The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.

NUR430

Part 10

Cultural Diversity

Learning Objectives

After lecture-discussion, students are expected to:

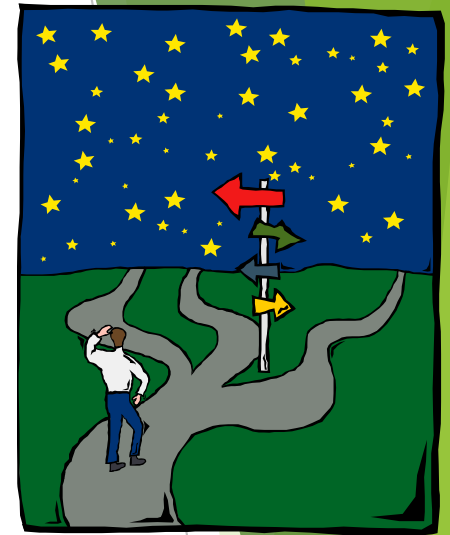
- ▶ Explain the various concepts in transcultural nursing
- ▶ Discuss the important elements of
Leininger's Transcultural Nursing Theory, Campinha-Bacote's Culturally Competent Model of Care, Geiger and Davidhizer's Model and Purnell's Model

Basic Concepts

- ▶ **Transcultural Nursing**—the study of the lifeways and patterns of persons of various cultures including their healthcare practices and nursing's role in that culture.
- ▶ **Cross Cultural Nursing**—the study of the lifeways and patterns of persons of various cultures from an *anthropological* perspective that is being applied to nursing.

Concepts (Cont'd)

- ▶ **International Nursing**—
the exchange of nurses between 2 or more nations/cultures.
- ▶ **Culture**—the patterns and lifeways that guide a group of people's worldview and decision-making.
- ▶ **Cultural Imposition**—a situation where one culture forces their values and beliefs on another culture or subculture.



Basic Concepts

► Diversity

► Divertere in Latin

- Being different or having differences

► Diversity in nursing practice

- Providing competent care to clients from different cultures, conducting research in multi-cultural settings, and implementing educational programs to diverse population

Concepts (Cont'd)

- ▶ **Acculturation**—the process of adapting or modifying the patterns and lifeways of an adopted culture as a result of contact with another group or individual.
- ▶ **Assimilation**—the process of accepting some of the cultural practices or traits of the prevailing culture into one's own daily activities.
- ▶ **Refugee**—a person who flees from persecution, invasion, or political danger.

Concepts (Cont'd)

- ▶ **Generalization**—usually an oversimplification made about behaviors of an individual or large group.
- ▶ **Stereotyping**—to make a person possess or believe to possess characteristics or qualities that typify a particular group.

Cultural Competence in Nursing

- ▶ Developing an awareness of one's own existence, sensations, thoughts, and environment without letting it have an undue influence on those from other backgrounds.
- ▶ Demonstrating knowledge and understanding of the client's culture.
- ▶ Accepting and respecting cultural differences.
- ▶ Adapting care to be congruent with the client's culture.

4 Levels of Cultural Competence

- ▶ Unconscious incompetence—not being aware that one is lacking knowledge about another culture.
- ▶ Conscious incompetence—being aware that one is lacking knowledge about another culture.
- ▶ **Conscious competence**—learning about the client's culture, verifying generalizations about the client's culture, and providing culturally specific interventions.
- ▶ Unconscious competence—automatically providing culturally congruent care to clients of a diverse culture.

THE CULTURAL ICEBERG

SURFACE CULTURE

Food
Flags Festivals
Fashion Holidays Music
Performances Dances Games
Arts & Crafts Literature Language

DEEP CULTURE

Communications Styles and Rules:

Facial Expressions Gestures Eye Contact
Personal Space Touching Body Language
Conversational Patterns in Different Social Situations
Handling and Displaying of Emotion
Tone of Voice

Notions of:

Courtesy and Manners
Friendship Leadership
Cleanliness Modesty
Beauty

Concepts of:

Self Time Past and Future
Fairness and Justice
Roles related to Age, Sex,
Class, Family, etc.

Attitudes toward:

Elders Adolescents Dependents
Rule Expectations Work Authority
Cooperation vs. Competition
Relationships with Animals Age
Sin Death

Approaches to:

Religion Courtship Marriage
Raising Children Decision-Making
Problem Solving

Nursing Theorists in Transcultural Nursing

- ▶ **Madeleine Leininger**—the founder of Transcultural Nursing. Dr. Leininger studied anthropology in the 1950's and early 60's. She earned her PhD in Cultural Anthropology. She then decided that nursing was constantly dealing with the lifeways and patterns of peoples of many backgrounds and that in caring for these persons, nurses needed to be sensitive to the unique needs of all peoples. She felt strongly that we should NOT impose our views on others whenever possible.

Contributions of Madeleine Leininger

(July 13, 1925-August 10, 2012)

to the Development of Transcultural Nursing

Date	Contribution <i>from the TCNS website www.tcns.org</i>
1954	Leininger noticed and studied the cultural differences in the perception of care
1965	Leininger earned a doctorate in cultural anthropology [Univ. of Washington]
1965-1969	Leininger offered first courses and telelectures offered in Transcultural Nursing [Univ. of Colorado School of Nsg] Est. 1 st PhD nurse-scientist program combining anthropology and nursing[Univ. of Colorado School of Nsg]
1973	1 st Academic Dept. in Transcultural Nursing est'd [Univ. of Washington, School of Nsg]
1974	<i>Transcultural Nursing Society(TNS) est'd as the official organization of transcultural nursing.</i>
1978	First advanced degree programs [Master's & Doctoral] est'd [Univ. of Utah School of Nursing]

1988	<i>Transcultural Nursing Society(TNS)</i> —initiated certification examinations: Certified Transcultural Nurse
1989	<i>Journal of Transcultural Nursing (JTN)</i> —1 st published as official publication of the TNS; Leininger is founding editor. The goal of the <i>JTN</i> is to disseminate transcultural ideas, theories, research findings, and/or practice experiences.
1991	Dr. Leininger published <u>Culture Care Diversity and Universality: A theory of Nursing</u> in which she outlines her theory [Culture Care Diversity and Universality and the Sunrise Model] and its research implications.
1995	Dr. Leininger published <u>Transcultural Nursing—Concepts, Theories, Research & Practices</u> as a text for undergraduate and graduate nursing students.
2001+	Dr. Leininger continued to teach a graduate level Transcultural Course at the Univ. of Northern Colorado. She guest lectured internationally at age 77!!

Transcultural Nursing- Leininger, 1997

- ▶ **Definition-** A formal area of study and practice focused on comparative *holistic* culture care, health and illness patterns of people with *respect to differences and similarities* in their cultural values, beliefs, and lifeways with the goal to provide culturally congruent, competent and compassionate care

Cultural needs

- ▶ Equal access to treatment and care
- ▶ Respect for cultural beliefs and practices
- ▶ Leininger, (1995) & Narayanasamy, (2003)
 - ▶ Religious beliefs, taboos, customs
 - ▶ Dietary, personal care needs, daily routines
 - ▶ Dying needs
 - ▶ Communication needs
 - ▶ Cultural safety needs,

Equal access to treatment and care

- ▶ Ethnicity
 - ▶ racial discrimination,
 - ▶ racial harassment and
 - ▶ oppression
- ▶ Secondary problems
 - ▶ stress
 - ▶ psychological trauma

Communication needs

- ▶ Barrier
 - ▶ Impede early detection
 - ▶ delay prompt treatment and care
- ▶ Forms
 - ▶ Language
 - ▶ Non-verbal communication
- ▶ Translation services
 - ▶ Interpreters
 - ▶ Family interpreters
- ▶ Health condition – acute illness & crisis

Transcultural Care Practice

- ▶ Initiative
- ▶ Enthusiasm
- ▶ Commitment of individuals and groups
- ▶ Strategic planning
- ▶ Organization & coordination of services
- ▶ Funding
- ▶ Education
- ▶ Recruitment & research

Leininger's Theory (cont'd)

- *Professional Systems* are different depending upon the Health Care Delivery System of that culture. Whether there is socialized medicine, private insurance, communal healthcare, poor economic support vs. great wealth, all contribute to the influence of the utilization of Professionals to prevent illness, heal illness, and promote health and wellness.
- *Nursing* must collaborate within the healthcare delivery system to plan and implement safe, effective, culturally competent care.

How to Provide Culturally Congruent Care:

- ▶ Leininger suggests 3 approaches to plan and implement Culturally Congruent Care.
- ▶ The first is ***Cultural Care Preservation/Maintenance*** where we look at what we as nurses can do to preserve and maintain the cultural practices of an individual or family while receiving safe, holistic care somewhere in the Healthcare Delivery System.

How to Provide Culturally Congruent Care: (cont'd)

- ▶ The second approach is *Cultural Care Accommodation/Negotiation* where we look at what we as nurses can do to accommodate the patient and negotiate with the patient within the healthcare environment in order to provide culturally congruent care while he/she is in the Healthcare Delivery System.

How to Provide Culturally Congruent Care: (Cont'd)

- ▶ The third approach is ***Cultural Care Repatterning/Restructuring*** where we look at what we as nurses need to do with the patient and family to repattern or restructure their lifeways in order to promote healing and wellness, always being cognizant of the cultural influences that affect why they do what they do in their life experience.

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.

HEALTH PRACTICES IN DIFFERENT CULTURES

▶ Religious Practices

- ❖ Burning of candles, rituals of redemption etc.

▶ Traditional Remedies

- ❖ The use of folk or traditional medicine is seen among people from all walks of life and cultural ethnic back ground.

▶ Healers

- ❖ Within a given community, specific people are known to have the power to heal

HEALTH PRACTICES IN DIFFERENT CULTURES

► 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.

HEALTH PRACTICES IN DIFFERENT CULTURES

► Beliefs about mental health

- ❖ Mental illnesses are caused by a lack of harmony of emotions or by evil spirits.
- ❖ Problems in this life 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.

HEALTH PRACTICES IN DIFFERENT CULTURES

► 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.

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 that any home remedies the person is taking to treat the symptoms

ROLE OF NURSE

- ▶ 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 & ethnicity on the development of social emotional relationship, child rearing practices & attitude toward health.

ROLE OF NURSE

- ▶ 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 individualize 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

ROLE OF NURSE

- ▶ 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-evaluation 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.

