Instructor Manual Chapter #6

Cultural and Diversity Aspects of Health and Illness Care Needs

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Chapter Objectives

1. Describe ways cultural diversity influences views of health and illness.

2. Discuss ways that using a family lens redefines ideas about culture and diversity.

3. Explain ways nurses need to tailor care, communication, and nursing actions with diverse cultural groups.

4. Discuss relationships between culture and communication.

Chapter Concepts

Communication barriers
Cultural ambiguity
Cultural competency
Cultural desire
Cultural humility
Cultural knowledge
Cultural nuances
Culturally sensitive care
Culture
Diversity
Literacy
Low health literacy
Routines
Stereotypes
Time management

Introduction

Awareness of cultural uniqueness and abilities to be culturally sensitive as individual and family care needs are met in various kinds of care settings is essential for nurses. Learning to think family and provide family focused care involves thoughtful consideration of the wide swatch of
distinct cultural factors that influence responses to health and illness. Families differ widely in ways daily lives are lived and wellness or disease are viewed. Birth and death are acknowledged differently. Children are socialized within families about health practices, but patterns are unique to family units. Adults vary in the times and ways they seek medical care services and self-manage conditions in their households.

Students need skills that equip them to employ culturally sensitive nursing actions as diverse racial, ethnic, cultural, gender, age, or other groups are met in clinical practice. Although student nurses generally learn content about culture during their education, the focus is mostly on individuals. Family focused nursing requires competent nursing actions or interventions that identify individuals as part of family units. They need experiences that prepare them to be curious about the diversity that occurs within families and not just between families. Provision of culturally sensitive care requires nurses thoughtful inquiry, intentional caring approaches, and reflection about emotions tied to actions. This textbook chapter explores ways culture is tied to nurses’ work and their roles. Some additional theoretical information about models linked with culture are provided here as they might be useful in teaching content and creating assignments.

**Using Nursing Models to Understand Culture and Family Care**

What do you think of when you see the word model? How can a Nursing model help enhance care delivery? In nursing, the terms model or theory are used to describe ways ideas are connected to describe a particular phenomena or ideas of interest. Students need some familiarity with different approaches for completing individual versus family focused cultural assessments. Theoretical models are lenses to view needs influenced by beliefs, values, and traditions and identify culturally sensitive nursing actions. Models can equip one with distinct ways to think about and examine unique family needs. A few useful models aligned with cultural sensitivity
are described. While some of these theories do not specifically focus on families or family focused care, they provide foundations for being culturally sensitive and thinking family.

Theories or models can help students learn ways to curiously approach families and communities in caring ways. A curious approach implies that questions asked and assessments made are built upon fact-finding not assumptions. Individuals and families are respected as experts about personal lives, identified needs, and problems to be addressed. Nurses who think family listen as they empower family members to teach others about who they are and what they need. This individual-nurse-family interaction can:

- Provide insight about needed care forms and ways care should be delivered.
- Identify the level of content and pace of teaching to offer.
- Discern ways to provide nursing actions.
- Engage needed supportive services.

Understanding a family’s culture can be more complex and dynamic than merely understanding an individual’s culture. A single family unit may have more than one area of need for cultural consideration (e.g., race, ethnicity, age, sexual expression). The Family Health Model (Denham, 2003) helps explain that culture has great influence in three domains (i.e., family context, function, structure) and should be thought about with all interactions and processes linked with care management. While we usually consider culture from individual, family, or household contexts, it also relates to the larger community or world that also shapes beliefs, values, and behaviors. Some persons choose to live in a shared community where others share some similar traits, while others choose to live near those different from themselves. In the 1980s, Toyota Motor Corporation opened a manufacturing plant near Lexington, Kentucky. Suddenly a largely Caucasian community experienced a rapid influx of new residents from
Nurses working in a familiar, rural, and mostly Caucasian community faced care needs of persons who spoke a different language and had other cultural ways. Experiences similar to this have happened all over the nation and across the world as people migrate and immigrant families populate and change areas.

Suppose a person from a foreign place has an accident or crisis and is isolated by thousands of miles from his or her family? The Family Health Model can help nurses understand the diversity of life influences that result whenever health or illness is a concern. Stress linked with separation from family in a homeland, the foods served at mealtime, and the manner in which one is approached can cause additional stress and make healing more difficult. Culture is continuous and dynamic, it influences daily interactions of multiple persons and relationships with family members and close friends. Culture influences things like work, school, where families shop and what they buy, and forms of worship.

**The Sunrise Model**

Madeline Leininger (2002) is a pioneer in thinking about ways culture affects individuals, families, and societies. She developed the Sunrise Model, a model that suggests all care takes place in the context of culture. The model makes connections between one’s worldview and the ways it influences and is influenced by other dimensions. These include religion, spirituality, kinship, politics or policy, economics, education, technologies, cultural values, language and ethnohistorical factors. Culture is viewed as holistic, dynamic, and interrelated to aspects of daily life. Assumptions of the Sunrise Model suggest that good care for individuals and families must be culturally based (Box 6.1). This means nurses are prepared with some competencies that enable them to know, explain, interpret, and predict some things about individual and family
behaviors. Nurses prepared to offer culturally congruent care, or care that meets specific needs, recognize the diversity and commonalities among people. An example of a commonality might be that all people want to be treated with respect and listened to when they speak. The *Sunrise Model* does not suggest a single or prescriptive list of things to do or not do with particular cultural orientations. Instead, it recommends that nurses assess the unique care needs of each person and identify the specific response needed. Culturally sensitive approaches can be enhanced when nurses *think family*. 
### Box 6.1 Exploring Personal Cultural Identity*

- Care assists with real or anticipated needs to improve a human condition or to face death.
- Caring is an action or activity directed towards providing care.
- Nursing is a learned profession that focuses on caring phenomena.
- Health refers to a state of wellbeing that is culturally defined and valued by those of a particular culture.
- Worldview refers to the ways the world or universe is perceived as right and meaningful.
- Culture refers to specific individual or group behaviors, values, beliefs, norms, and ways of life that guides thinking, decisions, actions, and patterned ways of living that are learned, shared, and transmitted.
- Cultural care refers to certain actions or threats a person or groups’ abilities to improve their human condition or manage health, illness or death.
- Cultural care diversity refers to the differences in ways diverse groups interpret meanings, values, or modes of care.
- Cultural care universality refers to common practices or similar meanings that occur among many members of a particular culture.
- Cultural care preservation or maintenance refers to nursing care activities that assist those from a particular culture retain and use core values linked with health needs or conditions.
- Cultural care accommodation refers to nursing actions used to assist those from a particular culture adaptor negotiate with the healthcare community to attain optimal health outcomes.

* Adapted from Leininger, 2001, p. 46–47.

In 1974, the Transcultural Nursing Society was established and held their first conference. Leininger (1995) is recognized as the founder of the field of transcultural nursing, she defined this nursing form 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 unfavorable human conditions, illness, or
The goal of transcultural nursing care is that attention is geared toward individuals’ unique needs; this is called ethnonursing. This nursing form pays attention to beliefs, values, and practices belonging to specific cultural groups and are reflected by members of that group. Offering culturally sensitive care can be taxing for nurses. Things discovered or experienced might conflict with worldviews about health, illness, and lifeways. Family nurses aim to provide care in ways that beliefs, values, traditions, and spiritual views of individual family members are respected. Nurses who think family strive to not allow personal viewpoints interfere as they observe that the customs and actions of others might be ‘different,’ but are not ‘wrong.’

**Health Belief Model**

In 1966, Irwin Rosenstock, a social psychologist, initially developed the *Health Belief Model* (HBM). He wanted to explain why few people participated in prevention programs to detect disease compared to the many people that seek treatment after the disease or illness occurs. The model’s main premise is that multiple factors or health beliefs preclude reasons why persons choose or decide to behave in particular ways. For example, the importance of immunizations is taught to all nursing students; however, many nurses decide not to take the flu vaccine. A nurse using the HBM would try to understand what beliefs lead people to decide whether to be immunized. Although this model was initially intended for individuals, it can also be useful for understanding family behaviors. The HBM is especially helpful when trying to understand some behaviors that are associated with increased risks of illness or disease such as high risk sexual behaviors, illicit drug use or tobacco consumption, (Croyle, 2005).

The four HBM areas need not a checklist, but they provide a framework that can guide a dialogue with an individual and their family members (Box 6.2). Students can use the model to
more clearly understand or identify many different reasons why those receiving health care services retain unhealthy lifestyles. The model provides insights into influential social and cultural behaviors among family members and influences of the larger society. The HBM can be used as a tool to collaborate with individuals and family members to create a workable plan of care focused on managing or preventing illness.

**Box 6.2 Health Belief Model***

The HBM proposes that a person or family’s health related behaviors depend on their perception of four critical areas:

1. Severity of a potential illness - typically a more severe illness will be more likely to lead to a change in health behavior.
2. Susceptibility to that illness - a higher risk to getting a disease can lead to a higher level of motivation to change (e.g., many people who develop pre-diabetes will be more likely to change behaviors).
3. Benefits of taking a preventive action – without a large reason for changing behavior, change is less likely to occur (e.g., a family where members eating large food portions is the norm is likely to find it more difficult to change to help an individual member lose weight than in a family where most members eat moderately).
4. Barriers to taking that action - multiple things can cause barriers (e.g., if a family does not support activity changes, it will be hard for an individual member to make changes).


__Health Promotion Model__  

Nola J. Pender, a professor of nursing long associated with the University of Michigan, built upon Rosenstock’s *Health Belief Model* and tried to better understand ways to increase levels of wellbeing. The *Health Promotion Model* describes the multidimensional aspects of persons as they interact with their environment in the pursuit of health (Pender, Murdaugh, & Parsons, 2006). This model is used internationally for research, education, and practice. Personal, biological, psychological, and socio-cultural factors are viewed as important. The model suggests
that nurses aiming to provide family focused care need to consider the complex aspects of human life that factors into behavioral changes (Box 6.3). Culture is an important consideration.

**Box 6.3 Assumptions of the Health Promotion Model***

<table>
<thead>
<tr>
<th>Assumptions of the Health Promotion Model include:</th>
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<td>• Individuals actively seek to regulate personal behaviors.</td>
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<td>• Individuals interact with the environment, transforming it and being transformed in the process.</td>
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<tr>
<td>• Health care professionals are part of the interpersonal environment that influences people across their life span.</td>
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<tr>
<td>• Individuals must initiate the changes in the person-environment interactive patterns for behavior change to occur.</td>
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* Pender, Murdaugh, & Parsons (2006)

The Health Promotion Model identifies that individuals have unique personal characteristics that greatly influence subsequent personal actions (Pender, Murdaugh, & Parsons, 2006). Therefore, specific cultural traits enter into understanding the unique needs of individuals and family members. The model focuses on individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcomes. The Health Promotion Model:

- Suggests people want to engage in behaviors that provide personally valued benefits.
- Recognizes that families, peers, and health care professionals have important influences that increase or decrease personal commitment to active engagement in health promoting actions.
- Acknowledges that individuals face competing demands over which they have little control that include things linked with family needs or role responsibilities.

Nurses who think family can assist individuals in altering behaviors in ways that improve the quality of life, health, and achieve a higher level of wellness. Nurses can use this model to identify the best ways to meet complex needs while being culturally sensitive.

**Transcultural Nursing Assessment Tool**
Giger and Davidhizer (1991; 2002) propose a basic assessment tool for nurses that includes six different areas that reflect ways people demonstrate culturally distinct patterns of identifiable behaviors (Box 6.4). Even within a single culture one finds variations. For example, things like age, gender, religion and others can create large variances within cultural groups. This assessment form encourages nurses to engage individuals in assessment, but also use the process to understand the complexities of family life.

**Box 6.4 Assessment of Culturally Distinct Behaviors**

These six cultural areas can be assessed:

1. Communication - Verbal and nonverbal to avoid misunderstandings and miscommunication that creates riffs between the nurse and person(s) receiving care. For instance, eye contact is a behavior with different cultural meanings.

2. Space - Closeness and distance of personal space differs as do body movements, touching, and closeness or distance.

3. Social Organization - Those from different cultures may have different rules linked with their dominant culture (e.g., respect, member roles, inheritance, gender, age expectations).

4. Time - Different values on time, valuing the past and its traditions, importance of the present, regard for the future.

5. Environmental Control - This is where one lives, but also the dynamic systems and processes that influence health or illness (e.g., health practices, religious beliefs, rituals, taboos).

6. Biological Variation - Similarities in body structure, skin coloring, hair texture, physical traits, genetic characteristics, and nutritional preferences.

* Giger & Davidhizer (2002)

**References**


Louis, MO: CV Mosby.


