Trans-cultural assessment models in nursing research paper examples

Experience, Belief

Trans-cultural assessment models in nursing

Healthcare is a critical issue in society. Apparently, the American society is one multicultural society that calls for trans-cultural understanding in any field of professionalism. Much like the American society, many countries across the globe are becoming multicultural, thanks to immigration (Campinha-Bacote, 1999). The five fundamental trans-cultural assessment models are Andrews and Boyle Model, the Larry Purnell Model, Purnell and Paulanka Model, Josepha Campinha-Bacote Model and the Davidhizars trans-cultural assessment model. The trans-cultural models have unique strengths and weaknesses. The primary strengths of the Andrews and Boyle Model include the reality that the model focuses more on the individual rather than the culture. This is critically important as it enables the healthcare expert to give personalized attention. Secondly, the model emphasizes the primacy of interpersonal communication. The third strength revolves around the fact that the model endeavors to create a rapport between the patient and the caregiver. The main weaknesses of this model is the fact that it entails technical questions, is too involving and tends to interfere with the privacy of the client.

The larry Purnell Model has been described as one of the most effective in today’s world where teamwork is given prominence. This is because the model’s main strength is the fact that it can be used by all medical practitioners. The second strength of this model is the fact that it is universally accepted and has been translated into a number of languages. Thirdly, it has a wider coverage as it helps the healthcare expert get detailed information on the condition of the client and the cultural beliefs. The main

weakness is that the questions are considerably technical and a little too involving. Secondly, the model ignores individuality and emphasizes on the culture. Finally, the model does not have considerations for personal relationships and interpersonal communication. The third model, the Purnell and Paulanka model, has many strengths, the main one being that it is simple to use, and does not have many technicalities. Secondly, it gives much attention to family structure than the wider concept of culture (Purnell, & Paulanka, 1998). Additionally, it prominently considers interpersonal communication and establishes a rapport with the client.

Josepha Campinha-Bacote model has the primary strength of considering cultural competence as an ongoing process. The second strength is related to the first one and it is the reality that this model emphasizes continuous improvement of quality of service (Tervalon & Murray-Garcia, 1998). The model prioritizes the patient's well being. The major weakness of this model is the fact that it is not easy to understand. Similarly, it cannot be used by all healthcares professional. Thirdly, nurses describe it as a technical concept that calls for too much attention and close concentration. The last model, Davidhizars tans-cultural assessment model is simple to use. The second strength is the actuality that the model upholds teamwork as a number of professionals can effortlessly use it. Thirdly, the model emphasizes communication. The primary weaknesses include: the model does not prioritize individuality; it doesn't cover deep details and does not have wide coverage.

The main similarities revolve around coverage and the emphasis on communication, the details covered by all models relate to the person's

background and cultural orientation and beliefs. It is critical to note that with all the models, such things as family and perceptions of disease are covered (Tervalon & Murray-Garcia, 1998). The main differences are clear in the above discussed weaknesses and strengths. The usefulness of these models is wide. It is critical to note that such models can as well be used in education. This is primarily because cultural diversity is a primary phenomenon in all sectors of social development. The model that I like most is the Andrews Boyle model for the simple reason that it focuses more on the individuals than the cultural orientation. This is important in establishing rapport for better communication.

References

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