

# Leininger's model

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Leininger's Model This paper is focused on the Madeleine nursing theory of transcultural care universality and diversity. The theory is based on clinical experiences in recognition of culture, as holistic perception, was the missing connection in nursing practice and knowledge. Through a creative progression of model resynthesis, explication, and reformulation, the Madeleine theory was set into view as a guide for the expansion of nursing knowledge. The theorist argues that cultural care gives the most important and broadest means to explain, predict and study nursing knowledge and relation on nursing care practice. The author asserts that if one realizes the meaning of care and its processes, one is in a position to explain and predict well being or health.

#### Introduction

Transcultural nursing or the culture care mainly deals with the way of life or nursing of clients. Moreover we are nurses and we do work in different locations and nursing fields, our group figured out how culture care can be adapted into our career. In search of more knowledge on it and the way it applies to our occupation, will develop and build each person more as efficient nurses (Sitzman, & Eichelberger, 2011).

According to leininger the cultural care theory intends to give a culturally harmonious nursing care through cognitively based supportive, enabling, assistive, or facilitative decisions or acts that are mainly customized to fit with groups, institutions or individual's life ways, cultural beliefs or values. The major purpose for this type of care is that it is aimed at providing advantageous health outcomes and meanings for the people of the same or different cultural differences (Leininger, & McFarland, 2006).

The society is too diverse in terms of norms, value beliefs and behaviors and due to constant environmental and internal stimuli which builds a mark in the mind of each person or character and well seen through religious structures, artistic expression and social practices. The end outcome of such transformation is what the society recognizes as a culture. Culture directs peoples doing, being and thinking.

In the perspective of nursing practice, different cultural backgrounds can greatly affect the views on well being, illness and health, which on the other hand will have an influence on people's mentality about healthcare and its outcomes. There are so many challenges which keep reoccurring in the health sector due to its diverse culture thus transcultural care has been of great help in developing health care services (Sitzman, & Eichelberger, 2011). In the modern world the major goal for any medical facility or system is to give the best and holistic patients care. Nurses should also be competent in order to achieve quality care and health outcomes.

Leininger has consistently repeated the use of transcultural healthcare by Clinicians or nurses or that they may be capable of providing healthcare to patients from different cultural back grounds. For instance our team hails from different locations and will work on different parts of the world; we also have different customs and upbringing that we face on daily basis thus why we chose Madeleine Leininger as our nursing theorist. Her concept is not only applicable in working place but to us students because we are adapting to new study environments and culture. We as students we are interacting with people from different locations and with different personalities (Leininger, & McFarland, 2006).

Some of the strengths of Leininger's transcultural model are; the model is based on universality and diversity of culture in the provision of health care to patients. It helps the nurse to become culture sensitive. It also makes the nurse to be aware of different cultures that aids them to respond to the demands of the patients. Lastly she mainly focused on environment, people, nursing and health as compared to the other theories. Her main core of nursing is care. On the other hand some of the weaknesses of Leininger's model is that it is the major cause of errors made in clinical decision, for instance misperception of effect. Also the theory does not pay attention to infection symptoms (Leininger, 1995).

#### References.

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