Cul ture may be seen as group’s acceptance of set attitudes, ideologies, values, beliefs and behaviours that influence the way the members of the group express themselves. Expressions of culture are primarily unconscious, yet they have a profound effect on an individual’s interactions and response to the health-care system.

Transcultural nursing is how professional nursing interacts with the concept of culture. Based in anthropology and nursing, it is supported by nursing theory, research and practice. Concept of transcultural nursing was developed by Leininger in the mid 1950s.

**Definition**
Madeleine Leininger (1990) defines transcultural nursing as “a formal area of study and practice focused on a comparative study of human cultures with respect to discovering universalities (similarities) and diversities (differences) as related to nursing phenomena of care (caring, health, wellness or illness patterns within a cultural context and with a focus on cultural values, beliefs and life-ways of people and institutions and using this knowledge to provide culture-specific or universal care practices”.

Cultural competence, as it relates to nursing, can be regarded as the provision of effective care of clients who belong to diverse cultures, based on the nurse’s knowledge and understanding of the values, customs, beliefs and practices of culture. The primary skills required for cultural competence include communication, understanding optimistic nature, respect and sensitivity. Nurses must first understand their own cultural background and explore the origin of their own prejudiced and biased views of others.

Cross et al (1989) list five essential elements that contribute to an institution’s or agency’s ability to become more culturally competent. These include: (i) valuing diversity; (ii) having the capacity for cultural self-assessment; (iii) being conscious of the dynamics inherent when cultures interact; (iv) having institutionalised cultural knowledge; and (v) having developed adaptations of service delivery reflecting an understanding of cultural diversity.

Changing the client’s values
The first step is to recognise that the nurse comes from a particular culture that has its own set of health-care values. The next step is to identify the culture of the client and recognise specific health care practices that are both similar to and different from those of the nurse. The nurse must then make a decision about whether it is desirable or possible to change the client’s values and if the end result would be worth the effort.

**Transcultural Nursing Assessment Tool**
A nurse who lacks knowledge about biocultural, psychosocial and linguistic differences evident in diverse multicultural populations is likely to make inaccurate assessments. The primary informant should be the client, if possible. Client differences in values, religion, dietary practices, family lines of authority, family life patterns and beliefs and practices related to health and illness can be anticipated.

Giger & Davidhizer (1991) proposed six cultural phenomena that the nurse must understand to provide effective care for all patients: communication, space, social organisations, time, environmental control and biological variation.

Consistent with the above
mentioned cultural phenomena, Boyle & Andrews (1989) proposed that nurses need to assess eight areas reflecting cultural variation, and encourage the nurse to gather the following data:

- History of patients’ culture.
- Value orientations, including view of the world, ethics, and norms and standards of behaviour as well as attitudes about time, work, money, education, beauty, strength, and change.
- Interpersonal relationships, including family patterns, demeanour, and roles and relationships.
- Communication patterns and forms.
- Religion and magic.
- Social systems, including economic values, political systems, and educational patterns.
- Diet and food habits.
- Health and illness belief systems, including beliefs, decision making, and use of healthcare providers.

Guidelines for practicing transcultural nursing care

- Be conscious of the role of cultural influences in your own life. As you become more sensitive to the importance of these factors, you will also become more sensitive to cultural influences in others’ lives.
- Identify biases in your own life. How do they affect your feelings about others? How could they affect your nursing care of others?
- Learn about the varieties of cultures and about variables in their health care.
- Learn as much as possible about the belief system and practices of people in your community, especially of clients in the area in which you work. Cultural practices and beliefs are deeply rooted and must be considered in planning health care.
- Display an accepting, non-judgmental, objective attitude about client’s cultural beliefs.
- Practice techniques of observation and listening to acquire knowledge of beliefs and values of clients to whom care is being given.
- Incorporate factors from the client’s cultural background into health care whenever possible and when the practices are not considered harmful for the health.
- Keep in mind that health practices are part of the overall culture and that changing them may have widespread implications for the patient. The nurse also needs to provide the necessary support and reinforcement for the client if a change in a health practice with a cultural basis is necessary.
- Do not force the client to participate in care that conflicts with their values.
- Accommodate the cultural dietary practices of clients as much as possible. Teaching clients and families about therapeutic diets also can be done within the framework of particular cultural practices.
- Take into consideration the cultural role of the family member who makes most of the important decisions. Disregard of this fact can result in conflict or in disregard for what has been taught.
- Seek assistance of a respected family member, member of the clergy or folk medicine practitioner so that the client is more likely to accept familiar health care practices. Such efforts promote mutual understanding, respect and cooperation.
- Use past transcultural experiences as a guide, but never as the solution to all transcultural solutions.
- Learn from your mistakes and do not repeat them as they adversely affect the nurse’s interaction with the clients and coworkers.
- Treat each person as an individual, even if they are from the same cultural background and help the client retain dignity.
- Familiarise yourself with the customs, values, laws and health of the country you are working.
- Learn the language, you can provide adequate care only if you communicate well with your patients.
- Learn about the organisation under who you will work—its purpose, goals, philosophy and policies.
- Be realistic and informed.

Conclusion

Migration of people between countries continues to add complex layers to one’s world view. Increasing cultural diversity and use of Indian systems of medicine and spiritual practices makes it necessary for nurses to have a working knowledge of other systems of care as well as the diverse
people they serve. Cultural shock occurs when the differences are overwhelming to a person and his community, which should be avoided. Proper communication as also patient and family participation are the keys to successful transcultural nursing.

References

Lifetime Achievement Award to Dr Alamelu Venkataraman

Dr Alamelu Venketaraman, Former Principal and Dean of Omayal Achi College of Nursing, Chennai, Director of Nursing Education & Research, Westfort Academy for Higher Education (WAHE) Thissur had been conferred the Lifetime Achievement Award by the Tamilnadu Dr MGR Medical University. She received the honour on the occasion of the University Day and Doctors Day on 1 July 2011 in recognition of her contributions in the field of nursing and health care services. Dr Alamelu Venketaraman had commendably carried out every position in her professional career with commitment and dedication. During her professional journey she received many prestigious awards for outstanding nursing services, community health nursing, teaching, and administration apart from academic excellence. She is also the recipient of the National Florence Nightingale Award and the TNAI Centenary award.

Revised TNAI Membership Fee
w.e.f. 1 April 2011 (TNAI Council decision 2010)

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<th>Life Membership Fee</th>
<th>Annual Membership Fee (with Nursing Journal of India)</th>
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<td>1. Trained Nurses</td>
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<td>3. Religious Sisters</td>
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<td>4. HVL/ANM/MPHW</td>
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Life Membership Fee (Foreign)

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1. Trained Nurses (India) Rs.1100
2. Trained Nurses (Foreign) $165
3. LHV/ANM/MPHW Rs. 550
4. Journal for Student Nurses Rs. 150
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Nursing Journal of India Subscription (for Non-Members)

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