

CHAPTER 15

MADELEINE LEININGER'S CULTURE CARE: DIVERSITY AND UNIVERSALITY THEORY

Madeleine Leininger was born in Sutton, Nebraska. In 1948, she received her diploma in nursing from St. Anthony's School of Nursing in Denver, Colorado. In 1950, she earned a B.S. from St. Scholastica (Benedictine College) in Atchison, Kansas, and in 1954 earned an M.S. in psychiatric and mental health nursing from the Catholic University of America in Washington, D.C. In 1965, she was awarded a Ph.D. in cultural and social anthropology from the University of Washington, Seattle (Tomey and Alligood, 2001).

Early in her career as a nurse, Leininger recognized the importance of the concept of "caring" in nursing. Frequent statements of appreciation from patients for care received prompted Leininger to focus on "care" as being a central component of nursing. During the 1950s, while working in a child guidance home, Leininger experienced what she describes as a cultural shock when she realized that recurrent behavioral patterns in children appeared to have a cultural basis. Leininger identified a lack of cultural and care knowledge as the missing link to nursing's understanding of the many variations required in patient care to support compliance, healing, and wellness (George, 2002). These insights were the beginnings (in the 1950s) of a new construct and phenomenon related to nursing care called *transcultural nursing*.

Leininger is the founder of the transcultural nursing movement in education research and practice. In 1995, Leininger defined transcultural nursing as:

a substantive area of study and practice focused on comparative cultural care (caring) values, beliefs, and practices of individuals or groups of similar or different cultures with the goal of providing culture-specific and universal nursing care practices in promoting health or well-being or to help people to face unfavorable human conditions, illness, or death in culturally meaningful ways (p. 58).

The practice of transcultural nursing addresses the cultural dynamics that influence the nurse–client relationship. Because of its focus on this specific aspect of nursing, a theory was needed to study and explain outcomes of this type of care. Leininger creatively developed the Theory of Culture Care: Diversity and Universality with the goal to provide culturally congruent wholistic care.

Some scholars might place this theory in the middle range classification. Leininger holds that it is not a grand theory because it has particular dimensions to assess for a total picture. It is a wholistic and comprehensive approach, which has led to broader nursing practice applications than is traditionally expected with a middle-range, reductionist approach. (Personal communication with Penny Glynn on September 12, 2003).

Leininger's theory is to provide care measures that are in harmony with an individual or group's cultural beliefs, practices, and values. In the 1960's she coined the term *culturally congruent care*, which is the primary goal of transcultural nursing practice. Culturally congruent care is possible when the following occurs within the nurse-client relationship (Leininger, 1981):

Together the nurse and the client creatively design a new or different care lifestyle for the health or well-being of the client. This mode requires the use of both generic and professional knowledge and ways to fit such diverse ideas into nursing care actions and goals. Care knowledge and skill are often repatterned for the best interest of the clients... Thus all care modalities require *coparticipation of the nurse and clients (consumers) working together* to identify, plan, implement, and evaluate each caring mode for culturally congruent nursing care. These modes can stimulate nurses to design nursing actions and decisions using new knowl-

edge and culturally based ways to provide meaningful and satisfying wholistic care to individuals, groups or institutions (Leininger, 1991, p. 44).

Leininger developed new terms for the basic tenets of her theory. These definitions and the tenets are important to understand. Understanding such key terms is crucial to understanding the theory. Below is a basic summary of the tenets that are essential to understand with Leininger's theory (summarized from Leininger, 2001, pp. 46–47):

- *Care* is to assist others with real or anticipated needs in an effort to improve a human condition of concern or to face death.
- *Caring* is an action or activity directed towards providing *care*.
- *Culture* refers to learned, shared, and transmitted values, beliefs, norms, and lifeways of a specific individual or group that guide their thinking, decisions, actions, and patterned ways of living.
- *Cultural care* refers to multiple aspects of *culture* that influence and enable a person or group to improve their human condition or to deal with illness or death.
- *Cultural care diversity* refers to the differences in meanings, values, or acceptable modes of care within or between different groups of people.
- *Cultural care universality* refers to common *care* or similar meanings that are evident among many cultures.
- *Nursing* is a learned profession with a disciplined focused on care phenomena.
- *Worldview* refers to the way people tend to look at the world or universe in creating a personal view of what life is about.
- *Cultural and social structure dimensions* include factors related to religion, social structure, political/legal concerns, economics, educational patterns, the use of technologies, cultural values, and ethnohistory that influence cultural responses of human beings within a cultural context.
- *Health* refers to a state of well-being that is culturally defined and valued by a designated culture.
- *Cultural care preservation or maintenance* refers to nursing care activities that help people of particular cultures to retain and use core cultural care values related to healthcare concerns or conditions.
- *Cultural care accommodation or negotiation* refers to creative nursing actions that help people of a particular culture adapt to or negotiate with others in the healthcare community in an effort to attain the shared goal of an optimal health outcome for client(s) of a designated culture.

- *Cultural care repatterning or restructuring* refers to therapeutic actions taken by culturally competent nurse(s) or family. These actions enable or assist a client to modify personal health behaviors towards beneficial outcomes while respecting the client's cultural values.

There are several specific assumptions inherent in this theory that support the theory premises and Leininger's use of the terms described above. These assumptions are the philosophical basis of Culture Care: Diversity and Universality theory. They add meaning, depth, and clarity to the overall focus to arrive at culturally competent nursing care. The following are distilled from Leininger's work and preceded other nurses' use in recent years who are now valuing and using these ideas and the theory. These statements are derived from Leininger's key sources (Leininger 1976, 1981, 1991, 1995, 2002, but most specifically, 2001, pp. 44–45):

- Care is the essence and central focus of nursing.
- Caring is essential for health and well-being, healing, growth, survival, and also for facing illness or death.
- Culture care is a broad wholistic perspective to guide nursing care practices.
- Nursing's central purpose is to serve human beings in health, illness, and if dying.
- There can be no curing without the giving and receiving of care.
- Culture care concepts have both different and similar aspects among all cultures of the world.
- Every human culture has folk remedies, professional knowledge, and professional care practices that vary. The nurse must identify and address these factors consciously with each client in order to provide wholistic and culturally congruent care.
- Cultural care values, beliefs, and practices are influenced by world-view and language, as well as religious, spiritual, social, political, educational, economic, technological, ethnohistorical, and environmental factors.
- Beneficial, healthy, satisfying culturally based nursing care enhances the well-being of clients.
- Culturally beneficial nursing care can only occur when cultural care values, expressions, or patterns are known and used appropriately and knowingly by the nurse providing care.

- Clients who experience nursing care that fails to be reasonably congruent with the client's cultural beliefs and values will show signs of stress, cultural conflict, noncompliance, and ethical moral concerns.

In synthesizing the information contained in the defining terms and assumptions just presented, a broad definition emerges of a culturally competent nurse who:

- Consciously addresses the fact that culture affects nurse–client exchanges
- With compassion and clarity, asks each client what their cultural practices and preferences are
- Incorporates the client's personal, social, environmental, and cultural needs/beliefs into the plan of care wherever possible
- Respects and appreciates cultural diversity, and strives to increase knowledge and sensitivity associated with this essential nursing concern.

In summary, nurses who understand and value the practice of culturally competent care are able to effect positive changes in healthcare practices for clients of designated cultures. Sharing a cultural identity requires a knowledge of transcultural nursing concepts and principles, along with an awareness of current research findings. Culturally competent nursing care can only occur when client beliefs and values are thoughtfully and skillfully incorporated into nursing care plans. Caring is the core of nursing. Culturally competent nursing guides the nurse to provide optimal wholistic, culturally based care. These practices also help the client to care for himself and others within a familiar, supportive, and meaningful cultural context. Continual improvement and expansion of modern technologies and other nursing and general science knowledge are integrated into practice if they are appropriate. Today nurses are faced daily with unprecedented cultural diversity because of the increasing number of immigrants and refugees. Commitment to learning and practicing culturally competent care offers great satisfaction and many other rewards to those who can provide wholistic supportive care to all patients (Leininger 2002, 1991).

A mandala design representing Leininger's model might be viewed as a mandala of the primary colors arranged in overlapping circles. The places where the colors overlap create new colors, for example, the place where blue and red overlap creates the color purple. The primary colors represent cohesive cultures that intermingle with others in a limited way, thereby maintaining a strong group identity. The mixed colors represent different cultures that are

influenced by multiple cultures. All of the interwoven colors represent many cultures interacting to varying degrees and forming functional communities in an ever-widening circle of interaction and inclusion. The shapes in the design would have symmetry and balance to suggest unity and harmony among them.

Learning Activities

1. To support deeper understanding of Leininger's theory, envision and then create a mandala design on page 99. Use the ten questions listed on page 61 of Chapter 10 as a guide.
2. Share the mandala you created with classmates.
3. Find Web sites about Leininger's Theory, or search for journal articles. Words to use when performing a search might include:
 - Madeleine Leininger
 - Cultural care
 - Diversity
 - Transcultural Nursing Care
4. Go to the Jones and Bartlett Web site for this text <http://nursing.jbpub.com/sitzman/> and explore the Web links listed for this chapter.

Feel free to use these blank pages as a canvas for your learning activities.

