Leininger’s Theory on Transcultural Nursing Care

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Madeleine Leininger was a theorist who focused her theory on transcultural nursing care. She believed that in order to provide holistic care for a client, one must understand the different cultures and the differences amongst them. When providing care to a client, cultural values, beliefs, and practices were factors that were to be taken into consideration by the nurse. With this idea, Leininger developed three concepts to her theory of transcultural nursing care. The first concept, preservation and/or maintenance, applies to clients of particular cultures to retain cultural values and beliefs when making decisions related to their health and wellbeing. Cultural care accommodation and/or negotiation is helpful when a client must adapt to nursing care or healthcare and negotiate a proper outcome, still taking into consideration his or her own cultural beliefs, values, and practices. In other words, there would be a mutual agreement amongst the client and other healthcare professionals in which a compromise would be made to meet an outcome set for the client to attain the shared goal. The third concept of repatterning and/or restructuring assists a client to modify personal health behaviors towards a positive outcome while still respecting ones cultural values (Hunt, 2013, p. 68-69).

With the diversity of cultures I will encounter as a nurse, I decided to interview M.D. to find out more on the Haitian culture. Many of the questions that were answered by M.D. during the interview were based on her encounters and upbringings in the Haitian culture. As far as communication, the primary language that is spoken in Haiti is Creole. Family is a very important factor in the Haitian culture. Typically the father is the primary decision maker, but other family members views are taken into consideration. M.D. stated that in the typical Haitian family, the father works, the mother is usually a housewife who cooks, cleans and raises the children, and the children go to school and play. However, M.D. is seeing a shift in that and sees more mothers working as well and sometimes even raising the children on their own. In Haiti, many families use physical punishment to discipline their children. Pain and problems are usually expressed freely and there is not a restraint on expressing those feelings as far as M.D. knows within the culture. M.D. mentioned that Haitians could be very expressive and speak loudly. This can be misinterpreted in the wrong way by a non-Haitian and think the client is getting angry with the nurse or any medical personnel. Religion is also a very important factor in the Haitian lifestyle. Attending church on a regular basis and keeping up with the beliefs of the religion is considered an integral part of the culture. Spiritually, many Haitians, especially those still in Haiti, practice voodoo and believe it to cure illnesses. Personally, M.D. and her family do not practice it, but she has seen it when visiting Haiti.

Cultural resources, choices, and/or decisions that promote health or assist in recovery of a client can impact the health status of the individual, family or group. In order to maintain these things, the nurse must acknowledge the client’s beliefs and values and integrate the client’s preferences into the plan of care. In acknowledging these care values, a level of respect towards the client is recognized and the foundation for a trusting nurse-client relationship is established. The nurse needs to understand where his or her client is coming from, or else the client will not want to listen to what the nurse has to say to promote aide in their recovery. For instance, if a nurse cannot respect that the client cannot take medications because it contains pork and eating any type of meat is against the client’s culture, and all the nurse keeps telling the client to do is take the medication, the client will not be compliant. Finding alternative medication that does not contain any animal products shows understanding and respect towards the client’s beliefs and follows Leininger’s first concept from her theory (Hunt, 2013, p. 54). Upon completion of the interview with M.D., I understood that family is an important factor in the Haitian culture. Family members share a close tie amongst one another and make decisions as a family. As a nurse, I would want to respect that factor when it comes time for the client to make a decision on his or her health. I would respect that the client would want to consult with the family and maybe could arrange for that to happen say if the family was not at the bedside or such.

One cultural choice and/or decision I would encourage an individual, family, or group to continue would be the choice to always learn and explore not only within ones culture but to keep their minds open to other cultural beliefs and values. Although they may differ from one’s own views, having that knowledge and respect of another culture gives you that understanding when encountered with a new culture.

As a Community Health Nurse, a practice I can adjust, adapt or negotiate in order to have a positive influence on the nursing care/ healthcare or overall health of the individual, family or group could be being exposed to different cultures whether I agree with their beliefs or not. To be able to negotiate with a client and come to a mutual agreement, I would have to be accommodating in some way. When the client and I are both able to adjust to the new approach of care, not only will the client be compliant with the care, but also accepting towards the common goal of recovery. For example, some Haitians practice voodoo and believe it can cure illnesses. Although I may not believe in such practices, showing respect and not judging this choice and taking it into consideration when planning goals for the client may help the client get better and get closer to recovery.

During a cultural assessment with M.D., the typical Haitian cuisine was mentioned. She stated there are many oily dishes and a typical meal consists of rice, beans, and a type of meat with a use of many spices and herbs for flavoring. With that in mind, one repatterning/restructuring action that may be used to positively influence competent nursing care for the Haitian community who follow this type of cuisine, would be to first understand that this is particularly important to the Haitians. Instead of telling every Haitian that the traditional Haitian meal is very bad for them, I would suggest alternative foods choices that would still agree with their current ones. For example, M.D.’s family used to use white rice, chicken, and red beans as their meal at least four times a week. Once M.D. realized the health risks that could happen after consuming these foods, she suggested to her family to convert to using brown rice instead of white rice and to use turkey in lieu of chicken from time to time. With these options, she was able to respect her family’s traditional cuisine but offer alternative methods to make it healthy. As a nurse, I could do the same with my clients. Once I gain understanding of my client’s perspective on the issue, I could suggest alternatives like M.D. did with her family to help facilitate repatterning/restructuring while providing cultural care at the same time. Keeping this in mind, in order to be a culturally competent nurse and try and help my clients achieve better health outcomes, I could offer alternative methods. Whether these alternative methods apply to suggesting food choices or things such as alternative therapies or modifying goals, taking into consideration of the clients values or beliefs and shaping them with positive nursing actions will help reach a better outcome if the clients agree, and both parties mutually agree to the alterative methods or goals presented to them by a nurse.

In conclusion, the diversity of the population we will be caring for as nurses is expanding. In order to provide cultural competent care to our clients to the fullest potential, one must be aware of different views on cultural beliefs, values, and practices. Knowing the clients cultural background and asking questions if unsure about the culture will help a nurse to increase his or her awareness with his own beliefs, values, and morals and how they compare. This will help promote understanding, respect and appreciation for the differences between client beliefs, values, and culture especially in regards to illness, the meaning to the client, cause, treatment, and the result after treatment. After review of Leininger’s theories, I will definitely be using them to guide my future practice when delivering cultural competent care with each of my clients. I believe that not only has the understanding of these theories played a role in my decision to provide cultural competent care, but also my own culture has had an influence. My beliefs, values and practices are different from those around me in many aspects, and I have observed that all throughout my upbringing. I have noticed this not only in a clinical setting, but also during casual communication with fellow peers or members from a different culture. With this in mind, I feel as if I can take my personal encounters and help guide the way I interact with each of my clients in the near future.

References

Hunt, R. (2013). *Introduction to Community Nursing* (5th ed). Philadelphia: Lippincott Williams & Wilkins