CONCEPTS OF CULTURALLY BASED INTERVENTION

Caring involves assistive, supportive, or facilitative actions toward another person or group with evident or anticipated needs to ameliorate or improve a human condition or lifeway. Nurses in different cultures tend to know and emphasize different care constructs, such as support, comfort, and touch. Caucasian nurses in the United States generally believe that care involves use of technologic aids, medicines, psychophysologic comfort measures, and promoting self-care. Generally, Caucasian and some non-Caucasian clients agree. In several non-Western cultures, nurses and clients perceive care as protective with a sociocultural emphasis. For example, nurses in Middle Eastern countries and Israel emphasize restorative caring functions because of war activities. Samoan caregivers are expected to protect the person from breaking cultural or social rules to prevent illness or harm. Chinese nurses perceive surveillance and protection as dominant caring modes. Depending on the culture, Leininger states the concept of care can have a number of meanings, including some behaviors not frequently considered: tenderness, agape love, stimulation, presence, succorance, surveillance, and maintenance of well-being.

Client therapy goals should be congruent with cultural values, beliefs, and lifeways. The Anglo-American and Western European cultural values of individualism, autonomy, independence, self-reliance, self-control, and self-care may be in conflict with non-Western values. In non-Western cultures throughout the world and among some people in the United States (Mexican American, African American, Asian American, Polynesian, and American Indian), the value is other-care, to retain the role of caring for family members, rather than emphasizing self-care. Thus, the role reflects caring values such as interdependence, interconnectedness, understanding, presence, and being responsible for others. Other-care values are essential for survival of extended families, subclans, clans, and tribes.

Cultural care congruence, a concept developed by Leininger, explains and predicts outcomes. Three principles for client therapy goals are defined as follows:

1. Cultural care preservation refers to assistive, facilitative, or enabling acts that preserve cultural values and lifeways viewed as beneficial to the client.

2. Cultural care accommodation refers to assistive, facilitative, or enabling acts that reflect ways to adapt or adjust health care services to fit the client’s needs, values, beliefs, and practices.

3. Cultural care repatterning refers to altered designs to help clients change health or life patterns that are meaningful; it also refers to recognition of different attributes and features of a culture so new patterns of care can be learned and incorporated and for retention or preservation of selected values, beliefs, or practices of the culture.

Cultural competence is the ability of a health care provider, agency, or system to acknowledge the importance of culture on all levels—client, provider, administration, and policy—for incorporation into health care. It is not necessary to know everything about the person’s culture to competently treat or give care. Cultural competence is an educational process that includes self-awareness, cultural knowledge, and the ability to develop working relationships across lines of difference, to be flexible, and to use intercultural communication skills. It acknowledges that the patient/client and family may not want a health care worker from the same country of origin, in case that person would know the patient or family.

Evaluate your approaches to cultural care. Be willing to compare approaches with the client. Do not ridicule the person who has gone the nontraditional route. Above all, this person needs your listening ear and understanding guidance. Remember that people think in terms of having symptoms and eradicating them. If the latter takes place to their satisfaction, they will place their trust in the health care provider who was responsible for their improvement, regardless of his or her credentials. What one person calls a hoax others may call hope. Refer people who have been a victim of maltreatment or a quack to their local Better Business Bureau, medical society, and nursing organization.

SPECIFIC CULTURALLY BASED INTERVENTIONS

This section summarizes intervention approaches for some cultural groups. Refer to the Journal of Transcultural Nursing and the Websites in Table 5-9 for more in-depth information about the groups presented in this chapter, about well-known populations in countries around the world, and for other less well-known groups, such as Amish, Hmong, Hondurans, Hutterites, Roma (Gypsies), and Aboriginese in Australia. Conceptual frameworks for nursing...