INTEGRATING TRANSCULTURAL NURSING CONCEPTS INTO AN ASSOCIATE DEGREE NURSING PROGRAM

and

ASSISTING MINORITY RACE NURSING STUDENTS IN SUCCESSFULLY MEETING COURSE OBJECTIVES

A SABBATICAL REPORT

Helen Palleschi
February 26, 1993

Submitted to
Helen McCauslin
Vice President for Academic Services
Sabbatical Leave Report

Helen Palleschi February 26, 1993

I. Requested date for proposed sabbatical

August to December 1992

II. Statement of Purpose

One purpose of this sabbatical will be to determine how KVCC's associate degree nursing (ADN) program can integrate transcultural nursing concepts into its curriculum.

The second purpose of this sabbatical will be to develop a strategy to assist KVCC minority race students in becoming more successful in meeting course objectives in our nursing program.

III. Narrative Description

I gathered data from other Michigan ADN programs that have an international studies program at their college. I contacted the community colleges that participated with KVCC in the Beacon College grant which is focusing on internationalizing community college curricula. I scheduled two campus visits. One was at Kapiolani Community College in Hawaii, a Beacon grant college which has a significant international population, as well as to Spokane Community College in Spokane, Washington, a community college in Eastern Washington state that is located adjacent to an American Indian reservation.

IV. Objectives and Conclusions

1. Develop a bibliography and an article file of current literature that addresses the integration of transcultural concepts into nursing education that will be made available to faculty and clinicians.

Conclusion: With the aid of the Cumulative Index to Nursing & Allied Health Literature computer system in KVCC's library a bibliography of 125 current titles was created. Titles were then organized into a second bibliography specific to each practice area of nursing.
Numerous articles were gathered during the semester from literature review and visits to other colleges. A subscription to AnthroSight: Anthropology for Decision Makers, a periodical which addresses the ways humans act and react to changes in their physical and cultural environments, was obtained. Books purchased for KVCC's library that relate to transcultural health care are: *Lame Deer Seeker of Visions*, (Lame Deer), *The Shaman*, (Grim), *Pretty-shield, Medicine Woman of the Crows*, (Linderman), *American Indian Medicine*, (Vogel), *Black Elk, The Sacred Ways of a Lakota*, (Black Elk), *People and Cultures of Hawaii*, (McDermott), *Kahuna Healing*, (King), *The Heart of Huna*, (Yardley), *Huna, A Beginner's Guide*, (Hoffman), and *Plants of Old Hawaii*, (Lucas).

2. Explore with faculty from other Associate Degree Nursing programs that have a transcultural focus in their curriculum how they integrate cultural concepts into their curriculum by contacting the nursing departments of Michigan and Beacon grant colleges to gather ideas through a questionnaire and/or visit.

Conclusion: Modules, objectives, and/or course outlines were obtained from the colleges contacted that are teaching transcultural nursing concepts in their curriculum. A bibliography of these modules is attached. The modules are housed in KVCC's nursing department. (Addendum I)

3. Develop a plan with strategies to implement and evaluate the integration of transcultural nursing concepts into KVCC's nursing curriculum. (KVCC goal 3)

Conclusion: KVCC's nursing department's conceptual framework identifies transcultural health care education as a core thread. Each nursing course contains objectives and activities that address cultural concepts. After reviewing other colleges' offerings, I found that KVCC's nursing program has in place a very workable strategy that is supported by each faculty member in the department. The bibliography, periodicals, and books that I have made available to the faculty will be resources for them. The modules and course outlines from other institutions will give further ideas for implementation. I will encourage KVCC's nursing faculty to share with others the valuable strategies that they already are trying. An outline of how each nursing course integrates cultural aspects of health care is attached. (Addendum II)

4. Develop a bibliography and article file for faculty and clinicians of current literature that addresses the success of minority race students in nursing educational program.
Conclusion: At both Spokane Community College and Kapiolani Community College the success of minority race students seemed to be a concern that was met with no organized plan by the departments of nursing. On both campuses students were referred to support services out of the nursing department. The English lab was an area mentioned by both programs as a valuable resource with tutoring offered through a special services office. The success of the minority race student did not seem to be a concern of these nursing programs since the majority of those with learning problems were not able to pass prerequisite course work and enrollments in nursing programs is currently so high that there is no need to worry about retention of prenursing students.

Within the last year Spokane Community College has opened an office for multicultural student services. Through this office tutoring and counseling services are made available to the minority student. The programming of this office seems quite rich and may provide KVCC's special services program with ideas to broaden services to the minority race student.

Due to the diversity in the student population at Kapiolani Community College with the majority being Asian and Hawaiian, there seemed to be informal support systems among the students that led to peer tutoring. The cultural uniqueness of this area of the United States was reflected in a graduation picture of the nursing class where each graduate wore a flower crown.

No literature was found that addresses specifically the educational needs of the minority race student in nursing. This indicates a need for further research. KVCC has been successful with some students through departmental tutoring within nursing and use of other college services. This may be an area that KVCC can develop a strategy that would benefit other community college nursing programs.

5. Evaluate how the faculty from two select Associate Degree Nursing programs that are geographically located in parts of the United States with large numbers of a minority population address transcultural health needs with their students as well as assist their minority race students in course success.

Conclusion: On October 13, 1992 I visited the campus of Spokane Community College in Spokane, Washington. SCC has a student population of approximately 9,000 with a 108 acre campus of several free standing buildings. This college offers either degrees or certificates in 90 fields with over a dozen in health careers. The nursing faculty on this campus have been incorporating materials about transcultural health care in their curriculum for the last 10 years. In 1982 the faculty had created instructional modules addressing cultural needs of clients under a Helene Fuld grant. This effort was one of the first attempts by a community college nursing program to internationalize their curriculum. Since writing their modules the nursing faculty at SCC, working under an overseas study grant
in 1986, took several faculty and students to study health care in Taiwan for 2 weeks. While visiting on campus I met with the faculty member who orchestrated their international education movement in nursing and talked with the faculty members who had authored the transcultural health care modules. I observed 2 class sessions of their Cultural Diversity course, one of PN students and one of RN students. After a tour of campus the nursing faculty hosted me at a gourmet lunch served by SCC's culinary arts students. What a wonderful opportunity to informally network. I feel that my new friends at SCC will be a resource to us here at KVCC.

To obtain more information about the American Indian culture I visited Stevens County Historical Society and Research Center in Colville, Washington on October 15, 1992. There I talked with the museum curator and utilized their library to gather articles pertaining to the American Indian health care practices. (In both discussions at SCC about transcultural health care the American Indian health care practices were used as illustrations.) I also took many pictures of the museum artifacts and displays. Books about Native American healing were also purchased.

On November 16, 1992 I visited Kapiolani Community College in Honolulu, Hawaii. KCC is located on a 52 acre site near the historic landmark of Diamond Head Crater. The college's total enrollment is approximately 6,000 with nursing as the largest program. I met with the director of the nursing program for an indepth overview of KCC and the nursing curriculum. Then I met individually with faculty members who related how they integrated discussions about transcultural health care practices in their courses. Much to my surprise the nursing faculty were predominately Caucasian, educated on the mainland, in contrast to the student population who were Hawaiian and Asian. After lunch and a tour of campus, I attended a nursing department faculty meeting. Their topic was medical ethics with a guest speaker from the University of Hawaii who discussed professional ethics in relation to nursing. The faculty gave me free rein of their copy machine so that I could carry away samples of their curriculum and instructional materials. I also found books on traditional Hawaiian medicine and course materials used in an introduction course to nursing quite valuable. I felt as though I was part of KCC's faculty for a day, dialoging about issues that are common concerns. We have some valuable connections with KCC through the Beacon Grant project and now through specifically the nursing program.

6. Present to the nursing faculty strategies used by the two visited colleges to assist the minority race student in becoming more successful in meeting course and program competencies. (College goal 9)

Conclusion: I will coordinate with the director of our nursing department a time that I can share with the faculty the work I have done and the materials that I have collected.
7. Utilize information gained about the Pacific Rim and American Indian cultures to increase the awareness of KVCC's faculty and students through nursing program seminars, college colloquy, and International Week brown bagger. (College goal 3)

**Conclusion:** As a facilitator for the International Studies and Foreign Languages Summer Institute for Midwestern community colleges being held at KVCC in May 1993, I am eager to share the knowledge and insight that I have gained during the past semester. Transcultural health care is a vital piece in nursing theory and practice.

I also will share with KVCC's special services department information about Spokane Community College's multicultural student programs.

I am prepared to speak to college or community groups who might express an interest in my sabbatical topic.

**Summary:** This was a wonderful opportunity for me to combine my interest in transcultural health care and my work with KVCC's International Education Committee and the Humanities. Science and Technology Study Group. Several of my coworkers at KVCC were instrumental in the ground work for this project. I wish to recognize Barb Chrisman, one of our part-time KVCC clinicians who has a masters degree in Anthropology, for working with me in my early focus in 1986 on teaching cultural concepts in our nursing program. The International Education Committee offerings coordinated by Theo Sypris were extremely helpful in generating knowledge of other cultures. Also Theo's direction in writing instructional modules guided my efforts in producing a teaching module and stimulated me to search other community colleges to evaluate their work on transcultural health care education. Bob Badra through the HST group introduced me to John Grim who is a student of the Native American, author of the *The Shaman*, as well as one of our visiting scholars.

I feel I have much to offer my department and the college in the way of integrating transcultural nursing concepts into our curriculum. I am still quite concerned about the minority race nursing student and his or her success in our program. I think we are able to identify the individual deficiencies of the student but are not as successful in providing solutions to overcome these educational challenges.
TRANSCULTURAL NURSING MODULES

The instructional modules listed in this bibliography were gathered in 1992 as a resource to the KVCC nursing faculty and are filed in the KVCC nursing office.

AB: This unit developed for use in a nursing course examines intercultural/international issues that pertain to nursing. Included are student handouts, a student evaluation form, and a bibliography.

AB: This six hour module is planned for four one and one half hour sessions. It introduces the student to a comparison of sources and causes of mental stress, illness and treatment between Hong Kong, Taiwan and Mainland China. The unit contains student "investigations," extensive lecture notes, tables, test material and appendices.

AB: This unit introduces global perspectives and cultural comparisons into the nutrition program. Included are a course outline, study guides for two videotapes, and a world food map activity.

AB: This paper is presented on the premise that mental health problems of the refugee may be increasing and that there is a need for teacher preparedness. The paper is designed to help the nursing professional and others understand the mental health problems likely to be encountered when working with Southeast Asian Refugees. The paper is accompanied by a bibliography.

AB: This unit was developed for use in a course entitled "Transcultural Health". The unit is based on the rationale that folk medicine is part of the health system of all cultures and that modern medicine has been and still is affected by folk medicine practices. A bibliography is included.
Decker, Arlene. Transcultural Health: The Myth of the Melting Pot. Clark College, Vancouver, WA. 1984. AB: This unit was developed for use in the course "Transcultural Health". The myth of the melting pot is used to introduce students to the concept of cultural diversity and how it can influence health care.

Habel, Kathy. Transcultural Nursing. Spokane Community College, WA. 1984. AB: This unit was developed for use in a nursing course. It is intended to sensitize licensed practical nurses and registered nurses to different cultures, belief systems and values. The unit contains several case studies and readings. Included are a sample lecture outline, a bibliography, and a paper on the values and beliefs of the Native American (Colville Tribe).

Hannon, Daniel. Understanding the Indochinese Patient. Mt. Hood Community College, Gresham, OR. 1984. AB: This module was developed for use in a course entitled "Transcultural Aspects of Nursing". The six class hour module presents material on health care problems that nurses are likely to encounter when helping Indochinese patients. Included are lecture materials, reading assignments, in-class activities, an outline, a module test, and an annotated bibliography.

Health Science Division. Nursing Communications Seminar, Cultural Diversity. Spokane Community College, WA. 1992. AB: This seminar class was developed to provide a foundation for application of cultural concepts through the nursing process to clients throughout the life cycle and to the client/family unit. Consideration is given to the impact of biopsychosocial, ethical, legal, spiritual and cultural influences on the need to promote, maintain and restore health of the client/family unit.

Johnson, Lyndall. Major Health/Disease Problems of Global/International Significance. Linn-Benton Community College, Albany, OR. 1984. AB: This unit focuses on health problems which may not be common in the United States but are of major importance on a global scale. The unit is based on the premise that American nursing students should be aware of the common health problems faced by the billions of people in the Third World. Malnutrition, trachoma, and Kwashiorkor are among the health problems discussed.
AB: This module provides a basic opportunity for students to examine their own cultural values and beliefs. Based on this awareness the student will then be introduced to the implications of nursing care as it relates to culturally diverse groups.

Palleschi, Helen. **Culture and Person Centered Care,** Kalamazoo Valley Community College, MI. 1991.
AB: This unit provides a cultural approach to nursing process and considers culture as a subsystem of the person. Many cultural variables of the person are identified and explained. The relationship of cultural variables to other individual variables is considered. Bloch's Cultural Assessment Guide is presented and used to demonstrate both assessment and intervention phases of the nursing process.

AB: This unit focuses on holistic health care. The unit recognizes that the trend toward holistic health care has incorporated philosophies and healing systems from other cultures and compares traditional and holistic health care.

AB: This unit introduces skills that will help the nursing student work effectively with culturally diverse patients. The unit is also designed to help students recognize their own cultural heritage and become minority group advocates in the health care system. An outline, two handouts and a bibliography are included.

Roe, Carol. **Delivering Culturally Diversified Care,** Kalamazoo Valley Community College, MI. 1991.
AB: The purpose of this module is to provide information concerning various religious influences on common ethical issues that face clients and providers in health care. This module also addresses the influences of ethnic background on factors relevant to health care. An information chart and student worksheets are provided.

Roehm, Jeffrey. **International Differences in Dietary Patterns and Nutritional Goals,** Mt. Hood Community College, Gresham, OR. 1984.
AB: This unit was developed for use in a course on nutrition. The module involves the study of worldwide
dietary patterns. National dietary goals are studied and compared both from a scientific and sociological perspective. Included are lecture notes and discussion questions.

Ryder, Marie. **Transcultural Nursing, Common Ground.**
AB: This unit is designed to sensitize nurses to the challenge of providing nursing care in our multicultural society. Culture is recognized as a relevant variable in nursing care. The danger of stereotyping is explored. A bibliography and worksheets are included.

Smith-Makrevis, Celeste. **International Impact on Nursing.**
AB: This module was developed to be used in an associate degree of nursing program. The module includes information about collegial relationships with those of international backgrounds, cultural differences in client self care, effect of international politics on world health and nursing in other cultures.

AB: This unit is designed to expose the nursing student to the major ethnic groups in the local community through an examination of cultural diversity in value systems, support systems, and nursing practices. Included is a statement of seven principles for nursing practice with the multicultural client.

AB: This unit was developed for use in a nursing class. The unit attempts to sensitize students to cultural differences in health habits and has a special emphasis on Pacific Rim cultures. Included are sample materials, an evaluation procedure guide, and a bibliography.
TI: A family member responds: please understand us  
AU: Yep-J  
SO: Journal-of-Christian-Nursing (J-CHRIST-NURS) 1991 Summer; 8(3): 6-8

TI: What is transcultural nursing? How can I apply it in nursing practice, education, or research  
AU: Tom-Orme-L  

TI: How-to’s for greater cultural sensitivity  
AU: London-F  
SO: Advancing-Clinical-Care (ADV-CLIN-CARE) 1991 Nov-Dec; 6(6): 42 (7 bib)

TI: Towards the goal of providing culturally sensitive care: principles upon which to build nursing curricula  
AU: London-F  

AB: Nursing has, in recent years, strongly argued that an individual’s culture influences how illness events are perceived and managed. Nursing has also identified the need for nurses to provide culturally sensitive care. The literature, however, provides very limited direction for the integration of such concepts into nursing curricula. In this paper, the author presents a theoretical perspective on culture that addresses cultural beliefs and values but also extends to consider caring and programmes of care delivery within the broader social context. Using examples from the literature, the author identifies knowledge and skills deemed essential if nurses are to be capable of working effectively with individual clients and at the level of programme design and delivery.

TI: Educational strategies in a transcultural setting  
AU: Luna-LJ  

TI: Culturally responsive nursing management in an international health care setting  
AU: Davis-CF  
SO: Nursing-Administration-Quarterly (NURS-ADM-Q) 1992 Winter; 16(2): 36-9 (2 ref)

TI: Toward effective intercultural teaching  
AU: Harrison-M  
SO: Nursing-Administration-Quarterly (NURS-ADM-Q) 1992 Winter; 16(2): 29-34 (10 ref)
Healthcare providers must familiarize themselves with specific culture-bound syndromes and their manifestations in order to provide quality care to culturally diverse clients seeking healthcare services. Voodoo illness is one of several culture-bound syndromes that nurses need to be familiar with, for an inability to understand voodoo illness may result in the client's death (voodoo death).

Psychiatric nursing and transculturalism: quo vadis?

The education of health care professionals in the year 2000 and beyond: the consumer's view part 1

ANA position statement on cultural diversity in nursing practice

When your patient is a Hmong refugee

Joining together: students and faculty learn about transcultural nursing

Childrearing knowledge, beliefs, and practices of Cambodian refugees

A.B: Forty Cambodian women in Seattle, Washington were interviewed to learn about their childrearing knowledge, beliefs, practices, and information
resources. It was found that women who once relied on family and elders for advice now turned to pediatric providers and other clinic staff. Most women reported accurately the ages at which developmental milestones occur, with the exception of vision and hearing milestones. Their treatment of common childhood illnesses included both Western and Cambodian remedies. Beliefs about children's nature, discipline, learning, and reincarnation were explored. Implications for providers trying to support the parenting efforts of Cambodian women in the United States are discussed.

TI: How can we become more aware of culturally specific body language and use this awareness therapeutically?
AU: Siantz-ML; Dee-V; Ingram-CA

TI: Cultural perspectives on nursing in the 21st century
AU: Andrews-MM
AB: By the year 2000, more than one fourth of the US population will consist of individuals from culturally diverse groups. Increasing numbers of international visitors and exchange students will use the US health care delivery system, and US nurses will engage in international interchanges with increasing frequency. To keep pace with these population and health care trends, US nurses will need to base their nursing care on a theoretically sound foundation that draws on knowledge from the physical, natural, and behavioral sciences, as well as on research-based theories from transcultural, cross-cultural, and international nursing. The purposes of this article are to (1) trace past, present, and future population trends among minority groups in the United States; (2) examine the ways in which transcultural nursing has provided a framework for meeting the health care needs of culturally diverse people; (3) identify current issues and trends in transcultural nursing; and (4) suggest ways in which nurses can prepare for the increasing numbers of culturally diverse individuals who are projected to need nursing care in the future.

TI: The health meanings and practices of older Greek-Canadian widows
AU: Rosenbaum-JN
AB: Folk health and illness beliefs and practices were abstracted from a large-scale study of older Greek-Canadian widows conceptualized within Leininger's theory of Cultural Care Diversity and Universality using ethnographic, ethnonursing, and life health-care history methods. Data were collected using observation-participation and interviews in three Greek-Canadian communities with 12 widowed key informants and 30 general informants. Interview inquiry guides, Leininger's Life History Health Care Protocol, and field journal recordings assisted data collection. Data were analysed using Leininger's phases of analysis for qualitative data. A major health theme which was abstracted from the raw data and patterns was: health for Greek-Canadian widows meant a state of well-being, ability to perform daily role activities, and avoidance of pain and illness. The findings, which also included folk health care and illness beliefs and practices, will stimulate future nursing research related to health and nursing care of people of diverse cultures.
TI: Pain assessment in children: theoretical and empirical validity  
AU: Villarruel-AM; Denyes-MJ  
AB: Valid assessment of pain in children is foundational for both the nursing practice and research domains, yet few validated methods of pain measurement are currently available for young children. This article describes an innovative research approach used in the development of photographic instruments to measure pain intensity in young African-American and Hispanic children. The instruments were designed to enable children to participate actively in their own care and to do so in ways that are congruent with their developmental and cultural heritage. Conceptualization if the instruments, methodological development, and validation processes grounded in Orem's Self-Care Deficit Theory of Nursing are described. The authors discuss the ways in which the gaps between nursing theory, research, and practice are narrowed when development of instruments to measure clinical nursing phenomena are grounded in nursing theory, validated through research and utilized in practice settings.

TI: Investigating "greedy"... characteristics perceived by the Black mothers are similar to hardiness and self-efficacy  
AU: Vezeau-TM  

TI: Culturally sensitive prenatal care for Southeast Asians  
AU: Mattson-S; Lew-L  
AB: Objective: To evaluate the success of the Southeast Asian Health Project in terms of client satisfaction with the prenatal care and other services. To obtain additional data about Southeast Asian women’s health practices regarding childbearing. Design: Survey through questionnaires administered as interviews. Setting: In clients’ homes or via telephone. Participants: 119 women from SEAHP’s case files of recently delivered clients. Measurements and Main Results: Interviews were conducted by four community workers fluent in Cambodian or Lao. The majority of women were satisfied with SEAHP, particularly the interpretation and education in native languages. Women were also satisfied with SEAHP, encouraging others to seek care. Conclusions: SEAHP appears to meet prenatal care needs of Southeast Asian women in Long Beach, California. More objective outcome data await analyses, but the program’s approach may ensure access to and use of health services.

TI: Letter to the editor: reflections on an international theory of nursing  
AU: Leininger-M  

TI: Nursing diagnoses of culturally diverse patients  
AU: Geissler-EM  
AB: As the world's people become more mobile and the record number of refugees seek new homes, nurses are being increasingly faced with the caring of people from a culture different than their own. More than ever, there is a need for nursing care planned around unique cultural healthcare beliefs, values and practices of patients. However, incorporating cross-cultural defining characteristics into nursing diagnoses has been slow and difficult, the main reason being that nursing diagnoses are built into a classification system based on "labelling" which is "unintentionally culturally insensitive and may even stereotype clients." To help nurses in caring for culturally diverse patients, additions suggested to the classification system of nursing diagnoses are given below.

TI: A Brazilian study of two diagnoses in the NANDA human response pattern, moving: a transcultural comparison
AU: Coler-MS; da-Nobrega-MML; de-Almeida-Peres-VL; de-Farias-JN
AB: The necessity to validate nursing diagnoses for use in other cultures is frequently addressed and emphasized in the scientific literature of the profession. The use of nursing diagnoses in the clinical area is a significant step for Brazilian nursing in its quest for professional autonomy. However, it is of utmost importance to validate them for use in the context of the Brazilian culture. The purpose of this study, therefore, was to begin the validation process of and within the NANDA human response patterns (HRPs) with the objective of validating and comparing the defining characteristics of two nursing diagnoses. Diversional activity deficit and altered health maintenance, both in the NANDA HRP Moving, were identified in a majority of nursing students in a study that later served to justify the establishment of a mental health center at the Federal University of Paraiba (Brazil). This mental health center, Centro de Atendimento de Saude Mental (CASM), inaugurated at the university in August 1989, is based on a nursing paradigm. Its two objectives are to (1) assess and treat (via nursing diagnoses) nursing students during their academic life, and (2) serve as a center for research on nursing diagnoses. This phenomenologic study began with an interview of a convenience sample of 34 undergraduate nursing students, using a translated version of the Soler and Vincent Comprehensive Assessment Tool: Individual. From this the investigators were able to isolate subjective and objective data in each category to facilitate the identification of diagnostic characteristics. These were clustered and ultimately pointed the way to diagnostic labeling. Each student emerged with at least one nursing diagnosis. The greatest frequency was found in the HRP Moving, in which the diagnoses diversional activity deficit (n = 31; 91.2%) and alteration in health maintenance (n = 21; 73.5%) were identified in the majority of subjects. The data demonstrated that there is little difference between the defining characteristics approved by NANDA for the two diagnoses, and that the characteristics were identified in the subjects. The significance of the study lies in the area of transcultural/international nursing. At this juncture, the taxonomy, based only on North American input, has been submitted by the NANDA Board of Directors and the Taxonomy Committee, with American Nurses' Association liaison, to the World Health Organization for inclusion in the ICD-10. It is important that diagnoses in the ICD represent all cultures.

TI: An intercultural assessment of the type, intensity and number of crisis precipitating factors in three cultures: United States, Brazil and Taiwan
AU: Coler-MS; Hafner-LP
223-35 (21 ref)

AB: The precipitating factors of crisis have cultural interpretations that make diagnostic criteria and intervention methods ethnologically different. The crisis precipitating factors of individuals seeking intervention in the Republic of China (Taiwan), Brazil and the United States (U.S.) were investigated toward the end of isolating correlates and discrepancies and ethnic-related precipitants of crisis. The primary objective of the study was to influence crisis intervention in the profession of nursing from the almost universally utilized Western Model, to one that takes cultural uniqueness into account. Stressors and stressor intensities which lead to help-seeking behavior of clients in selected crisis intervention facilities in three countries were identified. A 60 question instrument ranked client responses according to Axis 4 of the Diagnostic and Statistical Manual-III of the American Psychiatric Association (APA, 1980; 1986). Each item also reflected one of four Human Response Patterns of the North American Nursing Diagnostic Association (NANDA) taxonomy, which was utilized as a clustering device in data analysis. Somatization versus psychologization of crisis precipitating factors was also measured through the NANDA categories. A convenience sample of 30 subjects were queried in each country by nurse interviewers. Data analysis through ANOVA showed cultural uniqueness and mutuality.

26 of 125

Marked in Search: #4

TI: Knowledge and attitudes of nurses toward culturally diverse patients
AU: Rooda-LA
SO: PURDUE UNIVERSITY 1990 PH.D. (141 p)

AB: This exploratory study was designed to examine the knowledge and attitudes nurses have about patients from culturally different backgrounds. A questionnaire, entitled The Cultural Fitness Survey, was used to collect data from registered nurses. Subjects were selected from a pool of 3,242 registered nurses employed in eight major acute care hospitals in urban Northern Indiana. Three major hypotheses were tested using repeated measures MANOVA, one-way ANOVA, multiple regression analysis, and between group t-tests to determine knowledge and attitudes of nurses toward Black American, Hispanic, and Asian American patients, and the interaction of these knowledge and attitudes. Each hypothesis was further examined by analyzing how it might be affected by age, year of graduation from nursing program, level of educational preparation, years practicing as a registered nurse, percent of patients cared for whose cultures differ from those of the nurses, and whether the nursing program graduated from provided content on cultural diversity. Four major findings emerged from the study. First, there was a significant difference in knowledge nurses have about Black American, Asian American, Hispanic, and non-ethnic group specific cultures and health care practices. Second, a significant amount of negative attitude and cultural bias was exhibited towards Hispanics. The rank order of attitudes toward the other ethnic groups, from most to least favorable, was Whites, Black Americans, and Asian Americans. Third, a statistically significant positive relationship between knowledge and attitudes was found for Asian Americans only. Four, of the six demographic variables tested, only educational program emerged as a significant variable in determining knowledge, attitudes, and knowledge-attitude interactions of nurses toward culturally different patients. Age, year of graduation, years of practice, percent of patients cared for whose cultures differ from those of the nurses, and whether the nursing program provided content on cultural diversity had no effect. The results of this investigation seem to suggest the following: the effects of contact with culturally different groups may not be similar across groups; nurses have more positive attitudes toward their own ethnic groups; and, except for level of educational preparation, nurses are more alike than different in knowledge and attitudes toward ethnically different patients.

27 of 125
TI: Prevention of infant mortality: an agenda for nurse-midwifery
AU: Willis-WO; Fullerton-JT
AB: A major health objective of the United States government and the World Health Organization is the reduction of infant mortality by the year 2000. Significant progress in the reduction of infant mortality has been made internationally simply as a consequence of general improvements in public health and nationally as a consequence of increased technological sophistication. Recently, however, there has been an attenuation in the rate of decline, and it becomes necessary to address the unsolved issues that continue to affect morbidity and mortality in the first year of life. Year 2000 objectives related to infant mortality include the reduction of low birth weight and increasing access to prenatal care. Socioeconomic, behavioral, medical, and obstetric factors associated with low birth weight and lack of prenatal care are cited. Personal and political agenda targeted to the achievement of the public health goals are proposed.

TI: Hemorrhage and culture: management in the developing world and cultural implications for nursing care
AU: Penney-DS
AB: In the industrialized world, technological resources and skilled personnel characterize the response to a hemorrhagic crisis. Such an efficient use of supplied technology stands in stark contrast to the responses toward a similar crisis when encountered in a developing country. In fact, attempting to manage a hemorrhage in a developing country may pose entanglements with economic, political, cultural, environmental, and medical obstacles. The uniqueness of this task and its challenges to the health professional are presented to provide nurses in advanced societies with a basic understanding of principles involved in managing hemorrhage in less-than-ideal circumstances. In addition, cultural care considerations are briefly described as they relate to the nursing role in the developing world.

TI: The experience of culturally diverse nurse-client encounters
AU: Butrin-JE
SO: UNIVERSITY OF MINNESOTA 1990 PH.D. (148 p)
AB: The purpose of this investigation was to describe the experience of the encounter between nurses and clients who originated from different cultures. The study was conceived within a paradigm of health and nursing as elaborated by Newman. Cultural difference between two individuals is commonly viewed as a barrier to effective relationship. Implications from transcultural nursing literature suggest that knowledge of cultural difference is essential for effective nursing. Research studies which examine the culturally diverse nurse-client encounter cannot, however, be found. Fifteen nurses and fifteen clients from two southeastern United States public health clinics participated in the study. An open-ended interview protocol was used and all interviews were audiorecorded. The data were analyzed using a phenomenological approach. Three categories of themes emerged from the data analysis. The categories were mutually satisfying encounters, incongruent perceptions of the encounters and mutually unsatisfying encounters. The majority of dyad participants fell into the category of mutually satisfying encounters. Three dyads were in the incongruent perceptions category and two dyads experienced mutually unsatisfying encounters. Themes which characterized the mutually satisfying
categories were: mutual respect and liking, mutual understanding, mutual satisfaction, a feeling of being helped, cared for or comfortable with, and sharing of similar values. The themes of the incongruent encounters were stereotypic bias and ethnocentrism, interpreter presence impeding openness in the encounter and dissimilar values. Themes which emerged in the mutually insatisfying encounters were those of a mutual sense of uncertainty and a mutual sense of difficulty in establishing rapport. Cultural difference was not considered to be problematic for most of the encounters. Language differences were seen as problematic or potentially problematic. For the majority of the encounters, however, language difference was not considered to inhibit the mutual good feelings that were expressed. The themes which emerged in the mutually satisfying encounters were closely aligned with characteristics of caring found in the literature. These findings indicate that a meaningful nurse-client relationship can occur despite cultural and language differences.

II: Care and cultural context of Lebanese Muslims in an urban U.S. community: an ethnographic and ethnonursing study conceptualized within Leininger’s theory

AU: Luna-LJ
SO: WAYNE STATE UNIVERSITY 1989 PH.D. (310 p)
AB: The purpose of this ethnographic and ethnonursing study was to describe and analyze the meanings and experiences of care for Lebanese Muslims as influenced by cultural context in selected natural and health care settings. Leininger’s theory of cultural care diversity and universality served as the conceptualizing framework for the study. It was predicted that care meanings and experiences for Lebanese Muslims are largely influenced by and derived from cultural context through shared cultural values, beliefs and practices. It was further assumed that clients, such as Lebanese Muslims, bring with them cultural beliefs, attitudes, language expressions and communication patterns which are meaningful to them when they enter a health care setting. Research questions focused on discovering the meanings and experiences of care for Lebanese Muslims in their natural community context and in the context of a hospital and clinic. Ethnography and ethnonursing research methods were used with key and general informants in each setting of an urban U.S. community. Universal themes of care that were similar in the three contexts reflected care as a religious obligation in Islam, care as equal but different gender role responsibilities, and care as individual and collective meanings of honor. Major diversities in the hospital context reflected areas of cultural incongruence between Lebanese Muslim clients and health personnel with respect to gender role differences and certain American models of care practices, therapies and ethical codes which did not fit the Lebanese Muslim cultural lifeways, values and beliefs. Diversity in the clinic context reflected incongruence regarding expectations of responsible prenatal care. Other findings of the study related to professional and folk beliefs and practices, semantic descriptors of care in the Arabic language, and gender differences in perceptions of a caring and non-caring nurse. The concept of cultural decontextualization was abstracted from the findings and defined. Nursing implications utilizing Leininger’s three modes of nursing interventions were identified.

III: Anthology on caring. Exploring culture and family caring patterns with the framework of systemic organization

AU: Friedemann-M
TI: Anthology on caring. The role of context in culture-specific care... the Old Order Amish
AU: Wenger-AFZ

TI: Two portraits of caring: a comparison of the artists, Leininger and Watson
AU: Cohen-JA
AB: Two nursing leaders, Madeleine Leininger and Jean Watson, have devoted their careers to studying and evolving the meaning of caring. The theme of caring as presented by each theorist was explored along with their views of the nature of nursing, use of theory development strategies, and their individual contributions to the development of nursing knowledge. Both identify nursing as a humanistic science, with the concept of caring being the central unifying domain of nursing. Consistent with their belief that the humanistic sciences require a different research methodology to study that which is uniquely human, both have utilized qualitative research methodologies in their study of care. The evolution of each theorist perspective of care reflects their own background and experiences. Each theorist, therefore, has painted a different portrait of caring, demonstrating a differing emphasis on philosophical, cultural and empirical concerns. For Leininger, caring must be placed in a cultural context since caring patterns can differ transculturally. Watson has focused on the philosophic (existential-phenomenological) and spiritual basis of caring and sees caring as the ethical and moral ideal of nursing. Both Leininger and Watson have demonstrated their artistry in their individual portraits of caring and in their contributions to the development of nursing knowledge.

TI: Understanding cultural diversity through a student exchange program
AU: Huttlinger-K; Keating-SB
AB: Nursing curriculum must include multicultural experiences to prepare nurses to work with the nation's ethnically diverse population. To meet this need, a pilot project was instituted between two Bachelor's of Science in Nursing (BSN) programs. It was hypothesized that students could develop new cultural perspectives by experiencing nursing with different ethnic groups. Two senior students from each institution were selected for the experience. The exchange program provided them with opportunities to assess and care for health problems in aggregates and families with whom they might not have had practice. The authors recommend that these types of programs be encouraged to introduce students to practice in settings and with cultures other than their own.

TI: Cultural care: the missing link in severe sensory alteration
AU: Kloosterman-ND
AB: The phenomenon of severe sensory alteration has been studied for some twenty-five years. Sensory overload, sensory deprivation, and sleep deprivation have been identified as contributing factors in its cause. Yet, the incidence of severe sensory alteration remains high. In this paper the author suggests that Leininger's theory of cultural care advocating the use of culturally assistive, supportive, or facilitative acts in nursing care, may provide important new insights into this phenomenon.
The rationale for the development of the Nursing Cultural Center (NCC) at a leading mid-western university is discussed by the author. Both the goals and purposes of the NCC within the framework of the mission of the University of Wisconsin-Milwaukee and the surrounding community are emphasized to illustrate how two basic strategies are used to facilitate the accomplishment of these goals and purposes. These strategies are processing cultural health information and implementing the Cultural Diversity Practice Model (CDPM). The NCC is a cultural health informational center which facilitates the application of the Cultural Diversity Practice Model developed by the author.

The faculty development program was designed to extend expertise in culturally focused nursing care and research. Its main purposes were to operationalize the concept of culture in clinical practice settings and to stimulate culturally focused nursing research. The program was an interdisciplinary collaborative effort with content grounded in anthropological concepts and research methods. Content was divided into four phases: concepts basic to culturally focused care; use of research findings in the clinical area; methodological issues in culturally focused research; and analysis of culturally focused research proposals. The program resulted in greater integration of the concept of culture into theory and practice and in the development of several funded research proposals.

The purpose of this study was to generate substantive theory on the bereavement process. A qualitative research design, grounded theory, was used to analyze the experience of bereavement for Mexican American widows. Research questions addressed were: What is the process of bereavement for Mexican American widows? What factors are associated with the bereavement process for Mexican American widows? Theory discovery was accomplished using the grounded theory methodology. Interviews were conducted with nineteen Mexican American widows who had been bereaved for approximately 18 months. Theoretical sampling involved the use of interviews and observations triangulated with scientific and popular literature. The constant comparative method of analytic induction was used for the analysis of data, in order to identify the elements and structure of the theory. A basic social process, Reorganizing a New Me, was identified as the core category of the theory. Reorganizing a New Me is the continuous process used by Mexican American widows in order to adjust and adapt to widowhood. The process includes four subcategories: (a) Feeling the Void is defined as the efforts of monitoring or becoming aware of the loss and highlighted the uncertainty that accompanied the experience, (b) My Mind and Body explains the Mexican American widow's work of resolving her grief in the form of culturally sanctioned idioms and emotional expressions, (c) Confronting the Paradox is defined as the centralization of the thoughts, feelings, and perceptions that represented the concerns and compensations of being a widow, and (d) Tempering explains the work of adapting to the process of becoming a
Coping strategies that Mexican American widows utilized during this process were also identified. The significance of the study for nursing is that it (a) sensitizes nurses and other health professionals to the bereavement process and coping strategies for Mexican American widows, (b) provides a map which can guide the assessment of the bereaved Mexican American widow, and (c) identifies a substantive theory on the bereavement process, which, through further study, can be raised to a formal theory on this transitional phase for women.

A staff development workshop on cultural diversity

In a multicultural society, nurses work with clients from diverse cultural groups. The beliefs, values, and customs of these groups greatly influence the client’s response to health care. Nurses need to understand the culture of the client in order to provide competent care. This article describes a process for developing a cultural diversity workshop that allows nurses to develop skills in dealing with clients from diverse backgrounds. Guidelines for identifying workshop content, educational group leaders, and suggestions for workshop evaluation are included.

A study of attitudes of nurse aides toward ethnic patients in nursing homes

This study examined the attitudes of nurse aides toward patients of different ethnicities in nursing homes. Since nurse aides provide 90% of direct patient care, it was considered important to study the attitudes and prejudices of these multi-ethnic staff members who care for multi-ethnic elderly patients. A semantic differential scale and a social distance scale were used to assess the attitudes of nurse aides, and a questionnaire was used to gather demographic data and perceptions of nurse aides with respect to the behavior, family relationships and the degree of religiosity of patients from different ethnicities. A sample of 110 nurse aides was drawn from three New York City nursing homes. The semantic differential scale was used to measure attitudes of nurse aides toward patients in six ethnic groups: Chinese, Black, Puerto Rican, Jewish, Italian, and Irish. None of the ethnic patients were rated unfavorably or strongly favorable. The social distance scale measured attitudes toward ethnic groups in general. Results indicated that nurse aides were not prejudiced toward any of the ethnic groups studied. Nurse aides were found to have definite perceptions of the behaviors of different ethnic groups. These findings were statistically significant. A new perspective is needed in social work education, a perspective emphasizing the cultural diversity of clients and an understanding of ethnic heritage. Gerontologists are encouraged to recognize the importance of ethnic life for the elderly and the need to improve delivery of services by appreciation of the impact of ethnicity upon both the workers and clients. Nursing homes must develop training programs for staff which emphasize the influence of ethnocultural differences. From this study a training program for nursing home staff was developed and is offered to improve understanding of ethnic differences and ethnic similarities.

Ethnocentric nursing

A new perspective is needed in social work education, a perspective emphasizing the cultural diversity of clients and an understanding of ethnic heritage. Gerontologists are encouraged to recognize the importance of ethnic life for the elderly and the need to improve delivery of services by appreciation of the impact of ethnicity upon both the workers and clients. Nursing homes must develop training programs for staff which emphasize the influence of ethnocultural differences. From this study a training program for nursing home staff was developed and is offered to improve understanding of ethnic differences and ethnic similarities.
TI: Cultural diversity in health and illness
AU: Spector-RE
SO: Appleton & Lange 1991 ed 3 (345 p)

TI: I wish I'd been there: a sense of nursing history
AU: Kippenbrock-TA

TI: Transcultural nursing and nursing diagnoses
AU: Geissler-EM

TI: Why there cannot be an international theory of nursing
AU: Mandelbaum-J
AB: Theory development in nursing is being increasingly emphasized by nursing theorists who continue to propose new assumptions, principles and conceptual models. With such enthusiastic interest in theoretical discussions, the time seems ideal to propose a theory for nursing that could be applicable internationally, namely that it could be applied across national and cultural boundaries. Such a theory, however, is not possible, says Jonnalynn Mandelbaum. Below, she explains why not.

TI: Differences and similarities in practice between the United States and the United Kingdom
AU: Purnell-L

TI: Ethnographic traits in the writing of Mary Breckinridge
AU: Ruffing-Rahal-MA
AB: Mary Breckinridge, founder of The Frontier Nursing Service, employed ethnographic methodologies -- participant observation, interviewing and fieldwork -- as foundation efforts toward construction of highly responsive health-service systems, developed under circumstances of duress, e.g. after World War I and pre-industrial Appalachia. In culturally representing the Appalachian, she drew upon two vast resources, her first-hand field experience as well as her considerable rhetorical skill. She narrated and described an enormity of selected "realities" of Appalachian life with immediacy of detail and nonpatronizing sensitivity for "insider" perspectives. In an era of transition with few indigenous cultural writers, Breckinridge capitalized on her family heritage in Appalachia, which further underscored the intimacy and authenticity of her accounts. As portrayed in her autobiography, crosscultural encounters of one kind and time or another supplied an infrastructure of longstanding meaning throughout her life. The final and lasting impression is
that, in both skills and orientation, Breckinridge's were essentially those of the ethnographer.

II: A caring-based AIDS educational model for pre-adolescents: global health human caring perspective

AU: Jones-SB
SO: Journal-of-Advanced-Nursing (J-ADV-NURS) 1991 May; 16(5): 591-6 (17 ref)
AB: With the prolific messages shown to children today through the media and other sources about acquired immunodeficiency syndrome (AIDS), what sexual questions are on the minds of the fifth and sixth grade students as a result of this exposure? What is the role and responsibility of nurses with regard to this problem? This descriptive study focused on fifth and sixth graders' questions about AIDS and provides some directions for theory-based nursing interventions related to AIDS and children. This paper proposed a theory-based model of caring as a teaching intervention programme about AIDS for pre-adolescents. The model resulted from a sex education programme for fifth and sixth graders in an international school setting in Japan. The nature of the students' questions about AIDS revealed transcultural concerns which suggested that a model of human caring was needed to develop a systematic approach to AIDS education for pre-adolescents. The model proposed has global implications for nurses and other health professionals in schools and primary health-care settings in various parts of the world.

II: Health teaching in the context of culture: nursing in East Africa

AU: Blair-J

II: A cultural assessment guide: learning cultural sensitivity

AU: Rosenbaum-JN
SO: Canadian-Nurse (CAN-NURSE) 1991 Apr; 87(4): 32-3 (2 ref)

II: Preparing for international consultation part 2

AU: Uhl-JE
SO: Journal-of-Professional-Nursing (J-PROF-NURS) 1991 May-Jun; 7(3): 150 (1 ref)

II: Exploring gender and culture with Khmer refugee women: reflections on participatory feminist research

AU: Thompson-JL
AB: This article discusses the process and findings from a study based on the paradigm of feminist participatory research. The research is first discussed in relation to contemporary feminist scholarship. The project combined elements of community health nursing practice and feminist research in a support group with Khmer refugee women. The research explored psychosocial adjustment and the construction of gender among Khmer women. Methods of data collection included life history and trauma history interviews, discussion of dream narratives and Cambodian myths, and participant observation. Findings included four recurring themes identified in the women's stories. The research process is discussed in terms of its implications for nursing praxis.
Ethnohealth and ethnocaring practices among the Lakota (Indians, Sioux)

AB: Understanding the health and caring practices of a cultural group is essential to the provision of nursing care that is both therapeutic and culturally sensitive. Investigation into the ethnohealth and ethnocaring practices of the northern Lakota Sioux bands has been lacking in nursing and anthropological research. Likewise, research about modern women in shamanistic training is limited to two studies, neither of which centers on healing practices. This study employed a blend of ethnonursing and phenomenological approaches to: (a) explore and explicate the cultural modes of health and caring among the Hunkpapa band of the Lakota Sioux who reside on the Standing Rock Sioux Reservation in North Dakota and South Dakota and (b) to generate a description of medicine-women apprenticeship. Data collection entailed participant observation, dialogal interviews, and semistructured interviews guided by orienting theory. The results produced an ethnonursing account of health and caring practices of this particular cultural group. Conceptual categories of ethnohealth and ethnocaring were constructed using indigenous terms. The researcher's encounters as an adoptive member of the Hunkpapa kinship network and as an apprentice medicine woman yielded a descriptive, experiential account of traditional healing ways as experienced by a nurse practitioner. An account and analysis of the nurse's endeavors to incorporate ethnohealth and ethnocaring practices into her professional practice concluded the study. It was determined that the use of ethnohealing interventions initiated by the nurse must take into consideration kinship ties, client expectations, and the professional scope of nursing practice.

Cultural themes in health-care decision making among Cambodian refugee women

AB: The recent immigration of larger numbers of refugees from various regions of the world has presented a challenge to the health-care system. There are marked perceptual differences between recent immigrants and health-care providers in such areas as the definition of kinds and causes of diseases, illness behaviors, treatment modalities, and patterns of health-care decision making and accessing of care. Understanding these perceptual differences from the perspective of cultural themes is a useful crosscultural tool for nursing. Among Cambodian refugee women in the described study, the overarching theme in understanding and managing illness is the concept of equilibrium. Health-related behaviors were in congruence with the described traditional belief structure. However, a pragmatic theme dictated a blending of traditional and scientific healing practices. The need for language and cultural comfort was the primary theme in accessing care and selecting care providers. This study has implications for the significant role of the nurse as crosscultural educator and cultural interpreter to American health-care providers. The United States is increasingly a pluralistic society populated by ethnic minorities and recent immigrants. Since 1975, almost one million refugees, mostly from...
Southeast Asia, have entered the U.S. In addition, there have been large waves of immigrants from Mexico, Central America, and Eastern Europe (Holley, 1986; Montero, 1979; Office of Refugee Resettlement, 1985). Adding a new dimension to the American society, these recent arrivals have presented a challenge to the health-care system. A frustrating aspect for American health-care providers is the radically different world view of these multiple cultural groups. Perceptual differences include varying definitions of kinds and causes of diseases; behaviors to avoid when ill; appropriate kinds of treatment; patterns of accessing care and selecting care providers, including traditional healers; and patterns of decision making within the family. As an area of research, there is limited study on decision-making processes utilized by ethnic minorities seeking health care in the U.S. The majority of such studies have been done among populations in other countries. If one seeks to understand the process of health-care decision making among an ethnic minority group, the critical element is to identify the cultural theme driving the behavior.

II: Nursing education, practice, and professional identity: a transcultural course in England
AU: Beeman-PB
AB: Students from a baccalaureate program at the University of Delaware participated in a 4-week course in England, exploring nursing's role in the health care system of that country. Students observed and interacted with a variety of clients and nurses in diverse settings; they observed similarities and differences in nursing education, practice, and professional identity between nurses in England and in the United States. The course was timely and valuable -- it provided students with the opportunity to enhance their awareness of another culture and it allowed them to recognize nursing's importance in global health concerns.

II: Counselling at the cultural interface: is getting back to roots enough?
AU: Wright-J
AB: This paper attempts to view counselling in its cultural context. The central issue addressed relates to the possibly unique position which psychiatric nurses occupy in relation to this issue. It is argued that psychiatric nurses have an opportunity to challenge some of the complexities and assumptions of traditional counselling models, and contribute towards the development of a helping approach, for those who are culturally "different", which is both authentic and flexible. After tracing the notion of cultural identity and outlining the disempowering experience of many from the cultural minority groups, when encountering the British psychiatric system, the writer considers the relevance of the Western counselling tradition in relation to those who are thus disempowered. Viewed from the complexity of human experience and cultural variability, it is claimed that many of the assumptions and premises of this tradition are themselves disempowering. An argument is made for that kind of authentic helping whose genesis is the recognition of clients in their cultural setting and which is flexible enough to respond to the individual and not merely her/his cultural grouping. With such a framework, the writer feels that psychiatric nurses could occupy a vital role, whose goal would be to re-empower individuals with diverse cultural traditions, at both a micro and macro level.

II: Use of nursing theories in the care of families with high-risk infants:
challenges for the future
AU: Symanski-ME

Marked in Search: #4

Communicating when the patient cannot speak English
AU: Puterbaugh-S

Marked in Search: #4

Surma: a cause for concern
AU: Smart-A; Madan-N
SO: Health-Visitor (HEALTH-VISIT) 1990 Nov; 63(11): 379-80 (6 ref)
AB: ANDREW SMART and NISHI MADAN describe a campaign in Derby to reduce the use within Asian communities of 'surma', a lead-based eye cosmetic, and to raise awareness among health professionals of the potential hazard this practice presents. A health visitor may bring special insight to questions about traditions and customs pertaining to her client community and about which little may be known by those who do not have a close working relationship with those communities.

Marked in Search: #4

Letter to the editor: Leininger clarifies transcultural nursing
AU: Leininger-M

Marked in Search: #4

The phenomena of care in Sicilian-Canadian culture: an ethnonursing case study
AU: Horsburgh-MEC; Foley-DM
SO: Nursing-Forum (NURS-FORUM) 1990; 25(3): 14-22 (10 ref)
AB: This study examined the caring beliefs and behaviors of first- and second-generation Sicilians who immigrated to Canada and now reside in an Ontario metropolitan area. Madeleine Leininger's ethnonursing model of "Cultural Care Diversity and Universality" (1978, 1985, 1988) provided the framework; qualitative information was gained from the perceptions and cognitions of two Sicilian-Canadian families. Emphasis was placed on cultural and social structure dimensions that depicted caring, health beliefs, and related practices. The research questions guiding this inquiry were: a) What care values, care beliefs, and behavior patterns are deemed to promote/preserve well-being in this culture? b) Who provides care in this culture and under what circumstances? Implications for nursing that emerged included: provision of continuity of care, the importance of the involvement of the family, and the development of innovative means to enhance self-care practices to prevent illness and to reduce aversion to the professional healthcare system.

Marked in Search: #4

Integrative aging in widowed immigrant Filipinas: a grounded theory study
AU: Valencia-Go-GN
SO: ADELPHI UNIVERSITY 1989 PH.D. (381 p)
AB: There are over 2 million Filipinos in the United States yet, there is very little health care information about them. Furthermore, recent immigrants, particularly older widowed women have not been studied as actual and/or potential recipients of nursing and health care. This study's purposes were to
generate hypotheses about the aging experiences of widowed immigrant Filipinas and determine their adjustment to a new culture. This qualitative study used an interview guide as the main tool for data collection. This guide was generated from the concept of ethnicity, defined as a sense of peoplehood, and the review of related literature. The review of related literature included a discussion of Malayan, Chinese, and Spanish cultures as these were the main influences of Filipinos. Relevant Filipino values which reflected these culture contacts were described. Family relationships, aging, widowhood, gender role socialization, changes affecting women, and expectations of women as they age in mainstream America were included as considerations in view of the immigration process. Data collection and analysis occurred simultaneously and through the process of constant comparative analysis, themes were identified, clusters were formed, and finally five theme categories emerged. From the reflections on the data, the theoretical sampling of the literature, and collection of more data for verification, the core category emerged. This core category was identified as integrative aging perceived as a process which linked the five theme categories. These theme categories were subprocesses and included (a) adopting flexibility in the processes of assimilation and acculturation, (b) valuing the experience of widowhood, (c) optimizing one's level of wellness, (d) nurturing satisfying family relationships, and (e) establishing social support networks. These subprocesses were viewed as tasks which transcended developmental perspectives because they facilitated the integration of the widowed women into their immigrant families and the new culture. Hypotheses regarding the significance of these subprocesses to aging were generated. Implications for nursing practice, administration, education, and research were suggested as potential areas for individualizing nursing and health care for these Filipinas.
environment by discussing each of the four aspects of spacial behavior from a nursing perspective: proximity to others, objects in the environment, body posture, and movement in the setting.

TI: Role development of the clinical nurse specialist within the Indian Health Service
AU: Nelson-Conley-CL
SO: Clinical-Nurse-Specialist (CLIN-NURSE-SPEC) 1990 Fall; 4(3): 142-6 (23 ref)
AB: The clinical nurse specialist is employed in many health care facilities to improve patient care. One service unit of the Indian Health Service has expressed interest in the development of this role. At the present time, there are no advanced practitioners within this facility. Development, as well as implementation of the role, must be based on the cultural and health care needs of the Indian people. This paper discusses development of the role of perioperative clinical nurse specialist, based on personal experience, at a service unit providing health care to a large tribe of American Indians in the Southwestern United States. Examples of care incorporating cultural practices, are used to illustrate the practice of the perioperative specialist within the Indian Health Service. The nursing process is used to organize the development of the role.

TI: Concepts of caring and caring as a concept
AU: Morse-JM; Solberg-SM; Neander-WL; Bottorff-JL; Johnson-JL
AB: If caring is to be retained as the "essence" of nursing, and if research in this area is to advance, then the various perspectives of caring must be clarified, the strengths and the limitations of these conceptualizations examined, and the applicability of caring as a concept and theory to the practice of nursing identified. Examination of the concept of caring resulted in the identification of five epistemological perspectives: caring as a human state, caring as a moral imperative or ideal, caring as an affect, caring as an interpersonal relationship, and caring as a nursing intervention. Two outcomes of caring were identified: caring as the subjective experience and as the physiologic responses in patients. The authors concluded that knowledge development related to caring in nursing is limited by the lack of refinement of caring theory, the lack of definitions of caring attributes, the neglect to examine caring from the dialectic perspective, and the focus of theorists and researchers on the nurse to the exclusion of the patient.

TI: Integration of international and transcultural content in nursing curricula: a process for change
AU: Lindquist-GJ
AB: A brief review of education and nursing literature indicates that it is essential to help students develop a global perspective as they prepare to practice nursing in a world of increasingly interdependent nations and people. The process currently being implemented to integrate international and transcultural content in the undergraduate nursing curriculum at a Midwestern state university is described in this article. Assessment of the school indicated that the student population and faculty are characterized by a high degree of radical-ethnic homogeneity. Assessment also included the mapping of content in all required courses in the undergraduate curriculum in the following areas: cultural differences, health care delivery systems in other
countries, nursing in other countries, and international health organizations and issues. Recommendations were then made regarding content in required courses, continuation of elective courses, and informal educational strategies. Examples of these are described, as well as the resultant changes. Some of the changes described include content added and educational strategies used to integrate transcultural and international health content in required courses. Elective courses, taught both on campus and abroad, are briefly described. Evaluation is an ongoing part of overall program evaluation. Highest priority for future planning is currently being placed on development of a semester study-abroad program and increasing cultural diversity in all students' educational experiences.

II: Culture brokering in migrant farmworker health care
AU: Jezewski-MA
AB: When we perceive ourselves to be ill, many of us elect to enter the orthodox health care system. We have a sense of confidence that we will receive care in this system. When we enter the health care system, our expectation is that our illness will be understood, that we will be accepted as a person in need of medical care, and that our illness will be resolved or managed by the health care provider. We possess the economic means to pay for health services, thus giving us the power to choose our providers. One in the health care system, the system's own network of referrals will facilitate the acquisition of needed services. Migrant farmworkers very often do not possess these health-seeking means to enter the orthodox health care system. This article describes a process, culture brokering, used by health care professionals to facilitate the acquisition of health care by migrant farmworkers.

II: Children's explanation of leukemia: a Hispanic perspective
AU: Munet-Vilaro-F; Vessey-JA

II: Approaches to cultural awareness
AU: Doku-J
SO: Nursing-Times (NURS-TIMES) 1990 Sep 26-Oct 2; 86(39): Mental Health: 69-70 (11 ref)

II: Using a grounded theory method to develop a model of culture brokering in a migrant farmworker health care setting
AU: Jezewski-MA
SO: STATE UNIVERSITY OF NEW YORK AT BUFFALO 1989 PH.D. (287 p)
AB: This study investigated the acquisition of health care by selected groups of migrant farmworkers in western New York State. The outcome of the research was two-fold. The first was a detailed description of migrant farmworker health care delivery with emphasis on the functioning of the system and the interaction between the migrant farmworkers and the health care professionals caring for them. This fieldwork consisted of 8 months of data collection with traditional ethnographic methods in two migrant health care settings during the 1986 "season". The ethnographic data revealed that the migrant farmworkers were generally satisfied with the health care provided by these two health care
settings. There were positive responses concerning the interaction with staff in these settings. The staff in each setting was relatively stable. Each of the settings operated on minimum funding with very little funds coming from government agencies. The staff, professional and nonprofessional, demonstrated a caring and sensitive attitude toward the work-related and health problems presented by migrant farmworkers. The second goal of this dissertation was to construct a grounded theory of culture brokering using Glaser and Strauss' (1967) methodology. Culture brokering is defined as the act of bridging, linking or mediating between groups or persons for the purpose of reducing conflict or producing change. The constructed theory of culture brokering consists of a process composed of three stages (perception, intervention and outcome) that are influenced either negatively or positively by several contingency categories (power, networks, economics, culture sensitivity, stigma, age, and others). These contingencies affect the brokering process in any or all stages of the process. The theory of culture brokering explains the means by which staff facilitated the acquisition of health care by migrant farmworkers both within the clinic setting and within the larger health care system. The culture brokering theory can guide health care professionals in a process of facilitating health care for patients who are unable to acquire needed health care by themselves. Most importantly, the theory provides a set of contingencies that should be explored in such situations in order to determine factors that may impede or enhance the process of facilitating care.

TI: Health among Native American elders
AU: Hatton-DC
SO: UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1989 D.N.S. (225 p)
AB: The purpose of this study was to explore the phenomenon of health among members of an aggregate of urbanized, Native American elders. Utilizing a grounded theory methodology, the investigation considered the phenomenological and social aspects of health in a multicultural context. Research among members of this population is important for several reasons including that these elders are from a cultural group different from that of the majority and also that they are particularly susceptible to a number of health problems. Often nursing textbooks portray Native Americans as a homogeneous group whose view of health is predominantly sacred and traditional. This representation does not reflect the enormous complexity of constructing health meanings and managing perceived health problems in an evolving multicultural context. The majority of these elders were hardy individuals. They "pulled through" and survived the harsh circumstances in the past and managed chronic health problems as well as persistent adversity in the present. They were "pragmatists" who tested and evaluated a variety of health care options in search of what "worked." These individuals had multiple interactions with Western, non-Indian providers from whom they sought and obtained health care. The majority of these interactions took place within an opportunity structure which emerged as a consequence of the general condition of wardship. Generally, these older adults perceived the health care options connected to wardship as accessible. Ethnicity did not emerge as a salient dimension linked to the health perceptions and health actions/interactions of these individuals. What did emerge as important was a social environment comprised of dimensions including wardship, opportunity structure, and past/present world. This discovery contradicts that body of nursing literature which represents Native Americans as a homogeneous ethnic group whose perspectives of health are most often blended with traditional beliefs and practices. The discoveries, instead, illuminated the saliency of additional environmental factors, including those which are historical, economical, political, and social, for the construction of health meanings and consequent health actions and interactions.
AB: The purpose of this ethnonursing and ethnographic study was to discover the meanings, expressions and functions of care within the high context culture of the Old Order Amish. Leininger's theory of cultural care diversity and universality and Hall's concept of high context culture were conceptualized, with the prediction that culture care is closely related to high culture context. Further, it was predicted that social structure, environment and language contexts of the Old Order Amish are related to the lifeways, beliefs and practices about family and community care which promote health and well-being. The research questions focused on meanings, expressions and functions of care, social structure factors influencing professional and folk care services and generational and family differences in culture care. Ethnography, ethnonursing and life history research methods were used with 13 key informants and 23 general informants who lived near the center of an Old Order Amish settlement located in the Midwest of the United States. Leininger's data analysis model was used to abstract themes from the raw data, descriptors and patterns. Through the process of identifying descriptors and patterns, four major themes were abstracted namely, (1) centrality of care in the Old Order Amish world view and social structure, (2) anticipatory care which creates and maintains high context care environment, (3) active participation in culture care which daily promotes individual, family and community well-being and (4) principled pragmatism which guides culture care choices. Helping and visiting were major subthemes that were found to provide the context for learning about care needs of others in the family, church and community contexts. Although all informant families used professional, folk and alternative care services, diversity was found in the extent to which some families used specific types of care. There were minimal family and generational differences in culture care, indicating that change takes place slowly, which explained the predominance of universality in the meanings, expressions and functions of culture care. Long term relationships, shared cultural lifeways and boundary maintenance were high context features found to be related to culture care. Further research is recommended on culture care in Amish and non-Amish cultures and between high context and low context cultures.

FT: Caught between two cultures... psychiatric care for people from ethnic minorities
AU: Watson-H
SO: Nursing-Times (NURS-TIMES) 1990 Sep 26-Oct 2; 86(39): Mental Health: 66-8 (10 ref)

FT: Using Neuman's model to analyze a clinical situation
AU: Baerg-KL
SO: Rehabilitation-Nursing (REHABIL-NURS) 1991 Jan-Feb; 16(1): 38-9 (8 ref)

FT: Alice Modig and the talking circles
AU: Scott-JK

FT: Said another way: seeing the world through different lenses
This qualitative study was designed to discern the meanings, experiences, and orientations related to care and cure as expressed by dying persons in hospital and hospice settings; and to examine the influences of hospice and hospice on persons in those settings. Leininger’s Theory of Cultural Care Diversity and Universality provided the conceptualization. Ethnographic and ethnonursing research methods were used to study the hospital and hospice as two cultural contexts. Twelve persons who were diagnosed with cancer, had a prognosis of less than one year, and were aware of that prognosis were purposefully selected as key informants in each setting. Twelve general informants who were staff, family or volunteers were also interviewed in each setting. The investigator used observation/participation, ethnographic interviewing, record review, and the fieldwork journal as the data sources which were analyzed using Leininger’s Four-phased Model for Data Analysis. The Leininger Templin Thompson Ethnographic Computer Software Program, a dBase III adaptation, facilitated the coding, categorization, and sorting of data. The following themes were identified: (a) a caring atmosphere/ambience in both the hospital and hospice settings; (b) patient receiving of care from others with sub-themes of care received from family, and care received from professional care-givers; (c) patient giving of care to others with identification of the categories of altruistic care and mutual care; (d) cure as "hoped for" outcome; and (e) "living while dying" with sub-themes of sharing life reviews and experiences, planning for others following one’s own death and control of activities. The dying person’s caring for others was an important expression of living fully during the dying phase. Euthanasia, treatment for cancer, and setting limits during the dying phase were other topics discussed by selected informants. Considerations related to Leininger’s theory were described. Suggestions for nursing practice were discussed within each theme. Questions for study and theoretical formulations were presented as guides for further research and theory development.
degree students, which included a large number of various ethnic students, had higher cultural knowledge of black American clients than the baccalaureate degree students, who had less ethnic variance. However, adjustment for the ethnic variable was not significant ($F(1,1) = 12.5$, $p < .001$). There were no differences in the attitudes toward black American clients between the two groups of students. The score ratings for cultural knowledge of ($m = 66.90$ on a scale of 0 to 100), and attitude toward ($m = 35.40$ on a scale of 7 to 56 points) black American clients were low in each group of students. Implications are for increased and improved cultural content in nursing education and alternative methods of teaching black American cultural content.
The purpose of this qualitative study was to describe the health beliefs related to diarrhea in children of Haitian mothers living in the Dominican Republic. Ethnographic interviews conducted by the author and a participatory research method utilizing indigenous Community Health Workers (CHWs) were used for data gathering purposes. Eight CHWs conducted sixty-five interviews with Haitian mothers living in one of six bateys north of La Romana. A structured interview schedule was used to determine the mothers' beliefs regarding the causes, symptoms, and treatments for diarrhea in children. The author conducted eighteen individual interviews and a group discussion with approximately twenty mothers to gain additional cultural data and to validate and corroborate the CHW's findings. The data were analyzed by developing a data matrix in which responses were examined for commonalities and placed in categories. Many of the categories were derived from identical responses and required no subjective determinations. Other categories were derived by the author through an identification of common themes in the data. The mothers identified diarrhea as the most dangerous threat to their children's health. Impure water, "bad" food, and microbes were believed to be the most likely causes of diarrhea along with "mal de ojo" or the evil eye. The mothers correctly described the symptoms of severe diarrhea identifying changes in the physical appearance and response of the ill children. Treatment beliefs included categories of foods to give and foods to avoid, and a wide variety of herbs and tree leaves to be used to make teas and homemade remedies. None of the mothers could accurately describe oral rehydration therapy, although some had limited knowledge of the ingredients to be used. A belief which could potentially have a severely negative impact on children's health was the belief that it was beneficial to stop breast feeding a child who had diarrhea. The health problems in the bateys of the Dominican Republic are much too large to solve quickly or easily, but the current research demonstrates the necessity of learning local health beliefs as a basis for developing culturally relevant nursing interventions.
some of the differences between traditional and allopathic approaches to patient care, and presents a case history of a recent community-based patient education program. The article includes suggestions for practice and identifies important questions to be addressed.

II: Learning from special populations
AU: Bartlett-EE
SO: Patient-Education-and-Counseling (PATIENT-EDUC-COUNS) 1989 Apr; 13(2): 87-9 (8 ref)

II: Health care across cultures
AU: Anderson-JM
SO: Nursing-Outlook (NURS-OUTLOOK) 1990 May-Jun; 38(3): 136-9 (7 ref)

II: Cultural shock in the operating room: cultural analysis in transcultural nursing
AU: Chrisman-NJ

II: Health beliefs related to diarrhea in Haitian children: building transcultural nursing knowledge
AU: Kirkpatrick-SM; Cobb-AK
SO: Journal-of-Transcultural-Nursing (J-TRANSCLT-NURS) 1990 Winter; 1(2): 2-12 (35 ref)
AB: Interviews were conducted with 83 Haitian women living in the bateys of the sugar cane fields in the Dominican Republic to identify their beliefs about major threats to the health of their children. The data were collected as the basis for planning culturally relevant health intervention programs including the training of indigenous community health workers. These community health workers participated in the project as data collectors. Gastrointestinal problems, including diarrhea, were identified as the major threat to children's health, followed by respiratory ailments, fevers, and communicable diseases. Water, food and microbes were seen as the primary causes of diarrhea. Treatment primarily followed the hot and cold theory of disease, with diarrhea seen as a 'hot' condition requiring a "cold" treatment, although there was individual variation in the designation of foods as hot or cold. Some of the mothers were aware of oral rehydration solutions as a treatment for diarrhea, but none knew the correct proportion of ingredients. The most potentially harmful belief was that of discontinuing breast feeding when a child has diarrhea. Thirty-eight percent of the respondents expressed this belief. Transcultural nursing and general nursing implications were discussed.

II: A new and changing decade ahead: are nurses prepared?
AU: Leininger-M
SO: Journal-of-Transcultural-Nursing (J-TRANSCLT-NURS) 1990 Winter; 1(2): 1

II: An exchange of gifts... the international language of friendship
Today a new generation of nurses with different cultural insights and a deeper appreciation of human life and values are developing a sensitivity for culturally appropriate individualized care. Although literature on clinical approaches in cultural diverse situations is mushrooming, relatively few theories on transcultural nursing provide a systematic method for comprehensive nursing assessment, which is necessary for both the nursing practitioner and the researcher to provide appropriate nursing care tailored for each client. Below an outline of the areas that need to be assessed when working with clients from multicultural populations.

This paper describes a course assignment designed to sensitize nursing students to the meaning of the experience of being a stranger in a cultural setting where the norms and rules for behaviour are unclear or essentially unknown. This experience alerts the student to be aware of the possibility that people's usual responses to strangers in unfamiliar settings, may be an inhibitory factor in the development of a therapeutic relationship between the nurse, and other health practitioners, and their clients. Discussion is centred on the student learning which occurs, both personally and professionally, in the conduct of this assignment.
Transcultural nursing certification is now a reality
Roessler-G

Twice in need of care: a transcultural nursing analysis of elderly Mexican Americans
McKenna-M

Transcultural nursing care: achieving understanding in a practice setting
Huttlinger-K; Wiebe-P

The major goal of this study was to describe how Navajo men and women perceived and understood their illness. The research plan was to use a modified ethnographic approach that would elicit information in the informant's own words and would reflect their personal and cultural beliefs, values and knowledge of diabetes. It was anticipated that nurses who work with Navajo diabetics could use the information from this study to construct more meaningful and culturally relevant interventions. Based upon the notion that cultures perceive and classify information, including their health problems in different ways (Spector, 1979), it was reasonable to expect that Navajo perceptions of their disease would differ from those of their Anglo, Western health care providers.

Transcultural nursing care of Arab Muslims
Luna-LJ
Journal-of-Transcultural-Nursing (J-TRANSCULT-NURS) 1989 Summer; 1(1): 22-6 (23 ref)

This paper will present some of the fundamental transcultural nursing concepts and some guidelines and practical applications derived from research with several Arab cultural groups in a large urban community in the United States. In addition to six years of direct research experience with the largest Arab Muslim community outside the Middle East living in the United States, the researcher spent a two-year residence in the Middle East teaching nursing in a rural mountain village in Lebanon. These experiences have helped to bring into focus the tremendous importance of transcultural nursing knowledge and cultural sensitivity in providing meaningful and acceptable care to Arab Muslim clients.

Transcultural caring: political and economic visions
Ray-MA

The purpose of this paper is to discuss political and economic visions in the modern world in relation to transcultural caring. The focus is on education for an interdependent world related to the processes of the creation of community, an idea raised by Dewey (in Bernstein, 1986), and the building of a global civic culture, a new vision and social action movement advanced byoulding, (1988) a social-political scientist. Political and economic visions which have resulted in cultural conflict and have shaped the past and present
and have given rise to a new vision for the future will be examined, as well as
particular models of community. The importance of transcultural caring as the
framework for praxis to build a global civic culture will be described, and
finally the implications for transcultural nursing will be presented.

TI: Transcultural nurse specialists and generalists: new practitioners in
nursing
AU: Leininger-M
SO: Journal-of-Transcultural-Nursing (J-TRANSCULT-NURS) 1989 Summer; 1(1): 4-16
(18 ref)
AB: The purpose of this article is to present the nature, characteristics,
educational preparation and practice role of the transcultural nurse specialist
and generalist with focus on the actual and evolving role of these new
practitioners in nursing in a rapidly growing pluralistic world. It is intended
to help nurses become knowledgeable about the existence of transcultural nurse
specialists and generalists in nursing and to understand why these nurses have
become much needed not only in clinical practice, but also in education,
research and as competent consultants handling complex and sensitive
intercultural policies. The article supports the author's position that
transcultural nursing has not only become a refreshing and major new
breakthrough in nursing, but that the field will continue to grow as a
specialized area of education and practice in which the knowledge and skills
will be used in all areas of nursing by the year 2010. Moreover, transcultural
nursing insights, theoretical perspectives, and research findings will continue
to revolutionize nursing education and nursing practices in major and
significant ways.

TI: Message from the president: Transcultural Nursing Society
AU: Wenger-AF

TI: Editorial... the Journal of Transcultural Nursing has become a reality
AU: Leininger-M

TI: Growth parameters and blood values in Arabic children
AU: Isaacs-PC
AB: Growth parameters and blood values, including height, weight, hemoglobin,
and hematocrit were measured on a sample (n = 251) of Arabic children from the
West Bank of Israel. Analyses indicate that socioeconomic factors, along with
cultural characteristics, contribute to several differences in gender and
income comparisons. Nurses working with Arabic children who may have immigrated
to the United States should be sensitive to potential economic and cultural
effects.

TI: Health care of immigrant children: incorporating culture into practice
AU: Niederhauser-VP
ref)
AB: Culture plays a major role in health care and compliance. Comprehensive cultural assessments include detailed family histories, altered screening tests, and sensitivity toward differences in health practices. Nurses also need to understand themselves and their own cultural values in working with culturally different clients.

TI: Meeting the challenge of culturally diverse populations
AU: Fleming-J

TI: When cultures clash at the bedside
AU: Kuhni-CQ

TI: Developing a breast cancer screening program for Chinese-American women
AU: Lovejoy-NC; Jenkins-C; Wu-T; Shankland-S; Wilson-C
SO: Oncology-Nursing-Forum (ONCOL-NURS-FORUM) 1989 Mar-Apr; 16(2): 181-7 (28 ref)
AB: The Chinese, like other minority groups, often underuse cancer screening services because of language, cultural, and economic barriers. Nonattendance reduces the probability that cancer will be detected in its earliest and often most curable form. To improve use of cancer screening services among Chinese-Americans, a community-based coalition organized a one-day demonstration cancer awareness and screening program -- the Breast Cancer Screening Day for Chinese Women. More than 100 women, many of whom did not speak English, attended the program. Six abnormal mammograms required follow-up and one breast cancer was detected. The planning process used to develop this successful project is described as are suggestions to improve future screening programs for ethnic minorities.

TI: Reaching clients through cross cultural education
AU: Gorrie-M

TI: The role of ethnicity in elder care
AU: Rempusheski-VF
SO: Nursing-Clinics-of-North-America (NURS-CLIN-NORTH-AM) 1989 Sep; 24(3): 717-24 (18 ref)
AB: An elder's meaning of caring is symbolized in the ritual practice, moral commitment, and behaviors unique to an ethnic group. Assessment of ethnicity includes eliciting information about rituals, beliefs, and symbols associated with care activities, such as personal hygiene, eating, and sleeping. Perceived biases and expectations of care, grounded in ethnicity, are necessary elements to be uncovered from both the elder's and the nurse's perspective. Incorporating assessment data into a plan of care involves an elder-nurse interpretation of prioritized ethnic beliefs as manifested in care behavior.
TI: Cross-cultural perspectives on patient teaching
AU: Tripp-Reimer-T; Afifi-LA
SO: Nursing-Clinics-of-North-America (NURS-CLIN-NORTH-AM) 1989 Sep; 24(3): 613-9 (21 ref)
AB: Individual health behaviors are largely culturally patterned. Effective health teaching evolves from culture assessment and negotiation of the identified health needs. Culturally appropriate patient education consists of developing, implementing, and evaluating a culturally appropriate teaching program that includes both the individual and the individual’s social support system.

TI: Continuing nursing education amidst a revolution... the China Health Care System
AU: Fay-PA

TI: The transcultural nurse specialist: imperative in today’s world
AU: Leininger-MM
SO: Nursing-and-Health-Care (NURS-HEALTH-CARE) 1989 May; 10(5): 250-6 (6 ref)

TI: The incorporation of family primary care for Southeast Asian refugees in a community-based mental health facility
AU: Pickwell-S

TI: Transcultural eating patterns and nutrition: transcultural nursing and anthropological perspectives
AU: Leininger-MM

TI: Perspectives on nursing science
AU: Smith-MJ
AB: On May 22, 1987, six leaders in nursing participated in a panel discussion at the Nurse Theorist Conference in Pittsburgh sponsored by Discovery International. The participants were Imogene M. King, Madeleine M. Leininger, Rosemarie Rizzo Parse, Hildegard E. Peplau, Martha E. Rogers, Callista Roy, and Tozella M. Schlotfeldt. The goal of the conference was to present formalized nursing conceptual systems and views on major issues in nursing. The panel discussion was intended as a forum for nurse theorists to engage in a dialogue to clarify ideas on specific issues related to nursing science. The nurse theorists answered the specific questions, after which Drs. Peplau and Schlotfeldt responded. Three main questions were posed to the panel centering on the issues of (a) the uniqueness of theoretical frameworks, (b) the phenomenon central to theoretical frameworks, and (c) nursing diagnoses. The engaging dialogue of the panel discussion follows.
TI: Research in cultural diversity: Institute for the Study of Culture and Nursing part 1
AU: DeSantis-L; Dunbar-S; Dreher-M

TI: Cultural assessment in rehabilitation nursing practice
AU: Hoeman-SP
AB: Relationships between disability and culture may affect the outcomes of care for clients' interactions with rehabilitation nurses and clients' responses to rehabilitation services. The rationale for integrating cultural content and process into the rehabilitation nursing assessment has implications for nursing research and practice.

TI: Hair care in the Black patient
AU: Joyner-M
SO: Journal-of-Pediatric-Health-Care (J-PEDIATR-HEALTH-CARE) 1988 Nov-Dec; 2(6): 281-7 (9 ref)
AB: Transcultural health care involves a sensitivity by the health professional to cultural values, beliefs, and practices of patients. Leininger's theory of transcultural care diversity and universality provides a framework in which cultural understanding can enhance the patient-provider relationship. Hair care practices among black patients are deeply embedded in the cultural beliefs and practices of black people. Practices such as braiding or plaiting the hair and the use of heat and chemicals to straighten the hair are popular. Folk culture and recent advances in cosmetic chemistry also play an important role. Incorporating the patients' cultural beliefs into practices enhances a holistic approach to health care for black patients.

TI: Depression: viewed from a transcultural nursing theoretical perspective
AU: Rosenbaum-JN
AB: Phenomena related to depression are discussed transculturally and examined within the context of Leininger's theory of transcultural diversity and universality of care and health. Mental health and mental illness are viewed within the social structure and world view in order to derive culturally congruent nursing care. Recommendations for future research are suggested.

TI: Conceptualizing for transcultural health visiting: the concept of transcultural reciprocity
AU: Dobson-SM
AB: Concepts fundamental to health visiting need to be identified, clarified and developed as an on-going activity, one in which all health visitors can, and should, be involved. The concept of "transcultural reciprocity" is presented as intrinsic to the practice of transcultural health visiting.
II: Carolyn Coolidge: caring for the Chinese elderly at On Lok
AU: Bramble-K

II: Reaching clients through cross cultural education
AU: Gorrie-M

II: Bridging the cultural gap between residents and staff
AU: Gould-Stuart-J

II: The role of ethnicity in elder care
AU: Rempusheski-VF
SO: Nursing-Clinics-of-North-America (NURS-CLIN-NORTH-AM) 1989 Sep; 24(3): 717-24 (18 ref)

II: Profiles of elderly Armenians... in the Los Angeles area
AU: Saunders-V

II: Nurses and other people
AU: Stacy-S
SO: Australian-Nurses-Journal (AUST-NURSES-J) 1986 Aug; 16(2): 54-7 (7 ref)

II: A study of attitudes of nurse aides toward ethnic patients in nursing homes
AU: Tirrito-T
TI: Being and becoming healthy: the core of nursing knowledge
AU: Meleis-AI
SO: Nursing-Science-Quarterly (NURS-SCI-Q) 1990 Fall; 3(3): 107-14 (31 ref)

TI: Hemorrhage and culture: management in the developing world and cultural implications for nursing care
AU: Penney-DS

TI: Scare tactics don’t work... African and Caribbean women have very low breast-cancer screening uptake rates
AU: Thompson-A
SO: Nursing-Standard (NURS-STAND) 1991 Dec 11-17; 6(12): 45-6
TI: An intercultural assessment of the type, intensity and number of crisis precipitating factors in three cultures: United States, Brazil and Taiwan
AU: Coler-MS; Hafner-LP

TI: A study of the relationship between cross-cultural training, the Scale to Assess World Views, and the quality of care given by nurses in a psychiatric setting
AU: Cunningham-Warburton-PA
SO: THE UNIVERSITY OF CONNECTICUT 1988 PH.D. (183 p)

TI: Approaches to cultural awareness
AU: Doku-J
SO: Nursing-Times (NURS-TIMES) 1990 Sep 26-Oct 2; 86(39): Mental Health: 69-70 (11 ref)

TI: A proposed protocol for culturally relevant nursing psychotherapy
AU: Flaske-Jud-H
SO: Clinical-Nurse-Specialist (CLIN-NURSE-SPEC) 1987 Winter; 1(4): 150-7 (59 ref)

TI: Primary community Aboriginal mental health development
AU: Holland-R

TI: Psychiatric nursing and transculturalism: quo vadis?
AU: Leininger-M

TI: The Arab American and psychiatric care
AU: Meleis-AI; La-Fever-CW
SO: Perspectives-in-Psychiatric-Care (PERSPECT-PSYCHIATR-CARE) 1984 Apr-Jun; 22(2): 72-6, 85-6 (6 ref)

TI: Far from black and white
AU: Perry-F
SO: Nursing-Times (NURS-TIMES) 1988 Mar 9-15; 84(10): 40-1

TI: An examination of the influence of transcultural nursing on graduate curriculum in mental health nursing
AU: Redmond-GT
SO: BOSTON COLLEGE 1988 ED.D. (158 p)

TI: Understanding Italian American cultural norms
AU: Rozendaal-N
SO: Journal-of-Psychosocial-Nursing-and-Mental-Health-Services
I: Alice Modig and the talking circles  
U: Scott-JK  

I: How can we become more aware of culturally specific body language and use his awareness therapeutically?  
U: Siantz-ML; Dee-V; Ingram-CA  
O: Journal-of-Psychosocial-Nursing-and-Mental-Health-Services  

I: Post apartheid strategies for psychiatric nurses  
U: Tshotsho-N  

I: Psychiatric care in the South African context  
U: Uys-L  
O: Nursing-RSA-Verpleging (NURS-RSA-VERPLEGING) 1989 Aug; 4(8): 16-7 (5 ref)

I: Caught between two cultures... psychiatric care for people from ethnic minorities  
U: Watson-H  
O: Nursing-Times (NURS-TIMES) 1990 Sep 26-Oct 2; 86(39): Mental Health: 66-8 (10 ref)

I: Counselling at the cultural interface: is getting back to roots enough?  
U: Wright-J  
TI: Understanding Asian women in pregnancy and confinement
AU: Ahmed-G; Watt-S
SO: Midwives-Chronicle (MIDWIVES-CHRON) 1986 May; 99(1180): 98-101

TI: Southeast Asian refugees and maternity care: the Oakland experience
AU: Ellis-J
SO: Birth:-Issues-in-Perinatal-Care-and-Education (BIRTH) 1982 Fall; 9(3): 191-4 (3 ref)

TI: Nursing on the Navajo Reservation
AU: Hamilton-CL
SO: Imprint (IMPRINT) 1991 Apr-May; 38(2): 121, 174

TI: When cultures clash at the bedside
AU: Kuhni-CQ

TI: Childbirth care for Hmong families
AU: La-Du-EB

TI: Maternity nursing and Jewish law
AU: Lutwak-RA; Ney-AM; White-JE

TI: Asians in Britain
AU: Phillips-K

TI: Maternity care for Vietnamese in America
AU: Thomas-RG; Tumminia-PA
SO: Birth:-Issues-in-Perinatal-Care-and-Education (BIRTH) 1982 Fall; 9(3): 87-90 (7 ref)

TI: Vietnamese postpartum practices: implications for nursing in the hospital setting
AU: Wadd-L

TI: Prevention of infant mortality: an agenda for nurse-midwifery
AU: Willis-WO; Fullerton-JT
TI: Developing a breast cancer screening program for Chinese-American women
AU: Lovejoy-NC; Jenkins-C; Wu-T; Shankland-S; Wilson-C
SO: Oncology-Nursing-Forum (ONCOL-NURS-FORUM) 1989 Mar-Apr; 16(2): 181-7 (28 ref)

TI: Gastric cancer in the Korean-American: cultural implications
AU: Sawyers-JE; Eaton-L
SO: Oncology-Nursing-Forum (ONCOL-NURS-FORUM) 1992 May; 19(4): 619-23 (22 ref)

TI: Cultural and ethnic dimensions of cancer nursing care: introduction
AU: Varricchio-C
SO: Oncology-Nursing-Forum (ONCOL-NURS-FORUM) 1987 May-Jun; 14(3): 57-8 (7 ref)
<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
<th>Journal</th>
<th>Date</th>
<th>Volume</th>
<th>Issue</th>
<th>Pages</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cultural factors play role in pediatric assessment</td>
<td>Herndon-TR</td>
<td>Florida-Nurse (FLA-NURSE)</td>
<td>1990 Feb; 38(2): 11</td>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Childrearing knowledge, beliefs, and practices of Cambodian refugees</td>
<td>Lenart-JC; St-Clair-PA; Bell-MA</td>
<td>Journal-of-Pediatric-Health-Care (J-PEDIATR-HEALTH-CARE)</td>
<td>1991 Nov-Dec; 3(6): 299-305</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Nursing Lin and Win... conjoined twins</td>
<td>Miller-A; Guernsey-C; Manger-G</td>
<td>Canadian-Nurse (CAN-NURSE)</td>
<td>1986 Aug; 82(7): 19-22</td>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>The pediatric nurse practitioner in South East Asia: a personal account</td>
<td>Rorabaugh-ML</td>
<td>Pediatric-Nursing (PEDIATR-NURS)</td>
<td>1983 Jul-Aug; 9(4): 263-6</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Providing for the health needs of migrant children</td>
<td>Schneider-B</td>
<td>Nurse-Practitioner:-American-Journal-of-Primary-Health-Care (NURSE-PRACT)</td>
<td>1986 Feb; 11(2): 54, 56, 58 passim</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Northwest coast American Indians' beliefs about childbirth
   Author: Bushnell-JM

2. Culturally sensitive support for grieving parents
   Author: Lawson-LV

3. The counterpart system in international nursing
   Author: Lowe-AG

4. Prevention of infant mortality: an agenda for nurse-midwifery
   Author: Willis-WO; Fullerton-JT

5. Cultural grief expressions following infant death
   Author: York-CR; Stichler-JF
   Source: Dimensions of Critical Care Nursing (DCCN) 1985 Mar-Apr; 4(2): 120-7 (11 ref)
TI: The Cambodian refugee patient: providing culturally sensitive rehabilitation nursing care
AU: Frye-BA

TI: Cultural assessment in rehabilitation nursing practice
AU: Hoeman-SP

TI: Tools for educating transcultural patients... preparation for renal transplantation
AU: Leatherwood-J; Cameron-L; Dreyfus-K