

Evaluation and personal application of leiningers transcultural



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Given the reality of our world today and considering the fact of globalization, the world looks even smaller than ever before. For instance, nowadays migration from one country to another is a common and popular phenomenon. Newcomers, immigrants and refugees bring with them different cultural values which might be in contrast with the values of the host country. These values are unique to each culture and have different ways of coping with healthcare issues. For the above reasons, I chose to research the Transcultural Nursing Theory of Dr. Madeleine Leininger. From the four articles I reviewed, the main theme was the application of culturally congruent care in various different ethnic groups. For a nurse who works in a diverse place like Canada, she/he needs to understand the importance of the cultural values of the clients in order to communicate effectively with them and build the therapeutic relationship. This is an essential step for building trust between the client and nurse and important for the creation of a therapeutic environment.

Theory Background

Early in her career, Leininger noticed that traditional psychiatric interventions did not adequately address the needs and behaviours of children of differing cultural backgrounds.

In the early 1960s, she brought nursing and anthropology together to create the field of Transcultural Nursing; a formal area of nursing study and practice that focuses upon the comparative study of world cultures.

The Culture Care Diversity and Universality theory, according to Leininger, focuses on describing, explaining and predicting nursing similarities and

differences, focused primarily on human care and caring in human cultures. The theory does not focus on medical symptoms, disease or treatments. Culture Care theory focuses on nurse-client interaction, and also the focus includes care for: families, groups, communities, cultures and institutions. The theory includes an enabler (model), also known as the Sunrise Enabler. Culture is viewed as a framework which people use to solve human problems; Culture is “ the lifeways of an individual or a group with reference to values, beliefs, norms, patterns, and practices” (Leininger, 1997, p. 38). Information on culture is crucial for holistic assessment of an individual, family, or community.

Literature Review

The first article by Gibson E. describes a neonatal nurse’s personal experience in working with a critically ill Amish newborn in Montana and his family in a newborn intensive care unit Jacob was born at home under the supervision of a midwife to an Amish couple. The family belonged to a conservative religious group who do not drive cars or use electricity. The new born medical condition was getting worse and needed NICU admission. The family believed in “ God’s will” and so they disagree with the use of technology. Taking this into consideration, the nurse chose to make visits with Jacob’s extended family and their Amish community to research their culture and practices as much as possible; the nurse also permitted the Amish church choir to visit the mother and pray. This nurse involved in Jacob’s care realized that she had applied Leininger’s theory in her practice.

According to (Gison A. 2008) Leininger identifies seven factors that

encompass culture: technological, religious, social and kinship, political and <https://assignbuster.com/evaluation-and-personal-application-of-leiningers-transcultural/>

legal, economic, educational and environmental factors. The family permitted technology because it was helping Jacob, but they still kept their faith in “ God’s will”. Environmental factors also had a major role in Jacob’s hospitalization. The parents needed to commute from a rural community and depended on non-Amish neighbours to drive them. Holistic health is also identified in Leininger’s theory and this is also a strong part of Amish culture. The child survived and that was a very important achievement for the family and the care givers.

The second article reviewed is titled: End of Life Customs Among Immigrants From Eritrea by Lystig Holt. Eritrea is located at the edge of the Red Sea in the Horn of Africa. Although Eritreans share many common things with Ethiopians, they must be viewed as a different people. According to the writer, Tow Eritrean immigrants had been interviewed and were asked about values like respect, faith, family, the use of herbs and home remedies, and the importance of visiting. By using Leininger’s theory , implications for health care within institutional and community settings were obtained from these values. One purpose of this study as it was put by the authors of the article, was to avoid cultural imposition on the part of the U. S. health care providers. A second purpose was to find the strong points within the Eritrean community which could help them cope in situational crisis. One major difference with the western medical practice which I realized, is that when difficult news must be shared, it should be given to a responsible family member rather than to the person most directly concerned.

The writer concluded her article by suggesting the following about the

Eritreans community in the United States; at the time of illness, Eritreans
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frequently rely on home remedies. Throughout life and at the time of death, they depend on values of respect, faith, close family ties, and visiting. We need to take care not to impose our own cultural values upon these newcomers to our country. Instead, she suggests that the American environment needs to be flexible enough to support Eritrean values, that shaping might be helpful to the American as well.

The third article, “ a Scholarly Dialogue”, is about an interview which was conducted with Leininger by Fawcett (Fawcett, 199_). This transcript of the interview with Leininger presents her recent thoughts about the development and current state of the discipline of nursing; it is also about the development of the theory of culture care diversity and universality. The central purpose of the theory of culture care diversity and universality, as Leininger (1996) explained, is “ to discover, document, interpret, and explain the phenomenon of culture care as a synthesized construct” (p. 72). The central thesis of the theory is that “ different cultures perceive, know, and practice care ways, yet there are some commonalities about care among all cultures in the world” (Leininger, 1985b, p. 210). Leininger answered about her experience by saying “ I am fortunate to be able to continue scholarly interests and work over a 50-year career. I remain active to study the close relationship of nursing and anthropology and to establish firmly the discipline of transcultural nursing”.

She had been asked about why nurses ended up fascinated with the medical model and her answer was as follows: “ I do not think Florence Nightingale was telling us to be junior physicians or to follow the medical model, but I have never been able to determine what happened to us along the way”
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(Fawcett, J. (2002). A Scholarly Dialogue. Nursing Science Quarterly). She believes after the Second World War the medical treatment importance came into centre of attention and took over nursing. The culture of medicine was leading and overtaking the strengths of the culture of nursing without complete awareness.

The fourth article is by Leininger herself, entitled: Culture Care Theory: A Major Contribution to advance Transcultural Nursing Knowledge and Practices. This article is focused on the 2001 Pittsburgh Preconference theme of “ Major Contributions of Book Authors to Transcultural Nursing Knowledge and Practices”. The article mainly describes the features of the Culture Care Diversity and Universality theory as a central contributing theory to advance transcultural nursing knowledge and to use the findings in teaching, research, practice, and consultation. She admits that new knowledge and practices were essential for nurses to function in a rapidly changing multicultural world.

In her first two books, Nursing and Anthropology (1970) and Transcultural Nursing: concept, research, practice, and theoretical foundation were given to create transcultural nursing. The third edition of Transcultural Nursing by Leininger and McFarland (2002) provides theory-based research and practice by transcultural nurse scholars in many cultures and is the ultimate, and comprehensive Transcultural Nursing book available. The theory provides some entirely new teaching substance and ways to care for immigrants and refugees of many diverse and ignored cultures. Sunrise Model was created (Leininger, 1997) and it selects factors influencing care and can be used to locate factors related to cultural stresses, pain, racial biases, and negative

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acts as non therapeutic to clients. The intention of the theory is to utilize research findings to offer culturally congruent, safe, and meaningful care to clients from diverse or similar cultures. Transcultural facts are also being used by other disciplines today. Many users of the theory discover it more meaningful as our world becomes increasingly global and complex, requiring practical and sensitive understanding of people.

Personal experience

As someone who has been in the medical field for quite sometime, I found Leininger's theory to be extremely useful and practical for dealing with clients from diverse communities like immigrants or refugees who comes from a diverse background and ethnicity. Through this literature review and research, I have expanded my knowledge of cultural care and developed new insight into the culturally congruent care. Another achievement of this experience is the application of the theory in different settings and the practicality of using culturally sensitive care on a daily basis. This will assist me to provide high quality nursing care for my clients. I will further describe these examples which are particularly relevant for a male nurse practicing in Canada; any one might encounter them while on the job. In the following situation it can clearly be seen how the cultural aspect of the care is important and different from one patient to another. However, if we are not aware of the culture of our client this could not only cause a negative impact on building trust and creating therapeutic relationship but it could also harm unintentionally harm the relationship. For instance as a male nurse we might need to provide care for a female client from a different ethnicity and religious background; the best way is to ask her consent first; especially if

there is a need to touch or expose any part of the body. However, in some religions-Muslims for instance- that would not be allowed no matter what the circumstances are; and it can lead to unwanted consequences for the care giver and the receiver of that care. Another example, is once offering food or medication to an Arab client it is recommended to give it by the right hand, otherwise (left hand) it would be seen as impolite or even insulting and the client might refuse it.

Conclusion

Transcultural nursing theory by Leininger has had great impact on redirecting the focus of nursing from a purely medical focused model to a broader and more holistic nursing practice. As described in this paper, this holistic practice needs to encompass the best of both cultures and compromise to provide the best solution. Also, we must not impose our cultural values; we must accept and appreciate the differences between cultures. Furthermore, by using the principles of culture care diversity and universality we can become more competent nurses in an increasingly shrinking global environment. It is essential in the 21st century to provide culturally sensitive care, considering the influx of the refugees and immigrant all around the world. There is an urgent need for nurses to be knowledgeable and aware of cultural congruent nursing care.