

# INCLUDING TRANSCULTURAL NURSING CONTENT IN THE CURRICULUM - PART 2

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## ABSTRACT

*Transcultural nursing should be included in the curricula of the basic nursing courses. In this article, the transcultural nursing curriculum content that could be included, is discussed. To ensure a comprehensive approach to this field, a basic course in socio-cultural anthropology should be followed by transcultural nursing study units at strategic points in the curriculum.*

## OPSOMMING

*Hierdie artikel handel oor die insluiting van transkulturele verpleegkunde by die kurrikulum. Daar word slegs gefokus op die feitelike vakinhoud. Om 'n omvattende benadering te verseker, behoort 'n basiese kursus in sosiokulturele antropologie opgevolg te word met transkulturele verpleegkunde eenhede wat op strategiese punte van die kurrikulum ingesluit word.*

## • INTRODUCTION

As discussed in Part 1 of this study, a clear understanding of the connections between culture and health is necessary for the student nurse in South Africa to deliver appropriate transcultural nursing care.

Transcultural nursing content may be divided into:-

- Basic anthropological knowledge
- The relationship between culture and health from both an anthropological and a transcultural nursing perspective.
- Self-knowledge.
- Cultural issues.

The following discussion is structured according to the above framework.

## BASIC ANTHROPOLOGICAL KNOWLEDGE

Anthropology is the science of man. Sociocultural anthropology is concerned with man within the context of society and culture (Translated from SKA 100-V, Enigste studiegids 1991:10 & 12-13).

Basic sociocultural anthropology knowledge serves as a foundation for transcultural nursing content and such a course therefore should be included in the first year curriculum; desirable content would result in an

understanding of cultural principles by the student. Simply learning lists of different cultural characteristics could lead to stereotyping of patients (Dobson 1983:53). Leininger (1991:49) identifies seven cultural and social structure dimensions namely, cultural values\way of living, technological, religious\philosophical, kinship\social, political\legal, economic and educational factors. These dimensions are culturally universal, but also culturally diverse (SKA 100-V, Enigste studiegids 1991:14). For instance, kinship is present in all cultures, but the nature of kinship differs considerably, especially between western and non-western cultures.

The meaning of culture, worldview and the cultural and social structure dimensions, should be studied to enhance understanding of the world of the patient as well as care expressions, patterns and practices. Concepts such as enculturation, ethnocentrism and cultural tolerance, could be included in this module.

## THE RELATIONSHIP BETWEEN CULTURE AND HEALTH

This concept is studied from an anthropological and a transcultural nursing perspective.

## THE ANTHROPOLOGICAL PERSPECTIVE

This subject matter is divided into cultural factors that influence health, perception of

health and disease within the cultural context, and sickness behaviour. It can form part of the basic sociocultural anthropology module.

## Cultural factors that influence health

The issues that should be dealt with, are:

- Behavioural patterns such as smoking, eating and drinking habits, hygienic practices and traditional occupations (Akinsola 1983:18-20). Pervan, Bryce and Werner (1989:17) describe the role of smoking habits and the intake of home-brewed beer with regard to the high incidence of carcinoma of the oesophagus in the former Transkei and Ciskei.
- Living conditions for instance, poverty and geographic factors (Akinsola 1983:26). Pervan, Bryce and Werner (1989:17) relate a high incidence of carcinoma of the oesophagus in the former Transkei and Ciskei to soil deficiencies and low rainfall in these regions.
- Culturally prescribed health promotive practices for example, methods of preparing food (Akinsola 1983:26).
- Biological characteristics as etiological factors for example, genetic predisposition to develop hypertension, hypertypemia or carcinoma of the cervix (Leininger 1978:453).

## Perceptions regarding health and disease

Such perceptions are culturally learned, as they are derived from the world view, and the seven cultural and social structure dimensions.

## Health

Health is viewed from a magic-religious, biomedical or holistic perspective. From the magic-religious perspective, health, which is a gift from God or a god, is a community matter.

According to the biomedical perspective, health is defined by means of physical and chemical bodily processes. The holistic perspective relates health to harmony between man and nature (Herberg 1989:26-35).

## Sickness classification

Sickness is a culturally universal feeling of being ill and can subsequently be explained according to the biomedical or sociocultural perspective. While the biomedical explanation results in the identification of disease by means of scientific proof (germ theory), the sociocultural explanation relates to the resulting personal experience, namely illness (Chrisman 1991a:47). The sociocultural explanation entails the equilibrium, supernatural and witchcraft explanations (Chrisman 1991a:49-50). Transcultural nursing bridges the gap between the biomedical and sociocultural perspectives, resulting in culturally congruent care as opposed to a medical ethnocentric approach (Chrisman 1991a: 47-48; Germain 1992: 7 & 9). In consequence, the biomedical and sociocultural perspectives regarding sickness should be well understood by student nurses.

## Sickness behaviour

Sickness behaviour is man's evaluation of his health status and his consequent actions (Akinsola 1983:21-23). It is included in the curriculum according to two categories namely, pathways to health and treatment strategies (Akinsola 1983:23; Chrisman 1991a:51).

## Pathways to health

Pathways to health are classified into the professional health care system as represented by the western medical channels and the sociocultural (generic) system. The latter include traditional healers, home care and self-medication (Akinsola 1983:23). Students have to develop insight into their own position in relation to the professional and sociocultural systems.

## Treatment strategies

Apart from biomedical treatment strategies, students should also gain knowledge about sociocultural strategies which also include natural remedies, magic-religious remedies and alternate physical interventions (Spector 1991:29; Chrisman 1991a:51). Natural remedies include herbs, animal products, rest and diet and the advantages and dangers of these remedies should be understood by students. Magic-religious remedies include wearing of talismans, prayers and other rituals to ensure good luck or to prevent bad luck by pleasing the gods.

Alternative physical interventions include traditional surgical procedures or procedures such as massage. Students should learn to promote the continuation of harmless practices, while protecting the patient from harmful ones. An example of this might be to discourage the simultaneous ingestion of pharmaceutical and traditional medicines, while encouraging relaxing techniques such as meditation. Germain (1992:2) accentuates the reassuring effect of the continuation of

traditional practices by patients in the biomedical health care system.

## THE TRANSCULTURAL NURSING PERSPECTIVE

The relationship between culture and health according to the transcultural nursing perspective, can be included at strategic points in the curriculum to ensure correlation with relevant traditional nursing content. According to Leininger (1978:474-477), a thorough comparative study of at least two cultures is more appropriate than a superficial overview of various cultures. The main cultures served by the nursing school could be selected for such a study (Germain 1992:8). Leininger's seven cultural and social structure dimensions, supplemented with world view and communication, serve as a framework for the inclusion of this content in the curriculum.

## World view

World view represents the frame of reference by which man interprets the world and influences his actions, behaviour, aims and perceptions (George 1990:335). Two contrasting world views are for instance, the supernatural and mechanistic perspectives. The supernatural perspective encompasses thought processes and a resultant fatalistic approach to life which may limit the effect of health education due to suppression of personal accountability. The mechanistic perspective is a rational approach that considers causal relationships and leads to the biomedical explanation of health and disease as well as preference for scientifically proven medical treatment (Chrisman 1986:59; Malan 1988:61). Comparison of the world view of the selected cultures therefore will lead to understanding of similarities and differences concerning perspectives on health, disease and sickness behaviour.

## Religion

Religion, like world view, provides a frame of reference for both looking at the world and health and disease (Spector 1991:53). These phenomena can be explained from a magic-religious perspective. There is a very fine distinction between magic and religion. According to the former perspective, man is dependent on personalized supernatural beings such as gods or spirits by means of invocation. The latter involves non personalised forces and manipulation thereof by man (SKA 100V, Enigste studiegid 1991:287-288). Religion provides meaning to life, death, health and disease (Luna 1989:23) and man aims to maintain or restore equilibrium with the spiritual world by means of rituals such as prayer, offerings to the gods and manipulation of magical forces (Malan 1989:42).

## Cultural values and ways of living

A comparative study of cultural values includes the following:

- Perception of man as inherently good or bad.

- The nature of human relations namely:

• Whether people are regarded as equal or alternatively, positioned in a hierarchal manner.

• Whether emphasis is placed on the individual or the group.

This understanding provides insight into needs and practices concerning consultation and decision making.

- The relationship between man and nature ie whether man and nature is an integrated whole, or whether one controls the other. When people believe that man controls nature, faith in medical science is strong. People who regard nature in control, are often fatalistic (Giger & Davidhizar 1990:202).

- Orientation towards time, ie whether people focus on the past, present or future. Future orientated persons will be more susceptible to precautions insuring future good health, while persons who focus on the present are more concerned with immediate needs. Perception and understanding of time is included because this is important when nurses explain schedules to patients (Giger & Davidhizar 1990:201-202).

Cultural ways of living include coping with life processes, pain and psychological distress, basic human needs, and norms that have a direct influence on nursing care.

Examples of life processes that could be included in the comparative study are contraception and conception, pregnancy and labour, child rearing practices, adolescence and ageing.

Culture determines the ways man copes with pain and psychological distress (Ludwig-Beymer 1989:283-297). Knowledge of the various coping mechanisms and the nurse's own perspective, will reduce ethnocentrism by the nurse in this regard. According to research, nurses make conclusions about patients' experience of pain and psychological distress from a personal cultural perspective leading to stereotyping of patients from cultures with which the nurse is unfamiliar (Davitz, Davitz & Higuchi 1977:558).

Meeting basic needs within the cultural context can also be included in the comparative study. Andrews (1989:148-149) describes measures specifically to care for the hair of a black person and Leininger (1988b:18-23) discusses the cultural significance of food.

Cultural norms such as personal space and chastity have a direct influence on nursing care

BASIC SOCIOCULTURAL ANTHROPOLOGY	TRANSCULTURAL NURSING	SELF-KNOWLEDGE	CULTURAL ISSUES
Culture and related concepts	Leininger's nursing theory: overview  Position of nurses in relation to the biomedical and sociocultural health	Stereotypes about cultures that differ from that of students  Ethnocentrism	Effect of ethnocentrism on the therapeutic relationship
Worldview and Leininger's seven cultural and social structure dimensions as cultural systems	Comparative study of at least two cultures by means of the seven cultural and social structure dimensions, worldview and communication	Characteristics of students' own cultures	Respect for cultural diversities and universalities
Relationship between culture and health: - Cultural factors that influence health - Perceptions regarding health and disease - Sickness behaviour including pathways to health and treatment strategies	The nursing process: a transcultural nursing approach	Personal values and perceptions regarding health and disease  Professional values	Imposition of the biomedical model on patients

Figure 1: Transcultural concepts within the basic nursing curriculum

and should be explored. Insight into personal space norms enables the student to maintain a therapeutic relationship without intruding the space reserved for intimate contact. Interventions such as the physical examination and catheterization could be in direct conflict with the norm of chastity (Morse & English 1986:72; Giger & Davidhizar 1990:199-200).

#### Kinship and social factors

Kinship is culturally universal but its nature and relations within the kinship system concerning health and illness, differ between cultures. Kinship as a support system or as power relations influencing decision making need to be explored.

#### Kinship as a support system

The kinship system is mostly responsible for support and protection and is utilized by the nurse. It is important that nurses understand the culturally prescribed role of family members, for example in some cultures a female relation rather than the husband, supports a woman during labour (Burrows 1983:479).

#### Power relations and decision making

Knowledge about power relations and decision making procedures is important as consultations and decision making often are required in the health care system. Factors that influence this process are the distribution of authority and decision making responsibilities

in the kinship group and in many developing societies, elderly family members play a key role in decision making (Anderson 1987:11); the patient does not necessarily carry the responsibility for decision making in his health care situation. The relative importance of the individual versus the group determines whose interests will be protected during decision making. In societies with an ancestor cult, consultation might stretch as far back as the ancestors.

#### Political and legal factors

According to Adlem (1993:14) the nurse must understand the political environment in which health care is rendered. It is especially important for promoting community involvement and acceptance of health care delivery by the community. This comparative study could include political demands, identity of community leaders through which involvement can be negotiated and the extent of community involvement sought by members of the target group (Leininger 1991b:253; Adlem 1993:18; Crisp 1993:8). Akinsola's (1983:48-49) classification of political authority- traditional, charismatic and legal or a combination-provides a framework for the identification of community leaders. Visiting of the sick as a political function is also an important issue that can be included. Insight into the latter will lead to a more flexible approach on the part of the nurse and could reduce conflict between the nurse and the community regarding for instance, visiting hours and number of visitors allowed in hospitals.

#### Economic factors

The economic realities, living conditions and resultant social problems that influence health, should be compared. Knowledge of the main economic activities provides insight into health needs associated with the level of industrial development and specific occupational health problems. (Akinsola 1983:20-21; Leininger 1978:452). Industrialized societies require occupational health services and pre-industrialized societies regard basic services which contribute to socio-economic upliftment, as a priority (TPA Focus Area Curriculum 1993:4-5).

#### Technological factors

The level of technological advancement influences the technological level of health care required. In a country like South Africa health care needs range from technologically advanced to basic care (TPA Focus area Curriculum 1993:7). Advanced health services such as haemodialysis and neurosurgery, will be considered as irrelevant by developing communities, whilst being demanded by developed communities (Ntoane 1993:36).

#### Educational factors

There is a correlation between attitudes towards health and health related factors (such as planned parenthood) and the educational level of a community; education influences the extent to which patients will accept ideas that

do not conform to traditional views (Akinsola 1983:20-21).

## Communication

A comparative study concerning communication within selected cultures includes communication patterns, language, language problems and communication etiquette in the health care situation. There are cultural differences regarding communication etiquette such as a required introductory conversation about general matters, admissibility of direct questions about personal matters and implications of non-verbal behaviour. Simple words such as "yes" can mean "I heard you" or "I understand." (Anderson 1987:12; Giger & Davidhizar 1990:199-200). It is essential that nurses are aware of different meanings and interpretations in a multicultural situation.

## SELF-KNOWLEDGE

This knowledge entails insight into individual personal and professional perspectives and their effect on the nursing care situation (Chrisman 1991b:37). Self-knowledge is a prerequisite for the ability to render culturally congruent care. Students should be given the opportunity to compare their personal beliefs and practices and discuss the possible effects of these on patient care (Capers 1992:23; Gagnon 1983:129).

## Personal values

Research by Elliot (Malan 1989:42) suggested that education based on the Western model does not result necessarily in a changed world view in that two-thirds of medical students at the Medical University of Southern Africa retained their spiritualistic cosmology; they believed in the existence of supernatural forces that should be reckoned with. Personal values should therefore be explored. Poggenpoel (1993:39) believes that nurses who are comfortable with their own world views will be able to accept and respect other persons' world views. Spector (1991:3-14) discusses suitable themes such as perceptions of health and disease, and traditional remedies used by the student herself at home would be appropriate aspects of behaviour to explore.

## Professional culture

Professional orientations of nurses might differ from that of the patient and discussions in this regard aim to prevent medical ethnocentrism in the nursing care situation. An example of such puzzling professional practice might be to cover a child with pyrexia lightly if at all, while the mother requests more blankets to prevent the child from "catching a cold" (Anderson 1987:8).

## CULTURAL ISSUES

Cultural issues are those issues that should be debated by students to promote moral development. Students must learn to respect

that which is important to the patient (Boyle & Andrews 1989:359) and Leininger (1991a:14) emphasises that we have to rise above cultural conflict and racism. Many topics can be debated and only a few examples are provided:-

- Imposition of biomedical treatment strategies on the patient.
- The effect of bureaucratic rules such as restrictive visiting hours on cultural prescriptions regarding care of the sick by the kinship system. In some cultures patients seek support from members of the kinship system rather than the nurse.
- Human rights within the cultural context.

(Leininger 1991a:13; Spector 1991:59-61; Anderson 1987:11).

## CONCLUSION

The transcultural nursing component of the curriculum is preceded by a basic sociocultural anthropology course. Transcultural nursing content includes a comparative study of at least two cultures, development of self-knowledge and debating cultural issues and it is not appropriate to teach students lists of cultural characteristics. Figure 1 represents a summary of the inclusion of this subject content in the curriculum.

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