

Nursing Praxis in New Zealand

RESPONSE TO COONEY ARTICLE, "A COMPARATIVE ANALYSIS OF TRANSCULTURAL NURSING AND CULTURAL SAFETY"

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The purpose of Cooney's article is stated as "... to consider the similarities and differences between transcultural nursing and cultural safety..." (p.6). Cooney thoughtfully acknowledges my leadership as founder of transcultural nursing and that of Irihapeti Ramsden with the concept of cultural safety. In this critique only a few major points will be made due to space and time limitations.

To begin, I applaud Ms Cooney for sharing her viewpoints and especially for reaffirming the importance and values of transcultural nursing in responding therapeutically to client needs. She makes some important points in her article about the cultural identity of Tangata Whenua (the indigenous people of New Zealand) and their safety needs and expectations. Unfortunately the concept of cultural safety is not explicitly defined by Ramsden but referred to only as "culturally unsafe" practice. For those who have been formally prepared in transcultural nursing, it is essential to know that cultural safety is an integral part of Leininger's theory of Culture Care and of transcultural nursing principles, practices, and research. Providing cultural care safety is one of the important reasons why transcultural nursing exists, namely to promote and protect the clients of diverse cultural groups. Transcultural nursing students are taught throughout their educational programme to be sensitive, knowledgeable, and responsive to any cultural, social, personal, and institutional

attitudes and practices. The aim is to prevent negative outcomes due to incongruent and unsafe nursing care (Leininger, 1970, 1978, 1991, 1995).

The concept of cultural safety has been an integral part of the purposes, goals, and practices of transcultural nursing since the field was started in the mid 1950s. It is linked to providing culturally congruent care as the goal of Leininger's theory. Whenever cultural imposition or negative ethnocentrism occur, or other transcultural nursing concepts are violated, one will find culturally unsafe practices and outcomes. Hence the assumed dichotomy between cultural safety and transcultural nursing is inaccurate and a false idea within transcultural nursing. From the beginning, I was keenly aware of the potential for unsafe cultural practices to be harmful to cultures and this was one of several major reasons for launching the field of transcultural nursing. Thus Cooney needs to study and gain a full grasp of transcultural nursing and to realise that cultural safety is not absent but is an integral part of the purposes and goals of transcultural nursing and of the theory of Culture Care Diversity and Universality.

There is no conceptual difference between Ramsden's "cultural safety" idea and my concept of holistic congruent and total care, and Cooney will find further affirmation of this in Leininger's 1995 substantive publication. Moreover, if one reads the

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philosophy of transcultural nursing and the theory, one realises that cultural values, sensitivity, and experiences are expected norms of an individual, family or cultural group. Culture Care theory embodies and includes both individual and group norms as values and perspective and these aspects cannot be entirely separated.

Cooney also takes a false position that transcultural nurses can take an "observer of other cultures" approach and that "cultural safety presents an insider's view" (1994, P.8). This is inaccurate and such an idea is firmly counter to the philosophy, teaching and practices of transcultural nursing. Transcultural nurses learn how to assess and study phenomena within and outside a culture by obtaining both emic and etic perspective's. Unfortunately, Cooney fails to include the emic and etic dimensions of transcultural nursing which are central to the tenets of the Culture Care theory and to transcultural nursing research (Leininger, 1995).

Both Cooney (1994) and Bruni (1988) reflect a misunderstanding and a misinterpretation of transcultural nursing for it is imperative that nurses not only examine their own cultural values, beliefs, and attitudes but also must understand and be conscious of their own cultural history, lifeways, and practices. Self-discovery is one of the first principles taught in transcultural nursing. From the outset of their educational program in transcultural nursing, transcultural students, with the help of faculty, are prepared and expected to examine in-depth their own cultural values, biases and prejudices. Hence, there are no differences with Ramsden's and Leininger's focus on self discovery. However, Leininger's theory, goes much further than a dictum as transcultural nurses learn how to discover their own culture and that of others. Thus Cooney's argument is a false dichotomy which reflects that Cooney, Bruni (and

perhaps Ramsden) fail to comprehend the scope, focus, theory, and practice goals of transcultural nursing. Indeed, transcultural nursing literature is replete with self and other discovery processes for understanding one's own culture and that of others. Transcultural nurses learn how to deal with problems that reflect any denial of cultural identity or to demean and stereotype cultures.

The next area that needs attention are the differences cited by Cooney with regard to multiculturalism and biculturalism (p.9). This is another false dichotomy as from the beginning transcultural nursing has recognised biculturalism and multiculturalism. None of these "isms" are overlooked. Indeed mono-, bi-, tri-, and multiculturalism all receive major emphasis in transcultural nursing, depending upon context and what phenomena are being studied.

With respect to Cooney holding that Leininger developed transcultural nursing theory only as "an observer of diverse cultures", this is not true for I was keenly aware of my own cultural reality or "the reality within my culture" as well as reality outside "my culture". Cooney goes on to argue that Ramsden deals with Maori reality and that transcultural nurses do not deal with the reality of their own culture and remain as outsiders. The latter is a most inaccurate statement which is counter to transcultural nursing philosophy, principles, and practices, and reveals that Cooney is not knowledgeable about transcultural nursing. On page 11, there is another completely inaccurate statement by Cooney (and made earlier by Bruni in 1988) namely that Leininger focuses on culture and omits other variables such as class and gender. If Cooney and Bruni were formally prepared in and mentored in transcultural nursing, especially in Leininger's theory and transcultural research, they would discover that class,

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gender, and racial dimensions are an integral part of social and cultural structural factors such as kinship, politics, economics, cultural values (including both patriarchal and matriarchal or paternalism and materialism), education, technology, ethnohistory, and environmental context. Class and gender are fully considered in Culture Care theory and in transcultural nursing. Hence, Cooney and Bruni's statement or beliefs are completely false and Leininger's ideas are not different from Ramsden's position. The reality is that Leininger's ideas and her theory are far more inclusive, comprehensive and holistic than Ramsden's.

In general, New Zealand and Australian nurses who have not been prepared in transcultural nursing need to correct the above misconceptions, narrow views and false premises about transcultural nursing and the theory of Culture Care. Formal courses and mentoring are much needed to help nurses understand these important dimensions. Also before being critics of the theory or a credible author, one needs to study the three modes of action and decisions in Leininger's theory in order to realise that transcultural nurses work very closely with individuals and cultural groups to make care decisions that provide culturally congruent, safe, responsible, and compassionate health-promoting care. Health and well being of individuals, families, and groups is the goal of the theory of Culture Care and the theory leads to knowledge for nurse practitioners, teachers, researchers and consultants.

In sum, all of the so called "key differences" between Leininger's transcultural nursing and Ramsden's cultural safety can not be substantiated. The differences cited by Cooney are false assumptions, spurious, and reveal a lack of in-depth knowledge about transcultural nursing and Leininger's Cultural Care theory. For indeed transcultural nursing incorporates all the

assumed and false differences cited by Cooney and Bruni in their writings. Cultural safety factors of interest to Ramsden have been a goal of Leininger's work since transcultural nursing was established nearly four decades ago. It is time to grasp both the comprehensive and specific nature of transcultural nursing and the theory of Culture Care. The reviewer appreciates that Ms. Cooney openly shared her ideas in print for it has provided an opportunity to correct past and current misconceptions and misinterpretations about transcultural nursing and Leininger's theory of Culture Care, as the latter are greatly valued and used worldwide by many nurses today.

References

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Post Script Note:

Ann Coup's article (Nursing Praxis in New Zealand, Vol 11, No 1, March 1996) has just been received and Leininger will respond to her article in the next issue.