

Purnell Model for Cultural Competence: Nursing Care of an Afghan Patient

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Abstract: Culture is a basic component of health and affects the quality of care. Because cultural beliefs and attitudes underlie health related behaviors and people's needs change from culture to culture. Therefore, nurses who aim to reach holistic care should show sensitivity towards a patient's cultural background and they also should have information on the relevant culture. In literature it is suggested for nurses to benefit from models and guidelines in evaluating the cultural characteristics of the society they provide care to. Purnell's "Cultural Competence Model" is one of those models and has been translated into 30 different languages, including the Turkish culture. This model provides that the cultural backgrounds of individuals are taken into account in protecting and promoting health. In this study, the nursing care of an Afghan individual admitted into the intensive care unit with an abdominal perforation diagnosis formed according to the model was presented.

Keywords: Nurse, health care, Purnell's Model, Cultural Competence

I. Introduction

In recent years, because of war and violence, migrations from many countries and cultures to different areas are being seen worldwide. One of the most important reasons for these migrations is the problem of safety/protection. In individuals escaping negative conditions, various problems such as not being able to adapt to the new environment or social structure, not being able to sustain effective communication, not feeling belonging, and social isolation may arise (Maroney and ark. 2014& Rintoul, 2010).

One of the countries hosting the immigrants and refugees numbering more each day is Turkey. This situation has shown the need for taking into consideration an examining these different cultures which are also reflected in our country. Culture is a phenomenon that affects life (Bulduk, Tosun and Ardiç, 2011) and is formed by the values, beliefs, norms, and practicalities that are shared by the members of the same cultural group (Giger and Davidhizar, 2002). Beliefs about health and illness, the decisions made for care, values, health behavior, and statuses regarding benefiting from these services are also associated with cultural factors (Şahin, Bayram and Avcı, 2009). Today, nurses who serve heterogeneous societies should have intellectual and analytic skills in addition to occupational information and applications (Douglas, et. al., 2014). Quality and holistic care can only be achieved by considering cultural differences, by providing effective communication, and by overcoming cultural and language barriers (Temel, 2008& Dinç, 2010& Shen, 2015).

Culture not being properly understood can lead to many problems as well as negatively affecting the quality of care and also the health of the individual negatively (Humbert et al. 2011). Thus, nurses also have to perform a cultural evaluation on first contact with the diseased individual during the process of diagnosis (Tanrıverdi et al. 2012& Goodman et al. 2015). In this context, nurses using the models to guide them will make it easier to make accurate diagnoses and provide care tailored to the individual in a holistic manner (Karabudak, Tas and Basbakkal, 2013& Shen, 2015).

Afghan, Culture and Health Care

Afghanistan, whose native languages are Pashto and "Dari", which is also named Afghan farsi, because of its strategic position and geographic structure. The Afghan nation has a country structure where a dense ethnic, cultural, and religious mixture is present (Morioka et al. 2004). In the country, which is ruled on the basis of a monotheistic religion, ethics, social relations, marriages and divorces, relations, health, and economical and political relations are all formed around religious strictures (Giger and Davidhizar, 2002). The Afghan society, because of certain social and cultural characteristics, is formed of individuals that are introverted, shy, and humble who respect their elders out of fear. Because of the religious beliefs of the people, strict rules are present. For example, if the man is not the spouse, son, father of the woman, woman cannot touch a man. In health services, individuals prefer caretakers of the same sex (Ünivar et al. 2015). In illnesses, factors such as the devil, the evil eye, magic are thought to be causes, and fulfilling responsibilities toward god such as ablution, ritual worship and fasting are seen as the keys to recovery. (Morioka et al. 2004& Rintoul 2010).

In a study performed with Afghan refugees, it was concluded that the individuals didn't like to be in social environments, that social stigma, religious beliefs and traditional application and beliefs make compliance with treatment more difficult, that language problems and communicating via translators creates a fear of being misunderstood, that problems in treatment and care are encountered because of cultural and religious limitations especially in women, and that applications being performed as part of the treatment were not in compliance with their norms and traditions. For these reasons, they stressed that individuals providing professional care in the provision of health services should take into account the cultural differences, religious beliefs, and lifestyle habits of the individuals to be treated (Maroney, Potter and Thacore, 2014).

Purnell's of Cultural Competence Model

Purnell's model of cultural competence is an ethnographic model that makes it possible to culturally understand people in the process of protecting and promoting health and dealing with diseases. In the model, culture is evaluated by separating it into primary and secondary characteristics. Nationality, ancestry, race, and religiously committed institution are counted among primary characteristics while educational status, socio economic status, occupation, military experience, political beliefs, marital status, physical characteristics, sexual harmony, gender, immigration status, and residence are counted among secondary characteristics (Purnell, 2013 & Tortumluoğlu 2006 & Goodman et al. 2015). Additionally, twelve cultural fields are defined in the model. The model, which can be used in training, research, and application, was developed by Purnell in 1955 as a clinical cultural evaluation tool for nurses (Purnell, 2013 & Tanrıverdi et al. 2009).

II. Case Report

In this article, the objective was to explain the nursing care of an Afghan individual admitted to the intensive care unit with a diagnosis of abdominal perforation and to generalize the use of models in nursing. In model selection, the "Cultural Competence Model" was preferred since it makes cultural differences visible in care, makes it easier to reach data in more standardized and systematical ways, and finally, it is efficiently usable in every phase of care from planning to application.

The nursing care in the article formed using the Purnell Model for Cultural Competence was applied for an individual being treated in the intensive care unit of a university hospital in one of the major cities of Turkey after the necessary permissions were taken from the individual and the institution.

III. The Nursing Care of the Individual According to the Cultural Competence Model

As known, the majority of Afghan people are Muslim and the political regime of the country is managed through religious beliefs. Certain rigid rules and behaviors reflected in their social lives may affect individuals' nutritional habits, healthy lifestyle behavior, and needs (Goodman and et al., 2015). Nurses who closely witness these differences should take these possibilities into account in every phase of the process, particularly data gathering. *Data collection:* Data was collected after the necessary explanations were made and verbal permission was taken.

History: A.F., a thirty eight year old high school graduate who lived away from his country, applied to the emergency room with sharp abdominal pain resembling a knife wound, nausea, and vomiting symptoms. In his general systemic inspection, the findings were positive pain reaction, a decrease in hematocrit levels from the questioned biochemical parameters, and a rise in leucocyte levels. As a result of ultrasound graph, it was decided to perform an operation due to peptic ulcer perforation.

It was learned from another health care personnel of the same sex and speaking the same language with the individual that the patient, who was conscious and was followed post operation in the intensive care unit, whose mother tongue was Persian but could speak Arabic as well, had no chronic diseases, did not undergo an operation before, did not use alcohol or other substances except two packs of cigarettes a day, and did not undergo any trauma recently. The individual who reported to have pain was observed to not desire to communicate during hygienic care, avoid eye contact, act shy, and exhibit symptoms of stress and fatigue. The model was used in planning care for the individual who had a different culture and relevant nursing diagnoses were determined by taking into account the cultural characteristics of the individual.

Determination of Nursing Diagnoses According to the Cultural Competence Model

In order to provide holistic care, the determined nursing diagnoses were classified as follows according to the twelve fields described in the model.

1. General Overview-Ancestry

Nursing Diagnosis 1: Discovered by the lack of eye contact with caregivers from the opposite sex, inefficient coping stemming from being far from his country and family.

Results of Nursing Care: The individual will make his own decisions and act accordingly.

Nursing interventions: Nursing interventions: The current coping status of the individual was evaluated, carefully listened and supported, developing a relationship of trust, determining which distance he prefers in communication, and being honest and keeping words; the individual was incentivized to ask questions and actively participate in treatment and care, if possible, care was given to appoint health professionals from the same sex for care applications requiring privacy, relaxation techniques were taught, sources of support were determined and referred, and the individual was prepared for problems that may arise after discharge.

Nursing Diagnosis 2: Discovered by the individual not openly expressing his feelings and being concerned and anxious throughout his stay at the hospital, distortion in intrafamilial processes stemming from being far from his country and family.

Results of Nursing Care: Birey, duygularını sık sık ve sözel olarak ifade edecek.

Nursing interventions: The familial status of the individual was evaluated, opportunities for self expression were provided, his concerns regarding family were shared, the individual was referred to sources of help from the institution for help to the family. The individual was told to contact his/her family, and the necessary applications for the relaxation of the individual were planned (Doengers et al. 2005 & Birol, 2005 & Carpenito and Moyet, 2012).

2. *Communication*

Nursing Diagnosis 3: Discovered by the shy attitude of the individual and the nervousness created by the inability to express thoughts and feelings in his mother tongue, distortion in verbal communication stemming from psychological obstacles.

Results of Nursing Care: The individual will show improvement in self expression.

Nursing Interventions: The method for the individual to communicate basic needs was established (translator, notepad and pencil, communication cards, etc.), the individual was encouraged to share his feelings regarding this problem, and explanations were made to the individual before each intervention, helping the individual adapt to the hospital process. In communication, a translator of the same sex as the individual provided support. Rules that are specific to the Afghan culture such as communication distance were taken into consideration (Doengers et al. 2005 & Birol, 2005 & Carpenito and Moyet, 2012).

3. *Family Roles and Organizations*

Nursing Diagnosis 4: Discovered by being the primary caregiver and uneasiness, parental role conflict stemming from hospitalization.

Results of Nursing Care: The individual will cooperate on his care and the decisions to be made

Nursing Interventions: The individual was helped to express his present problems regarding family, the hospital process and its aftermath were explained, information was given on relevant institutions if help will be provided to the family, and support was given for the individual managing the process from afar (Doengers et al. 2005 & Birol, 2005 & Carpenito and Moyet, 2012).

4. *Workforce Status*

Nursing Diagnosis 5: Discovered by the verbal expression of the individual, inadequacy in caring for the household.

Results of nursing intervention: The individual will determine the factors limiting his self care and his undertaking of household and occupational responsibilities, and will show the skills necessary for fulfilling self care or household care. Nursing interventions: The information needs of the individual and the family were determined, the tools to help undertake roles and responsibilities were provided, the amount and kind of help needed was determined and given to the individual, the chance to share problems and feelings was provided, and the individual was referred to social support systems. Since working women are not evaluated positively in the Afghan culture, the duty of providing for the house is accepted as an important responsibility for men. Taking this into consideration, communication interventions with social support institutions that can direct the family were planned among care priorities (Doengers et al. 2005 & Birol, 2005 & Carpenito and Moyet, 2012).

5. *Bio cultural ecology*

Nursing diagnosis 6: Discovered by the expressions and behavioral reactions, pain stemming from the presence of incision post operation.

Results of nursing care: The individual will report no pain. Nursing interventions: The individual was assessed for pain, the pain score in which he is comfortable was found, the analgesics within the treatment were applied, the individual was asked to express his behavior towards pain and his cultural characteristics regarding pain, the factors increasing and decreasing pain were determined, the area of incision was supported and the individual was encouraged to move, non pharmacological methods (watching TV, reading, breathing exercises, sleeping, prayer etc.) for reducing pain were suggested and the individual was encouraged to use these (Doengers et al. 2005 & Birol, 2005 & Carpenito and Moyet, 2012).

6. High Risk Behavior

Nursing diagnosis 7: Discovered by the lack of regular physical activity and the presence of smoking, inefficiency in maintaining health stemming from lack of knowledge.

Results of nursing care: The individual will recognize factors preventing the maintenance of health. Nursing interventions: The primary protective information of the individual was assessed (healthy diet, exercise, weight control, smoking, oral hygiene, etc.), the benefits of physical activity and the hazards of smoking were explained, the individual was allowed to ask questions, the effects on his health were discussed with the individual, information was given on related institutions if referral was necessary (Doengers et al. 2005 & Birol, 2005 & Carpenito and Moyet, 2012).

7. Nutrition- 8. Pregnancy and Birth Applications

No nursing diagnoses were determined related to this field in the care of the individual

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9. Death Rituals

Nursing diagnosis 8: Discovered by the individual expressing fear of death and anxiety, death anxiety stemming from circumstantial factors.

Results of nursing care: The individual will share his feelings on death.

Nursing interventions: The individual was allowed to share how he perceives the situation; in Afghan males, who have to appear strong because of cultural structure, the fears of death and not being able to support his family are ensured to be communicated to a translator who has a common language with the individual; the individual was encouraged to speak about old times and tell stories from his life, then he was asked to tell about the cultural approaches in the society he lives in, he was encouraged for mental activity (praying, keeping a diary etc.) and the necessary tools were provided, he was asked whether he faced loss recently and how he coped with it, allowed to verbalize his feelings about death, and encouraged to restructure his world view (Doengers et al. 2005 & Birol, 2005 & Carpenito and Moyet, 2012).

10. Spirituality

Nursing diagnosis 9: Discovered by below normal activity, grieving stemming from the loss of usual environment and support systems.

Results of nursing care: The individual will cope with his loss in a healthy manner and express he is stronger. Nursing interventions: An environment where the individual can talk was established, and the individual was asked to express his thoughts on himself and his losses; non harmful physical and behavioral reactions were supported, relaxation techniques were suggested (breathing exercises, keeping a diary, prayer etc.) and applied with the individual (Doengers et al. 2005 & Birol, 2005 & Carpenito and Moyet, 2012).

11. Health care applications

Nursing diagnosis 10: Discovered by not applying for the help of doctors without diseases, lack of information stemming from cultural differences.

Results of nursing care: The individual will express that he gained knowledge on his faulty behavior. Nursing interventions: The individual was told about the concepts of health and illness, the positive and negative behavior shown by the individual when he is ill were discussed, examples were given on the symptoms of diseases he may face, he was encouraged to ask questions and the questions were answered, the importance of regular doctor controls for the maintenance of health was stressed.

Nursing diagnosis 11: Discovered by the limited activity of the individual, insufficiency in maintaining life activities stemming from the operation.

Results of nursing care: the individual will perform life activities within his limitations.

Nursing interventions: The level of insufficiency the individual exhibits in maintaining life activities was determined, the individual was encouraged to participate in care, the importance of his participation in care with regard to the healing process and possible complications was stressed, the needs he cannot provide for himself were provided by health care professionals by taking into account cultural differences, non-harmful traditional practices were supported for the individual to feel safe and well (Doengers et al. 2005 & Birol, 2005 & Carpenito and Moyet, 2012).

12. Health care workers

Nursing diagnosis 12: Discovered by the individual expressing he first consults herbal healers in case of illness, inefficient health management stemming from cultural differences. Results of nursing care: the individual will express intentions to apply health behavior necessary to maintain his health. Nursing interventions: Factors affecting the health of the individual were identified, the individual was encouraged to talk, his past experiences and results were listened to without judgment; the results of behavior affecting health were discussed; the illness process, treatment style and control checkups were explained to the individual, it was explained that the necessary lifestyle changes may take time, information was given on social services, and the individual was encouraged to learn and improve himself (Doengers et al. 2005 & Birol, 2005 & Carpenito and Moyet, 2012).

IV. Discussion

The fact that migrations drag along many other problems along them is supported by present studies. Especially in problems such as the language barrier, unemployment, low education levels, and uncertainties about the future, individuals experiencing these problems were seen to avoid professional help and try to solve the problems through their own effort. Thus, the importance of culturally oriented care becomes clear and it becomes impossible for nurses to neglect this type of care (Goodman ve et al., 2015 & Maroney ve ark. 2014 & Rintoul 2010 & Purnell 2013).

In the case we presented in light of the Purnell Model for Cultural Competence, detailed data on each field was collected, the needs of the individual, especially cultural characteristics, were determined in a more systematic manner, and holistic care appropriate for these needs was provided. The individual in question was followed two days in the intensive care unit and ten days in the surgery clinic, removing the language obstacle in the effective provision and maintenance of health through a translator, and the individual was discharged from the hospital, returning to his country healed. It should not be forgotten that each individual comes from a unique culture and it is one's most fundamental human right to express one's culture. In societies with cultural variety such as our country nurses should know the cultural characteristics of the patients they provide care to well and must provide holistic care taking these characteristics into consideration.

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