

Trans-Cultural Nursing Changing Treatment Approaches within Hospitals in Israel

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Abstract. *The growing cultural diversity in Israel makes it imperative for health care providers to communicate efficiently with culturally diverse patients and their families. Trans-cultural nursing theories offer an efficient tool in the provision of cultural congruent nursing care. Since nurses have the most intimate connection with patients it is essential for them to know about their cultural background in order to provide individualized and holistic care based on the patient's cultural needs. Hence, this paper discusses trans-cultural issues and theories with the aim to increase nurses' awareness of cultural differences and become knowledgeable about the cultural preferences of their patients.*

Keywords : trans-cultural nursing, cultural diversity, communication, Israeli hospitals

Introduction

This article presents a discussion of theories related to a study on a PhD level that addresses trans-cultural nursing practice in end of life situations in Israel. Israeli society is highly culturally diverse, so generally communication among people is an interesting issue. Moreover, the way nursing staffs treat patients is a much more complicated issue since care should be culturally congruent. This study may contribute to the theoretical knowledge within trans-cultural nursing as well as to the practical knowledge, and thus improve congruent nursing care – this knowledge may contribute not only to nurses, but also to patients and their families.

Nurses in Israel belonging to different cultures from those of the patients find it difficult to treat them in culturally congruent manner, since they do not undergo proper training for this purpose. Such situations create tensions between the nursing staff and the patients and their families.

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Cultural diversity and communication

Every society creates its own culture. We all live within a few cultures that give meaning to our lives. All cultures are built on the same foundations, while each culture has its own specific contents. Culture is acquired, but the subject matter must be learned by each person within the family and social community. In addition, diversity refers to a state of being different, and occurs not only between, but also within cultural groups (Andrews and Boyle, 2003 ; Kozier and Erb, 2008).

According to Shemer (2009), diversity is the main expression of a multicultural society. She also argues that diversity causes tension that may lead to confusion, to disruption and insecurity expressed in rejection, objection or withdrawal, while opposite responses can be, for instance, openness, interest and acceptance. Additionally, Magid (2009) adds that multiculturalism came to recognize the individual's unique resources and thus enabling each person to reach a state of self-realization with maximum contribution to the environment.

According to Nobel (2007) Israel's population is most diverse with regard to religions, religious identity, religious practice, ethnicity and spoken languages. Similarly, Etgar (2009, 30) states that in Israel "land of immigration and multiculturalism", many groups live side by side. Shemer (2009) also describes Israeli society as composed of a dominantly unique culture, which contains a variety of sub-cultures. In this view, Galdi (2009) claims that Israeli reality offers the possibility of living in a rich society composed of different cultures, which can design a process of dialogue, mutual enrichment, learning from others and openness to others with the understanding that no culture has a monopoly.

Kozier and Erb (2008) define communication as exchanging information or feelings between people, and claim that it is a basic component of human relationships, including nursing. Furthermore, it is a process which being influenced by factors like: gender, values and perceptions, personal space, roles and relationships, environment, attitudes and more. Kozier and Erb (2008) also assert that communication and culture are closely interconnected since culture is transmitted through communication. In the context of nursing, communication is an integral part of the nursing process, so communicating effectively with clients of various cultural backgrounds is critical to providing culturally competent nursing care, meaning that, nurses who communicate effectively are better able to collect assessment data, initiate health promoting change, and prevent legal problems associated with the nursing practice. In this sense, Robert (1985) mentions that cultural barriers such as language complicate cross-cultural communication. Therefore, cultural norms and values must be understood and taken into account for treatment processes (Etgar, 2009). At the same time, it is essential to take a culturally sensitive approach based on holistic thinking and influence (Shemer, 2009).

In sum, the ability to communicate with culturally diverse patients and their families is one of the most important components of the nurse's work.

Trans-cultural nursing

Before the mid-1800's, nursing was without organization, education, or social status. During the past few decades, the nursing profession has changed and thus the image of the nurse improved (Kozier and Erb, 2008). In this view, the perception of nursing has undergone changes in accordance with historical events, such as wars, technological advancements, and the needs of a particular period in human existence.

According to Shahaf (2009), in Israel, technological developments and changes in other areas required updated thinking about nursing as a profession. This parallels the reality of

the nursing service which constantly functions under difficult conditions, of lack in personnel and national missions, such as: absorption of immigrants, wars and health promotion. As a result nurses are professionally and academically trained.

According to Tortumluoglu (2006), people belonging to different cultures may have different kinds of demands in terms of health. Moreover, they should be respected in terms of their cultural values, and the health care they are to be given should be offered accordingly. Hence, trans-cultural nursing models constitute good guides for nurses in becoming familiar with the cultural structure of society and in evaluating it. Therefore, Leininger (1991) and other nurse scholars continue to develop and improve cultural theories, models, and assessment guides.

During the 1950's, Leininger (1991) identified a lack of cultural and care knowledge among nurses. That point was the beginnings of a new phenomenon related to nursing namely *Trans-Cultural Nursing*. She also defined trans-cultural nursing as a comparative study of cultures which contributes to understanding similarities and differences across human groups with the goal of providing culture-specific and universal nursing care in promoting health or well-being, or to helping people to face illness or death in culturally meaningful ways. Following this, Leininger, developed her 'Theory of Cultural Care Diversity and Universality' and the 'Sunrise Model' which will be presented later.

As mentioned before, 'cultural competence' is an important related topic. This term refers to a complex integration of knowledge, attitudes, and skills that enhance cross-cultural communication and effective interactions with others (American Academy of Nursing, 1992, 1993 in Andrews and Boyle, 2003). Cultural competence has been defined as a process in which the nurse continuously strives to work effectively within the cultural context of an individual, family, or community from a diverse cultural background (Andrews and Boyle, 2003).

In this view, Andrews and Boyle (2003) assert that culturally diverse clients often have distinct coping with illness behaviors, so nurses who understand their clients' cultural values and beliefs can assess their understanding of health and illness. These assessment data serves as the basis for planning health guidance and teaching strategies that focus on incorporating cultural beliefs and practices in the nursing care plan. Similarly, Steinberg (2008) claims that culturally congruent care will be achieved by professional nurses through better understanding of culture and beliefs, respecting the difference between cultures, and advocating for patients despite personal belief systems. In other words, it can be said that the major goal of providing culturally congruent nursing care is to incorporate the client's cultural values into the care plan.

Finally, in a recent study, Nissim (2011) investigated the issue of trans-cultural nursing in Israel, and in this view she claims that coping with cultural and linguistic diversity is among the most significant challenges currently facing healthcare providers in Israel. Importance of the 'Trans-cultural nursing' concept is in its contribution to the continuous improvement of quality of nursing care, and its central element is the patient's satisfaction with treatment.

Theoretical framework

Preview

In accordance with the goals of this study, and to establish extensive theoretical grounds, in this section three theories and models, which engage in trans-cultural nursing will be presented (Table 1 sums the following theories).

T1 – Madeleine Leininger’s Sunrise Model for the “Culture Care – Diversity and Universality Theory”

Leininger’s theory focuses on describing, explaining, and predicting nursing similarities and differences focused primarily on human care and caring in human cultures. Leininger uses worldview, social structure, language, ethno-history, environmental context, and the generic and professional systems to provide a comprehensive and holistic view of influences in cultural care and well-being. Additionally, the following three modes of nursing decisions and actions demonstrate ways to provide culturally congruent nursing care :

1. Culture care preservation and/or maintenance ;
2. Culture care accommodation and/or negotiation ;
3. Culture care repatterning and/or restructuring.

(Leininger, 1991, 1995 ; Leininger and McFarland, 2002 : in Andrews and Boyle, 2003)

Leininger’s Sunrise Model depicts components of her theory, and it provides a visual schematic presentation of the key components of the theory and the interrelationships among its parts. As the world of nursing and health care has become increasingly multicultural, the theory’s relevance has increased as well. This model guides nursing judgments and activities to provide culturally congruent care (Leininger, 1991, 1995 ; Leininger and McFarland, 2002 in Andrews and Boyle, 2003).

T2 – Giger and Davidhizar’s “Trans-Cultural Assessment Model” – GDTAM

The GDTAM was developed in 1988 with the purpose of assessing and providing care for culturally diverse patients. Although not all cultures are the same, they all have the same basic organizational factors (Giger and Davidhizar, 2002a, 2002b). Giger and Davidhizar have identified the following six cultural phenomena that vary among cultural groups and affect health care :

1. Communication ;
2. Space ;
3. Social organization ;
4. Time Orientation ;
5. Environmental control ;
6. Biological variations.

The GDTAM proposes a framework that facilitates the assessment of individuals from differing cultures in order to be aware of differences and to plan appropriate treatment strategies that are congruent with the individual’s needs (Higginbottom et al., 2011).

T3 – Purnell’s Model for Cultural Competence

Larry Purnell’s Model provides an organizing framework for nurses to use as a cultural assessment tool. This model consists of a circle, with four rims representing : global society, community, family, and person. The interior of the concentric circles is divided into 12 pie-shaped wedges depicting cultural domains and their concepts. The dark center of the circle represents unknown phenomena. Along the bottom of the model is a jagged line representing the non-linear concept of cultural consciousness. (Purnell, 2005)

Following are the 12 domains (Purnell, 1999, 2000, 2002) : (1) Overview/heritage ; (2) Communication ; (3) Family roles and organization ; (4) Workforce ; (5) Bio-cultural ecology ;

(6) High-risk behaviors ; (7) Nutrition ; (8) Pregnancy and childbearing practices ; (9) Death rituals ; (10) Spirituality ; (11) Health care practice ; and (12) Health care practitioner.

Health care providers who can assess, plan, and intervene in a culturally competent manner have increased opportunities to improve the health of the person, family, or community under their care (Tortumluoglu, 2006).

Table 1. Mapping the Trans-Cultural Nursing Theories and Models

Theory	T1- Leininger, 1991	T2 – Giger and Davidhizar, 2002a, 2002b	T3 – Purnell, 1998
Rationale	Providing culturally congruent care.	Providing care for culturally diverse patients.	Providing a cultural assessment tool.
Key Concepts	Three modes of nursing decisions and actions : 1. Culture care preservation and/or maintenance 2. Culture care accommodation and/or negotiation 3. Culture care repatterning and/or restructuring	Six cultural phenomena that vary among cultural groups and affect health care : 1. Biological variations 2. Space 3. Social organization 4. Time orientation 5. Environmental control 6. Communication	This model is a circle with four rims representing : 1. global society 2. community 3. family 4. person The interior of the concentric circles is divided into 12 pie-shaped wedges depicting cultural domains and concepts
Justifications	Describing, explaining, and predicting nursing similarities and differences focused primarily on human care and caring within human cultures.	Facilitates assessment of individuals from differing cultures in order to be aware of differences and plan appropriate care strategies.	Providing useful insight into the aspects of the person’s cultural needs regarding each domain, in order to provide competent nursing care.
Critique	Trans-Cultural theories may work against the provision of appropriate, individualized patient care, paradoxically focusing on the patient as a member of a particular ethnic group (Mitchell et al., 2002).		

Source : Generated by the authors

Conclusion

Recently, there has been a huge change in the way the nurse’s role is perceived. Today, the nurse can treat patients and their family through their cultural context. For this purpose, the nurse needs appropriate tools that enable her to evaluate and identify cultural gaps between patients and different cultures, and thus to make decisions related to the planning and adjusting of nursing care. With that change in perception, nursing has become an academic profession which strives for individual treatment and suits the patient’s culture.

Due to the great cultural diversity in Israel, caregivers in health services regularly have been exposed to different cultures. Importance of cultural competence, then, both on the

professional and personal level, ought to be clear for all Israeli citizens (Nobel, 2007). Hence, improving the nurses' knowledge and skills in their work with patients and their families from different cultures will lead to culturally congruent nursing care as well as improve the patient's and their families' satisfaction.

Despite many studies have been done recently in the world regarding trans-cultural nursing, in Israel research remains inadequate and therefore the need for further researches in this field is crucial.

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