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TRANSCULTURAL CARING:  
A PILOT GRADUATE LEVEL COURSE

Scholarly Project for the Degree of M. S.

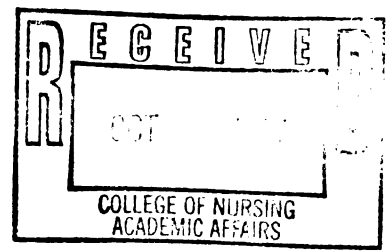
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**Transcultural Caring:  
A Pilot Graduate Level Course**

**by**

**Sharon L. Olson, R.N., Ph.D.**

**A Scholarly Project**

**Submitted to  
Michigan State University  
College of Nursing  
in partial fulfillment of the requirements  
for the degree of**

**Master of Science**

**College of Nursing**

**1998**

## **Acknowledgments**

**This project is dedicated to the students of my first transcultural class in Okinawa, Japan. As Albert Einstein once said-"Our sense of being separate is an optical delusion."**

## **ABSTRACT**

### **TRANSCULTURAL CARING: A PILOT GRADUATE LEVEL COURSE**

**by**

**Sharon L. Olson, R.N., Ph.D.**

**There is an increasing need for education and training in both transcultural professional caring and transcultural collaboration. Current curricula in nursing education can be strengthened to meet this challenge for the new millenium.**

**This project develops a pilot graduate level course in Transcultural Caring to ultimately prepare advanced practice nurses and other health and human service professionals to work in an emerging integral culture where transcultural caring and transcultural collaboration will be essential in the personal and professional lived experience.**

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The objective for this scholarly project was to develop a graduate level course for advanced practice nurses and others in human health and service professions. The new millennium will require a more unified, comprehensive and collaborative transcultural approach to caring for individuals, families and communities than currently exists. This hypothesis is suggested based on the following three assumptions:

First, educators will need to consider a unifying framework (a theoretical tether) that connects the interests and practices of a broad spectrum of human health professionals for the purpose of fostering a transculturally integrated worldview and transculturally unified collaboration. Such integration cannot be based solely on Westernized models of health and caring nor solely on models generated from within the nursing profession.

Second, current educational models addressing cross-culturalism, diversity, and multiculturalism from a Western perspective will not be adequate in the 21st century because they do not offer a theoretical and practical link to real world collaboration in the emerging global village.

Third, developing course work supporting an emerging "integral culture" will be helpful for a new vision in nursing education. Promoting this new vision, however, will require courage and a paradigm shift from modernistic academic beliefs characterized by competition, power, and long-standing cross discipline hostilities, toward one called "integral culture" (Ray (1996). The notion of integral culture represents an evolving appearance of new values and worldviews that did not exist before World War II. This emerging culture is increasingly reflecting higher standards of spirituality, personal development, authenticity, and more interrelated views of other people in an ecological context of one planet-one humanity (Ray, 1996,p.71).

This paper presents a two-fold problem as rationale for developing the transcultural caring course as well as a literature review to support course content. Additionally, summaries of the pilot course development and evaluation procedures are provided with a final section on the how this new course potentially impacts on advanced nursing practice in primary care.

### Background of the problem

America traditionally has been perceived as the great melting pot of people and cultures espousing the notion of "E pluribus unum". The process of assimilation and acculturation, however, no longer can be assumed as effective and caring. Our approach to cultural diversity today seems to be represented by the modernistic sentiment of "E pluribus-pluribus"—everyone is different. This cultural viewpoint often supports an "I-thou" notion, and an ever-changing standard of values. Modernistic philosophies foster the tendency to "think apart" in ways that reductionistically analyze holistic and ecological ideas into meaningless pieces. Such approaches disintegrate into competing world views of humanity and caring (Ray, 1996, p. 70). Various professions in each culture must then generate their own models for what could be universal concerns. One such concern is caring.

Our towns and cities continue to develop into multicultural communities with every aspect of life affected. In the United States there are approximately 160 different major ethnic groups each with its own language, as well as significantly diverse concepts of health, disease, care and treatment, death and dying, pain and body image ( Oosterwal, 1995, p. 1).

Acceptance of alternate beliefs about health and illness is made more difficult for health professionals because of the rational, scientific and biomedical Western educational process. (Barkauskas, Stoltenberg-Allen, Baumann, Darling-Fisher, 1994). Yet a national survey by Ray (1996) found

that alternative health care accounts for thirty-seven percent of health care received in the United States and reflects a 4% increase in five years (p.41). It is suggested that much of what is considered "alternative" comes from cultural traditions different from the Euro-centered allopathic model and tends to be oriented toward life-quality and relational caring.

Perhaps the most compelling call for an increase in transcultural professional caring and collaboration is what Veroff and Goldberger (1995) refer to as "cultures in collision." The increase of violence (i.e., person against person, community against community and nation against nation) continues to escalate.

Compounding this trend are the enormous social problems—poverty, hunger, epidemic disease, human rights abuses and environmental degradation that threaten the lives and well-being of this global society. Nurses, as well as other health care professionals, are increasingly challenged to provide professional care that is relevant, purposeful and meaningful. Many urgently need a theoretical prototype reflecting a more holistic and collaborative transcultural caring perspective that is shared across disciplines.

It is relevant to note that characteristics of the stages of scholarly activity include a period of time when relationships between theory, research, practice, and philosophy become more apparent and then progress to a viewpoint where pluralism in paradigms is encouraged. From that point boundaries of domains become more identified and finally those domains guide nursing practice, research and theory (Meleis, 1991, p.117). An additional stage is suggested here—where the domain's boundaries are opened to demonstrate a relevance across disciplines and foster collaboration. Some nursing professionals believe, however, that in doing this nursing theory's original goal is compromised (Barnum, 1990). Ownership of a theory

simply for the sake of calling it "our own" potentially creates professional tunnel vision and greatly diminishes collaborative applications across disciplines.

An emerging integral culture paradigm of one planet-one humanity offers the opportunity for nursing education to take a leadership role in demonstrating that nursing theories are particularly useful in fostering a unifying spirit of collaboration among health professionals.

### **Statement of the Problem**

Collateral background information supports the belief that there is an increasingly pervasive need for education and training in both transcultural professional caring and transcultural collaboration. Current curricula in nursing tend not to address this need. Therefore, the goals of this pilot course were to (a) address an increasingly pervasive need for increased transcultural professional caring and transcultural collaboration, and (b) prepare advanced practice nurses and other health and human service professionals for work in an emerging integral culture where transcultural caring and transcultural collaboration will be the fabric of a personal and professional lived experience. The course objectives were as follows:

1. Analyze historic and epistemological dimensions of care and the caring tradition.
2. Describe various care theory models and research that supports these perspectives.
3. Explicate the nature, scope, and functions of care and caring and its relationship to community service.
4. Provide examples that demonstrate that a culture's care meanings and action patterns are largely embedded in its world view, social structure, cultural values, language, and environment.

5. Explore the concept of self-care.
6. Identify barriers to professional self-care.
7. Explore common and differential care knowledge needed to guide collaborative health care decision making with diverse groups in community service.
8. Delineate future professional and personal applications of the caring phenomena.

### **Conceptual Definitions**

The following conceptual definitions are considered essential to a transcultural caring course.

**Care.** An abstract and concrete phenomena related to assisting, supporting, or enabling experiences or behaviors toward or for others with evident or anticipated needs to ameliorate or improve a human condition or life way (Leininger, 1995, p. 105).

Within the pilot course content, care also applied to the student's own sense of well being and self care. In order to continue to be a caring presence for another there is the implicit understanding that one must be able to first care for her/ himself.

**Culture care.** The provision of human care to foster health, and well-being in different environmental contexts and cultures (Leininger, 1995, p.26).

**Transcultural care.** A concept which extends beyond understanding discrete facts about various cultures to include validation of the differences and commonalties in a shared humanity across the life span (Olson, 1996, p. 8).

**Validation.** A communication strategy which involves a holistic, genuine, nonjudgmental encounter that communicates an honoring of the

moment, gentle authenticity, witnessing and commitment to the best (or higher) self. Validation's purpose is to support, facilitate, and enable culturally congruent care for self and others in everyday experiences as well as during times of crisis. (Olson & Schneider, 1997, p. 1 ) .

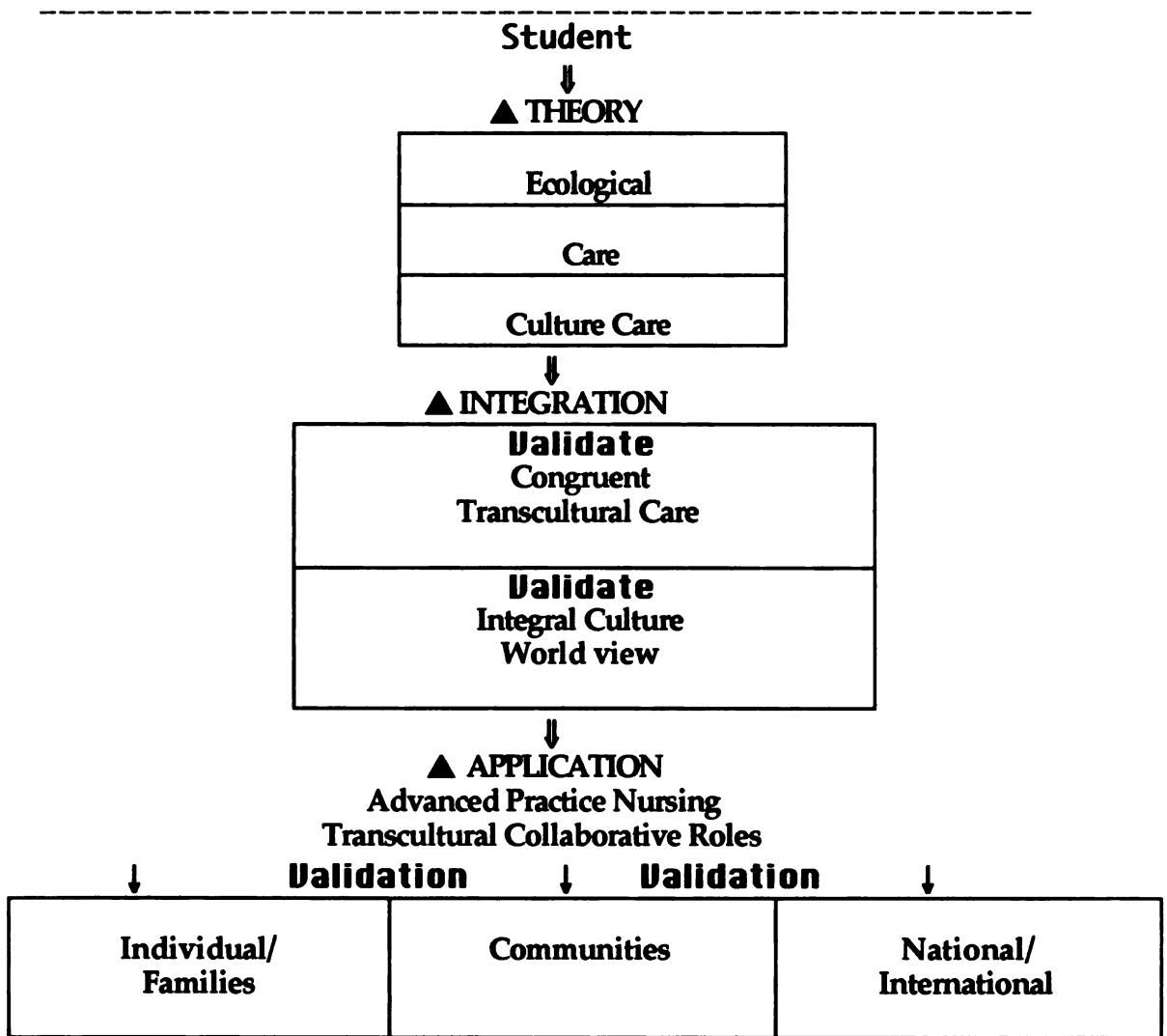
### Conceptual Framework

The following analogy introduces the conceptual framework for the continuum of transcultural caring and professional growth:

Envision students moving through several rooms sequentially. Each room holds important artifacts (themes, ideas, concepts, skills, knowledge) that these students incorporate into their learning only if these artifacts have meaning. Each room leads to another. As students exit the final room, they will have accumulated(hopefully) enough knowledge, motivation and skills to build a new room of their own using the glue (validation) to hold it all together and make it useful. Once the room is securely held together, spending time in it helps to discern new professional roles of influence and unique new visions for care.

This course relies on a combination of nursing and non-nursing theories with the criterion that any theory must be relevant to a person's professional practice or it will hold little meaning in the long run. Figure 1 below illustrates the continuum of transcultural caring professional growth. The student begins at the top of the diagram, moving through ecological theory (first room), followed by care theories (second room); and more specifically, culture care theory (third room). With integration students extend a congruent transcultural care perspective into an even broader worldview. For the advanced practice nurse application is demonstrated through a transcultural collaborative role which validates individuals, families, communities, and national/international relationships.





**Figure I.** The Continuum of Transcultural Caring as Professional Growth. (S. Olson, 1997).

Justification for including theory is espoused by The National Organization of Nurse Practitioner Faculties that set forth curriculum guidelines published in 1990 (NONPF, 1990). They propose that nursing curricula be grounded in nursing theory and research as well as the testing of concepts. Specifically this framework is in concert with Domain 1 (Management of Client Health/ Illness Status) under the heading of

Nursing/Health -Related Theory Application. Additionally, the broader term of transcultural caring fits very well under Domain 4 (The Healing Role of the Nurse).

### Review of Literature

The transcultural caring course uses ecological theory as a foundation for subsequent care and culture care theories. Additionally, the review of literature includes the construct of "validation" which is considered integral to application of transcultural caring and transcultural collaboration.

### An Ecological Framework.

There is a growing recognition that chronic illness and lifestyle-related health problems are now predominant and dramatically influenced by environment. Antonovsky (1987) supported this ecological perspective by noting that our society is coming to understand health not as the absence of disease, but rather as the process by which individuals maintain their sense of coherence (i.e., sense that life is comprehensible, manageable, and meaningful) and ability to function in the face of changes in themselves and their relationships with their environment.

According to the ecological approach to development set forth by Urie Bronfenbrenner (1989), the developing person is embedded in a series of environmental systems that interact with one another and with the individual to influence development across the life span. The relationship between person and environments is also one of significant reciprocal influence in the ecological framework (Sigelman & Shaffer, 1995).

Taking a broader world view, Ray (1996) suggested that the emerging integral culture environment is perceived as one planet and one humanity. Ecological sustainability of humankind and the planet therefore requires a

holism of care reflected in emergent politics, economics, organizations, institutions, and ideologies ( p.79).

### Theories on Caring.

The following theories support the development of course content utilizing a central theme of caring.

Perhaps the first person to comprehensively discuss the concept of a caring relationship was Milton Mayeroff, a philosopher, who in 1981 wrote a brief but powerful book, *On Caring*. Mayeroff saw caring as an existential position that helped people grow while also serving to ground the one caring more fully to stability in her/his own life. According to Mayeroff, one can care deeply for and organize one's life around an idea, ideal, or community. Major concepts included knowing, alternating rhythms, patience, honesty, trust, humility, hope and courage (p. 13).

Jean Watson (1988a,1988b) developed caring as a theory of nursing drawing from the works of existential humanistic psychology and philosophy, as well as from recent advances in physical science and neuroscience. She incorporated metaphysical dimensions that are especially relevant to the union that occurs between the caregiver and the client through an interpersonal knowing called "empathy" (Montgomery, 1993, p. 31).

Gaut (1983) provided an analysis of caring and defines the necessary and sufficient conditions for caring within the health-care context. Three general meanings associated with care are a) attention and concern, (b) responsibility for or providing for, and (c) regard, attachment or fondness. She also suggested that caring includes an action component as well as the intention to care (p.315).

Additionally, good intentions are not enough to convey a caring presence. There must be an awareness of the need for care, how to improve the human condition, an intention to help, action, and that the proposed change be based on what is good for the client.

According to Watson (1989), caring is a transpersonal, inter subjective, mutual exchange between the nurse and the client that provides access to a greater force or primal energy that creates a sense of harmony of mind, body, and spirit that can potentiate self-healing.

Gilligan (1982) related that a caring relationship involves not only seeing but responding to needs in a web of interpersonal connection. This caring relationship draws on the feminists' position of seeing life as dependent on connections as sustained by caring activities based on a bond of attachment rather than a contract of agreement whereby responsibility denotes as act of care.

Gadow (1984) described care as an end in itself and the highest form of commitment to patients. She also identified that caring supports an individual's interpretation of one's own reality:

... the essence of nursing is the nurse's participation with the patient in determining the unique meaning which the experience of health, illness, suffering, or dying is to have for that individual [Gaddow, 1980, p.81].

Noddings (1984) noted that caring is based in receptivity. This means caring is tied to a particular context in which caring relationships vary in intensity and may be enduring or episodic depending on the strength of felt obligation.

Care may be defined in terms of the expressive interpersonal acts of nursing such as comforting, touching and being with another person. These

acts tend to represent the artistic dimensions of nursing practice (Henderson, 1985).

Roach (1992) posited that caring is a human mode of being however, the capacity to care does not automatically guarantee caring responses. She contended that the capacity to care needs to be nurtured. She identified five attributes of caring to include conscience, commitment, confidence, competence and compassion (p. 57).

If we think of caring and caring acts as attitudes and activities of individuals, then the notion of a caring society or a caring context such as family or community then the question is not how does society care but rather how can society best equip individuals to care? What conditions are necessary to support caring acts, what resources must be brought to create a context where caring may occur? What is it that educators need to equip students from many different health and human service professions to do carework? The answer may lie within a unifying theoretical framework such as culture care theory.

#### Culture care theory

Leininger's theory of transcultural care diversity and universality provides an important theoretical framework for the transcultural caring course. It was selected because it is a global theory representing the total range of holistic phenomena for providing care from a transcultural perspective. It also represents an ecological framework where environments play a crucial role in nursing outcomes. The goal of the theory is to improve and provide culturally congruent care that is beneficial, fits with, and is useful to the client, family, or group (Leininger, 1991, p.39).

Four selective premises to guide this theory development include the following (Leininger, 1995, p.103):

1. Care is essential for human growth, well being, and survival and to face death or disabilities.
2. Care is the essence of nursing and a distinct, dominant central, and unifying focus.
3. Culture care is the broadest means to know, explain, account for and predict nursing care phenomena, and guide nursing care practices.
4. Care (caring) is essential to curing and healing, for, there can be no curing without caring.

Leininger's "Sunrise Model" uses a semi-circular upper segment representing the world-view and cultural/social dimensions that dramatically influence perceptions of care and health. The lower segments reflect care systems and dimensions or modalities of culturally congruent nursing care with arrows suggesting the interrelatedness of these factors. Together, both the upper and lower segments represent the universal field that nurses must consider to understand human caring and health (Fawcett, 1989). One may note however, that there is no schematic representation of interface in the nursing decisions and actions modes (see Appendix A).

An ethnonursing qualitative research methodology typically is employed to support research using Leininger's theory. In the past six years the Journal of Transcultural Nursing has provided research studies with excellent examples of the use of the theory with research findings in approximately sixty cultures (Leininger, 1995, p. 110).

Relevant to development of this pilot course, Baker and Burkhalter (1996) reported findings from an evaluative study of the School of Nursing of Texas A&M International University in Laredo that has opened its doors in January 1995 reported findings of teaching transcultural nursing in a transcultural setting. Evaluation of the initial semester based on



transcultural nursing and human caring in a transcultural context demonstrated that through ongoing and open dialogue, students and faculty were able to recognize their own values, beliefs, and behaviors that might be repatterned or accommodated and those that should be preserved. In particular, faculty experienced an increased awareness and respect for the students' understanding and incorporation of the health beliefs of the community into their nursing practice ( p. 13)

### Validation.

Caring is a highly complex communication phenomenon that occurs holistically. Gendron's (1988) dimension of "harmony" that involves congruence of themes across channels to match the caregiver's response with the patient's perspective is closely linked with the concept of "validation". Within the transcultural course it was necessary to present the validation concept in order that it could be used in a variety of ways both personally and professionally.

Webster's College Dictionary (1995) defined validation as "a confirmation, substantiation or giving official sanction to". It is derived from the Latin word *valere* that means "to be strong"(p. 1472). Simon (1978) suggested that validation is a communicated, holistic, genuine, recognition of another in a creative, and nurturing way which enhances a person's self-esteem, self-concept, and self-image.

Feil (1993) used validation as a "therapy" based on respect and empathy for communicating with old-old populations who are diagnosed as having Alzheimer's disease and related dementia's. Briefly, Feil's validation therapy uses the techniques of centering; trust building; rephrasing; polarity; touch; music; reminiscence; ambiguity; imagining the opposite; genuine, close eye contact; clear, low, loving tones of voice; mirroring; linking

behaviors with unmet human needs; identifying and using the preferred sense.

Olson and Schneider (1990, 1997) suggest that validation has applicability in everyday use as the art of genuine positive communication with the self and with others to provide inner strength and maintain health in everyday experiences as well as in times of crisis. These authors also identify five key elements as of validation that include -appreciating and savoring the moment; gentle honesty; suspension of judgment; witnessing; and commitment to the "best self" (i.e., the concept of higher self and the assets/strengths of individuals). From a nursing perspective it is interesting to note that these five elements are somewhat analogous to Benner's (1984) competencies of maximizing participation, providing comfort and communication, creating a climate, presence, and preserving personhood within the helping domain.

Validation as used by Olson and Schneider (1997) and as defined in the conceptual definitions section is used in the transcultural caring course as a key construct for conveying transcultural care and fostering transcultural collaboration. Validation is therefore introduced into Leininger's model by re-configuring both the diverse health systems and the nursing care decisions and action levels for the purpose of more clearly defining how the theory is applied (see Appendix B).

Finally, this educator has noted that two dangers may exist within this transcultural framework. First, that advance practice nurses and other health care provider's may lose themselves in the details of diversity. The danger exists that caring practices and rituals then become the sole purpose of research at the expense of a broader and more in-depth understanding of caring within that particular culture. Also, professionals may stereotype

cultural groups through the belief that within a particular culture there are uniform beliefs and uniform behavior patterns for care.

### Project Development

This scholarly project comprised five phases (a) An extensive literature review, (b) course materials development (see Appendix c), ( b) piloting of the course, (c) evaluation of the pilot, and (d) implementation of revisions.

This educator suggests that the method and framework used to teach this concept is consistent with the basic assumptions of the care itself. This means that as one commits to teach a course such as transcultural caring that the individual must first step back and analyze their own perceptions and values around the meaning of care.

Background. In the spring of 1996 this educator was approached by the Department of Family and Child Ecology ( FCE)—Master of Science Community Services program director, Dr. Norma Bobbitt, to teach two courses for the Community Services Master's Program—Okinawa, Japan. In addition to a Gerontology course this educator requested permission to pilot the transcultural caring course.

This new course offering was in concert with the College of Human Ecology's mission statement that highlights that nations are integrally linked and that American society can no longer exist as an isolated entity.

To that extent, the pilot transcultural course received full support from the FCE Chairperson and the Dean of the College.

### Location of the pilot course.

The pilot course was taught as part of the fall semester (1996) schedule at Michigan State University—Okinawa, Japan. This location complemented the teaching of course content in a highly diverse cultural setting.

Additionally, collaboration was initiated with the nursing faculty at the University of the Ryukyus which was an extremely rewarding unanticipated outcome.

Target Group. Students in this course met the following criteria:

(a) Graduate level in their educational process, (b) Trained and/or employed in a variety of health and human services professions. (3) Students in the class would represent multicultural perspectives.

These criterion were based on the following rationale:

1. Students must have progressed beyond undergraduate level education to participate in critical thinking and an evaluative process of caring theories.
2. A health and human service mix of professionals can facilitate a collaborative multidisciplinary perspective in interpretation and application of the course objectives.
3. A transcultural focus can be enriched if students are able to contribute beliefs and interpretation of course content from their own diverse cultural perspectives.

**Participating Student Demographics.** The target group for this course pilot consisted fifteen graduate students currently enrolled in the Master of Science Community Services Okinawa Program. A brief demographic summary is provided below.

Age (approx.)	Gender	Ethnicity	Profession
Average: 30 yrs. Range 25 to 47	Male: 3 Female: 12	African Amer. = 3 Hispanic = 3 Asian =1 Anglo Amer. =8	Active milit=6 Nurse admin=1 Ped ICU nurse=1 Allied Health=1 Teacher =3 Comm. Service=3

All students have been in a military environment by career/ family choice.

This new course was presented in three segments. First, theoretical dimensions of caring were presented. Second, Leininger's theory was discussed and applied from various cultural perspectives. Third, caring concepts were applied to culture care theory with emphasis on application to varied professional roles of the students.

### **Evaluation**

For the Okinawa Community Services Program, objectives for the course were rated on a Likert scale of 1(objectives not met) - 5 (objectives met). Mean scores for each objective are noted in parenthesis.

1. Analyze historic and epistemological dimensions of care and the caring tradition. (4)
2. Describe various care theory models and research which supports these perspectives. (4)

3. Explicate the nature, scope, and functions of care and caring and its relationship to community service. (5)
4. Provide examples which demonstrate that a culture's care meanings and action patterns are largely embedded in its world view, social structure, cultural values, language, and environment. (5)
5. Explore the concept of self-care. (5)
6. Identify barriers to professional self-care. (4)
7. Explore common and differential care knowledge needed to guide collaborative health care decision making with diverse groups in community service. (4)
8. Delineate future professional and personal applications of the caring phenomena. (5)

Bevis and Murray (1990) urged that "emancipatory education be built on more equal relationships between teachers and students. Learning together with students requires that teachers be able to absorb, differentiate, and restructure complexity while being able to think both analytically and synthetically. Particularly at the graduate level, pilot testing a course involves engaging the students in ownership of helping to critique and evaluate course content. Additionally, students were asked to provide further feedback specific to the new course development. A summary of those findings is included in Appendix D.

#### Implementation of Revisions.

As many educators would agree, any educational course offering must be continually revised and improved to better meet standards of excellence in teaching and foster improved student learning. Based on evaluation feedback, the following changes have been incorporated into future course planning.



1. More information concerning integral culture will be added to the theoretical section.
2. There will be an increase in the variety of readings which reflect application of transcultural caring and transcultural collaboration.
3. Transcultural experiential activities will be strengthened to include Internet "partnering" of students to collaborate on mutual problem solving of health and human service related issues.
4. An experiential international study program will be developed as a long range goal.

#### **Implications for Advanced Nursing Practice and Primary Care**

Within a transcultural caring framework the advanced practice nurse uses a variety of roles. They include but are not limited to:

**Counselor.** Provide validation for feelings and perspectives of individuals/ families/ communities life ways which reflects transcultural caring.

**Educator.** Assist in teaching which validates and fosters transcultural caring and transcultural collaboration between professional disciplines.

**Collaborator.** Facilitate a transculturally caring networking of resources and professionals who share common caring perspectives.

**Clinician.** Enable and empower individuals/ families/ communities to achieve and maintain a state of well-being through a transcultural caring and transcultural collaborative process.

Within the primary care setting the transcultural nurse articulates the roles defined above through;

- (a) Culture care preservation or maintenance. The opportunity to validate the importance of preserving and maintaining cultural values as well as efforts of

individuals/ families/ communities to maintain well being, recover from illness or face handicaps and/ or death.

(b) Culture care accommodation or negotiation. The opportunity to validate the efforts of individuals/ families/ communities representing a designated culture to adapt or negotiate with others for a beneficial or satisfying health outcome.

(c) Culture care re patterning or restructuring. The opportunity to validate cultural values and actions/ decisions of individuals/ families/ communities as they reorder, change or greatly modify their life ways for new, different and beneficial health care patterns.

#### Implications for Education.

This transcultural caring course was designed for graduate level students, however, nursing education leaders might consider how and when to incorporate transcultural caring theory into existing curricula to foster improved outcomes of their students' professional performance.

#### Implications for Research.

It is suggested that as transcultural caring and transcultural collaboration become a curricular option at both the undergraduate and graduate level. Also, it will be insightful for graduate students to explore theoretical care models through empirical and ethnographic studies from a transcultural perspective. Additionally, further research is encouraged encompassing the concept of validation as it is utilized with Leininger's Sunrise model at both the systems and nursing care decisions and actions levels.

### Conclusion

Benner (1984) suggests that both environmental and internal changes in nursing call for increased attention to career development because the expert nurse melds many roles into her/his professional practice over time. The mandate to individualize care through these many roles is increasingly becoming more difficult. For nurses to provide care that is truly transcultural- reaching beyond what separates us to care for people sharing one humanity requires an openness to collaboration which is also transcultural. This is our greatest challenge- and our greatest opportunity for the new millennium.

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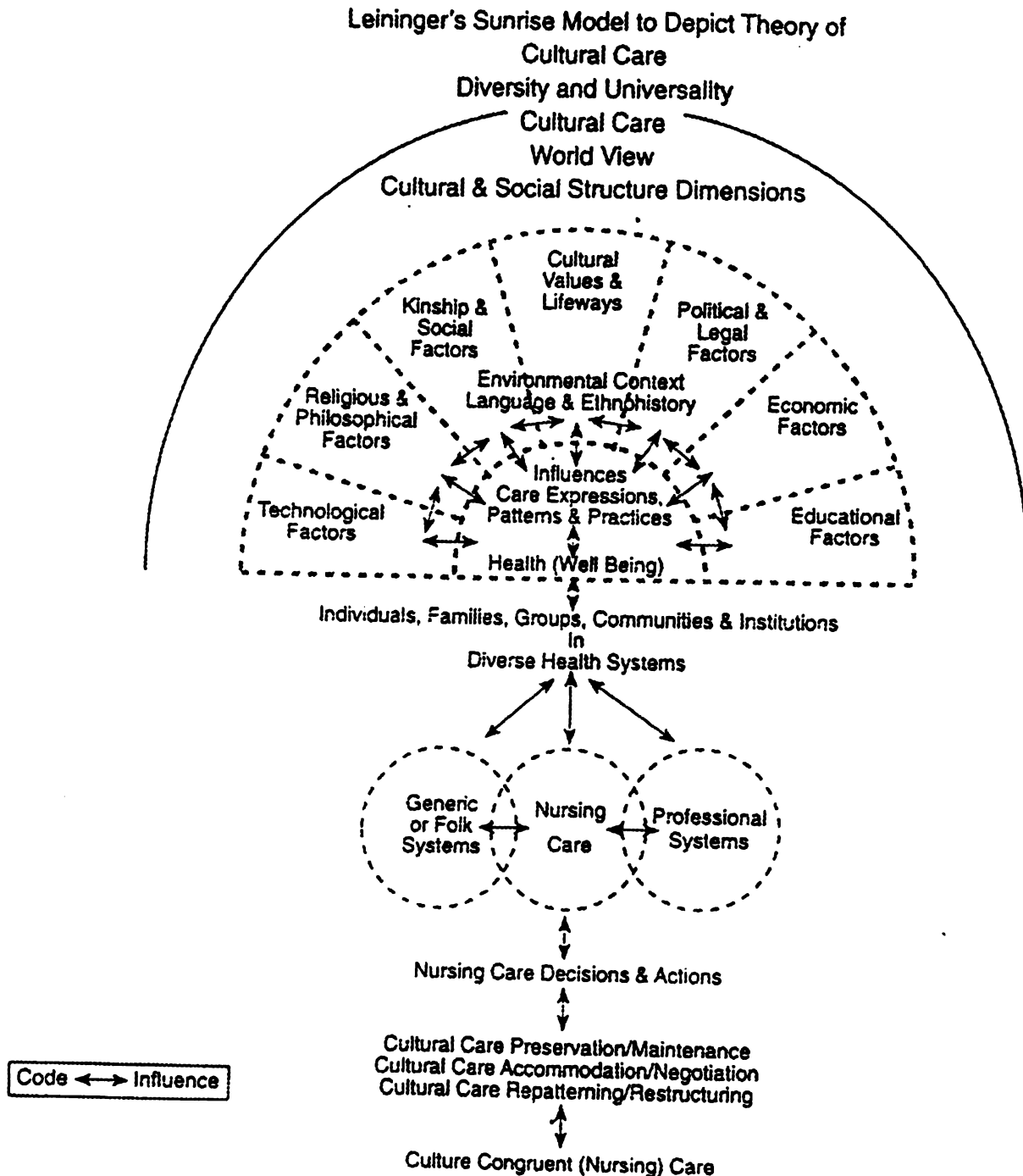
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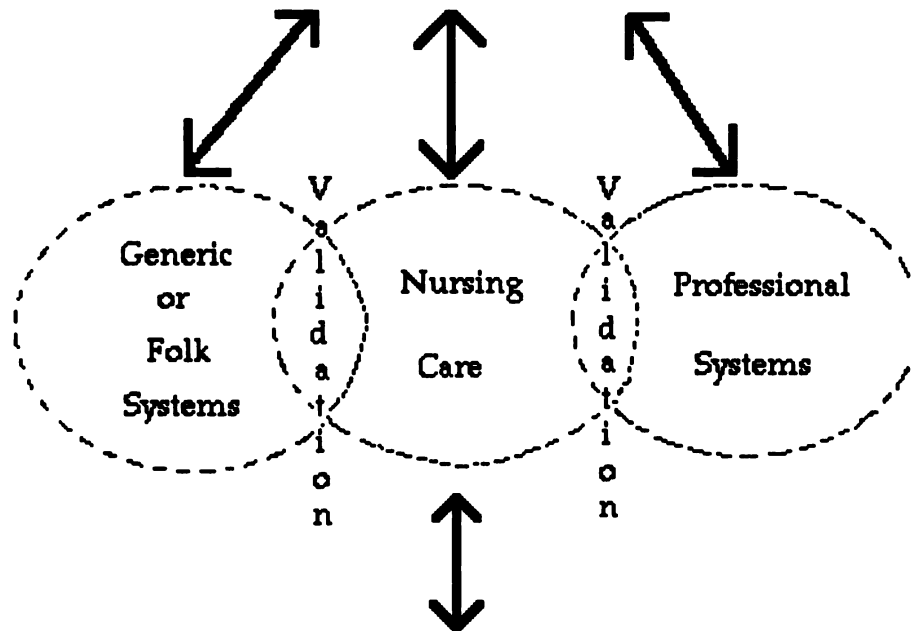
## Appendix A

**Figure 1.****Leininger's Sunrise Model**

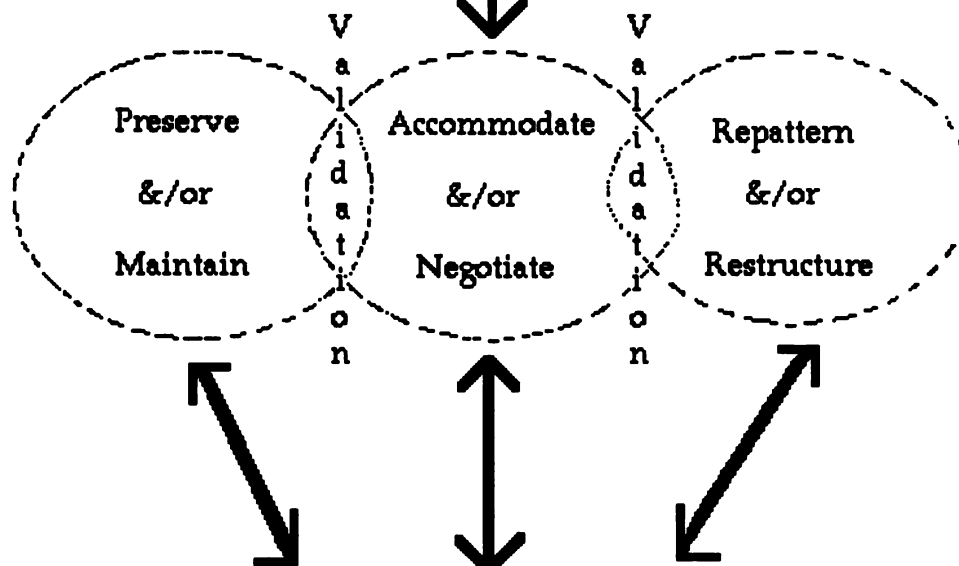
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## Appendix B

## Individuals, Families, Groups, Communities & Institutions in Diverse Health Settings



## Nursing Care Decisions & Actions



## Culturally Congruent Nursing Care

### Lower Portions of the Sunrise Model Adapted to Include Validation

Leininger, M. Madeline, (1991) "Sunrise Model to Depict Theory of Culture Care", *Culture Care Diversity & Universality: A Theory of Nursing*. p.43, ed. New York: National League for Nursing Press. Adapted with permission.

## Appendix C

**Seminar in Transcultural Caring  
FCE 892**

**Credits:** 3 with 1 credit Ind. Study option

**Instructor:** Sharon Olson R.N., Ph.D.

**Prerequisites:** Graduate students or permission of the instructor. This course is applicable to majors in a variety of health and human services fields.

**Required Texts:**

Mayeroff, M. (1971) *On Caring*. New York: Harper and Row.

Montgomery, C. (1993) *Healing Through Communication*. Newbury Park: Sage Publications

**Required Readings:**

As Assigned

**Course Overview:**

Transcultural caring refers to the subjective and objective learned and transmitted values, beliefs, and patterned lifeways that assist, support, facilitate or enable another individual or group to improve their human condition over the life cycle.

This course explores the major philosophical and professional dimensions of various care theories in order that students develop an understanding of transcultural caring in the context of their personal and professional lives.

Students will gain skills in utilizing a transcultural care assessment of an individual as it would apply in a community service role. Additionally, students use cultural care theory to evaluate the concept of care within various cultures. Course content reinforces qualitative research findings which demonstrate that caring activities, behaviors, and processes link diverse professionals by fostering an increasing sense of global interdependence and mutual interrelatedness. This course is also applicable to majors in a variety of health and human services fields.

**Course Objectives:**

At the completion of the semester students will have the ability to:

1. Analyze historic and epistemological dimensions of care and the "caring tradition".
2. Describe various care theory models and research which supports these perspectives.
3. Explicate the nature, scope, and functions of care and caring and its relationship to community service.
4. Provide examples which demonstrate that a culture's care meanings and action patterns are largely embedded in its world view, social structure, cultural values, language, and environment.
5. Explore the concept of self-care.
6. Identify barriers to professional self-care.
7. Explore common and differential care knowledge needed to guide collaborative health care decision making with diverse groups in community service.
8. Delineate future professional and personal applications of the caring phenomena.

**Instructional Methods**

A seminar format will be the method of instruction. Required readings will provide the focus for class discussion and lectures. Preparation for seminars will enhance discussion and is an expectation of all students.

**Evaluation**

The grading scale to be used is the following: 90-100=4.0; 85-89=3.5; 80-84=3.0; 75-79=2.5; 70-74=2.0; 65-69=1.5; 60-64=1.0

Student evaluations and course grades will be based on the following:

**1. Self-Evaluation of Seminar Participation (20 points)**

Informed participation in this seminar is expected of all students enrolled in the course. Each student will self-evaluate their participation based on seminar attendance, preparation, contributions to the discussion, and meeting their personal objectives. Students should assign points to themselves based on a 0-20 point range.

**2. Transcultural Care Assessment (40 points)**

Students will identify an individual and complete a care assessment. (handouts will be provided)

**3. Interactive Transcultural Correspondence and Collaboration (40 points)**

Through use of the internet students will identify a transcultural professional partner/student to collaborate with on four care oriented case studies-each case study is worth 10 points. (guidelines and handouts will be provided)



## **Course Outline**

### **(Sessions 1-3) Theoretical Perspectives and Research**

#### **Objectives:**

- Analyze historic and epistemological dimensions of care and the "caring tradition".
- Describe various care theory models and research which supports these perspectives.

### **(Sessions 4-6) Nature and Scope of Caring in Transcultural Caring**

#### **Objective:**

- Explicate the nature, scope, and functions of care and caring and its relationship to community service.

### **(Sessions 7-9) Global Perspectives-Theoretical Applications--Student Presentations**

#### **Objectives:**

- Demonstrate how an identified caring concept can be synthesized into Leininger's theory of Culture Care Diversity and Universality.
- Provide examples of global caring perspectives which demonstrate that a culture's care meanings and action patterns are largely embedded in its world view, social structure, cultural values, language, and environment.

### **(Sessions 10-12) Self-Care**

#### **Objectives:**

- Explore the concept of professional self-care.
- Identify barriers to professional self-care.

### **(Sessions 13-15) Caring and the Collaborative Transcultural Decision Making Process in Community Service**

#### **Objective:**

- Explore common and differential care knowledge needed to guide collaborative health care decision making with diverse groups.

### **(Session 16) Future Professional /Personal Directions in the Caring Knowledge**

#### **Objective:**

- Delineate future professional and personal applications of the caring phenomena.

## Additional References

### Books:

Andrews, M.M. & Boyle, J.S. (1995) Transcultural Concepts in Nursing Care. (2nd ed.). Philadelphia: J.B. Lippencott Co.

Benner, P. and Wrubel, J. (1989). The Primacy of Caring. Melo Park: Addison-Wesley.

Chinn, P. (Ed.) (1991) Anthology on Caring. New York: National League for Nursing Press.

Counts, D.R. & Counts, D.A. (Eds.) (1991). Coping with the Final Tragedy: Cultural Variation in Dying and Grieving. Amityville, New York: Baywood Publ. Co., Inc.

Gaut, D. (Ed.) (1992) Caring: The Presence of Nursing. New York: National League for Nursing Press.

Gaut, D. (Ed.) (1993) A Global Agenda for Caring. New York: National League for Nursing Press.

Gaut, D. and Boykin, A. (Eds.) (1994) Caring as Healing: Renewal Through Hope. New York: National League for Nursing Press.

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Leininger, M. (1995) Transcultural Nursing: Concepts, Theories, and Practices. (2nd ed.) Blacklick, OH: McGraw-Hill, Inc.

Leininger, M. (Ed.) (1991) Cultural Care, Diversity, and Universality: a Theory of Nursing. New York: National League for Nursing Press.

Leininger, M. (Ed.), (1990) Ethical and Moral Dimensions of Care. Detroit, MI.; Wayne State University Press.

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Leininger, R.N., Ph.D. (1988). Caring -An Essential Human Need. Detroit: Wayne State University Press.

Leininger, M. (Ed.), (1988) Care: Discovery and Uses in Clinical and Community Nursing. Detroit, MI.: Wayne State University Press.

Mayeroff, M. (1971) On Caring. New York: Harper and Row.

Roach, S. (1992). The Human Act of Caring. Ottawa, Ontario: Canadian Hospital Association Press.

Roach, S. (1998) Caring from the Heart: The Convergence between Caring and Spirituality. Paulist Press.

### Videotapes:

Human Care and Caring- IAHC Refocuses Nursing (1993)  
IAHC Inc.

9/96SO

**Transcultural Culture Care Assessment (ethnohistory)**

*This assignment is to be completed in TWO sessions with the individual. Feel free to organize the questions to best meet comfort and rapport building for both you and the individual.*

The student will select an individual representing a culture other than their own to interview using the questions listed below. Please feel free to add additional questions for clarity or better understanding of the individual. Your information about this person is gleaned not only from verbal responses but also their mannerisms, expressive styles, and gestures. Note that silence also conveys transcultural messages. Papers are to be typed, double spaced. (40 points)

**DUE: Sept. 24**

1. Provide a brief introduction of individual- (no names please)- why did you choose this person? Their approximate age? (do not ask) Specify their ethnicity- (do not assume) What historical ancestral information do they have?
2. How does the person describe her/his "family"? Include your evaluation of how important the family is to this individual. How are children, elders perceived?
3. Explore the environmental living context of the person. Where do they reside? How long? What do they perceive as the advantages? Disadvantages?
4. How do they feel about technology in their home-- VCR/s, computers, etc.
5. What rituals/traditions do they recall as important when they were young. Are these continued within their own family? Altered? Are there new rituals/traditions they have created/
6. What importance do they impart to religious/spiritual beliefs/values?
7. What importance do they impart to educational values- what are their beliefs?
8. What importance do they impart to political involvement?
9. What is the importance of food rituals? ( you may need to give an example) Are there any food taboos/preferences-
10. How does the individual feel about traditional cultural clothing use for festivals? Everyday wear?
11. Discuss folk (generic/emic) health care/cure practices used by the extended family members and/or themselves.
12. Discuss the use of professional (etic) health care/cure practices
13. Discuss ways the individual-  
prevents illness-  
preserves/maintains wellness-  
cares for self -
14. Finish your interview with the opportunity for the individual to ask you any questions.  
Example: You have been very helpful in allowing me to ask you these questions- Do you have any that you would like to ask me?"
15. Summary- Provide a brief summary of following:
  - A. How did you feel the interview went overall?
  - B. What did you do well?
  - C. What would you have done/said differently?

9/96 SO

### **FCE 892 Seminar in Transcultural Caring**

#### ***Concept Paper (40 points)***

The purpose of this assignment is twofold. First, to help students apply Leininger's theory of Culture Care Diversity and Universality. And second, to demonstrate how an identified caring concept can be synthesized into this model by a Community Service professional.

You will need a minimum of 5 references ( use APA -1994-format). Three references are required as they relate to the ethnic group while two references are required for the caring concept. Length of the paper is not to exceed 5 pages (reference page is extra) typed and double spaced. Please be prepared to discuss progress on your paper during the last hour of class on October 3rd.

**Paper Due date: FRIDAY- October 4 by 4:00PM at the MSU office.**

***(Note: self-evaluation is due Oct. 3- OR by 4pm on October 4th at the MSU office.)***

- 1.(5points) Identify a particular ethnic group and a caring concept of interest to you. Briefly discuss why you chose them.
- 2.(15 points) Briefly discuss this ethnic group's a) religious/philosophical factors; b)kinship & social factors; c)cultural values and lifeways; d) political influences; e) economic factors; f) educational factors and d) technological factors. (Some ethnic groups encompass an extremely diverse population so try to narrow it down)
- 3.(5 points) Select a Community Service agency (either an actual agency or one that you would like to see available in the future) and briefly discuss how these services must interface with emic perspectives of the particular ethnic group.
- 4.(15 points) Provide examples which reflect how the caring concept you identified is applied in your role as a Community Service professional in order to:
  - A) Preserve and/or maintain the culture care
  - B) Accommodate and/or negotiate the culture
  - C) Repattern and/or restructure the culture

## Appendix D

**Transcultural Caring -Student Course Evaluation FCE 892  
(Summary of findings)**

This new course was presented in three segments. First, we explored the theoretical dimensions of caring. Second, we familiarized ourselves with Leininger's Culture Care theory. Third, we attempted to blend caring concepts into Leininger's work and apply her theoretical Sunrise Model in a professional role.

**From your perspective, how did you feel about this approach?**

- it is important to set a theoretical foundation first
- spend more time on Leininger's theory
- useful
- strengthen the second segment

**Did they feel inclusive enough? If not, what would you have added?**

- yes

**Were they balanced by degree of information application?**

- no. more application
- more time on Leininger's theory
- explore other theories

**What were the strengths of the course?**

- opening new doors to new ideas
- the readings were insightful and comfortable
- application of the process

**What were it's limitations?**

- length of the course
- locating some specific cultural information was difficult because of accessibility.
- everything applying so much to mainly nursing and health care
- time
- we can't do fieldwork

**How did it "fit" with your educational /personal goals?**

- it will fit someday when I reach my goal.
- the concepts can make me a better person,hence I can professionally do a higher quality job.
- this was one of the most important courses because I can use this information in my ministry, work and at home.
- in my present job this was all very applicable—in my personal life it was very validating.

**How did it "fit" with your educational /personal goals?(cont.)**

- it assisted in identifying potential community service programs that were not considered until the course.
- fits with both my personal and professional goals
- reinforced my need to remember to take care of myself.
- new insights
- a broader perspective on caring

**Please comment on the texts and reading materials.**

- validation-great, Healing through Communication-good
- need more readings
- the Mayeroff book is very important
- there was a lot of reading at the beginning of the course- it would have been nice to spread it out a little more.
- use the modified Leininger model because it may be applicable to a broader range of community service professionals.
- a few different articles or earlier introduction of Leininger would be helpful.
- we should have read Leininger's book

**Please comment on the assignments.**

- both assignments were very challenging but well worth it
- library research was very useful
- I enjoyed the interview

**What information did you find most helpful?**

- validation
- validation and the fact that caring is not hard to improve and apply.
- the various articles on caring
- how to use the computers at the library and applying Leininger's model
- self care and validation
- risks of caring
- interviewing someone from a different culture

**What information did you find least helpful?**

- attributes of caring and Leininger's model/ theory

**If you were teaching the course- what changes would you make?**

- change to a combination of assignments
- practicing more on application
- outline the final paper earlier in the course
- more specific examples applied to Leininger's model relative to Community Service

**Other Comments:**

- caring concepts need to be expressed across other Community Service course offerings.



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