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# Madeleine Leininger and the Transcultural Theory of Nursing

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## **Madeleine Leininger and the Transcultural Theory of Nursing**

In a world of non-stop innovation and constant travel, the ability to recognize and embrace cultural diversity is of utmost importance to all healthcare providers today, but especially in the nurse's scope of care. While most nursing students' education merely touches upon the importance of recognizing and understanding diverse cultures, nurses inevitably come into very intimate contact with people from all walks of life. Madeleine Leininger's theory proves useful early on in nursing education and has provided the author with insight that he otherwise would have lacked in the clinical setting. Nurses are capable of being models for embracing patients' cultural needs in healthcare, and as a result, it is of high priority that nursing professionals recognize and understand the Transcultural Theory of nursing illustrated by Madeleine Leininger.

### **The Background and Essence of Transcultural Nursing**

During the 1950s, Madeleine Leininger worked in a child guidance home and while she recognized the importance of focusing on "care" early on, she was also surprised to observe stark differences in child behavioral patterns based on differing cultural backgrounds. The ideas sparked by her conclusion paved the way for Leininger to expand nurses' knowledge and understanding of diverse cultures that were lacking in healthcare at this time. Her endeavor to enhance patient care and well-being through a culturally competent nursing education would later be coined as the "Transcultural Theory of Nursing" (Sitzman & Eichelberger, 2004, p. 93).

Leininger's theory helps to better define the expectations of the nurse-patient relationship because ultimately the nurse is the one who implements care and is at the patient's side for the majority of his or her time receiving care. Leininger's objective is for nurses to immerse themselves in cultural education and to implement a style of care parallel to what the patient deems suitable according to his or her cultural expectations. Doing so is a component of a nurse's plan of care using the nursing process. The nurse plans interventions that are culturally congruent with the patient's needs and evaluates the implementation, judging whether or not the patient's cultural needs are fully addressed. The Transcultural Theory of Nursing has transformed caregivers previously less aware of patient diversity and enhanced perceptions that could potentially be the difference between a patient's convalescence and decline.

### **The Globalization of Healthcare**

In the past one hundred years, innovations in travel and healthcare have resulted in new ways to approach patient well-being with respect to culture. At the center of major healthcare advancement and a worldwide destination for world-class care, the United States is at the forefront of globalized healthcare. Nurses in particular have the opportunity to meet immigrants, refugees, and a plethora of other patients of different cultural backgrounds, a concept not necessarily regarded very frequently among caregivers (Leininger & McFarland, 2002, p. 3). Madeleine Leininger's (1978) theory of transcultural nursing embodies the basis of this work:

If human beings are to survive and live in a healthy, peaceful and meaningful world, then nurses and other health care providers need to understand the cultural care beliefs, values and lifeways of people in order to provide culturally congruent and beneficial health care. (p. 3)

### **The Benefits of Transculturalism**

While Leininger's ideals on nursing care revolve principally around the patient, the nurse is also a beneficiary of this approach to treating patients. On a global scale, nurses remain the largest proportion of caregivers, and by learning about cultural strangers and helping patients with their particular lifeways and in their environmental contexts (Leininger & McFarland, 2002, p. 4), nurses have the opportunity to stand out as the most culturally-understanding and demographically-sensitive group of healthcare providers.

For some nurses, however, the transcultural theory of nursing is not highly regarded. Some providers lack exposure to the art of understanding peoples' specific principles, beliefs, and caring patterns, which in turn affects quality of care. When patient's quality of care is in question, the nurse's role as a caregiver is jeopardized, for his profession is "essential to curing and healing, for there can be no curing without caring" (Leininger, 2001, p. 45).

### **Examples of Discrepancies in Cross-Cultural Care**

Due to varying education, environments, and experiences, some healthcare professionals are not as readily prepared to handle differences in patient backgrounds. Examples of such discrepancies have been illustrated by Leininger, where providers lack full understanding of patient needs and find the experiences peculiar when in fact a transcultural provider would both comprehend and accommodate such variances in care requested.

A familiar example of the lack of transcultural understanding in a healthcare setting is seen of a Mexican-American woman late to her appointment.

The patient explained her situation: lack of transportation, child care, and directions. However, the hospital staff did not understand the woman's hardship and did not accommodate the patient. Consequently, the highly upset patient sought a local healer instead of pursuing mainstream healthcare (Leininger, 2001, p. 64).

In another scenario incorporating non-Western thinking is of a deceased Vietnamese child, whose entire extended family accompanied him at the emergency department and covered his head with a white sheet. The family's actions confused nurses and doctors, especially with the number of mourning family members present, making providers feel uncomfortable. The transcultural nurse would have realized that the scenario was a spiritual tradition performed by the Vietnamese in times of family misfortune (Leininger, 2001, p. 63).

Finally, in another non-Western scenario, a Chinese man was told to drink cold water without alternative beverages being offered. He refused it and was then told if he did not drink the water that he would require intravenous fluids. The patient's daughter subsequently needed to explain to the staff that her father preferred hot tea as an alternative (Leininger, 2001, p. 63). A transcultural provider would have attempted to communicate with the patient, accommodating his preferences instead of threatening him or becoming frustrated with the situation.

These three scenarios demonstrate the idea that *all* nurses have the ability to withhold preconceived notions of patients characterized by ignorance of the cultural needs, which is as damaging as providing deliberately poor care. It may seem easier to ignore the specific needs of these patients, but providing a resistance to such a stressor is integral to their care. By having an open mind to the diverse needs of patients, nurses can achieve higher patient satisfaction and appropriate treatment per individual patients' needs. Nursing heavily relies on *caring* for the patient, and sensitivity through transcultural nursing is exemplified by such.

### **Applying Transculturalism to Nursing Care**

In a 1996 interview on "Essential[s] for Excellence [in Nursing Care]," Leininger provides insight into identifying and executing excellent care that can be assumed by nurses, who do not necessarily need to travel to foreign countries in order gain an adequate grasp on care across cultures ("Nursing," 1996). Initially, the nurse must listen to the patient, assess his or her beliefs and values, and implement care decisions that make a point of avoiding offensive practices ("Nursing," 1996). The patient may require special requests outside the expected spectrum of nursing care, and therefore, communication and accommodation are key to becoming a nurse characterized by transculturalism.

Through experience over time caring for patients of diverse backgrounds, the nurse will gain a sense of cultural competence. However, treating all patients as if they belong into one “culturally-alike box” has potential to actually harm patients (“Nursing,” 1996). By remaining insensitive to these differences, the nurse will lose the opportunity to achieve the best results possible in the interest of the patient, even if such consequences are emotional and not physical. If there is a situation in which a stressor in the patient’s environment can be avoided, then the nurse must make an effort ensure the alleviation of this stress in a culturally-sensitive manner.

In the likely event that perhaps the inexperienced nurse lacks sufficient culturally-specific knowledge, he or she must treat each patient with a sense of “open-mindedness” and possess the drive to care about the impact on the patient (“Nursing,” 1996), even though the situation may pose cultural challenges to the nurse. Through thorough communication, the nurse has the opportunity to gain insight from the patient on his or her background; after some time, the nurse will gain the ability to appreciate different cultures and apply past learning experiences to future patient care.

### **Instances of Cultural Impacts in Nursing Care**

Grouping certain cultures together could be the case when caring for East Asian cultures. Although the nurse may encounter many patients of Eastern Asian descent in his or her practice, these people wish to be treated according to their own standards of care and do not like to be generalized with other Asian cultures. Doing so could discourage the patient from seeking healthcare.

Another example is the nursing technique of “palpation,” or touch. While considered ordinary in Western cultures, this may not be the case for members of non-Western cultures. Some religions do not permit cross-gender contact while others do not allow certain areas of the body to be touched altogether, such as below the waist in the case of gypsies (“Nursing,” 1996). As a result, nurses must take steps to communicate with their patients to determine what is expected and maintain a high level of professionalism throughout the interaction.

Finally, perspectives on death and dying vary greatly across cultures as well. Nurses prepared in transculturalism would realize that explaining to an Arab Muslim’s family that he or she will die of a terminal cancer is not appropriate because in Islam, Allah decides the fate of the individual, not a disease process (“Nursing,” 1996). Doing so would discredit the religious beliefs of the patient and family, in which case the nurse does not intervene.

By choosing to educate oneself in the scope of diverse cultural care, the nurse is also choosing to better care for his or her patients in the long-term. If

ignored, the nurse is weakening the potential for positive outcomes on patients, which in turn creates dissatisfied people and irresponsible caregivers.

### **The Future of Transcultural Nursing**

In the coming years, the demographics of the United States will continue to change with the continuous influx of diverse cultures. Transcultural nursing remains and will continue to be a topic not simply discussed but also one that will become an area of much-needed expertise for those who seek professional success in nursing. Every hospital in the United States provides care to people of diverse values and beliefs, so education on transcultural nursing and maintenance of unbiased attitudes as a nurse are crucial.

### **Reflection on Leininger's Theory**

The examples and findings of Madeleine Leininger's Theory of Transcultural Nursing have provided the author, an undergraduate nursing student, with the importance of making every effort in the realm of patient care to accommodate the diversity that he will imminently see in his career. Leininger's teachings are especially important to the author, who holds interest in the cross-cultural thinking required of providing nursing care.

Being of mixed Hispanic descent, the author realizes that the scenarios aforementioned in the essay are realistic and still take place in today's healthcare environment due to factors such as ignorance or lack of education concerning cultural competence. As a result, the author has been inspired to continue his research on Madeleine Leininger's ideas in order to heighten his own command of congruency in care of patients with diverse ideals, values, and beliefs.

For example, the author lives in a community populated densely by Puerto Rican-Americans as well as other cultures distinct from the mainstream United States. Being raised in a converged world, so to speak, and having studied Madeleine Leininger's theory, the author seeks to enact Leininger's approach to nursing practice and to promote its importance among fellow students, faculty, and patients alike in order to provide care that suits the individual, not just a group. The author is thankful for Leininger's contribution to nursing theory and hopes to garner the expertise of transculturalism, which she so well exemplified, in his future practice.

To put the significance of culturally competent nursing into perspective, the author is able to demonstrate the thinking behind transculturalism in nursing with his clinical education. Being a student at the Cleveland Clinic, the author has had the opportunity to provide care to patients of non-Western backgrounds. What he seeks to accentuate with each patient encounter is a level of compassion and

understanding for those patients not necessarily acclimated to Western culture and nursing. Doing so elevates patient satisfaction and trust, leaving them more apt to seek healthcare in the future. Having gained this clinical experience, the author has begun to garner a heightened sense of cultural awareness. Before entering a patient's room, for example, he takes a moment to review the patient's chart for indications of distinct cultural needs. Doing so allows the author to steer his method of care to best suit the patient's beliefs and lifestyle.

The results of being a culturally competent nursing student are already evident. When respect is shown for the specific needs of the patient, the nurse eliminates unnecessary stressors from the patient during his or her stay. Realizing this as a nursing student early on can provide rewarding experiences for the nurse and patient alike. As the difficulty of nursing school becomes more apparent, the author's sense of cultural competence will not be compromised.

The author realizes that those who exhibit cultural incompetence do not fit into the caring realm of nursing. When one delivers mediocre care to others across any setting, the results can be poor. If a nurse were to ignore cultural cues, then the patient's convalescence or even desire to seek care is at risk. It is therefore the nurse's duty to promote positive outlooks on patient care through their compassion in the lens of transculturalism.

### **Conclusions**

Madeline Leininger's Theory of Transcultural Nursing, one that depends on the communication and care exhibited by the nurse, actively incorporates the patient's values, beliefs, and background into every step of the nursing process. In instances where the nurse has the chance to make a patient more comfortable according to his or her perceived style of care, the nurse must professionally and effectively pursue this environment on behalf of the patient and make every attempt to understand the motives behind the his or her wishes, free from judgement.

Just as the author considers these factors before even entering the room of a patient, nurses throughout the entire country should take steps towards cultural competence, a trait that will enhance nursing care in a constantly changing country. As a result, transcultural nursing as defined by Madeleine Leininger is the key to unlocking cultural competence in a healthcare setting for a nation with such a rich historical past and a culturally diverse future.

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