4.5: Understanding Transcultural Nursing

The term health, with its changing nature and meanings from one culture to another, requires care, including cultural recognition, value and practice. The main element in the transcultural approach in which every health professional has an active role is the individual. The transcultural approach can be applied at all levels of health care institutions; but nurses are in a privileged position in this approach. According to Leininger’s model, only nurses can provide transcultural health services. Because the main aim of nursing is to provide a caring service that respects people’s cultural values and lifestyles. Nurses should offer acceptable, affordable and culturally suitable care to individuals under the conditions of the day [2].

Knowing what cultural practices are applied in the societies receiving healthcare services and identifying the cultural barriers to accessing health care services positively affects the caring process [25].

The nursing profession, which plays an important role in the health team, is a cultural phenomenon. The patient’s cultural values, beliefs and practices are an integral part of holistic nursing care [26, 27].

The nurses should explore new ways of providing cultural care in multicultural societies, understand how cultures affect health-disease definitions, and bridge the gap between care for individuals in different cultures [13, 28, 29].

Transcultural nursing provides effective nursing care to meet the cultural needs of individuals, families and groups [30].

The concept of “Transcultural Nursing” derived from the need to care for individuals in different cultures in nursing was first used by Madeleine Leininger in 1979 [30, 31, 32].

In addition to Leininger, a pioneer model of transcultural nursing, many nurses worked in the field of cultural care. Giger and Davidhazar developed the “Cross-Cultural Diagnosis Model” to assess various variables related to health and illness and provide a practical diagnostic tool for nursing so that culturally competent care could be offered [33].
Campinha-Bacote described the cultural competence model [34].

Culturally competent nurses are in contact with cultural experiences and aware of their own personality traits and contribute to socio-cultural knowledge in nursing care by providing individualized care [35].

Nurses who are aware of cultural differences and the effects of these differences on the health of the individual enhance the therapeutic environment by communicating more effectively with the patients [13].

The role and significance of transcultural nursing has been increasingly recognized in the world challenged by cultural diversity. Cultural differences can be seen among ethnic groups as well as within any ethnic group [36].

It has been reported that cultural differences may exist among individuals who live in the same or different regions in Turkey [37].

Although studies on cross-cultural nursing care in our country are limited, several studies have examined the views of nursing and midwifery students regarding patient care [37, 38, 39].

In a study conducted, the views of nurses working in two different hospitals on the cultural problems they faced in patient care were compared [11, 36].

In recent years, it has been recognized that nurses must explore new ways of providing cultural care in culturally diverse societies, understand how culture affects disease-health definitions, and act as a bridge between the biomedical system and care for individuals in different cultures [2, 40].

The nature and importance of providing culturally sensitive nursing services is multidimensional, including individual and professional aspects. The transcultural approach allows nurses to broaden their horizons and perspectives in addition to making them competent in offering creative care to individuals. Culturally based approaches and knowledge can enhance both the nurse’s and the patient’s self-esteem [2, 41, 42].

The American Nurses Association (ANA) refers to three reciprocal interactions: the culture of the individual (patient), the culture of the nurse, and the culture of the environment in relation to the patient-nurse:

**Culture of the individual:** When nurses understand the specific factors affecting individual health behaviors, they will be more successful in meeting their needs [2].

Individuals’ beliefs about health, culture, past illness/health experiences form a wholistic structure and play a vital role in improving the health of individuals [43].

Culture is influential in how people think, speak the language, how to dress, believe, treat their patients and how to feed them and what to do with their funerals etc. Moreover, it plays a significant role in a variety of aspects such as new diagnostic methods, prognosis, symptomatic patterns and determination of whether there is an illness or not [7].

**Culture of the nurse:** The only factor influencing the patient-nurse relationship is not the patient himself/herself. The nurses’ own customs and traditions, beliefs and values are also important in transcultural relationships. The nurse’s self-awareness can be the starting point to understand the patient culturally.
**Culture of the environment:** The last element of the transcultural trio is the culture of the environment. The environment is an integral part of the culture. Individuals as physical, ecological, sociopolitical and cultural beings are continuously interacting with each other. Nurses may have to intervene in the patient and family relationship because of frequent bureaucratic arrangements and procedures. The transcultural approach should be considered in a wide range of subjects, starting from asking if there are any religious practices to be followed or done by the patient during the hospitalization, and writing the signs in the hospital in two different languages [13].