, decisions, or actions to provide appropriate, beneficial and meaningful care:
I. Cultural Preservation or Maintenance

Professional actions and decisions that help people of a particular culture to retain and/or preserve relevant care values so that they can maintain their well-being, recover from illness, or face handicaps and/or death. Nurse should be non-judgmental and should not tell them that their way is wrong. (Cameron, C. & Luna, L., 2005).
II. Cultural Care
Accommodation / Negotiation

- Professional actions and decisions that help people of a designated culture to adapt to or to negotiate with others for beneficial or satisfying health outcomes with professional care providers.

- Ex: If an individual were using a folk remedy to treat a wound. Instead of telling them it will not help, a nurse could ask “Is it working for you, or are you getting better?”. (Cameron, C. & Luna, L., 2005).
III. Cultural Care Repatterning/Restructuring

- Professional actions and decisions that help clients reorder, change, or greatly modify their life ways for new, different, and beneficial health care patterns while respecting the client’s cultural values and beliefs and still providing more beneficial or healthier life ways than before the changes were established with the clients.

- The nurse could show the patient a different medicine and give them information concerning the new medicine such as it has helped her and others to heal. Explain that it will help if they use it on a regular basis and not just one time. (Cameron, C. & Luna, L., 2005).
Linkages between the Concepts

Care is the essence and central focus of nursing

- Caring is essential for health and well-being, healing, growth, survival, and for facing illness or death.

- Culture care is the broadest wholistic perspective to guide nursing care practices.

- Nursing’s central purpose is to serve human beings in health, illness and if dying.

- There can be no curing without the giving and receiving of care.

Every human culture has folk remedies, professional knowledge and professional care practices that vary.

Beneficial healthy, satisfying culturally based nursing care enhances the well-being of clients.

“Care” has the greatest epistemic and ontologic explanatory power to explain nursing.

A culturally competent nurse is one who

- Consciously addresses the fact that culture affects nurse-client exchanges
- Has compassion and clarity & inquires regarding cultural preferences and practices.
- Incorporates client's personal, social, environmental, and cultural beliefs into plan of care whenever possible
- Respects cultural diversity and strives to increase knowledge and sensitivity. • (Tomey & Alligood, 2001)
Developments

- Dr. Leininger initiated the establishment of the: • Committee on Nursing and Anthropology •
- In 1988, the International Association for Human Caring was formed • Encourages scholarly exchange of ideas.
- Transcultural Nursing Society in 1974. • Brings nurses together worldwide with common and diverse interests to improve culture care for diverse groups. • Members are active in consultation, teaching, research, direct care and policy-making in national and transnational areas.
Culture Care Diversity and Universality: A Theory of Nursing
A definitive source on the Theory of Culture Care Diversity and Universality. Explains the theory's philosophical base, tenets, purpose, and goal, and presents the ethnonursing qualitative research method. Seven classic research studies are presented to demonstrate the use of the theory and methodology in achieving culturally congruent nursing care. Tables depict research findings on the cultural values of 23 different cultures. Leininger is professor emeritus of nursing and founder of the Transcultural Nursing and Human Care Research. This is a re-release of a book previously published in 1991 by the National League for Nursing, ISBN 0-88737-519-7. Copyright © 2004 Book News, Inc., Portland, OR
Paperback: 432 pages
Publisher: Jones & Bartlett Publishers; 1st edition (May 15, 2001)
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Clinical Case Scenario

A 45 y/o man of Asian descent who is less than 24 hours post-surgical exploratory laparotomy is frequently asked if he is in pain. He continuously answers “no” though his facial expressions indicate otherwise. Upon questioning this phenomenon, it is realized that people of Asian culture do not admit to pain because it is a sign of weakness. The patient takes medication when given, but will not ask for it. Due to his cultural beliefs he is unable to express emotions relating to his level of pain because it is culturally unacceptable.

The nurse would use cultural accommodation to adjust a patient's plan of care to meet their specific physical needs using a visual scale to assess pain and providing pain medication as indicated.
References


