Part 1 - Initial Post - Read the article posted in the reading section. Read sections in your text for Leininger and any other sources for information on the theorist.  Please make sure that you read about the sunrise model and discuss this in your post.

Choose a cultural group that you are interested in e.g. American Indian women, Cuban exiles, Mormons etc.

As the public health nurse, how would you incorporate Leininger's culture care theory in your practice?  Please be specific; must be relevant to the culture that you selected (get and cite information on this culture). Answer the following questions with relevant headings.

1. Give a very brief description of one health care practice of your choice of cultural group. Remember that a health care practice is different from a health care belief.
2. How would Leininger view this culture practice OF THE CHOSEN GROUP.

Older Chinese Adults

(Example of a healthcare belief) Mental illness is thought to be due to a lack of harmony of emotions or caused by evil spirits.

(Example of a healthcare practice) Home and folk remedies is very common, and are generally used first before seeking Western medical approaches)

<https://slidex.tips/download/cultural-traditions-and-healthcare-beliefs-of-some-older-adults>

“Leininger’s Cultural Care Diversity and Universality Theory

Madeleine Leininger was instrumental in demonstrating to nurses the importance of considering the impact of culture on health and healing (Leininger, 2002). Prior to her death in 2012, Leininger was a prolific nursing researcher and scholar, and she is credited with starting the specialty of transcultural nursing. In addition, she was a leading proponent of the idea that nursing is synonymous with caring.

Leininger reported that she conceptualized transcultural nursing as a distinct area of nursing practice in the late 1950s during her doctoral work in anthropology; she continued to study and develop a transcultural nursing conceptual framework throughout the 1960s. In the mid-1970s, she presented a “transcultural health model” that was expanded in 1978 and 1980. The Leininger Sunrise Model was first described as such in 1984 and depicts the transcultural dimensions of culturologic interviews, assessments, and therapies (McFarland, 2014; McFarland & Wehbe-Alamah, 2015).

Purpose and Major Concepts

“The purpose of Leininger’s theory is to generate knowledge related to the nursing care of people who value their cultural heritage and lifeways. Major concepts of the model are culture, culture care, and culture care differences (diversities) and similarities (universals) pertaining to transcultural human care. Other major concepts are care and caring, emic view (language expressions, perceptions, beliefs, and practice of individuals or groups of a particular culture in regard to certain phenomena), etic view (universal language expression beliefs and practices in regard to certain phenomena that pertain to several cultures or groups), lay system of health care, professional system of health care, and culturally congruent nursing care (Leininger, 2007; McFarland, 2014).

Context for Use and Nursing Implications

The goal for application of Leininger’s theory is to provide culturally congruent nursing care to persons of diverse cultures. A central tenet of the theory is that it is important for the nurse to understand the individual’s view of illness. Also, the focus is on recognizing and understanding cultural similarities and differences and using this information to positively influence nursing care and health (McFarland & Wehbe-Alamah, 2015). The theory has been widely used for research, and findings are appropriate for nurses in any setting who work with individuals, families, and groups from a cultural background different from the nurse’s.

Evidence of Empirical Testing and Application in Practice

Leininger (2007) explained that her theory was derived and refined through a number of years of study. Over the past two decades, research on various groups was conducted, and she listed cultural values and culture care meanings and action modes for 23 cultural groups in her book. Many graduate students and nursing scholars have used Leininger’s theory as a basis for research, and as a result, hundreds of examples of articles can be located in the literature. Many of these used Leininger’s work as a conceptual framework to study cultural implications of a variety of health problems. For example, J. M. Long and colleagues (2012) examined health beliefs among four different “Latino subgroups specifically related to type 2 diabetes; Gillum and colleagues (2011) researched cardiovascular disease in the Amish; Mixer, Fornehed, Varney, and Lindley (2014) examined end-of-life care for people in rural Appalachia; and López-Entrambasaguas, Granero-Molina, and Fernandez-Sola (2013) studied the incidence of HIV/AIDS among a group of sex workers in Bolivia.

Leininger’s model has also been used by many authors to identify variables or characteristics of cultural groups or subcultures that might influence health. For example, Farren (2015) performed a comprehensive literature review of research that examined cultural differences in cancer survivors’ perceptions and experiences to promote patient-centered, culturally congruent care for adult cancer patients, and Lee (2012) used Leininger-inspired “ethnonursing research methods” to discover care meanings and expression among Appalachian mothers living with their children in a homeless shelter. Other examples of research studies using Leininger’s model are listed in Box 11-2.

Box 11-2

Research Studies Using Leininger’s Theory of Cultural Care Diversity and Universality

Bhat, A. M., Wehbe-Alamah, H., McFarland, M., Filter, M., & Keiser, M. (2015). Advancing cultural assessments in palliative care using web-based education. Journal of Hospice and Palliative Nursing, 17(4), 348–354

“Doornbos, M. M., Zandee, G. L., & DeGroot, J. (2014). Attending to communication and patterns of interaction: Culturally sensitive mental health care for groups of urban, ethnically diverse, impoverished and underserved women. Journal of the American Psychiatric Nurses Association, 29(4), 239–249.

McCullagh, M. C., Sanon, M. A., & Foley, J. G. (2015). Cultural health practices of migrant seasonal farmworkers. Journal of Cultural Diversity, 22(2), 64–67.

Millender, E. (2012). Acculturation stress among Maya in the United States. Journal of Cultural Diversity, 19(2), 58–64.

Missal, B. (2013). Gulf Arab women’s transition to motherhood. Journal of Cultural Diversity, 20(4), 170–176.

Morris, E. J. (2012). Respect, protection, faith, and love: Major care constructs identified within the subculture of selected urban African American adolescent gang members. Journal of Transcultural Nursing, 23(3), 262–269.

Street, D. J., & Lewallen, L. P. (2013). The influence of culture on breast-feeding decisions by African American and white women. The Journal of Perinatal & Neonatal Nursing, 27(1), 43–51.

Tasçi-Duran, E., & Sevil, U. (2013). A comparison of the prenatal health behaviors of women from four cultural groups in Turkey: An ethnonursing study. Nursing Science Quarterly, 26(3), 257–266.

“Turk, M. T., Fapohunda, A., & Zoucha, R. (2015). Using photovoice to explore Nigerian immigrants’ eating and physical activity in the United States. Journal of Nursing Scholarship, 47(1), 16–24.

A number of nonresearch articles describing aspects of transcultural nursing and focusing on Leininger’s works have also been published in recent years. These include a review of a workshop to enhance cultural awareness for nurse practitioners (Elminowski, 2015); a report on how to provide culturally competent, patient-centered nursing care (Darnell & Hickson, 2015); and an article describing the impact of international service learning on nursing student’s cultural competence (T. Long, 2016).