Proposed Standards for Transcultural Nursing
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For the past 3 years, the Minnesota Chapter of the Transcultural Nursing Society has focused efforts on the development of standards for transcultural nursing practice. The standards, based on Leininger’s culture care theory and Campinha-Bacote’s model of cultural competence, are intended to foster excellence in transcultural nursing practice, to provide criteria for the evaluation of nursing care, to be a tool for teaching and learning, to increase the public’s confidence in the nursing profession, and overall to advance the field of transcultural nursing. The standards are presented as an invitation for individual and collective reflection and commentary.

As we enter the new century, nurses from all over the world are caring for increasing numbers of persons from different cultures. Many of these individuals have distinct health care values, beliefs, and practices that are unlike those of the dominant population. For nurses to practice transcultural nursing competently, their caring practices must be grounded in the knowledge base and science of transcultural nursing. This calls for the development of standards that can serve as a guide for teaching, learning, practice, research, and evaluation of transcultural nursing competence.

DEVELOPMENT

A subcommittee of the Minnesota Chapter of the Transcultural Nursing Society developed transcultural standards that reflect the principles of culturally congruent care, that is, care that is perceived by an individual to be consistent with his or her cultural uniqueness. The motivation to develop the standards emerged as the need to document, describe, teach, and evaluate cultural competency has become critical. During a 3-year period, the subcommittee met to share ideas and develop standards that could be used by all professional nurses as the basis for culturally competent care. The subcommittee received input from the larger chapter during the development process. The subcommittee is composed of two academic faculty members and two practicing nurses (one from a large county hospital and one from a community-based nonprofit organization).

STANDARDS

The American Nurses Association (ANA) first developed standards of nursing practice in 1973. Since that time, they have been revised twice, the last time in 1996, to clearly articulate and describe the current scope of nursing practice across all clinical areas. Standards shape nursing practice by providing a means of accountability and criteria that define the scope of nursing practice. Standards also reflect values and priorities within the nursing profession. The ANA’s (1998) Standards of Clinical Nursing Practice states, “The cultural, racial and ethnic diversity of the patient must always be taken into account in providing nursing services” (p. 2). However, the current ANA standards do not specifically include language reflecting nursing care for culturally diverse persons. Transcultural nursing holds to the tenet that caring is the essence of nursing and that caring is interpreted by the client within the framework of his or her own cultural beliefs, val-
ues, and lifeways. This tenet must be articulated clearly in nursing care standards.

The authors also reviewed the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, recently released by the U.S. Department of Health and Human Service’s Office of Minority Health (OMH) (OMH, 2000). Although the OMH standards are a welcome beginning to addressing cultural competency in the U.S. health care system, they were not used in the development of the transcultural nursing standards. The authors are of the opinion that transcultural nursing standards need to be based on transcultural nursing theory and be developed by nurses.

**THEORETICAL BASE**

The Standards of Transcultural Nursing are based on Madeline Leininger’s (1991, 1995, 1998a) cultural care theory and Josepha Campinha-Bacote’s (1998) culturally competent model of care as these frameworks were felt to be the most helpful in establishing a foundation for the standards. Leininger’s theory guides nurses in discovering the cultural health patterns and caring practices of an individual or group in order to provide culturally congruent nursing care. Therefore, culture care theory served as a basis for the rationale and process criteria of the standards. Campinha-Bacote’s culturally competent model of care was also utilized in the development of the transcultural nursing standards. The cultural awareness, cultural knowledge, and cultural skill constructs of Campinha-Bacote’s model were used as the basis of the standard’s outcome criteria. The cultural desire construct of Campinha-Bacote’s model, the “genuine and authentic motivation of the healthcare provider to engage in the process of cultural competence” (p. 42), is a core value woven throughout these transcultural standards. Also integrated into the standards is the belief that the nurse honors the dignity and uniqueness of an individual, family, or community through intentional caring. Leininger (1998a) spoke of care as the essence of nursing and a distinct, dominant, central, and unifying focus of the discipline.

**ASSUMPTIONS**

Assumptions in developing the transcultural standards mirror those of the ANA (1998) in that (a) the standards would apply to all nurses in all areas of clinical practice; (b) nursing care is individualized to meet unique needs and situations, including respect for the patient’s and family’s goals in developing and implementing a plan of care; and (c) nurses establish partnerships with patients, families, and other health care providers to coordinate care provided to patients. However, the transcultural nursing standards described here go further to delineate the specific processes, knowledge, beliefs, values, and skills needed to provide culturally competent care.

The authors believe cultural competence is a continual and dynamic process and that the standard’s outcome criteria are the benchmarks along the continuum of cultural competency. As such, an agreed-on set of transcultural nursing standards assists in (a) demonstrating how health outcomes (quality of life) increase with the practice of transcultural nursing, (b) focusing attention on transcultural nursing within the profession, (c) increasing diverse communities’ confidence in the nursing profession, and (d) advancing the practice of transcultural nursing. The authors have noted differences in academic preparation of professional nurses in Standards I and VII to reflect the reality that undergraduate preparation often does not provide sufficient time for in-depth concentrated study in transcultural nursing theory and research methods. Where there is a differentiation in process criteria or knowledge base between the nurse generalist and the nurse specialist, those roles are noted. Those unique differences in Standards I and VII do not hinder the general application of these standards for professional nurses. The authors have also incorporated the nursing process into the standards due to long-standing use of this model and because the authors find the model useful in their nursing practices.

**STANDARD I: THEORY**

**Rationale**

Transcultural nursing is built on a body of knowledge developed through study and research of cultural groups. Leininger’s (1995, 1998a) culture care theory predicts similarities and differences within and among cultural groups and frames much of the knowledge gained in the field. Campinha-Bacote’s (1998) model of cultural competence defines a process by which nurses can progress in increasing their cross-cultural awareness, knowledge, and skills toward effective cultural encounters. Therefore, these theories were chosen for the first proposed transcultural nursing standards as the foundation for conceptually based practice.

The transcultural nurse generalist is prepared at the undergraduate level and has very generalized transcultural knowledge without in-depth knowledge of specific cultures. The transcultural nurse specialist is prepared at the master’s level or higher and has in-depth cultural knowledge (Leininger, 1995).

**Process Criteria**

a. The transcultural nurse generalist utilizes nursing theory and theoretical concepts as the basis of practice.

b. The transcultural nursing specialist articulates nursing theory to the public and other health care disciplines.

c. The transcultural nursing specialist advances theory through research.
**Outcome Criteria**

**Knowledge**
- Knowledge of nursing theory, including transcultural nursing theory, concepts, and conceptual framework.

**Beliefs and Values**
- Belief that theory can inform and guide nursing practice,
- Belief that imagining and visioning possibilities can lead to improved health and well-being,
- Commitment to the art and science of nursing.

**Skills**
- Ability to conceptualize creatively about nursing,
- Ability to think abstractly about health,
- Ability to apply nursing theory to practice and research.

**STANDARD II: CULTURAL INFORMATION-GATHERING PROCESS**

**Rationale**
Information on culture is essential for a holistic assessment of an individual, family, or community. The assessment process must be comprehensive, accurate, systematic, and continual to allow the nurse to reach sound conclusions and plan for appropriate interventions (ANA, 1986). The individual’s, family’s, or community’s perspective of their culture is needed because of the great variability that is present within any cultural group.

**Process Criteria**
- The nurse approaches an individual, family, or community with the intent to gain understanding of the emic (insider) meanings, expressions, patterns of health, care, and caring as lived and experienced by persons and groups (Leininger, 1991).
- The nurse obtains knowledge about the dynamic cultural and social structural dimensions influencing health. These dimensions include religion, kinship, politics, economics, education, technology, cultural values and lifeways, language, and the environmental context in which an individual, family, or community lives and from which they draw meaning (Leininger, 1991).
- The nurse invites an individual, family, or community to describe their own experiences about health and caring.
- The nurse documents the description of an individual’s, family’s, or community’s cultural and social structure dimensions that influence health patterns and concerns.

**Outcome Criteria**

**Knowledge**
- Knowing one’s own culture,
- Knowledge of the effect culture has on health and health beliefs,
- Knowledge about cultural groups are different than one’s own.

**Beliefs and Values**
- Awareness of self as a cultural being and of the beliefs and values of others,
- Acknowledging the holism of human beings,
- Honoring self and others.

**Skills**
- Ability to work with an interpreter or speak the language of the individual, family, or community;
- Sensitivity to nonverbal communication cues;
- Ability to perform a cultural assessment.

**STANDARD III: CARING AND HEALING SYSTEM**

**Rationale**
Information on the caring and healing systems and modalities used by an individual, family, or community are essential for a holistic assessment. An understanding of the conceptual basis of diverse healing systems is necessary to allow the nurse to reach sound conclusions and plan for appropriate interventions.

Transcultural nursing research has generated a significant body of knowledge on diverse and universal caring and healing modalities. For example, care constructs are commonalities (or universals) among various cultures. They describe what care looks like, what it feels like, and what one might see people doing when they are engaged in caring. Some of these care constructs are respect for, concern for, attention to, active listening, giving presence, being connected, protecting, and providing comfort (Leininger, 1998b).

As used here, the generic or lay system of care refers to the healing modalities used within families, usually as the initial treatment for illness or to prevent illness. The specialized or professional healing systems as used here refer to those methods based on experiential knowledge that a healer gains through education and training. Specialized or professional systems include traditional Chinese medicine, Ayurveda, homeopathy, the allopathic or biomedical system, as well as other traditional systems used by various cultural groups.

**Process Criteria**
- The nurse identifies the generic or lay modalities of care and healing that an individual, family, or community utilizes.
- The nurse identifies the specialized or professional healing system or systems that an individual, family, or community utilizes.
- The nurse documents an individual’s, family’s, or community’s experiences with all caring and healing systems.

**Outcome Criteria**

**Knowledge**
- Knowledge of the conceptual basis of the generic or lay systems of care and healing used by an individual, family, or community for whom the nurse is providing care for;
Knowledge of the basic principles and purposes of the specialized or professional healing system used by an individual, family, or community for whom the nurse is providing care for;

Knowledge of the health-seeking practices and care constructs of cultural groups.

Beliefs and Values

- Acknowledging that care is essential for well-being, health, healing, growth, survival, and to face handicaps or death (Leininger, 1991);
- Honoring and valuing diverse healing and caring modalities.

Skills

- Establishing collaborative relationships with healers from various cultural traditions.

STANDARD IV: CULTURAL HEALTH PATTERNS AND CARING PRACTICES

Rationale

The identification of caring and healing values, beliefs, and practices used by individuals, families, or communities is essential to guide health promotion, illness reduction, or optimal living with disability or death. Culture care refers to the subjectively and objectively learned and transmitted values, beliefs, and patterned lifeways that assist, support, facilitate, or enable another individual or group to maintain their well-being and health, to improve their human condition and lifeways, or to deal with illness, handicaps, or death (Leininger, 1991).

Process Criteria

a. The nurse synthesizes the information gathered into patterns of health and caring.
b. The nurse confirms the patterns of health and caring that have been gathered with an individual, family, or community.
c. The nurse documents the health and caring patterns of an individual, family, or community.

Outcome Criteria

Knowledge

- Knowledge of the nursing process,
- Knowledge of pattern recognition.

Beliefs and Values

- Valuing an individual’s, family’s, or community’s perspective on caring and healing.

Skills

- Ability to use critical and creative thinking about nursing and healing,
- Recording an individual’s, family’s, or community’s patterns of health accurately.

STANDARD V: HEALTH CARE PLANNING

Rationale

Health care planning is done in collaboration with persons seeking care. Based on Leininger’s (1991) culture care theory, nursing care planning encompasses the following three processes or caring actions: culture care preservation, culture care accommodation/negotiation, and culture care repatterning. Culture care preservation refers to those assistive, supportive, facilitative, or enabling professional actions and decisions that help people of a particular culture to retain and/or preserve relevant care values and practices. Culture care accommodation/negotiation refers to those professional actions and decisions that foster mutual (shared by nurse and persons) adaptation toward beneficial or satisfying health outcomes. Culture care repatterning refers to those professional actions and decisions made in collaboration with the client or persons seeking care that assist in modifying cultural patterns (Leininger, 1991).

This standard also identifies ethical reasoning and skill in ethical analysis and decision making as crucial to competent transcultural nursing practice. Without it, the nurse is relegated to the role of technician, and her or his role in preserving, accommodating, and repatterning relevant care values and practices of persons and groups is seriously compromised. Ruth Purtilo (1999) defined ethics as a systematic reflection on morality (acting in accordance with one’s values) that uses special methods and approaches to examine ethical situations. In transcultural nursing, the potential for ethical issues to arise through clashes between and among different groups’ cultural practices and values becomes increasingly likely. Ethical issues, therefore, must be examined in the context of professional practice as well as within the cultural context of the persons for whom the nurse is caring. Knowledge of ethical decision-making models, principles, duties, and values-clarification processes is critical to honoring the dignity and rights of all persons involved in a caring encounter.

Process Criteria

a. The nurse discusses with an individual, family, or community the potential actions and choices based on their health concerns and unique care preferences with the intention of cultural care preservation, cultural care accommodation/negotiation, and cultural care repatterning.
b. The nurse in collaboration with an individual, family, or community determines a plan of care that is acceptable and culturally congruent.
c. The nurse documents coestablished choices and actions to the plan of care.
d. The nurse communicates health patterns and the health care plan with other health professionals.
Outcome Criteria

Knowledge

• Knowledge of models of ethical decision making (Andrews & Boyle, 1999),
• Knowledge of the cultural group’s decision-making process,
• Knowledge of culturally appropriate community resources for health care referrals.

Beliefs and Values

• Valuing an individual’s, family’s, or community’s ability to determine their own health goals and health care decisions;
• Valuing an individual’s, family’s, or community’s cultural care meanings and expressions even if these differ from those of the nurse.

Skills

• Using ethical decision-making models to respond to cultural conflicts;
• Reexamining and evaluating one’s own prejudices and biases toward other cultures (Campinha-Bacote, 1998);
• Using authenticity in practice or being present and focused when working with an individual, family, or community;
• Ability to advocate for an individual, family, or community.

STANDARD VI: EVALUATION

Rationale

Evaluation is critical to reflective and informed practice. In a time when resources are limited, it is essential to determine and demonstrate how caring actions have made a difference in the well-being and health of persons and groups. This is not only accountable and responsible nursing practice, it is also accountable and responsible stewardship. Although models of evaluation may take many forms, partnership models and qualitative data should be valued and developed in transcultural nursing. Relevant evaluation should include individuals, families, and communities in the process. It is also assumed that evaluative models will consider the economic sustainability of culture care actions and decisions and the degree to which these actions and decisions are valued and requested by persons and communities.

Process Criteria

a. The nurse actively seeks feedback from an individual, family, or community about the quality of care they have received.
b. The nurse encourages an individual, family, or community to report to the nurse the status of their health and well-being.

Outcome Criteria

Knowledge

• Knowledge of culturally appropriate evaluation methods,
• Knowledge of the institutional racism that may be present in the health care system.

Beliefs and Values

• Valuing descriptions of caring from an individual’s, family’s, or community’s perspective;
• Valuing feedback to improve nursing care.

Skills

• Implementing culturally appropriate evaluation methods,
• Disseminating evaluative information,
• Advocacy on behalf of an individual, family, or community.

STANDARD VII: RESEARCH

Rationale

The foundation of a discipline is its body of knowledge, core values, and contributions to the greater good of society and community. In transcultural nursing, thoughtful synthesis and integration of knowledge from other disciplines is important to the development of a body of knowledge. Through creative and scholarly research (discovery of new knowledge), the science and art of nursing are advanced, practice is enhanced, and education maintains its relevancy. The American Association of Colleges of Nursing (1996, 1998) delineated the educational preparation and expectations of the nurse generalist (the undergraduate-prepared nurse), the nurse specialist (the master’s-prepared nurse), and the doctorally prepared nurse with regard to nursing research. This standard addresses those skills and responsibilities.

Process Criteria

a. The transcultural nurse generalist participates in the advancement of transcultural nursing theory and practice.
b. The transcultural nurse specialist conducts research studies and applies research findings that are of importance in transcultural nursing and health.

Outcome Criteria

Knowledge

• Knowledge of quantitative and qualitative research methods (nurse specialist),
• Knowledge of transcultural nursing theory, practice, and research findings (nurse generalist).

Beliefs and Values

• Valuing research that advances culturally congruent nursing practice,
• Commitment to the belief that cultural diversities and similarities can be known, described, and explained by knowledge gained through transcultural nursing research.

Skills

• Ability to apply research-based knowledge to practice (nurse generalist),
• Ability to critically evaluate research and its applicability to transcultural nursing practice (nurse generalist),
• Ability to synthesize and integrate research-based knowledge from other disciplines with culture care and nursing practice (nurse specialist).

STANDARD VIII: PROFESSIONAL DEVELOPMENT

Rationale

The final standard chosen by the authors has to do with maintaining and enhancing transcultural nursing knowledge and skill. Cultural competence is a process that needs to be nurtured through continuing education, mentoring, and membership in transcultural nursing professional organizations. This commitment to personal growth demonstrates accountability by assuring that professional transcultural nursing actions are grounded in theory and based on current knowledge.

Process Criteria

a. The nurse assumes responsibility for his or her own professional development and contributes to the professional growth of others.

b. The nurse participates in peer review or other means of evaluation to assure quality of nursing practice.

c. The nurse seeks lifelong learning about new cultural groups that he or she encounters.

Outcome Criteria

Knowledge

• Knowledge of and participation in professional nursing organizations, including the Transcultural Nursing Society;
• Knowledge of transcultural nursing literature and research;
• Knowledge of principles and standards of transcultural nursing practice.

Beliefs and Values

• Valuing the knowledge and expertise of colleagues and other professionals,
• Commitment to the professional growth and development of self and others,
• Valuing critical learning as a lifelong process.

Skills

• Ability to mentor other nurses and health care professionals,
• Active participation in local and international professional organizations,
• Ability to evaluate the cultural competency of professional nursing practice.

CONCLUSIONS

These proposed transcultural nursing standards were developed to assist nurses in providing culturally competent and culturally congruent care. The increasing frequency of caring for persons from a culture different than one’s own makes it mandatory that nurses have the knowledge, values, and skills required to achieve this goal. Standards provide clear direction for nursing practice, reflect values and priorities in nursing practice, define accountability to the public, and provide a clear framework for evaluation of transcultural nursing practice (Kozier, Erb, Blais, & Wilkinson, 1998).

The authors developed standards that were felt to be essential while realizing that others may organize them differently or include other valid care standards. This is a process and an opportunity to refine and define transcultural nursing practice. Although the standards may be most useful to nurses in clinical practice, they may also serve as an additional basis for transcultural nursing curriculum development, program accreditation, health care organization accreditation, and research. The authors invite other nurses to dialogue with them on the development of these standards.

Case Example

The Augsburg Central Nursing Center is a health promotion clinic run by nursing department faculty members from Augsburg College in Minneapolis, Minnesota. The nursing center provides care to a group of diverse clients. The center is located in downtown Minneapolis at the Central Lutheran Church. Although the center’s services are offered to anyone, the majority of the clients are the homeless, those struggling with limited resources, refugees, and members of the church congregation. The nursing center is staffed exclusively with professional nurses, many of whom are advanced practice nurses.

Bert is an elderly man who comes to the nursing center weekly. In the cultural information-gathering process (Standard II), the Center’s nurses have learned some of Bert’s cultural and social background by allowing him to sit in the rocking chair and talk. Bert has a Ph.D. in history and taught at universities in a number of different countries. He was also a member of the Flying Tigers group of pilots during World War II. Bert lives in low-income housing near the center. He gets around using a bicycle when the weather is warm or uses public transportation at other times. Bert never married and has been estranged from his family for many years.

The Center’s nurses have also been able to gather information on Bert’s values, beliefs, and practices of care and healing (Standards III and IV). In addition to biomedicine, Bert uses herbs and vitamins to help maintain his health and also uses traditional Chinese medicine, which he was introduced to while in China. He has Type II diabetes and recently developed an ulceration on his leg for which surgery was recommended. Bert expressed his fears and apprehension about the surgery to the center’s nurses. The nurses caring for Bert sought to show genuine concern for him by being actively present and listening with the intent of understanding how he perceived his current life situation.

In health care planning (Standard V) with Bert, the nurses discovered that Bert did not have transportation to and from the hospital. The nurses located a church staff member who would drive Bert. As part of the agreed-on plan of care, post-
operatively, the center staff members would monitor Bert’s incision for signs of infection and encourage him to continue with his herbal remedies that do not have a negative interaction with his antibiotic medications. Bert reports to the nurses (Standard VI) that he is very pleased with the care he receives at the nursing center and wishes that “nurses everywhere were the same as here.”

REFERENCES


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