



International Journal of Emerging Trends in Health Sciences



Volume 2, Issue 1, (2018) 001-006

www.ijeths.eu

Transcultural nursing

Kadriye Ozkol Kilinc*, Research Assistant, Faculty of Health Sciences, Nursing School, Department of Nursing Fundamentals and Management, Karadeniz Technical University, Trabzon, Turkey

Esra Caylak Altun, Research Assistant, Faculty of Health Sciences, Nursing School, Department of Nursing Management, Gaziosmanpasa University, Tokat, Turkey

Suggested Citation:

Kilinc, K. O. & Altun, E. C. (2018). Transcultural nursing. *International Journal of Emerging Trends in Health Sciences*. 2(1), 001–006.

Received from; revised from; accepted from.

Selection and peer review under responsibility of Prof. Dr. Nilgun Sarp, Uskudar University, Istanbul.

©2018 SciencePark Research, Organization & Counseling. All rights reserved.

Abstract

People's health beliefs and practices are affected by the culture in which they exist. In this sense; it is essential that nurses who experience the most interactions with health buyers/receivers and deliver health care services to those who have different cultures should know health-related cultural beliefs and practices of those to whom they deliver health services in order to offer an effective and productive care. In this respect; transcultural nursing term emerges. Besides; as known, health-disease practices and needs of individuals who live in different cultures may be different. In this sense; it is necessary for nurses to respect for others' cultural beliefs and to deliver nursing care by knowing and paying attention to their cultures because people's cultural beliefs and practices are very significant; in that nurses give a holistic care.

Keywords: Nursing, nursing care, transcultural nursing.

* ADDRESS FOR CORRESPONDENCE: Name, Surname, Affiliation, Address, City and Postcode, Country.
E-mail address: xxx.xxx@xxx.com / Tel.: +0-000-000-0000

1. Introduction

Culture is everything produced by people in exchange for those things given by nature. Culture is the fabric of life and there is a culture to which each one of us belongs (Yilmaz, 2015). In other words, culture is a strong bond that is unwritten, transferred to one generation to another, shared by people, unconsciously learnt and taught, exists from birth and includes values, beliefs, traditions and customs (Caylak & Ozkol Kilinc, 2016). The relation between people and culture is something spiral. At the beginning, seeming as a part of the culture, it is human that creates and carries culture itself. Individual, on the one hand, shapes his life in line with cultural rituals but on the other hand, each individual makes and shapes the society (Caylak, Ozkol Kilinc & Ozturk, 2016). In the meantime, culture is the common language of those who live in the same society. In this sense, the term culture—showing different meanings from one society to another—also affects peoples' perceptions of such situations as health, sickness, happiness and sadness (Ozturk & Oztas, 2012).

Health and sickness are biological as well as social and cultural facts. A condition regarded as a sickness by one society may not be seen as a sickness by another society. Sickness and health perceptions, being different from one society to another, differ depending on health needs and cultural structures of those existing in the society (Tuna Oran & Yuksel, 2015). Therefore, culture is a society's way of living and influences not only individuals' health perceptions but also their values, beliefs and social attitudes about health and sickness (Bolsoy & Sevil, 2006; Pehlivan, Yildirim & Fadiloglu, 2013). To put it differently, effects of cultural differences created by those coming from different cultures can be seen in health services of another culture in which they currently live. Health beneficiaries and health workers' cultural differences, language diversities, verbal or non-verbal communications, views on well-being, health-related responsibilities, perceptions of sickness and choices made for the treatment of the diseases may affect care (Bayik Temel, 2011) because health is determined not only by biological and environmental factors but also by cultural practices. Society's cultural characteristics should be well known and recognised so that health care professional can realise health services to the desired level, these services can be accepted by those who use them, society can be included in the services and health education can be delivered to the society (Bolsoy & Sevil, 2006; Terkes & Bektas, 2013).

As a result of growing globalisation in the world and thus immigration, multi-cultural populations and demographic structures that are consisted of individuals, families and groups from different cultures and subcultures have emerged (Aydin & Oskay, 2013; Bayik Temel, 2008); which has forced health care providers and organisations to take cultural differences into consideration due to differences in health levels of individuals of different cultures (Aydin & Oskay, 2013; Basalan Iz & Bayik Temel, 2009). Moreover, the term intercultural communication is important in order to allow communication between health care personnel and individuals. Intercultural communication is a process in which individuals from different cultures and health care personnel from different cultures try to understand one another's culture. Individuals need to be equipped with certain skills so that intercultural communication can achieve its objectives and can properly be realised (Karabuga Yakar & Ecevit Alpar, 2017). These skills, named cultural proficiencies, require knowing different cultural customs and values, adapting society's traditions and acting sensitively when caring (Basalan Iz & Bayik Temel, 2009). Due to Turkiye's geographical formation, there are many people from different cultures; which increases the diversity of people who receive health care services. In this sense, the possibility that health care professionals—particularly nurses, who are on 24-hour on-duty, encounter those from other different cultures renders the value of transcultural nursing important (Terkes & Bektas, 2013). Therefore, to be culturally proficient health care employee is highly wanted in multicultural societies (Basalan Iz & Bayik Temel, 2009).

2. Transcultural nursing

Nursing focuses on understanding individuals from birth to death in both sickness and health. Therefore, the reason of existence of nursing profession in society, which is consisted of science and

art, is to deal with individual holistically and to recognise him with all aspects (Tuna Oran & Yuksel, 2015). Besides, nurses should be skilled in order to provide care of high quality to any patients over the world, and health care providers should offer culturally sensitive and proper care in order to enhance the quality of care (Narayanasamy, 2003; Torsvik & Hedlund, 2008). Therefore, today transcultural nursing is a crucial aspect of health care (Maier-Lorentz, 2008). The term transcultural nursing was first used by Leininger. Leininger defined transcultural nursing as: a substantive area of study and practice focused on comparative cultural care (caring) values, beliefs, and practices of individuals or groups of similar or different cultures with the goal of providing culture-specific and universal nursing care practices in promoting health or well-being or to help people to face unfavourable human conditions, illness or death in culturally meaningful ways (Tortumluoglu, 2004).

Today, intercultural nursing is one aspect of health services and was born from the necessity to deliver care to those from different cultures (Tortumluoglu, 2004; Tuna Oran & Yuksel, 2015). Transculturally, nursing has four basic terms (Bekar, 2001).

- With the objective to provide a decent care that is meaningful, suitable and respectful for others' lifestyles and cultural values; nursing is a profession that provides transcultural services. These values help and support individuals to gain the strength that is necessary for acquiring well-being and happiness.
- Individual is a cultural being and cannot be thought different from his past.
- Humans are integrated with their environment and environment is an inseparable part of the culture. Generally, humans interact with each other physically, ecologically, socio-politically and/or culturally.
- Health is well-being in physical, psychological and social dimensions; which includes cultural recognition, valuation and practice. Nature and meaning of transcultural nursing change from one culture to another.

3. Transcultural nursing care

Indeed, nursing is a cultural fact. Patients' values, beliefs and practices matter in holistic nursing care. Therefore, the term culturally sensitive nursing care was derived. Intercultural care is a nursing care that is sensitively planned for the needs of those with different cultural backgrounds and their families in the same society. In the development of intercultural nursing approach, the humanistic approach has been influential. Objective of intercultural nursing care is to increase knowledge of intercultural nursing, to employ that knowledge into nursing interventions and to integrate intercultural concepts, theories and practices into nursing education, research and clinical practices. Intercultural nursing care is important because it is affective, social, behavioural and spiritual constituents of sickness and health (Ozturk & Oztas, 2012). In this sense; nurses should struggle for improving skills in interpersonal relations, understanding patients' social and familial structures in order to know their value systems and delivering a patient-centered and culture based care. Thus, when nursing care is provided by knowing others' behaviours, beliefs, attitudes and prejudices; quality of care will be enhanced (Hotun Sahin, Onat Bayram & Avci, 2009).

Each cultural group has their own beliefs, values and attitudes and people from different cultures think in relation to their beliefs, live and behave in accordance with their beliefs. In this sense, these individuals from different cultures and groups demonstrate different approaches towards sickness and health. It is important that health services be consistent with modern medicine understanding as well as cultures. It is impossible that health care services that do not take cultural characteristics into consideration are recognised by the society and care beneficiaries benefit from health services effectively and productively (Tuna Oran & Yuksel, 2015). Therefore, level of a patient's cultural values, beliefs, attitudes and behaviours affect their degree to benefit from nursing care. Besides, cultural characteristics of nurses and patients may not be the same. Likewise, nurse's cultural beliefs and values affect her decisions, attitudes and practices about patient care. Nurse's care practices are

knowingly or unknowingly affected and shaped by their own culture. In this respect, it should be questioned whether or not nursing care is delivered in line with cultural factors (Bayik Temel, 2008).

If nursing care aims at a decent life for individual, family and society to whom they serve; she should know the culture of that society. A health care that does not pay attention to cultural characteristics cannot be used by society happily, willingly and productively because each culture has their own beliefs, values and practices (Tortumluoglu, Okanli & Ozer, 2004). In this sense, it is very important for nurses to be aware of cultural features underlying health and sickness behaviours so that they can provide individuals, families and society with a care at the desired level (Ersin & Bahar, 2013; Tanriverdi, Sevig, Bayat & Birkok, 2009). When nurses have knowledge of and assess culture and cultural characteristics and the traditions of the society to which they serve; quality of care will be enriched (Cakir Kocak & Sevil, 2015; Erdem & Karaca Sivrikaya, 2015; Tortumluoglu, 2004). Moreover, knowing cultural features underlying health behaviours is important in terms of increasing acceptability of the service (Tanriverdi, Bayat, Umit Sevig & Birkok, 2011).

In cultural terms; a proper care necessitates understanding elements of culture, turning into holistic approaches, increasing knowledge and developing clinical skills (Pehlivan et al., 2013). Besides, intercultural care requires that nurses should be knowledgeable of individual differences and similarities and present sensitive behaviours while giving holistic care (Bulduk, Tosun & Ardic, 2011; Tasci, 2015). Additionally, intercultural care is both professional and moral responsibility and necessity for nurses (Bayik Temel, 2008).

Health-related beliefs, values and practices that individuals have are a part of the culture in which they exist. In this sense, nurses should know or at least try to understand how care receiving group perceives health and sickness and what cultural factors are placed behind health behaviours in order to deliver better health care (Tortumluoglu et al., 2004). Similarly; nurses of different cultures too give care services to individuals, families and societies with different cultural characteristics. Nursing care is affected by cultural features of those who receive care services. Besides, nurse's culture too influences care practices and nursing care planned by her (Bayik Temel, 2008). Nurse should show respect and tolerance by taking patient's culture into consideration and utilise aspects of that culture that support health. If there are health deteriorating aspects of that same culture, the nurse should properly intervene (Bolsoy & Sevil, 2006; Ozturk & Oztas, 2012).

Below, basic conditions that are necessary for nurses to deliver culturally sensitive and satisfactory care are listed (Bekar, 2001).

- Nurses should place the term culture in the core of nursing care and provide a care that is consistent with people's cultural needs.
- Care is a personalised practice and should consider any personal differences and choices that are associated with cultural traditions and customs.
- Care should strengthen strategies that facilitate one's decision-making on health behaviours and should be aware of personal differences to which attention should be paid during health and sickness among ethnical groups and races.
- Nurse should be aware of her own culture and know personal preferences while fighting against prejudices and racism in health.
- Nurse should be aware of health, sickness, treatment and care concepts in terms of dimensions of counterculture.
- Nurse should be willing to work within the cultural structure of individuals.
- Nurse should make efforts to facilitate effective communication in case of hindered nurse-patient relation caused by language.

4. Result

Health organisations are setting where cultural diversity is very high due to the fact that both service-receivers and service-providers may belong to different cultures. As known, holistic care is very important in nursing care. In holistic care, patient's cultural beliefs, values and practices are significant. In our world, cultural diversity has been increasing. Therefore, there is a need for nurses who can deliver care with cultural proficiency (Ozturk & Ayar, 2018). Besides, the health needs of individuals from different cultures may also be different. It is a basic human right for all individuals to express their own cultural riches. All humans' cultural values and beliefs should be respected and in this sense, necessary nursing care should be provided (Tortumluoglu, 2004).

Nurses hold moral and legal responsibilities that target at culturally suitable and quality care (Duffy, 2001). Nurses should recognise and understand values, beliefs and traditions and cultural differences in health care. Nurses should acquire the necessary knowledge and skills necessary for cultural proficiency. Culturally sufficient nursing care helps patient satisfaction and positive results to be obtained (Maier-Lorentz, 2008). Actually, today nurses have been becoming sensitive and knowledgeable about cultural differences and similarities in people's care (Leininger, 2002).

As a result, human beings are cultural, biological, psychological, social and cultural beings. Therefore, when a nurse delivers care, she should pay attention to and respect individuals' characteristics and cultural needs. Thus, productivity, efficacy and quality of the care given will be enhanced and at the same time, patient satisfaction and thus nurse satisfaction will be increased.

References

- Aydin, S. & Oskay, U. (2013). Transcultural nursing in perinatology. *Journal of Human Sciences*, 10(1), 1607–1619.
- Basalan Iz, F. & Bayik Temel, A. (2009). Hemsirelikte kulturel yeterlik. *Aile ve Toplum Egitim, Kultur ve Arastirma Dergisi*, 11(5), 51–58.
- Bayik Temel, A. (2008). Kulturlerarasi (cok kulturlu) hemsirelik egitimi. *Atatürk Universitesi Hemsirelik Yuksekokulu Dergisi*, 11(2), 92–101.
- Bayik Temel, A. (2011). Cok kulturluluk ve kulturlerarasi iletisimin saglik hizmetlerinin sunumuna etkileri. In E. Esen & Z. Yazici (Eds.), *Onlar Bizim Hemsehrimiz Uluslararası Goc ve Hizmetlerin Kulturlerarasi Acilimi* (pp. 43–73). Ankara, Turkey: Siyasal Kitapevi.
- Bekar, M. (2001). Kulturlerarasi (Transkulturel) hemsirelik. *Toplum ve Hekim*, 16(2), 136–141.
- Bolsoy, N. & Sevil, U. (2006). Saglik-hastalik ve kultur etkilesimi. *Ataturk Universitesi Hemsirelik Yuksekokulu Dergisi*, 9(3), 78–87.
- Bulduk, S., Tosun, H. & Ardic, E. (2011). Turkce kulturler arasi duyarlilik olceginin hemsirelik ogrencilerinde olcumsal ozellikleri. *Turkiye Klinikleri Journal of Medical Ethics-Law and History*, 19(1), 25–31.
- Cakir Kocak, Y. & Sevil, U. (2015). Kadin dogum kliniklerinde yatan hastalara kulturlerarasi yaklasim. *Turkiye Klinikleri Journal of Public Health Nursing-Special Topics*, 1(3), 52–61.
- Caylak, E. & Ozkol Kilinc, K. (2016). Kultur, goc iliskisi ve hemsirelik. In A. Icinde & A. B. Diken (Eds.), 2. *Uluslararası uygulamali bilimler kongresi: "Goc, yoksulluk ve istihdam"* (pp. 488–493). Konya, Turkey.
- Caylak, E., Ozkol Kilinc, K. & Ozturk, H. (2016). Sagligi koruma ve gelistirmede kulturun yeri. In I. B. C. Demirbag (Ed.), *Sagligi koruma ve gelistirme* (pp. 183–199). Ankara, Turkey: Goktug Yayıncılık.
- Duffy, M. E. (2001). A critique of cultural education in nursing. *Journal of Advanced Nursing*, 36(4), 487–495.
- Erdem, N. & Karaca Sivrikaya, S. (2015). Dahiliye hastalarinin bakiminda kulturlerarasi yaklasim. *Turkiye Klinikleri Journal of Public Health Nursing-Special Topics*, 1(3), 14–21.
- Ersin, F. & Bahar, Z. (2013). Odak grup gorusmeleri ve kulturel bakim farklilik-evrensellik teorisi iliskisi. *Deuhyo Ed*, 6(3), 165–168.
- Hotun Sahin, N., Onat Bayram, G. & Avci, D. (2009). Kulturlere duyarli yaklasim: Transkulturel hemsirelik. *Hemsirelikte Egitim ve Arastirma Dergisi*, 6(1):2–7.

- Karabuga Yakar, H. & Ecevit Alpar, S. (2017). Kulturlerarasi farkindalik ve kulturlerarasi etkililik olceklerinin guvenirlik ve gecerliginin belirlenmesi. *Journal of Human Sciences*, 14(3), 2748–2761.
- Leininger, M. (2002). Culture care theory: a major contribution to advance transcultural nursing knowledge and practices. *Journal of Transcultural Nursing*, 13(3), 189–192.
- Maier-Lorentz, M. M. (2008). Transcultural nursing: its importance in nursing practice. *Journal of Cultural Diversity*, 15(1), 37.
- Narayanasamy, A. (2003). Transcultural nursing: how do nurses respond to cultural needs? *British Journal of Nursing*, 12(3), 185–194.
- Ozturk, C. & Ayar, D. (2018). Pediatri hemsireliginde transkulturel yaklasim. *Turkiye Klinikleri Journal of Pediatric Nursing-Special Topics*, 4(1), 87–96.
- Ozturk, E. & Oztas, D. (2012). Transkulturel hemsirelik. *Batman University Journal of Life Sciences*, 1(1), 293–300.
- Pehlivan, S., Yildirim, Y. & Fadiloglu, C. (2013). Kanser, kultur ve hemsirelik. *Acibadem Universitesi Saglik Bilimleri Dergisi*, 4(4), 168–174.
- Tanriverdi, G., Sevig, U., Bayat, M. & Birkok, M. C. (2009). Hemsirelik bakiminda kulturel ozellikleri tanilama rehberi. *Uluslararası İnsan Bilimleri Dergisi*, 6(1), 793–806.
- Tanriverdi, G., Bayat, M., Umit Sevig, E. & Birkok, C. (2011). Evaluation of the effect of cultural characteristics on use of health care services using the Giger and Davidhizar’s transcultural assessment model: a sample from a village in Eastern Turkey. *Deuhyo Ed*, 4(1), 19–24.
- Tasci, S. (2015). Kulturlerarasi hemsirelik ve tamamlayici-alternatif tedavi. *Turkiye Klinikleri Journal of Public Health Nursing-Special Topics*, 1(3), 34–40.
- Terkes, N. & Bektas, H. (2013). Hemsirelik egitiminde ve uygulamalarinda kultur. *Ege Universitesi Hemsirelik Fakultesi Dergisi*, 29(1), 60–67.
- Torsvik, M. & Hedlund, M. (2008). Cultural encounters in reflective dialogue about nursing care: a qualitative study. *Journal of Advanced Nursing*, 63(4), 389–396.
- Tortumluoglu, G. (2004). Transkulturel hemsirelik ve kulturel bakim modeli ornekleri. *C.U. Hemsirelik Yuksekokulu Dergisi*, 8(2), 47–57.
- Tortumluoglu, G., Okanli, A. & Ozer, N. (2004). Hemsirelik bakiminda kulturel yaklasim ve onemi. *Journal of Human Sciences*, 1(1), 1–12.
- Tuna Oran, N. & Yuksel, E. (2015). Kulturlerarasi hemsirelik ve etik. *Turkiye Klinikleri Journal of Public Health Nursing-Special Topics*, 1(3), 7–13.
- Yilmaz, M. (2015). Diyaliz tedavisi alan hasta ve ailesinin bakiminda transkulturel hemsirelik yaklasimi. *Nefroloji Hemsireligi Dergisi*, 32–39.