Fundamental Aspects of Transcultural Nursing

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Introduction

The art and science of transcultural nursing owes much to the work of Madeleine Leininger, considered by many to be a pioneer in the field. Leininger began her work in the mid 1950s in the USA on recognising a marked increase in cultural diversity and a trend towards globalisation. This, she argued, necessitated a new field of nursing care, namely transcultural nursing, not confined to the USA, but worldwide (Leininger, 1995). Since then the theory and practice of transcultural nursing has developed in many countries, albeit slowly, as a response to the global increase in cultural diversity resulting from the mass migration of people due to war, famine, disease, poverty, and the promise of a better life in another country.

In the UK, Professor Irena Papadopoulos became interested in transcultural nursing care when working as a community nurse in a particularly deprived multicultural area of London. She describes the frustration of being unable to communicate with patients who did not speak English and whose living conditions were often poor and overcrowded but who chose to ignore received wisdom in favour of using traditional unscientific ways to treat illnesses (Papadopoulos, 2002). This experience taught Papadopoulos the importance of respecting the wishes of individuals, of taking their views into consideration, modifying care to suit their needs, and linking with other agencies. However – perhaps more importantly – the experience led Papadopoulos to recognise her limitations in nursing in a culturally diverse society stemming from inadequate preparation during nurse training. Since the early 1980s Papadopoulos has worked in nurse education, focusing her energy on changing what she perceived to be a culturally blind curriculum.

In a similar fashion Kate Gerrish, Professor in Nursing Practice Development at the University of Sheffield, has worked for a number of years in the field of transcultural nursing with a special interest in transcultural competence. In the late 1990s she undertook a major study commissioned by the English National Board for Nursing, Midwifery and Health Visiting which examined the extent to which nurses and midwives were prepared to work in a multiethnic society. Gerrish (1997) concluded that while recognition of distinct cultural beliefs, customs and values is essential to providing appropriate care, these were not always adequately addressed in the nursing curriculum. Furthermore, while the opportunity to learn about different cultural perspectives was highly valued by students, teachers and practitioners participating in the study, by concentrating on the beliefs and practices of particular communities there is a risk of developing ethnic stereotypes which fails to take account of the diversity that exists

both within and across ethnic communities. More recently a study by Narayanasamy (2003) explored how nurses responded to the cultural needs of their patients/clients. He found that while many nurses claimed they responded to the cultural needs of patients and that their clients' cultural needs were adequately met, further education in meeting cultural needs was needed.

Clearly, authors concerned with the field of transcultural nursing highlight the need to enhance the education of nurses working with clients from a diverse multiethnic society. This view is embedded in the Quality Assurance Agency for Higher Education's benchmark statement for nursing, which lists the knowledge, understanding and associated skills that are specific to nursing, including an understanding of anti-discriminatory practice, encompassing fairness, social inclusion, 'race' and culture (Quality Assurance Agency, 2001).

With this in mind, this book is designed to provide a foundation to the theory and practice of transcultural nursing. It will therefore be of use to students beginning to study nursing at undergraduate level and to practising nurses who are providing care to patients from an increasingly diverse society. It is not intended as a comprehensive account of different cultural groups, however, where appropriate, it draws on cultural knowledge to underpin a transcultural assessment. In addition, this book provides transcultural nursing knowledge that is applicable in cross-cultural transactions. In doing so, students and qualified practitioners will acquire a sound knowledge base from which to develop generic cultural competency as a prerequisite to the development of specific cultural competency. The book concludes with information on how transcultural nursing can be incorporated into the nursing curriculum and will be of use to nurse educators involved in planning and delivering transcultural nursing education.

Chapter One introduces the context, considers the changing nature of society and the demands placed on nurses to meets the needs of a multicultural population. A number of approaches to transcultural care have predominated in the UK over the past five decades, consistent with the history of and patterns of migration. These are considered as an explanation of emerging trends in transcultural nursing.

Chapter Two considers the theoretical underpinnings of transcultural nursing, including the use of appropriate language, race, ethnicity, human rights, multicultural health-care provision and emerging models of cultural competency. The chapter identifies the principles of good practice in relation to transcultural nursing.

Chapters Three, Four, Five and *Six* explore aspects of transcultural nursing that relate to the care of adults, children, and clients with mental health needs and with learning disabilities. The intention of this chapter

is not to advocate a particular model of transcultural nursing; rather the reader is encouraged to reflect on the knowledge provided and to apply the principles of good practice in transcultural nursing within the framework of a preferred model. Please note that the detailed explanations of the ethnic culture within each case study are variable in scope and depth; in some cases diet is considered at length, and in other cases more attention is paid to economic factors. The reason for is that only certain cultural differences have relevance to the specifics of each case study covered, depending on a specific place, time, and social and medical history – to cover equally all aspects of these cultures in each case would be pointless for the purposes of this exercise.

Chapter Seven draws together and summarises considerations for undertaking a transcultural nursing assessment. It then addresses issues for nurse educators when planning how to incorporate transcultural education into the nursing curriculum. Guidance is offered to nurse educators who have responsibility for ensuring that nurses are capable of caring for patients, clients and carers from an increasingly diverse society and in increasingly complex and varied situations.

This book is written by a White English person – a former nurse and now university lecturer. As such, this means that the perspective of what it is like to practice as nurse in the UK as someone from a minority ethnic background in a multiethnic society (and, for example, to have to respond to the racism of some patients/clients, carers and staff) is not addressed in this book. But the work of learning how to nurse people from diverse backgrounds is the task of all nurses, from whatever background they themselves come. We cannot simply say that it is the responsibility of minority ethnic nurses to deal with transcultural issues. It is up to all of us to try to learn and develop. This means stepping outside of your comfort zone and taking risks.

In the area of ethnicity, the reader should know that there is no widespread agreement, even about the terms that are used, and so it is very easy to offend where offence is not intended. The important thing is to own the mistake when someone points this out, and to recognise and act on the changes to nursing practice required. Similarly, the terms patient and client may mean different things to different people in different contexts. Much debate is to be had regarding when and where to use these terms. In this book the term patient is used to denote a person in receipt of health care services for physical conditions, whereas the term client is used in cases where individuals are receiving health care related for mental health and learning difficulties.

CHAPTER 1

Transcultural Care In Context

Great Britain is traditionally a country of immigration and of emigration. As such, the British population is the result of the ethnic and cultural intermixture of successive influxes of migrants with those migrants already present. Furthermore, it is well recognised that Great Britain has benefited considerably, in economic and cultural terms, as a result of this tradition, especially from the post-war immigration from the New Commonwealth (all commonwealth countries excluding Australia, Canada, South Africa, and New Zealand) (Glover and Bellwood, 2004). To fully understand the cultural context of present-day Britain it is important to know something of the history of migration to these shores. An understanding of our cultural heritage enables us to understand better the perspectives of the people we will be caring for in a multiethnic Britain.

Historical perspectives on migration to Great Britain

The Romans

Historically, the Britain Isles has seen migration, albeit in relatively small numbers, from many countries for more than 2000 years. Between AD 43 and AD 411, the period when Britain was part of the Roman Empire, people came from all over the world as soldiers, merchants and administrators. During this time Great Britain drew its migrants from France, Germany and Eastern Europe. In May of AD 43, the Romans invaded Britain via France. Four legions and about 20 000 auxiliary troops landed on the Kent coast and defeated the Britons in a series of battles. In the autumn, Emperor Claudius arrived and supervised the capture of Colchester. Claudius accepted the surrender of eleven tribal kings, appointed the first Roman Governor of Britain, and returned to Rome. However, conflict did not end there; it