TRANSCULTURAL NURSING

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Abstract : Transcultural nursing is one of the main areas in nursing which focuses on comparative and analytical study on the different cultures and sub-cultures in the world that appreciates caring, nursing services, values, and health-ill belief, as well as behavior types which aims to develop scientific and humanistic body of knowledge to give a place for nursing practice of certain culture dan universal culture (Marriner-Tomey, 1994). The theory of transcultural nursing emphasizes on the necessity of nurse roles in understanding the culture of the client. The nursing role in the theory of transcultural nursing is to facilitate the nursing system conducted by the common society with the professional nursing system through nursing education. The existence of the nurse roles in transcultural nursing theory is described by Leininger. Therefore, the nurse should be able to make decision with the nursing action plan that must be given to the society.

Keywords :Transcultural Nursing, Nurse

Introduction

Both good and poor performance of a nurse can be affected by many factors; some of them will be discussed in the study of organizational culture. Organizational culture is the philosophy, ideology, value, assumption, belief, expectation, attitude, and the norms that are shared and binding in certain community (Gibson, 2006:30). Hospital as working environment is the situation and

condition in the working environment itself as how the treatment of the superior and colleagues, workload, rewards for good performed employees, and so forth. Culture has an important role in creating good working environment. The existence of a good culture created within a firm will produce conducive working environment to form high motivation and working satisfaction of the employees so that they will have good performance. In the study conducted by Koesmono (2005), he states that culture, motivation, and working satisfaction affect the good performance either directly or indirectly. Good culture created in the hospital will greatly affect the nurse performance. Fair treatment to the nurse and good social relation among the nurses will create safe, comfortable, and conducive working environment that make all of them happy and satisfied in doing their job then have good performance.

Ethnic culture is preparation media, learning, deployment, implementation, and the assessment of individual trust/belief as well as the standards and norms that regulate health-ill behavior. The cultural belief interprets wholesome experience of individual health-ill to adapt culturally with the cause of rational illness, rules in expressing symptoms, iteraction norms, strategies for help, and determine the desired results (Harwood, 1981; kleinman, 1980). For example, when waking up to go to school, it was experienced dry-throat and stomach cramp. Some beliefs appear like what problem will happen and what action should be taken to address the issue are arranged in the form of action. What is the cause of

this case happening to me? What can be done to solve it? Should I stay at home or just go to school today? Who can be contacted to give help? What do the people think if I still stay at home? The answers of the questions and the action to solve it are influenced by the experience gained by the family and the larger ethnic groups. Most believe that special treatment at home by drinking tea can solve the dry-throat and stomach cramp, and go to work or school is hope. The others with other beliefs may give suggestion to visit a healer, stay at home, and do not tell others.

Culture also has an influence in the development of nursing theories, for instance, the view that in providing nursing services, it will be better to be conducted by women because the women's soul is in accordance with the need of nursing, but the change of identity in the process has changed along with the development of nursing as independent profession.

Transcultural Nursing

The theory was first proposed by Medeleine Leininger inspired by his personal experiences when working as Pediatric Nurse in the Midwestern United States in 1950. At that time, he saw a change in behavior among the children who came from different cultures. The difference made Leininger rethink the nursing profession. He identified that the knowledge of the nurse to understand the children's culture was still less. In 1960, Leininger first used the terms, transcultural nursing, ethnonursing, and cross-cultural nursing. Finally in 1985, Leininger published his

ideas and theories for the first time in 1988. The experts usually name it as transcultural nursing theory[1]. Leininger (1981:13), states that there are 28 nursing forms of caring that can be applied to all health professionals consisting of comfort, friendship, coping behavior, empathy, involvement, love, nutrient, support, and trust[2]. Leininger describes the theory of Sunrise Transcultural Nursing, so it is also known as *Sunrise Model*. The Sunrise Model symbolizes the essence of transcultural nursing which explains that prior to providing nursing care to the clients (individuals, families, groups, communities, institutions), the nurses should first have knowledge of the world-view about the dimensions and cultures as well as the social structures developing in various parts of the worlds (globally), and the community in the specific scope[3].

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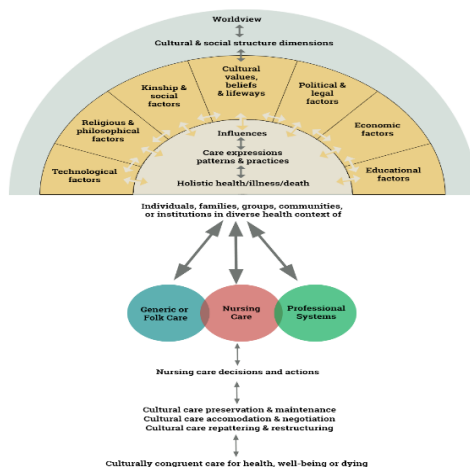
[1] Sukarnain. 2011. *Konsep Dasar Keperawatan.* Program Studi Keperawatan Universitas Islam Makassar: Makassar

[2] J Christensen paula, W. Kenney janet. 2009. *Proses Keperawatan Aplikasi Model Kenseptual.* Buku Kedokteran: Jakarta

[3] Asmadi. 2008. *Konsep Dasar Keperawatan.* Buku Kedokteran EGC: Jakarta

Figure 1: *Sunrise Model of Transcultural Nursing* by
        Leininger (1981)

Transcultural nursing is the major area in the nursing that focuses on comparative and analytical study on the different culture and sub-culture in the world that appreciates caring behavior, nursing services, values, health-ill beliefs, and behavior structures that aims to develop scientific and humanistic body of knowledge in order to make room on the particular and universal culture (Marriner-Tomey, 1994). Transcultural nursing theory emphasizes on the importance of the nurse roles in understanding the culture of the clients[4].

True understanding of the nurses about the clients' culture either individuals, families, groups, or communities can prevent cultural shock or cultural imposition. Cultural shock occurs when the outside party (nurse) tries to effectively learn or adapt with the group family of certain culture (client). The client will feel discomfort, anxiety, and disoriented due to the differences in cultural values, beliefs, and customs. While culture imposition is the tendency of the nurses, either secretly or openly, to impose their cultural values, beliefs and culture, beliefs and habits/behavior to the individuals, families or groups from other cultures because they believe that their culture is higher than any other groups.

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[4] Asmadi. 2008. *Konsep Dasar Keperawatan.* Buku Kedokteran EGC: Jakarta

Objective

The intended use of transcultural nursing is to develop scientific and humanist scholarly tree so as to create nursing practice in a specific culture as the culture with the values and specific norms that are not owned by the other groups, such as the Dayak tribe in Kalimantan[5]. Universal cultures are values or norms believed and performed by almost all cultures, such as drinking tea culture, which can make the body fresh and health (leinger, 1978), or sport culture in order to look beautiful, health, and fresh. In the implementation of humanistic nursing practice, the nurses need to understand the basic theory and nursing practice based culture. The success of the nurses in providing nursing care depends on the ability to synthesize the anthropology concept, sociology, and biology with the concept of caring, nursing process, and interpersonal communication into the concept of transcultural nursing (Andrews & boyle, 1995). The culture that has become the habit is applied in the transcultural nursing care, negotiating, and restructuring the culture.

Paradigm of Transcultural Nursing

Paradigm of transcultural nursing is a perspective, perception, belief, values, and concepts in the implementation of nursing care in accordance with the cultural background. There are four central concepts of it, namely, human, health, environment,

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[5] Sudiharto. 2007. *Asuhan Keperawatan Keluarga Dengan Pendekatan Keperawatan Transkultural.* Buku Kedokteran EGC: Jakarta

and nursing (leininger, 1984, Andrew & Boyle, 1995, & barnim, 1998).

Human

Human is individual or group who has the values and norms that are believed to determine decision and perform action (leininger, 1984 dalam barnu, 1998; Giger & Davidhizar, 1995; dan Andrew & Boyle, 1995). According to Leininger (1984), human has a tendency to retain his/her culture at all times and wherever he/she is. The clients who are hospitalized have to learn a new culture, the culture of the hospital, in addition to their own culture. Clients actively choose their culture. Clients actively choose the culture of the environment, including the culture from the nurses and all visitors at the hospital. Clients who are being inpatient learn to quickly recover and back home soon to start their daily activity as usual[6].

Health

Health is overall activity of the clients in filling their life, which lies in the range of health-ill (Leininger, 1978). Health is a belief, value, and pattern of activity in the context of the culture used to preserve and maintain balanced/healthy condition. Health becomes the focus in the interaction between the nurse and the client. According to the Ministry of Health (1999), health is a state that enables someone to be productive. A healthy client is

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[6] Sudiharto. 2007. *Asuhan Keperawatan Keluarga Dengan Pendekatan Keperawatan Transkultural*. Buku Kedokteran EGC: Jakarta

continuously and productively prosperous and balanced. Productive means the ability to foster and develop the quality of life as optimal as possible. The clients have wider opportunities to function themselves as good as possible wherever they are.

The client and the nurse have the same goal that it is to maintain the healthy state in the range of adaptive health-ill (leininger, 1978). The given nursing care aims to improve the clients' ability to actively choose the appropriate culture with their health status; the clients have to learn the environment. Holistic and humanistic health is the target health to be achieved by the clients because it involves the more dominant clients' participation[7].

Environment

Environment is whole phenomenon that affects the development, belief, and client's behavior. Environment is seen as a totality of the client's life with its culture. There are three forms of the environment, they are, physical environment, social environment, and symbolic environment. Those three forms of the environment interact with the human to form a certain culture. Physical environment is the natural environment and the environment created by human such as the equatorial regions, mountains, dense settlement, and the tropical climate. The physical environment is able to create a certain culture such as the shape of

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[7] Sudiharto. 2007. *Asuhan Keperawatan Keluarga Dengan Pendekatan Keperawatan Transkultural*. Buku Kedokteran EGC: Jakarta

Eskimos' houses that are almost closed/no openings (Andrew & Boyle, 1995). The rural or urban area can lead to the patterns of certain diseases such as acute respiratory infection of the infants that occurs in Indonesia mostly in the urban areas (Ministry of Health, 1999). Bring (1984 in Kozier & Erb, 1995) states that the client's response to new environment for example the hospital is influenced by the values and forms believed by the clients.

Nursing

Nursing is the science and tips given to the client based culture (Andrew & boyle, 1995). Nursing is an integral part of health care, based on tips / nursing care in the form of the comprehensive bio-psycho-socio-spiritual services addressed to the individuals, families and society, either healthy or sick that covers the entire process of human life.

Cultural negotiation is the nursing intervention and implementation to help client to adapt with a certain culture that gives benefit to his/her health. The nurse helps the client to choose and determine the other culture that more support the improvement of the health status. For instance, the client who is pregnant has eating restriction like smells fishy, then the client can replace fish with other sources of animal protein.

Restructuring the client's culture is conducted if the owned culture adverses his/her health status. The nurse tries to restructure the client's lifestyle who usually smokes to not smoke.

The use of nursing process should become the nurse's culture[8].

The Nurse's Role in Transcultural Nursing Theory

وَٱلْمُؤْمِنُونَ وَٱلْمُؤْمِنَٰتُ بَعْضُهُمْ أَوْلِيَآءُ بَعْضٍ يَأْمُرُونَ
بِٱلْمَعْرُوفِ وَيَنْهَوْنَ عَنِ ٱلْمُنكَرِ وَيُقِيمُونَ ٱلصَّلَوٰةَ
وَيُؤْتُونَ ٱلزَّكَوٰةَ وَيُطِيعُونَ ٱللَّهَ وَرَسُولَهُۥٓ أُوْلَٰٓئِكَ سَيَرْحَمُهُمُ
ٱللَّهُ إِنَّ ٱللَّهَ عَزِيزٌ حَكِيمٌ ﴿٧١﴾

"And the believing men and believing women are allies of one another. They enjoin what is right and forbid what is wrong, and establish prayer, and give zakah, and obey Allah and His Messenger. Those – Allah will have mercy upon them. Indeed, Allah is Exalted in Might and wise." [QS. At-Tawba (9): 71]

In this case, the nurse facilitate between the nursing system conducted by the general public and professional nursing system through nursing care. The existence of the nurse's role is described by Leininger. Therefore, the nurse should be able to make decision with the nursing action plan that should be given to the public. If it is adjusted with the nursing process, it becomes the stage of the nursing action plan.

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[8] Sudiharto. 2007. *Asuhan Keperawatan Keluarga Dengan Pendekatan Keperawatan Transkultural.* Buku Kedokteran EGC: Jakarta
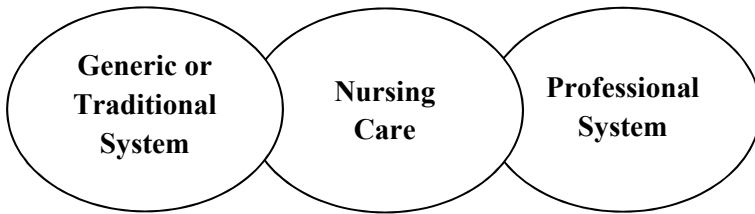
The nursing action given to the client should reflect on the three principles of nursing care as follows[9]:

1) Culture care preservation/maintenance, is the principle of helping, facilitating, or observing the culture phenomenon to help individuals to determine the desired health level and lifestyle.

2) Culture care accommodation/negotiation, is the principle of helping, facilitating, or observing the existing culture phenomenon which reflects on the ways to adapt, negotiate, or consider the client's health condition and lifestyle.

3) Culture care repatterning/restructuring, is the principle of reconstructing or changing the design to improve the client's health condition and lifestyle towards the better one.

The nurses help individuals and groups to improve or maintain the humans' condition by applying the knowledge of nursing care intervention based culture[10].

True understanding of the nurses about the clients' culture

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[9] Asmadi. 2008. *Konsep Dasar Keperawatan*. Buku Kedokteran EGC: Jakarta

[10] J Christensen Paula, W. Kenney Janet. 2009. *Proses Keperawatan Aplikasi Model Konseptual*. Buku kedokteran: Jakarta

either individuals, families, groups, or communities can prevent cultural shock or cultural imposition. Cultural shock occurs when the outside party (nurse) tries to effectively learn or adapt with the group family of certain culture (client). The client will feel discomfort, anxiety, and disoriented due to the differences in cultural values, beliefs, and customs. While culture imposition is the tendency of the nurses, either secretly or openly, to impose their cultural values, beliefs and culture, beliefs and habits/behavior to the individuals, families or groups from other cultures because they believe that their culture is higher than the culture of any other groups[11].

The nurse's role in improving the various public's health generally refers to the various principles such as studying culturology (cultural science), conducting culturally self-assessment, seeking for knowledge about the local culture and political aspect from multiple diverse groups culturally, improving the sensitivity and providing competence services culturally, and recognizing health problems based culture[12].

The System of Cultural Health Service

The success of the interaction between the client and the nurse is the understanding that we are all different each other, both ethnic and cultural background so that the belief about health-ill and its practice is also different. Behind the difference, we all agree

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[11] Asmadi. 2008. *Konsep Dasar Keperawatan.* Buku Kedokteran EGC: Jakarta
[12] Sumijatun. 2011. *Membudayakan Etika Dalam Praktik Keperawatan.* Salemba Medika: Jakarta

to achieve the same goal of jointly maintain the health or recover. The dilemma happening here is that the health has different meaning for each person, we recognize and measure the changes differently, act in various ways when face these changes, and look for different method to obtain healing. The atmosphere or the name of the environment where we meet and interact each other can be different but all of those are called by Kleinman as "the system cultural health care". The simple fact that states that culture influences health-ill culture is the constant reminder for us. It means that wherever the client and the caregiver interact, there will be a system that is influenced by belief, value, norm, and standard adopted by everyone. The system of cultural health care is formed by the experience and individual handling in the social institution where the client and the caregiver of cultural health do the interaction (kleinman, 1980; kleinman, 1986). Every system of cultural health care may include some sectors. There are three sectors proposed by Kleiman, they are, popular, traditional, and professional sector. Typically, the popular sector consists of ordinary individuals, families, groups, social networks, and communities. Practitioners and traditional / nonprofessional healers included in the traditional sector, while the professional sector consists of health care professionals who have a licence (Kleinman, 1980). Let's look at those sectors in more detail.

Popular

The popular sector of the cultural health care system is formed by the relation of informal healing occurring in a person's social network. Eventhough, the family becomes the core sector, the health service can be among those who are bound by kinship, friendship, home, job, or religion (Helman, 1984). In the United States, there are many versions of the popular sector as the existing ethnical cultural group. The popular sector of the cultural health care system in the community, most of their ethnic groups have settled, are known to have different ways in managing their health, diseases, and healing.

In the popular sector, the process of defining themselves when suffer from an illness is started from doing self-diagnosis which is reinforced by others' opinion based on the implicit standard about the meaning of being healthy (Angel & Thiots, 1987; Eisenberg, 1980; Helman, 1984; consequently, a person is defined suffering from an illness if there is the same perception between the people around him/her and the symptom (Helman, 1984; Weiss, 1988). The values of social, ethnic, and culture underlie the individual assessment toward the illness which focuses on experiencing discomfort, role failure, and the changes of physical appearance. The significant or normal symptom is also influenced by the emergence, persistence, and the rate of incidence from the symptom between among the group members (Angel &

Thiots, 1987; Helman, 1984)[13].

If the symptom is significantly recognized, a proper healing action should be decided. The decision is also usually based on trust, standard, and norm that are passed on from generation to generation. As the example, the decision to go to the doctor regarding the health problem rather than addressing the symptom at home is taken by the individual who suffers from the disease and collaborates with the family and social network. If the symptom is generally observed by others of the family members and the community and given successfully home treatment, seeing the doctor is not a priority step. In this sector, both care recipients and advisory network (family, social network, etc.) share the same assumptions about the observed symptom and the recommended healing strategy. Therefore, misunderstanding rarely happens, and the qualification as the healer is based on the experience not the professional education and lisence (Chrisman, 1977; Kleinman, 1980).

Tradisional

The traditional sector in the cultural health care system includes the interaction between the client, religious healer, and secular. Most of healers mutually share the same basic value and culture belief as the main component. In many cases, the family members and others in the social network along with the client

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[13] T Anderson Elizabeth, McFarlane Judith. 2007. *keperawatan Komunitas Teori Dan Praktik,* Buku kedokteran: Jakarta

and the healer find and resolve the existing problems. The source of holistic health problems includes the relation of the client with others, with the natural environment, and with the supernatural power (Helman, 1984)[14].

Ritual and treatment strategies are determined to fix the imbalances and healing improvement. Healers have a bit of experience and formal training, although some people have studied treatment methods from others by working together with them so that many more healers are well trained today. Most of healers are trusted to gain healing power due to the family position, inheritance, sign, revelation, or congenital (Lewis, 1988).

In the traditional sector, disease is defined as a syndrome suffered by the group members, and their culture determines the cause, diagnosis, preventive effort, and healing action (Rubel, 1977). The important thing is that the belief of the cause of the disease is consistent with the chosen treatment. In some cases, the family and the traditional healer can become the only party who effectively recommend or perform traditional healing ritual. As the example, some of the Hispanics believe in *Susto* that disease occurs as a result of a traumatic experience or that illness is a punishment form the God. *Susto* or suddened belief is the emotional response toward the traumatic experience. This response is known by the Latin community as a disease which includes the loss of a person's spirit from his/her body. The symptoms include crying, loss of

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[14] T Anderson Elizabeth, McFarlane Judith. 2007. *keperawatan Komunitas Teori Dan Praktik,* Buku kedokteran: Jakarta

appetite, lack of enthusiasm, insomnia, nightmares, and self-withdrawn. *Susto* requires care from a *Curandero* who performs healing ritual effort to call the spirit back to his/her body. But sometimes, the complement and support from the psychiatrist are also required (Rivera & Wanderer, 1968; Ruiz, 1985). Besides, the vital effort is to study the healing form received by the client and the family for this problem[15].

The sample case:

Mr. X is diagnosed with cancer, and then his family says that his disease is the curse from his ancestors because he never visits their graves. Then they visit the graves of their ancestors.

Professional

The professional sector is the system of cultural health care consisting of health professionals organized, formally educated, and legal sanction well known (Kleinman, 1980). The client and the caregiver in this sector are different with the the popular and traditional sector, particularly in the values, beliefs, social assumptions, and cultures. In addition to the difference, unfamiliar surroundings and the institution rules where the professional care is given led to the mistrust, suspicion, and conflict in the calient-caregiver relation[16].

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[15] T Anderson Elizabeth, McFarlane Judith. 2007. *keperawatan Komunitas Teori Dan Praktik,* Buku kedokteran: Jakarta

[16] T Anderson Elizabeth, McFarlane Judith. 2007. *keperawatan Komunitas Teori Dan Praktik,* Buku kedokteran: Jakarta

Although many models of collaborative, support, and alternative healing have already become popular, the practice in the professional sector is still dominated by the orientation of biomedical diseases and treatment. The biomedic orientation views that the disease is the physiological and psychological abnormalities. This view is exclusive and contrary to the popular view that the disease is a meaningful experience perceived and built in the social-cultural context (Allan & Hall, 1988; Angel & Thiots, 1987). Some people have prepared home medicines to cope with sore throat or using warm compress to cure headache or persistent cough. The examples of these actions are done in the popular sector as the responses to the symptoms that are interpreted as the part of the meaningful health healing. In the professional sector, the same symptoms may be seen as the significant threats to the health[17].

The Hospital

The hospital as an institution also produces a culture. The individuals have an expectation about the organization that is used as a place to achieve the personal goal and the learning process in establishing experience.

Seen on the publics' view, they generally perceive that hospital is a place where the people obtain health care when they are sick with the personnel roles in providing ease of healing.

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[17] T Anderson Elizabeth, McFarlane Judith. 2007. *keperawatan Komunitas Teori Dan Praktik*. Buku kedokteran: Jakarta

Besides, the knowledge of the client and the family's care will also determine the subsequent events in the hospital.

The hospital is a service company providing health services for the public. In its operation, the company is required to always have good performance as it relates to the health and the patients' safety. At the service company like hospital, a nurse is one of determining factors in creating patients' satisfaction in which the nurse usually keeps in touch with the patients started from checking up time to the time that patients will be hospitalized, and if they are treated in the hospital, the nurse will contact with them for 24 hours. Therefore, the hospital should have well-performed nurses who will support the hospital performance so that it is able to achieve the customers / patients' satisfaction. A satisfied patient or his/her family will become effective promotion agent in which they will promote to the relatives, friends, or anyone who need the hospital's services. In order to get well-performed nurses who can give good services and make the patients satisfied, the first thing to do is accomplishing the hospital's employees, so that the work environment and job satisfaction are the crucial factors in the hospital's establishment.

In the hospital, nurses also typically conduct cross-cultural communication. Cross-cultural communication is initiated through discussion process, and if necessary, it can be done through the identification of the ways in which people from different cultures communicate in Indonesia, for example, the Javanese, Betawi, Sundanese, Padang, Buginese, Makassarese, and so forth. Cross-

cultural communication can be performed using the Indonesian language as the language of instruction and the use of local languages as the mother tongue. If the nurses do not understand the clients' languages, they can use a translator / an interpreter. In the cross-cultural communication, we can find something in a certain culture that it is positive, but it is negative for other cultures. Those concepts should be borne in mind so that the nurses do not cause miscommunication and communication breakdown[18].

The nursing knowledge and the values that are believed by the clients and the existing systems in the family or in the hospital will put the important things and affect the nursing plan which require the touch of culture and kinship to both the client and his/her family members.

Cultural negotiation is used when the conceptual differences occur due to the following reasons: the clients express the same words but have different meanings, and use expressions for the same phenomenon but it has different purpose. Thus, there will be different memory and emotion. In the cultural negotiation, it must be noted that the clients have different views, if the clients' perspective lead to the behaviors that are harmful / negative / no adaptive, the nurses will redirect the clients to the officers' perspective.

Sample cases; in the patients who uphold culturel values.

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[18] Sudiharto. 2007. *Asuhan Keperawatan Keluarga Dengan Pendekatan Keperawatan Transkultural*. Buku Kedokteran EGC: Jakarta

1) An elderly patient was admitted to the hospital because he suffered from diabetes. The nurse saw the patient using talisman because his culture used to use the talisman which was believed that it could save him from supernatural beings' disturbance. As the nurse, we should appreciate his belief and do not ask him to remove his talisman.

2) A patient used Makassar language. At that time, the nurse who took care on him did not understand Makassar language. Therefore, the patient should be accompanied by his family to make him easier to communicate with the nurse and facilitate the process of nursing care.

Culture Aspect Toward The Health and Ill

Several social trends that may affect the health are, lifestyle changes, increasing the appreciation on the life quality, changes in the family composition and lifestyle, rising household incomes, and the definition and quality improvement of the health care. In order to be able to conduct good and complete study on the nursing, the nurses need to have an understanding on the clients' culture, beside that the culture also leads the nurses to be able to interact and communicate with the clients and their environment well.

The health status is most influenced by the interaction of physiological, cultural, psychological, and social factors that are sometimes not understood by the general public. Solving problems

in the health care is tinged with cultural deiversity[19].

The Health Study Related to the Culture

The new directions are submitted by Endraswara S, (2006). He states that in the research, the culture is closely related to the health world as follows:

1. The study of the disease. This study emphasizes on the phenomenon addressed by the client rather than conceived by the health science. It means that the study conducted is more towards the phenomenology for considering behavior and meaning intended by the client as the research subject. In this regard, Arthur Kleinman uses the term "local moral world" to show the economic, social, and politic background as well as in relation to the client's illness. The background is then connected to the client's experience so that it will be incomprehensible the special moral reality in it. Further investigation is also associated with the cultural background of the client. The view is what is known by the researchers as health culture.

2. The study on the situation and environment problems. Situation and environment are the parts of the human's life that will form and be formed by the local culture of other cultures. The view of the human who begins to aware of the situation and environment then becomes the attention

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[19] Sumijatun. 2011. *Membudayakan Etika Dalam Praktik Keperawatan.* Salemba Medika: Jakarta

of environmental health.

3. The study on the physical culture. According to Merleau-Ponty, subjectivity is the physical life in the world; even sympathy and empathy are the basic characters of the physical life as well. Therefore, the phenomenology understanding need to be based on the physical life because physical is the primordial form of the human subjectivity as the social being.

4. The study on the historiography which looks at the phenomenon in terms of life and history. In nursing, the study of the client's history form the conception to the death is a long story of the health that should be explored especially related to the growth disorders[20].

Digging up the Belief about Health-Ill

We have explored the idea that belief about health-ill culturally is the main determinant of the introduction and individual handling on the experienced illness. This belief appears itself and has occurred prior to the illness (Kleinman, 1980). This belief is active when a person has to face and explain the experience or certain situation. Therefore, as practitioners, we have to believe that digging up the belief about health-ill culturally on the client when (and not before) suffering an illness becomes a reality is the appropriate action. According to some researchers,

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[20] Sumijatun. 2011. *Membudayakan Etika Dalam Praktik Keperawatan.* Salemba medika. Jakarta

the client really needs time and experience related to his/her ill condition to manage his/her belief to be the function of the ill-rationalization, direction of the ill-role behavior, and choice in achieving healing. The understanding of the ethnic interpretation about the health-ill allows the practitioners to further clarify the belief source coming from the clients' formulation regarding to their illness reality.

The process begins by digging up the explanation of the client's subjectivity about the cause, duration, and the symptom characteristic. When discussing with the client, we have to investigate about the clien's expectation to the therapy, therapy result, and the substance of client-caregiver interaction. The questionnaire by Kleinman (1980) adapted by Randall-David (1989) is used to ask about the clien's perspective about his/her health-ill experience. The answers from the questionnaire can further improve the cultural competence of the caregivers / nurses.

The example of the questions as the followings:

- In your own opinion, what are the causes of your experienced disease?
- According to you, how long will you suffer from such disease?
- What will you do to treat your disease?
- To whom do you tell about your disease first?

It takes time to answer these questions and conscious effort to collect and use them. The process is quite valuable and needs the commitment because we will understand and appreciate all the

practices and beliefs of the client's health[21].

The Nursing Care Process Based on the Transcultural Nursing

1. Studying

Studying is the process of collecting data to identify the client's health problems based on his/her culture background (Andrew & boyle, 1995; Giger & Davidhizar, 1995; Kozier & Erb, 1995). The studying pattern in the hospital is designed to facilitate the nurses in understanding the client's overall culture background.

The studying by Leininger's sunrise model approach examines seven components of the culture dimension and interacting social structures, as follows[22]:

1. The Utilization of health technology

Health technology is the equipment that enables people to choose or have an offer to solve problems in the health service (Loedin, 2003). Technology utilization is influenced by the attitude of the health personnels, the needs, and the community's demands.

Related to the technology utilization, the nurses need to assess the client's perception about the use and utilization of technology to address the current health issues, the reason for

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[21] T. Anderson Elizabeth, McFarlane Judith, 2007, *keperawatan komunitas teori dan praktik,* Buku kedokteran, Jakarta

[22] Ramadhy Asep Supyan. 2012. Konsep Keperawatan Lintas Budaya (Transcultural Nursing) Retrieved from http://supyan.stikeskuningan.ac.id/ ?p=90 Last Update: June 8, 2012

seeking health assistance, health-ill perception, treatment custom, or solving health problems. As the example, the client does not want surgery to treat his/her cancer and prefers natural and alternative treatments. Another option is the client has to follow the laboratory blood test and understands the meaning of the test result.

2. The Religion and Philosophy

Religion is a symbolic system which contributes to the realistic view and motivation (uniquel realistic) for its adherents. The realistic nature is the special characteristic that marks religion. Religion causes humble and open-minded people (Berten, 2003).

The nurses need to study the factors related to the client, such as the religion and the custom of its adherents that have positive impacts on the health, endeavour to recover without knowing despair, the concept of self intact, marital status, the client's perception on the health, the client's ways to adapt with the situation, the client's perspective on the causes of the disease, the ways of treatment, and the ways of contamination to others.

3. The Kinship and Social

Kinship is two or more people who gather because of a particular bond to share experiences and emotions, as well as to identify themselves as the part of the family (Friedman, 1998). Social is everything related to the interpersonal behaviors or related to the social process.

According to Shield (1999), in the developing hospital

especially in the child care room, to reduce the psychological impact on the children, the family needs to be involved in the given nursing care in accordance with their culture[23].

4. The Cultural Value and Lifestyle

Value is an abstract concept in the human self to know what is considered good and bad. The cultural values are formulated things of the culture adherents that are good or bad. The cultural norms are the rules that provide limited information characteristic to the related cultural adherents. The values and norms believed by the individuals appear in the society as daily lifestyles.

The matters related to the cultural values and lifestyles are the positions and titles, for example, indigenous leader and director use language which used by the clients, the habit of self-cleaning, eating habit, abstinence of certain food related to the body's condition, entertainment facilities commonly used and ill perception related to everyday activities, such as the client considers him/herself ill when lying on the and cannot go to school or office.

5. The Policies and Applicable Hospital Regulations

Policies and applicable hospital regulations are things that affect the individuals' activities in the cross-cultural nursing care (Andrew and Boyle, 1995). What to be studied here are:

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[23] Ramadhy Asep Supyan. 2012. Konsep Keperawatan Lintas Budaya (Transcultural Nursing) Retrieved from http://supyan.stikeskuningan.ac.id/?p=90 Last Update: June 8, 2012

regulations and policies related to the visiting hours, the number of family members who may stay with the patient in the hospital, method of payment for the client being treated, the client has to wear hospital uniform, and so forth[24].

6. The Economic Status of Clients

The clients who are hospitalized utilize the owned material resources to finance his/her illness to recover soon. The economic factors should be studied by the nurses are: the clients' job, source of medical expenses, savings owned by the family, the cost from other resources such as insurance, reimbursement from the office or joint venture among the family members.

7. The Clients' Educational Background

The higher the clients' education, the more supported evidence needed to support the belief with the scientific and rational evidences and can be adapted to the culture appropriated to their health condition. The nurses can investigate the clients' educational background including the educational level or the ability to receive health education, as well as the clients' ability to independently learn about their ill experience so it will not reoccur.

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[24] Ramadhy Asep Supyan. 2012. Konsep Keperawatan Lintas Budaya (Transcultural Nursing) Retrieved from http://supyan.stikeskuningan.ac.id/?p=90 Last Update: June 8, 2012

2. Nursing Diagnosis

The clients' responses are based on their cultural background that can be prevented, modified, or reduced through nursing interventions. The nurses can see the clients' responses by identifying the cultures that support the health; the cultures according to the clients should not be broken, and the cultures oppose to the health. The cultures supporting the health are like regular exercise, reading, or eating vegetables, while the cultures oppositing the health are like smoking cigarette and so on. According to Andrew & Boyle (1995) and Giger & Davidhizar (1995), there are three diagnoses of transcultural nursing that need to be upheld, namely, verbal communication disturbance related to the cultural differences, impaired social interaction associated with sociocultural disorientation, and non-compliance in the treatment related to the believed system of values[25].

3. Planning and Implementation

Planning and implementation are the selecting process of the right nursing strategy and implementing the action based on the clients' cultural background. Planning and implementation of transcultural nursing offer three strategies as the guidelines such as, maintaining the culture if the client's culture is not contrary to the health, negotiating the culture if the client's culture is not contrary to the health, cultural negotiation is the nursing intervention to

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[25] Ramadhy Asep Supyan. 2012. Konsep Keperawatan Lintas Budaya (Transcultural Nursing) Retrieved from http://supyan.stikeskuningan.ac.id/?p=90 Last Update: June 8, 2012

help clients adapt with the certain cultures that are more benefit to their health and clients' cultural reconstruction because the clients' current cultures are contradicted to their health.

Case Study: Protection / Culture Sustainability

A 28-year-old young doctor had just given birth to her child. In the treatment room, she was accompanied by her husband and family including her parents' in-laws. Because she just had given birth, the doctor seemed to be reluctant to breastfeed her baby and she wanted to take a nap. Seeing it, her mother in-law said that it was not good for a mother who had given birth to laze around and did not immediately breastfeed her baby, according to her mother in-law, it will influence her willingness and be lazy to work later.

At the same time, a nurse was there to check the condition of the mother and her baby, and the nurse agreed with the opinion of the doctor's mother in-law by stating her opinion that the first between mother and her baby was such good thing for the baby's mental development later; the sooner the baby was breastfeeded, the more it stimulated the mother's milk production, and the sooner the mother moved the faster the mother be independent in taking care of herself and her baby[26].

The nursing intervention and implementation at this stage are conducted to help clients adapt with a certain culture that is more benefial to the health. The nurses help the clients to be able

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[26] Ramadhy Asep supyan. 2012. Konsep Keperawatan Lintas Budaya (Transcultural Nursing) Retrieved from http://supyan.stikeskuningan.ac.id/?p=90 Last Update: June 8, 2012

to choose and determine other cultures that more support the health improvement. As the example, if the clients' cultures are different from the nurses' cultures, the nurses and the clients try to understand each other's cultures through the acculturation process, namely, the process of identifying cultural similarities and differences which in turn will enrich their cultures so that there will be tolerant of each other's cultures.

4. Evaluation

Evaluation is a set of methods and skills to determine the activities carried out based on what is planned and give services based on the individual willingness (Posavac, 1980; in Sahar, 1998).

Evaluation of transcultural nursing care is conducted on the clients' success in maintaining the health, negotiating toward certain cultures that are more benefit to the health, and reconstructing the cultures opposed to the health. Through the evaluation, the nurses can determine the nursing care appropriated to the clients' wishes and cultural background[27].

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[27] Ramadhy Asep Supyan. 2012. Konsep Keperawatan Lintas Budaya (Transcultural Nursing) Retrieved from http://supyan.stikeskuningan.ac.id/?p=90 Last Update: Juni 8, 2012

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