

THE INCORPORATION OF CULTURAL CONCEPTS INTO BASIC NURSING TEXTS

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Basic nursing texts used by first-year nursing students are a major socializing force, facilitating the students' integration into the nursing profession. These texts generally provide an overview of nursing, including a description of basic nursing assessment and skills.

Although transcultural nursing is a relatively new field, information on the cultural aspects of nursing care has been available for more than a decade. Transcultural nursing was established as a specialty more than ten years ago, and care of the culturally variant client is now recognized as a responsibility for all nurses (Leininger, 1984).

In spite of the importance of the cultural aspects of care, there is evidence that it is not included in first-year texts. Our purpose in writing this article, therefore, is to explore the *adequacy* and *method* of integration of cultural content into seven basic nursing texts. This article is not intended as a book review, but rather a content analysis of those texts that introduce the first-year student to nursing concepts. The books selected are:

- Brill, E.L., & Kilts, D.R. (1980). **Foundation for Nursing**. New York: Appleton-Century-Crofts, Inc.
- Du Gas, B.W. (1983). **Introduction to Patient Care: A Comprehensive Approach to Nursing** (4th Ed.). Philadelphia: W.B. Saunders Co.
- Kemp, B., & Pillitteri, A. (1984). **Fundamentals of Nursing: A Framework for Practice**. Boston: Little, Brown & Co.
- Krozier, B., & Erb, G. (1983). **Fundamentals of Nursing: Concepts and Procedures**. (2nd Ed.). Reading, Mass.: Addison-Wesley Publ. Co.
- Lindberg, J., Hunter, M., & Kruszewski, A. (1983). **Introduction to Person-Centered Nursing**. Philadelphia: J.B. Lippincott.
- Narrow, B.W., & Buschle, K.B. (1982). **Fundamentals of Nursing Practice**. New York: John Wiley & Sons.
- Sorensen, K.C., & Luckmann, J. (1979). **Basic Nursing: A Psychophysiologic Approach**. Philadelphia: W.B. Saunders.

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Importance for nursing

In the Canadian multicultural society, the relevance of the cultural aspects of care in daily practice is obvious. Transcultural nursing is not an esoteric specialty that one may need if intending to practise "overseas". Furthermore, it is the client's right to have care provided that is culturally acceptable. The provision of such care increases patient compliance and decreases the stress of hospitalization.

Understanding cultural variation also increases the quality of care. For example, how can one assess pain or distress in a labouring patient, without understanding that in some cultures stoicism is the norm while in others a more verbal expression of pain is usual? Furthermore, how does a nurse do an *individual* assessment without stereotyping or applying expected group norms to the individual client?

Finally, understanding other cultures assists nurses to understand their own culture and their own cultural values. It facilitates recognition that there may not be a "right" way to express pain or grief, and with this realization the nurse gains tolerance and understanding.

When this content should be introduced to the student is an important question. Transcultural nursing is complex and there is no question that it is a graduate level specialty. However, as it is not possible to provide safe care without some knowledge of cultural concepts, it is the belief of these writers that an introduction to transcultural nursing should be included in first year and incorporated throughout the nursing curricula.

Method

Topics selected for analysis were either an integral part of the beginning nursing students curricula or concepts to which the first-year student was introduced. All topics chosen had a considerable knowledge base that had been developed in the cross-cultural literature and were considered important in the provision of nursing care. Topics selected for comparison were first located by using the index in each text. It is possible that errors may have occurred in the data analysis if the subject was included in the body of the text, but omitted from the index. If this error has occurred, however, the omission of the topic in the index is, in itself, a serious limitation for a reference book of this nature.

The topics selected and the criteria used for content evaluation are as follows:

1. *Pain*: Is there a discussion of the cultural variation in the expression of pain?

2. *Skin Assessment*: Are there instructions for the recognition of jaundice, cyanosis, and pallor in different racial groups, especially in Black and Asian clients?

3. *Hygiene*: Does the author give instructions for care of the skin and hair of Black patients? Is there a discussion of clothing, for example a Sikh's turban, that should not be removed? Is there a description of differing modesty norms between cultures?

4. *Growth and Development*: Is there an explanation that growth norms vary between cultures?

5. *Diet*: Is the inability of patients of different cultures to accept and eat North American food addressed? Are cultural and religious food restrictions listed? Are physiological variables that relate to diet, such as lactose deficiency, mentioned?

6. *Communication*: Are there instructions to seek the assistance of a translator if the patient speaks a language other than that of the nurse? Is the patient's right to be informed of all procedures included? Is cultural variation in non-verbal communication, such as differences in touching and eye contact, addressed?

7. *Death and Dying*: Is it stated in these texts that patients of different cultural and religious groups may have different needs at the time of actual or impending death? Is the fact that grieving families behave differently according to cultural norms included? Certain cultures have special rites and rituals to perform after death. Is this information included?

8. *Cultural Assessment*: Were patients of different cultures used in the case study examples? Was a nursing assessment described, and did this assessment include cultural variables? Were basic principles of transcultural nursing, such as ethnocentrism and cultural imposition, addressed?

Results

In this section, the cultural concepts in each of the texts will be compared. This comparison is summarized in Table 1.

1. *Pain*: The learned nature of pain expression and variation within cultural norms is mentioned in all texts. Several of the texts give a brief overview of Zborowski's (1952) classic study on the meaning of pain and one author (Du Gas, 1983, p.453) includes an example of the behaviour of the North American Indian in pain, which is sometimes interpreted as "stoical indifference". The importance of this variation in patient response for pain assessment, however, is adequately addressed in only two texts (Krozier & Erb, 1983, p.637; Lindberg, Hunter, & Kruszewski, 1983, p.532). These authors stress the importance of "not judging" a patient's response and using physiological symptoms for assessment. Lindberg and her colleagues present

Table 1

Comparison of the Adequacy of Selected Transcultural Topics in Basic Nursing Tests

TOPIC	Text						
	Brill & Kiltz	Du Gas	Kemp & Pillitteri	Krozier & Erb	Lindburg, et al.	Narrow & Buschle	Soren & Luck
<u>Pain</u>							
Cultural variation	Yes ^a	Brief ^b	Brief	Yes	Yes	Brief	Brief
Nurse assessment	Brief	Yes	No ^c	Yes	Yes	Brief	Brief
<u>Skin Assessment</u>							
Jaundice	No	No	No	Yes	Yes	No	Brief
Cyanosis	No	No	Yes	Yes	Yes	No	Brief
Pallor	Brief	No	No	No	Yes	No	No
<u>Hygiene</u>							
Skin care	Brief	No	No	No	Brief	Brief	Brief
Hair care	Yes	No	Yes	Yes	No	Brief	Yes
Modesty norms	No	No	No	No	No	No	No
<u>Growth Norms</u>							
Cultural variation	No	No	Brief	Yes	No	No	No
<u>Diet</u>							
Food preferences	Yes	Brief	Yes	Brief	Yes	Brief	Brief
Restrictions	Brief	Brief	Yes	Brief	Brief	Brief	No
Physiological restrictions	No	Brief	Yes	Yes	No	No	No
<u>Communication</u>							
Meaning	Yes	Yes	No	Brief	Yes	No	No
Translators	Yes	Yes	Yes	Yes	Brief	No	Brief
Touch	No	Brief	Yes	Brief	Brief	No	No
<u>Death & Dying</u>							
Needs	Brief	No	No	No	Yes	Brief	Brief
Grief response	Brief	No	No	Yes	Brief	Brief	Brief
<u>Cultural Assessment</u>							
Case studies	Yes	No	Yes	No	Yes	No	No
Assessment tool	Brief	No	Yes	Brief	Yes	Brief	No
Principles TCN	No	No	Yes	No	Brief	No	No

^aTopic adequately covered, and procedures (if applicable) described^bTopic mentioned briefly^cTopic not included in the text

a case study to illustrate this point (Lindberg, Hunter, & Kruszewski, 1983, p.533). One text cites Zaborowski [sic] (Brill & Kilts, 1980, p.361), and an ambiguity in another text implies erroneously that the amount of suffering varies between cultures (Sorensen & Luckmann, 1979, p.836).

2. *Skin Assessment*: The recognition and assessment of jaundice in Asian patients, by examining the sclera of the eye and the posterior hard palate, is included in two texts (Krozier & Erb (1983, p.486; Lindberg et al., 1983, p.327). The recognition of cyanosis in the Black patient was also included in three texts (Kemp & Pillitteri, 1984, p.808; Krozier & Erb, 1983, p.486; Lindberg et al., 1983, p.326) and mentioned in Sorensen & Luckmann (1979, p.576). The most comprehensive description of the changes (a blueish tinge) in the conjunctiva lips, tongue, nailbeds, earlobes and palm creases was prepared by Lindberg and her colleagues (1983, p.327). The recognition of pallor was also best described in this volume which stressed the importance of examining the palm creases, lips and earlobes and consulting with the patient's relatives about skin colour changes, which Brill and Kilts (1980, p.449) note become grayer (or ash-coloured) rather than whiter.

3. *Hygiene*: Care of the hair of Black patients was included (Brill & Kits, 1980, p.617; Kemp & Pillitteri, 1984, p.497; Krozier & Erb, 1983, p.514; Narrow & Buschle, 1982, p.378; Sorensen & Luckmann, 1979, p.606) and excellent instructions are presented in Sorensen and Luckmann (1979, p.606). These authors suggest that the hair be brushed in small sections before combing with a "picking" action. They explain that oil applied to the scalp is part of basic care in the Black individual. The tendency for black skin to become dry with bed rest and require oiling was not mentioned.

4. *Growth Norms*: Although physical assessment is not always included in first year curricula, it is important that the student be aware of genetic or racial differences, so that the student may begin to recognize normal from abnormal, and the sick from the well. This was mentioned briefly, however, in only two of the texts (Kemp & Pillitteri, 1984, p.114; Krozier & Erb, 1983, p.239). For example, Krozier and Erb (1983) mention that "Black, American Indian, or Oriental newborns often have lower birth weights than Caucasians" (p.239).

5. *Diet*: Cultural differences in food preferences and the inability of some cultural groups to eat selected North American food was included in all texts. Most texts also included a short description of religious and cultural food restrictions, such as the prohibition in the Jewish culture for eating pork or shellfish (Du Gas, 1983, p.684). Three texts (Du Gas, 1983, p.271; Kemp & Pillitteri, 1984, p.174; Krozier & Erb, 1983, p.208) explained lactose deficiency, a physiological intolerance to milk. The enzyme lactase is missing in many Blacks, Asians, Hindus, Eskimos, American Indians and

some Europeans. This may be due to the evolutionary early cessation of feeding milk to young children in these cultures (Krozier & Erb, 1983, p.208).

6. *Communication*: Only one text (Narrow & Buschle, 1982) failed to discuss language barriers as an inhibiting factor in the nurse-patient relationship. Most texts suggested using a translator and referred to the patient's right to be advised about care procedures regardless of the individual's ability to communicate with the nurse. It was noted, however, that none of the texts discussed the appropriateness or inappropriateness of eye contact, and only three texts included a superficial discussion on cultural variation and the use of touch and personal space (Du Gas, 1983, p.182; Krozier & Erb, 1983, p.375; Lindberg et al., 1983, p.212). Du Gas notes, for example, that adult Israeli and Puerto Rican patients do not like too much touching when they are ill, whereas to a Caucasian, touch may be very soothing (1983, p.182).

7. *Death and Dying*: Although care of the dying patient is not usually the responsibility of the first-year student, all texts included this content, but omitted discussing the cultural aspects. The student's first encounter with death frequently has a great impact. When relatives behave in ways the student may not expect, such as loud vocal displays of grief, the student's stress may increase. Cultural differences in the needs of the dying patient are best discussed by Lindberg et al. (1983, pp.648-649) who describe the native American Indian custom of preparing and bringing a favourite food of the deceased to the hospital. Irish wakes and Jewish shivas that provide vigils for the dead are also described. Such traditions are mentioned in three other texts (Brill & Kilts, 1980, p.669; Narrow & Buschle, 1982, p.258; Sorensen & Luckmann, 1979, p.1250). Krozier and Erb (1983, p.919) provide an excellent description of variations of the grief response in Hispanic-American groups, and different methods of caring for the body after death are mentioned by Narrow and Buschle (1982, pp.258-259). These authors explain that prior to an anticipated death it is a nursing responsibility to inform all staff of any pertinent religious sacraments, rituals, or physical care of the body.

8. *Cultural Assessment*: Two of the seven texts reviewed present a cultural assessment tool (Kemp & Pillitteri, 1984, p. 278, 583; Lindberg et al., 1983, p.167) and three include "culture" in the general assessment (Brill & Kilts, 1980, p.122, 190; Krozier & Erb, 1983, p.122; Narrow & Buschle, 1982, p.125). The most complete instrument is presented in Lindberg (1983, p.167) and prepared by Block. This should prove useful for the beginning nurse. Two principles of transcultural nursing, ethnocentrism and cultural imposition are discussed in only two texts (Kemp & Pillitteri, 1984, p.167; Lindberg et al., 1983, p.167). Of special interest is the description of the problem of stereotyping, illustrated with an appropriate case study (Kemp &

Pillitteri, 1984, p.167) in which Japanese women are portrayed as being non-assertive. These authors point out that this demonstrates lack of knowledge of a changing culture that could lead to a nursing care plan that would be inappropriate.

Discussion

It is interesting to note how the cultural aspects of care were incorporated into the texts. Two of the texts (Du Gas, 1983; Narrow & Buschle, 1982) gave culture a token acknowledgement, and two of the texts incorporated culture throughout by addressing the cultural aspects of the major concepts briefly and superficially (Brill & Kilts, 1980; Sorensen & Luckmann, 1979). The remaining three books (Kemp & Pillitteri, 1984; Krozier & Erb, 1983; Lindberg et al., 1983) have, in addition to introducing culture throughout, addressed cultural concepts in one chapter. Interestingly, the three methods of introducing new material in the textbooks reflect the methods used frequently to incorporate cultural concepts into the curriculum: (a) ignore it as long as possible; (b) integrate culture throughout the program, adding content to all courses in all years; or (c) include the majority of the cultural material in one course.

Occasionally organization of the texts may be problematic for the reader, in that cultural concepts and the discussion of cultural variation is not presented along with the concept. For example, in one text the material on cultural response to pain is not presented within the chapter on pain assessment (Krozier & Erb, 1983, p.42, 43, 216, 631-649), and in another text the material on cultural practices for dying is not included in the chapter on death and dying (Narrow & Buschle, 1983, p.167, 615-626).

Overall, cultural concepts were scantily addressed in all of the introductory nursing texts surveyed. Although some of the texts covered some aspects of transcultural nursing adequately (for texts of this nature), it appears that transcultural nursing in general was poorly integrated into these texts. The assumption that all people are the same cannot be continued, and remedying this deficit in our approach to care should be given a high priority by nurse educators.

The inadequacies of these texts are unfortunate, as faculty have an added responsibility to provide extra transcultural readings to first-year students until revisions are made or new texts compiled. We recommend that authors of texts collaborate or consult with recognized experts in transcultural nursing, and that nurse specialists act as advisors to explore the best methods of introducing transcultural nursing content into baccalaureate curricula.

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RÉSUMÉ

L'incorporation de concepts culturels dans les manuels de base de sciences infirmières

Le présent article aborde l'intégration de concepts trans-culturels dans sept manuels de base de sciences infirmières utilisés comme introduction aux sciences infirmières auprès des étudiants de première année. Bien que les aspects culturels des soins soient maintenant considérés comme une composante essentielle du programme, les sept manuels de base étudiés présentaient des carences sur le plan du contenu culturel. Les auteurs concluent que les déficiences en concepts trans-culturels imposent des responsabilités accrues aux professeurs qui doivent fournir des données trans-culturelles d'appoint.

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