

# Understanding Leininger's culture care theory of diversity and universality



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Madeleine Leininger's Culture Care Diversity and Universality theory continues to be one of the oldest and broadest concepts to create understanding of varied and related cultures around the globe (Andrews and Boyle, 2002). The theory has been a dominant way to discern basically unfamiliar information in the field of nursing and various areas in the medical field. It offered a modern approach to guarantee ethnically capable, secure, and appropriate transcultural nursing practice. This has played a major role in the organization and progress of studies in transcultural nursing.

In launching this new domain, different qualities of an individual, personal opinions and customs were vital. It required innovative ideas, dedication, persistence, and management to confront various customary nursing beliefs and practices. Undeniably, new information and structure were important for nurses to work in a rapidly changing number of cultures in the world. Awareness of the specific care for different cultures was notably deficient in nursing then and still is for some developing countries.

Culturally congruent care was the essential objective of the theory (Leininger, 2007). The nurses must have full understanding of the cultures and a comprehensive, culturally-founded nursing care practice. The founder of the theory believed that care was the fundamental nature of nursing and has significance in cultural standpoint (Leininger, 2007). Care was unfamiliar and insignificant in nursing then, and this reason became a trial to convince the nurses to take notice in the Culture Care theory as the therapeutic mind-body therapy (Leininger, 2007).

Furthermore, a lot of nurses held the belief that care was “ too soft, feminine, and nonscientific” and “ culture was irrelevant and unnecessary “(Andrews, 2005). Leininger's determination and interest for the theory brought several nurses to uphold the idea. Culture Care theory openly concentrated on the intimate connections of culture and care on comfort, physical condition, sickness, and death (Leininger, 2007). It was the only concept directed on the comparison of care in different societies; and was foremost focused on determining the similarities and differences in care for certain cultures worldwide.

This was also the primary concept which centered on emic and etic culture care, information associated to universal view, social structure aspects, and history in different environmental areas (Leininger, 2007). Purpose of the theory The main purpose of the theory is to determine and expound on the diversity and universality of culture-base care aspects which have an impact on the wellbeing, health, sickness, or demise of a person. Its objective is to utilize results in studies to offer culturally congruent, secure, and significant care to patients of different or the same backgrounds.

The three forms for congruent care, decision, and measures suggested in the theory were foreseen to lead to welfare and security, or to deal with sickness and death (Leininger, 2007). The theory was the ingenious product of autonomous philosophy, an intense understanding of a fast varying world, and over fifty years of utilization and enhancement. The line of the supposition revealed the theorist's previous and present nursing practice and derived upon the theorist's familiar and modern ideas relevant to nursing and health domains.

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It has been autonomously cultivated and thoroughly conceptualized as a very significant theory to determine the care and health requirements of different cultures in hospitals, treatment center, community locale, and her research of various cultures around the world. The concept developed into a major caring theory with a distinct stress on nursing as a way to recognize and be of assistance to different cultures. Culturally - founded care aspects were acknowledged as having a major impact upon human language associated to health, sickness, or acceptance of death or disability.

The theory has turned out to be important in providing direction to nurses' belief, practices, and research. This course of visualizing and rebuilding care was the real meaning of nursing (Leininger, 2007). The theorist suggested that humanistic concern was what created a person human, offered self-respect, and motivated the populace to feel better and to lend a hand to others and moreover foretold that there can be no remedy without the concept of care, but caring can be present without the therapeutic process or curing (Leininger, 2007).

The study concentrated on culture care as an interconnected incidence and was vital to aid the nurses to determine and recognize innovative means to comprehend and obtain progress in nursing and wellbeing. Leininger believed that care requirements to turn into a significant, open and helpful have to be planned, illustrating the interconnection of care with culture and to various ethnicities. Care is a dominant and vibrant power to comprehend the entirety of human actions in wellness and sickness (Leininger, 2007).

Procedures associated to care that are ethnically founded and sustained valuable health results were desired.

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Care and culture are visualized to be a powerful academic concept necessary to human health, welfare, and continued existence. Deep understanding of a particular society care morals was essential to unfasten wealth of new knowledge for nursing and health practices. Definition of Terms In the development and advancement of the theory, it is important for the nurses to comprehend the various areas of the theory. The term construct was utilized to specify concepts rooted in the event such as care or caring (Leininger, 2007).

Transcultural nursing leaders have recognized, investigated, characterized and explained numerous ideas and constructs for the nurses to utilize the concepts in significant and suitable approaches. This basic knowledge can help the nurses to correspond efficiently with others and to keep away from eminent differences or difficult relations. Transcultural nursing was identified as a branch of learning and healthcare practice directed on the diversity and universality between cultures to help the people to achieve and preserve significant and beneficial health care practices that are founded on a specific culture or community (Leininger, 2007).

Relationship of Concepts Theoretically and proficiently numerous inquiries regarding culture, care, and nursing have been raised. At one time, a lot of nurses regarded care as a significant term to make use of, in education and practice, but there were hardly anyone who could offer substantive information or clarify care inside tradition. Then it became evidently obvious that a disturbing shortage in nursing knowledge existed in acquiring genuine, systematic, and precise facts about cultures and their care implications, languages, and significant outcomes (Leininger, 2007).

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The theorist established that until now, care and culture in nursing were not widely researched. In forming and conceptualizing the theory, it turned out to be obvious to the theorist that the Theory of Culture Care would be very different from other presented thoughts or up-and-coming nursing philosophies in some aspects. (1) The innermost area of the concept was centered on the secured interconnection amid culture and care (Leininger, 2007). (2) The words theories and models are frequently applied in the similar method but are unlike.

Concepts must foretell and guide to breakthrough of unidentified or indistinctly identified truths or interconnected events, while types are mostly graphic illustration of several thoughts and are not concepts as they typically are unsuccessful to confirm prognostic associations. There are diverse forms of theories employed by diverse branch of learning to produce information; nevertheless, every theory contain as their main objective to learn innovative wonders or elucidate unclearly branded data (Leininger 2007).

(3) The theory allows the innovation of fresh concepts and ideas that were unclear or basically unfamiliar but with bearing on people's culture care incidents associated to their health and wellbeing. This concept centered on culture care as a wide-ranging but with a central domain of inquiry having multiple causes on care and culture. (4) Leininger considers a broad detection and naturalistic development to discover diverse aspects of care and culture in natural or familiar living concepts and in unfamiliar environments.

(5) The theorist came up with a latest and unidentified study procedure different from ethnography, namely the ethno nursing method, to systematically and rigorously learn about the domain of inquiry (DOI) of culture care. The ethno nursing method is designed as an open, normal, and qualitative investigation form looking for informers' thoughts, viewpoints, and understanding, and did not direct, decrease, or influence culture and care as with quantitative techniques (Leininger, 2007).

The concept was developed independently with no particular patient or community. Leininger utilized her own standard and way of life, broad professional nursing history, significant facts and various academic interests, and religious ideas and beliefs and were exhibited and employed as important factors in the development of the theory. The theorist believed that God fashioned man with His caring interest and love, and that He would like humans to be healthy, give love and lend a hand to others who needed help (Andrews, 2005).

Nursing was known as an exceptional caring occupation to serve and take care of other people around the globe; and it was influenced by cultural history, social organizations and environmental factors in different geographic areas and by the diverse needs of community. Nursing is an active field of study and practice which considers the culture, community modifications, and several aspects that have an effect on one's health and welfare (Lippincott, 2007). It is a line of work which provides assistance to individuals, may they be in good condition or in sickness, with their different healthcare needs.

The heart of the theory was in the direction of constructing new practices for nursing to satisfy the different cultural needs and to offer beneficial care with comprehensive and holistic care methods in the caring field. Holistic and broad vision with respect to the purity and individuality of man and his culturally founded principles were very significant. Tenets of the Cultural Care Theory Tenets were the points one believed that the theorist make use of with a theory. In creating the Culture Care Theory, four main tenets were suggested and formed (Leininger, 2007):

1. Culture care language, implication, outline, and routines are diverse and still there are mutual similarities and differences globally.
2. The international analysis, manifold social organization aspects, cultural history, ecological framework, idiom, and general and specialized care are vital influencers of civilizing care designs to foretell health, welfare, sickness, therapeutic, and habits populace encounter disabilities and demise.
3. General emic [folk] and certified etic health aspects in diverse ecological contexts significantly affect wellbeing and poor health results.

From a study of the influencers, three main actions and choice manual can guide to imparting methods to provide ethnically matching, secure, and significant health care to races. The three culture-founded action and decision forms are: a) culture care conservation and /or continuance; b) culture care accommodation, cooperation; and, c) culture care rebuilding or reformation. Decision and action forms founded on culture care are main reasons to appear at congruence and significant care.



A person, family unit, society aspects are evaluated and replied to in a active and cooperative nurse patient bond (Leininger, 2007). Theoretical

Assumptions The main theoretical tenets and forecasts of the concept advanced to the development of superior stage theoretical feeling or assumptions particular to the Domain of Inquiry (DOI) which the investigator could make use of in Western and nonwestern backgrounds in the fullness of time and in diverse geographic settings. The Culture Care Theory assumptions are the following (Leininger & McFarland, 2002): 1.

Care is the fundamental nature and the innermost leading, distinct, and unifying center of nursing. 2. Humanistic and systematic care is necessary for human development, wellbeing, health, continued existence, and to accept demise and disabilities. 3. The behavior of caring is essential when treating a patient for treatment and prognosis would not actualize without the concept of caring. 4. Culture care is the fusion of two most important models which directs the examiner to find out, give explanation, and report for health, expressions of care, and wellbeing.

5. Culture care expressions, connotation, archetype, methods and structures are varied but some commonalities (universals) survive among and between customs. 6. Culture care principles, attitude, and methods are affected by and entrenched in the global vision, social organization aspects (e. g. religious conviction, philosophy of life, affiliation, government, finances, learning, technology, and intellectual morals) and the cultural history and ecological patterns. 7. Each civilization has general and typically some certified care to be revealed and utilized for ethnically similar care methods.

8. Culturally congruent and therapeutic care takes place when culture care values, values, language, and forms are unequivocally recognized and utilized suitably, with sensitivity, and significantly with community of different or related civilization. 9. Leininger's three theoretical forms of care recommend innovative, inventive, and diverse curative methods to be of assistance to the community of various races. 10. Qualitative studies present imperative resources to determine fundamentally rooted, concealed, epistemic, and ontological civilization care understanding and methods.

11. Transcultural nursing is a science with a source of knowledge and methods to achieve and sustain the objective of ethnically similar care for health and welfare. The tenets and assumptions mentioned in the theory are crucial in guiding transcultural care study. The principle and the objective of the theory must all the time be held in reserve foremost in investigators' thinking. The racial nursing study processes was considerately planned to come into harmony with the theory tenets and principles of the theory.

The six enablers of the process were considered to taunt out comprehensive care and culture understanding from informers from diverse cultural background (Andrews, 2005). In total, the Culture Care theory has been a foremost and important contribution to institute and uphold the discipline of transcultural nursing for over fifty years. The holistic and particular characteristics and the ethno nursing technique have brought about to a modern source of understanding about culture and care experiences.

At present, nurses are becoming perceptive to and well-informed about cultural variations and resemblances in a person's care. A means of

prosperous study results, on the other hand, has until now to be honed into practice, learning, and government. Transcultural information is also being employed by other branches of learning at present. Numerous users of the supposition discover it as mainly significant and sensible as our humankind becomes more and more universal and multifaceted, requiring reasonable and susceptible perception of populace.

The notion of civilization was obtained from anthropology and the idea of care was obtained from nursing. Leininger believed that cultural care offers the widest and most essential resources to learn, give explanation, and foretell nursing comprehension and related nursing care methods. The definitive aim of the theory is to offer cultural congruent nursing care methods. The theorist argues that if one completely determines care implications, models, and courses of action, one can elucidate and foretell health or well-being.