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Catherine Kuria

PURNELL'S MODEL FOR CULTURAL COMPETENCE IN TRANSCULTURAL RESEARCH.

– A literature review.



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Advisor: Heikki Ellilä

Catherine Kuria

PURNELL'S MODEL FOR CULTURAL COMPETENCE IN TRANSCULTURAL RESEARCH.

Healthcare workers are increasingly faced with numerous challenges when providing nursing care to culturally diverse patients. The purpose of this study is to gather knowledge by analyzing how Purnell's model has been applied in transcultural research. The research question is: "How has Purnell's model for cultural competence been applied in transcultural research?"

The research method applied is a literature review where published literature on the topic was reviewed. The reviewed literature was analysed so as to come up with relevant and appropriate information for answering the research question sufficiently.

The results obtained indicated that Purnell's model has been applied in transcultural research in data collection, analysis, discussion of the results, supporting theoretical framework and for educational purposes.

The knowledge acquired through this study will play a significant role in the development of nursing education as well as Transcultural nursing.

KEYWORDS: Cultural competence, Purnell's model and Purnell's model for cultural competence.



TURUN AMMATTIKORKEAKOULU
TURKU UNIVERSITY OF APPLIED SCIENCES

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1 INTRODUCTION

Zena Iovino (2010, 1) reports in Yle News on 20th January 2010 that healthcare workers increasingly encounter challenges when providing nursing care to culturally diverse patients in a multicultural society. Some factors that contribute to these challenges include language barrier, illiteracy, accommodation of patient's wishes, and cultural values as well as differences. (Zena Iovino 2010, 1.)

Provision of care to patients from diverse cultural backgrounds calls for assessment of culture in order to identify cultural differences, similarities, values and preferences. Understanding of culture associated with various cultural groups is a primary factor that not only enables the community to respect and appreciate cultural differences but also promotes harmonious integration of diverse cultural groups. Equally important, it helps nurses to put into consideration patient's cultural needs when delivering nursing care. (Maier-Lorentz 2008, 37-43.)

This study will demonstrate the primacy of application of Purnell's model for cultural competence in Transcultural research in nursing care. The outcome of the study will play an important role in providing nurses with knowledge necessary to improve the quality nursing care delivered to culturally diverse patients.

Selection of this topic was driven by my desire not only to underline the challenges faced by nurses when providing nursing care to culturally diverse patients but also identify an applicable solution.

I am an international student undertaking a Bachelors degree in health care in Turku University of Applied Sciences in Finland. On several occasions when unwell, I have sought medical attention in a local healthcare facility. My expectation as a patient has always been that my culture would be acknowledged, assessed, respected and integrated within the nursing care plan. This could reflect the anticipation of numerous patients from diverse cultures who come into contact with health care staff in various settings.

The importance of respecting a patient's culture and the need to integrate it within the nursing care plan can never be overemphasized. This is a fundamental aspect that promotes holistic nursing care and ensures optimum therapeutic outcome. This thesis reflects on both patients and nurses perspective with regards to the nursing care provided in a multicultural society. (Maier-Lorentz 2008, 37.)

The purpose of this thesis is to analyze how Purnell's model for cultural competence has been applied in transcultural research. The aim of this research is to aggregate knowledge that will equip health care workers with skills on how they can effectively apply Purnell's model for cultural competence in the transcultural research.

2 BACKGROUND

2.1 Purnell's model for cultural competence

Purnell's model is a cultural assessment tool. Purnell's model for cultural competence was developed in 1995 by Larry Purnell as a tool to assess individual, family, society and global culture. Addition of more features into this model has expanded its ability and efficacy. Its expansion and broad perspective of information makes it a versatile tool for use in a wide range of settings. (Purnell 2002, 193-196.)

Brathwaite (2003, 4) acknowledges Purnell's model of cultural competence for its comprehensive content, abstract, logical congruence and conceptual clarity. It is also commendable for its demonstration of clinical utility and promotion of experiential phenomenological perspective.

The significance of Purnell's model for cultural competence as an assessment tool to aid nurses in evaluating and meeting patients' cultural needs can never be over emphasized. Its assumptions, which are formulated from a broad perspective of information enhances its application in a broad spectrum of cultures. (Brathwaite2003, 5.)

The model is a circle comprising of four rims. The outermost rim represents a global society, a second rim represents a community, a third rim represents a family, and an inner rim represents the person. The interior of a circle is divided into 12 pie-shaped wedges portraying cultural domains and their concepts. The dark centre of the circle represents unknown phenomena. Along with the bottom of the model is a jagged line representing the nonlinear concept of cultural consciousness. The 12 domains construct the context of the model. (Purnell 2005, 10.)

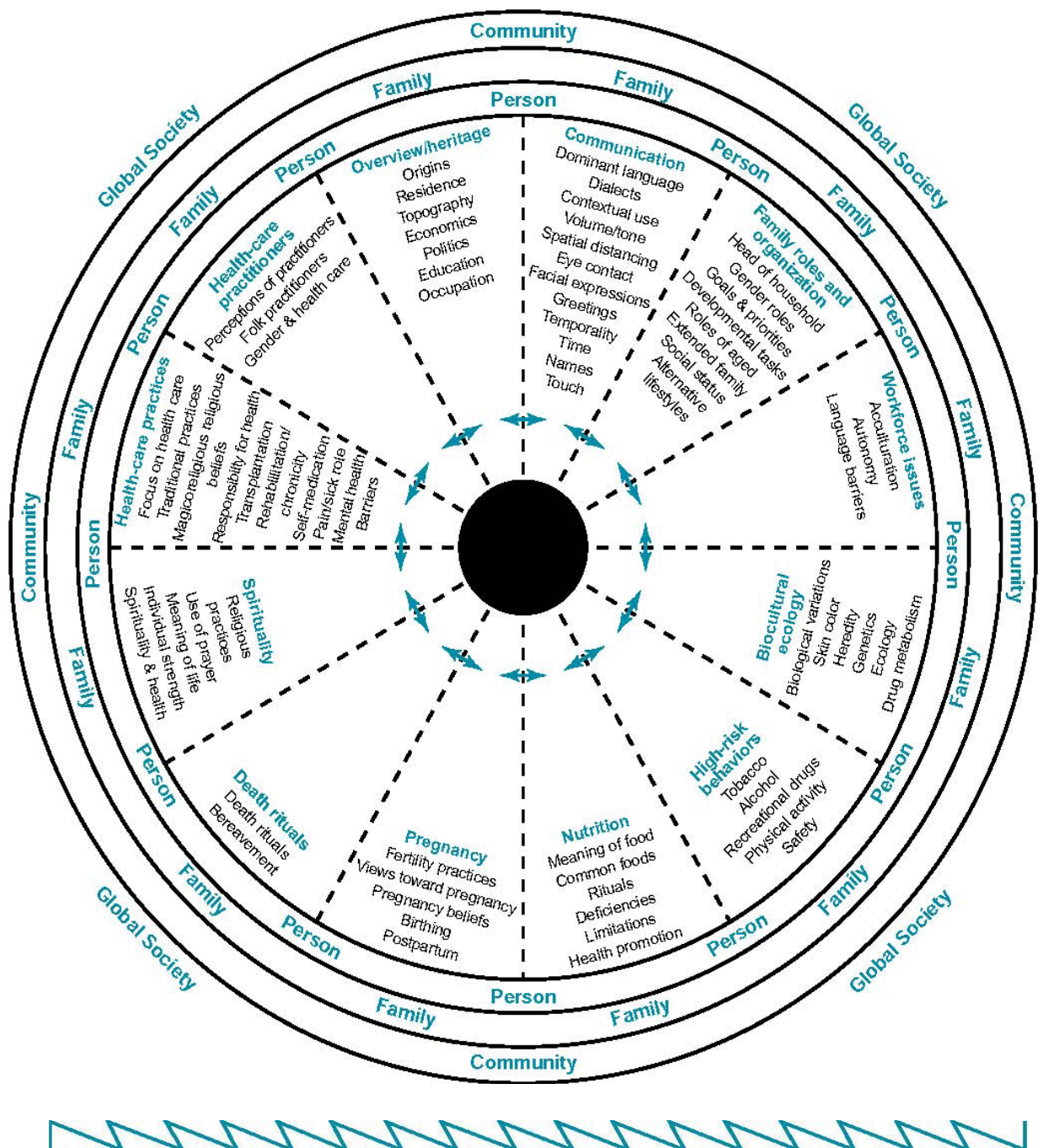
Nonlinear concept of cultural consciousness as represented at the bottom of the model comprises of: unconsciously incompetent, consciously incompetent, consciously competent and unconsciously competent. Unconsciously incompetent is lack of knowledge about another culture. Consciously incompetence is being aware that one is lacking knowledge about another culture. Consciously competent is learning about client's culture, verifying generalization about the client's culture, and providing culturally specific interventions. Unconsciously competent is automatically providing culturally congruent care to clients of diverse cultures. (Lipson & Desantis 2007, 14.)

Domains are the elements which make up the content of the Purnell's model. The 12 domains of Purnell's model are: Overview/heritage, communication, family roles and organization, workforce issues, biocultural ecology, high risk behaviors, nutrition, pregnancy and child bearing practices, death rituals, spirituality, health care practices and healthcare practitioner. (Purnell 2000, 41-43.)

Overview/heritage refers to concepts related to the country of origin. Communication refers to spread of information both verbal and non verbal. Family roles and organization refers for example to issues related to the head of the household. Workforce issues refers to concepts related to self-government, act of being part of something and absorption of culture. Biocultural ecology refers to the skin color. High risk behaviors refer to behaviors which are a health risk. Nutrition refers to dietary habits for example rituals and taboos, how food is used in health promotion, wellness and illness etc. (Purnell 2005, 10.)

Pregnancy and child bearing practices refer to birth control, views towards pregnancy, fertility practices, taboos related to pregnancy and birthing. Death rituals refer to how individual and culture view death, rituals and behavior to prepare for death. Spirituality refers to individual source of strength, religious practices, use of prayer and behavior that give meaning to life. Health care practices refers to individual responsibility for health, self-medicating practices, views towards mental illness, chronic illnesses, rehabilitation, organ donation and transplantation and barriers of healthcare. Healthcare practitioner refers to status use and perceptions of traditional magicoreligious and modern biomedical care providers. (Purnell 2005, 10.)

The figure below illustrates a structure of Purnell's model, its 12 domains and their contents.



Unconsciously Incompetent - Consciously incompetent- Consciously competent - Unconsciously competent

Figure 1: Purnell's model for cultural competence, Purnell 2000, 42.

2.2 Definitions of the terms

Cultural competence is the development of an awareness of one's own existence, sensations, thoughts, and environment. Cultural competence demands a demonstration of knowledge and understanding of the client's culture, acceptance and respect for cultural differences and adaptation of care that is congruent with the client's culture. (Flowers 2004, p.49.)

Clients from a different cultural background can assimilate integrated and acculturated culture of the society they live in. Nurses should evaluate the level at which people from other cultural groups have assimilated, integrated and acculturated into the surrounding society. This is a prime factor in provision of cultural competent care. Assimilation is the gradual adoption and incorporation of characteristics that relate to the prevailing culture. Acculturation is the modification of one's culture as a result of contact with another culture. (Flowers 2004, p.51.)

There is an overwhelming need for cultural competency to match the dynamic nature of nursing practice and change in demographics. Assessment of cultural values of diverse communities will not only help nurses to understand cultural similarities and differences of their patients but also inform their practice with regards to patients' preference and choice of care. Awareness of key cultural aspects relating to individual groups in a multicultural society promotes patient confidence and enhances effective communication between nurses and patients. (Flowers 2004, 48-49.)

According to Kleiman, Frederickson & Lundy (2004, 250) cited in Siantz & Meleis (2007) study on discovering cultural aspects of nurse – patient relationships, cultural competence encompasses cultural awareness and sensitivity. It also includes knowledge about an individual's cultural affiliations as well as the necessary skills to integrate the same into the delivery of nursing care.

Siantz & Meleis (2007, 18) study highlights the need to increase the number of students from underrepresented minority groups as a fundamental challenge in the achievement of cultural competency in nursing education and practice.

Kleiman (2006, 85) study concludes that nurses can acquire and implement culturally competent patient care by inquiring into individual personal interpretations of their own and other's life world experiences.

Flower (2004, 50) defines **cultural awareness** as self examination and in-depth exploration of one's own cultural and professional background, identification of biases and possible prejudices when working with specific groups of clients.

Nurses can evaluate their level of cultural awareness using a cultural awareness assessment tool which is a self evaluation questionnaire. Various answers are given weights or points the total of which is matched against a cultural competence scale to give an indication of the degree cultural awareness of an individual. (Flower 2004, 51.)

A study carried out by Siantz & Meleis (2007, 18) on assessment of cultural aspects in the nurse – patient relationships indicates that cultural awareness is the recognition that diverse peoples live and thrive within some cultural context both inherited and experiential that is particular to either group.

Assessment is a fundamental step in the nursing process that can greatly influence the entire nursing process and the ensuing outcome. The purpose of assessment is to collect information necessary for the healthcare team to come up with the right diagnosis for the patient's health condition. In addition it is instrumental in determining the nature of care provided. Assessment of patient's culture on the other hand ensures holistic approach in planning and delivery of nursing care that is relevant to the patient's needs. Such an approach takes into consideration that patients have emotional, cultural, spiritual, physiological and physical needs. Information assessed may include: health history, physical examinations, psychosocial stress, allergies, cultural values and high risk behaviors. (Hook 2004, 1.)

Nurses require some core skills so as to be able to assess patients. The figure below shows classification of assessment skills

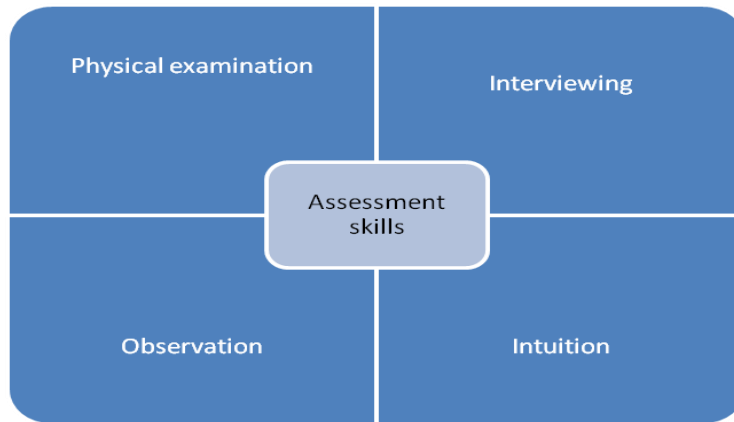


Figure 2: Classification of assessments skills, Hook 2004, 1.

Observation is done using the sense of sight. Intuition should be combined with other skills if it is to be used as a source of evidence. Physical examination provides information such as weight and height of the patient. (Hook 200, 1).

Lippincott's nursing centre (2005) indicates that a patient's behaviour is partially influenced by cultural background. Knowledge of patient's culture is crucial as it provides the ability to identify the patient's values and preferences. Patient's cultural values and preferences are key aspects in planning and delivery of holistic nursing care in a multicultural society. (Lippincott's nursing centre 2005, 18-21.)

Cambridge Advanced Learner's Dictionary (2010) defines **culture** as a way of life. Culture is socially spread from generation to generation through art, belief, behaviour pattern and the way of thinking. This means that culture involves more than one part. That is why it is social and it is shared. It is not acquired through experience or knowledge. However people can adapt into a new culture. Characteristics of culture include traditions, social organisations, language as well as values and beliefs. (Kleiman 2006, 86.)

Culture can influence patients' behaviour just as much as it can influence nurses' way of doing things. There is a need therefore for both nurses and patients to identify how their culture influences their behaviour. (Kleiman 2006, 83-86.)

Timby (2005) describes **transcultural nursing** as providing nursing care within the context of another culture. This implies that nurses extend their nursing care across cultures. Transcultural nurses therefore belong to a particular culture and nursing care they provide involves more than one culture. In this case therefore the patients and the nurses have cultural similarities as well as differences. Nurses should however not only learn the culture of their patient but should also be sensitive to their cultural needs in order to give optimum nursing care. This includes important cultural elements such as language, spirituality, food, dressing, healthcare practices, heritage and high risk behavior. Nurses should be capable to deal with challenges that result from cultural diversity. Skills on how to integrate patient's culture into the nursing care are valuable in ensuring achievement of an utmost therapeutic outcome. (Timby 2005, 66-78.)

Assessment, respect and integration of cultural values and preferences into the care plan are the primary elements of Transcultural nursing as shown in the figure below.

Figure 3: Summary of the key elements of Transcultural nursing, Maier-Lorentz 2008, 41.

Involvement of more than one cultural group in transcultural nursing is sometimes a huge challenge for many transcultural nurses. Some of the challenges may be as a result patient's cultural preferences which are not compliant with the nursing practice standards. Nursing practice is guided by the nursing code of ethics. While nurses are required to provide cultural competent nursing care, they should avoid decisions that go against the fiber of nursing ethics. (Maier-Lorentz 2008, 41-42.)

Transcultural nursing has its foundation various on nursing theories. An example is Leininger's culture care theory which concentrates on exploration of care that is meaningful to the patients. It equips transcultural nurses with the in-depth knowledge and skills to enable them take care of patients from a diversity of cultures effectively. (Leininger 2002, 189-190.)

Andrews & Boyle (2003, 6) define **culturally congruent care** as care that is favourable and significant to the patients. Nursing care that incorporates a patient's cultural values and preferences is obviously meaningful and relevant to the patient. Such kind of nursing care evidently demonstrates that the nurse is not only concerned about the cure of a patient's disease but also the well being of the patient as a whole. (Zoucha & Husted 2000, 326.)

Culturally congruent care involves cultural care maintenance, negotiation and repatterning while making care decisions and interventions. Nursing care is a combination of both a traditional and professional systems of health practices. Cultural and social factors influence the manner in which nurses express care. Care expressions can also be influenced by environment. There are similarities and differences in the ways nurses express care. (Zoucha & Husted 2000, 329-330.)

Leininger's Culture Care Theory is a model which contains information on the importance of care in nursing. Culture care theory dates way back to the 1950's and is the only theory that looks at care within the cultural context. Initially, nurses were non accommodative of the theory because of their perception that cares was non-scientific and that cultural aspect was unnecessary and irrelevant with regards to provision of care. Culture Care Theory has experienced a major breakthrough being currently applied widely by nurses at a global scale. The theory draws its immense popularity from its broad nature, holistic approach and cultural specificity which enable nurses to discover and appreciate the meaning of care in diverse cultures. The theory provides a wealth of information on how to care for immigrants, refugees and neglected cultures in the community. (Leininger 2002, 189-192.)

According to Culture Care Theory, Care is the essence of nursing and has a meaning within a cultural context. Culturally based caring is essential to curing and healing, as there can be no curing without caring, although caring can occur without curing. Culturally based care is important for well-being, health, growth, survival, and in facing handicaps or death. (Leininger 2002, 189-192.)

The theory focuses on discovering global cultural care diversities and care universalities. The purpose of the theory is to find out and explain different and similar culturally based care factors influencing the health, well-being, illness, or death of individuals or groups. Its goal is to use research findings to provide culturally congruent, safe, and meaningful care to clients from diverse or similar cultures. (Leininger 2002.190.)

Majumdar, et al. (2004, 161-166) defines **Cultural sensitivity** is an ongoing awareness of cultural differences and similarities among populations. It is the need to respond positively to cultural similarities and differences in patients. Nurses should be aware that cultural differences and similarities exist and has influence on patient's values, preferences and behaviour. (Majumdar 2004, 161-166.)

In order to provide cultural sensitive care, cultural awareness and ability to assess patient's culture is a fundamental requirement for nurses. Factors assessed while providing cultural sensitive care include behaviour, values, altitude, beliefs, health practices and cultural needs. Prevalence of cultural differences calls for nurses to be tolerant, understanding and skilful in assessing non verbal communication. In this case, the nursing intervention should be central to the patients' needs. (Majumdar et al. 2004, 161-166.)

Holistic nursing care is the nursing care which takes into consideration the entire needs of a patient. It is caring for a patient as a whole. Holistic approach in Health care seeks to meet physical, emotional, psychological, cultural and spiritual needs of a patient. Such a manner of care requires that staffs are ethical in their approach. Ethical consideration implies that the patient is viewed and respected as autonomous individual, confidentiality of information maintained and the individual's choice, preference and well being respected. Psychological needs of a patient can be met through counseling while emotional needs can be met through good patient – nurse relationship as well as involvement of the family members into the care plan. Physical and health care needs on the other hand can be met through health education and nursing intervention. Visits from spiritual leaders at the patient's request could play a pivotal role in meeting their spiritual needs. (Maier-Lorentz 2008, 37-43.)

Maier-Lorentz (2008, 37-43) underlines that holistic care in nursing addresses the physical, psychological, social, emotional and spiritual needs of the patient's. The figure below shows the components of holistic nursing care.

Figure 4: Elements of holistic nursing care, Maier-Lorentz 2008, 37-43.

3 AIMS AND THE RESEARCH QUESTION.

The aim of this research is to equip health care workers with knowledge of Purnell's model for cultural competence in transcultural research.

The knowledge provided through this thesis will be applicable in many sectors such as administration, decision making and development of nursing education.

The research question is:

1. How has Purnell's model for cultural competence been applied in transcultural research?

4 LITERATURE REVIEW

4.1 The research method

This study utilises systematic literature review as the main research method.

Systematic literature review is a summary of the information that answers a research question. This method offers a high degree of reliability in that it minimises bias by collecting data from more than one academic database. The data is usually compiled by different authors and studies conducted in different parts of the world. Findings of systematic literature review studies are well assessed and critically appraised before publication. (Gray 2005, 117 – 131.)

Evidence from systematic literature review is often used to inform nursing practice. The quality of evidence collected is therefore a primary factor. Inclusion and exclusion criteria of data used in the systematic literature review helps to ensure its quality. Databases such as Wikipedia in which anybody can post their knowledge are therefore unreliable sources of evidence because they are not assessed for quality. Peer reviewed literatures available in academic databases are however recommended for use. Examples of academic databases include Ovidsp, academic search elite, Cochrane and cinahl among others. The outcome of research should be relevant to the topic in question and healthcare. There should be similarity in the results derived from the different studies reviewed. The results of the study should be organised in a precise and easy to understand format and there should be an explanation on how to use the results. (Bhandari et al. 2004, 60-67.)

Systematic literature review is the research method of choice in this study due to its high level of reliability as well as ease of use.

4.2 The review process

Data was collected through electronic search of published research literature from various databases. Initially, several databases were visited. However, Cinahl, Academic search elite and Ovidsp were the main databases that contained information that was relevant to this study. ``The Purnell's model `` and cultural competence were the keywords used. The language used in literature search was English (UK).

An initial challenge was limitation of literature related to the research topic. This was effectively overcome by combining the key words to help search for enough literature. In addition, hand checking of references from selected articles provided relevant literature.

In order to ensure quality result, inclusion and exclusion criteria were set. The Inclusion criteria were:

1. Literature written in English.
2. Transcultural research articles in which the words "Purnell's model for cultural competence" has been used.
3. Literature published between 1999-2009
4. Literature in which full text was available.
5. Peer reviewed literature.
6. Healthcare related literature.

The exclusion criteria were:

1. Literature which are not in English language
2. Literature not related to the health care field, topic and research question
3. Literature published before 1999
4. Literature in which full text was unavailable

The literature search produced many research articles on cultural competence. A vast majority of them mentioned Purnell or Purnell's model but did not use it in the research process. These articles were therefore excluded. An overall of five research articles which were able to satisfactorily answer the research question were retrieved.. Articles contained in these databases were found to overlap.

In Academic search elite the keywords used to search data was "The Purnell's Model" and cultural competence. Upon using inclusion criterion, there were 56 hits. Out of these only two articles were relevant. These articles were ``Developing Local Public Health Capacity in Cultural Competency: A Case Study with Haitians in a Rural Community, 2004`` and `` Results of an osteoporosis educational intervention randomized trial in a sample of Puerto Rican women, 2009``.

In Ovidsp the key words were ``The Purnell's model of cultural competence``. An inclusion criterion was used thereby producing 10 hits. One article was relevant to the topic. The article was `` Panamanians' Practices for Health Promotion and the Meaning of Respect Afforded them by Health Care Providers, 1999``.

In Cinahl two journal articles were relevant. The keywords used in searching were "The Purnell's Model" and Cultural Competence and ``The Purnell's model ``. An inclusion criterion was used and two relevant journal articles were retrieved. These were `` Guatemalans' practices for Health promotion and the meaning of respect Afforded Them by Health care Providers, 2001`` and `` Teaching for cultural competence in non-diverse environments, 2009``.

The relevant literature retrieved was within the set range of literature search with all articles below eleven years old. Table 2 below shows the number of articles retrieved and their year of publication.

Table 2: Number of journal articles selected and their year of publication.

| Year of publication | 1999 | 2001 | 2004 | 2009 |
|-------------------------------|------|------|------|------|
| Number of researches selected | 1 | 1 | 1 | 2 |

The tables below show how the literature search was carried out in order to come up with five favourable articles.

Tables 1: How literature review was done.

| Data-base | key-word(s) | Search options | hits | Approved title | Approved abstract | Approved full-text |
|-----------------------|---|--|------|----------------|-------------------|--------------------|
| CINAHL | "The Purnell's Model" and Cultural Competence | Limiters - Linked Full Text; English Language; Peer Reviewed Search modes - SmartText Searching | 59 | 7 | 4 | 1 |
| | "The Purnell's Model" | Limiters - Linked Full Text; English Language; Peer Reviewed Search modes - Boolean/Phrase | 1 | 1 | 1 | 1 |
| Academic Search Elite | "The Purnell's Model" and cultural competence | Limiters - Full Text Search modes - SmartText Searching | 56 | 10 | 2 | 1 |
| | "The Purnell's Model" and cultural competence | Limiters - Full Text; Published Date from: 1999 to 2010. Scholarly (Peer Reviewed) Journals, Search modes - SmartText Searching | 214 | 20 | 5 | 1 |
| Ovidsp | The Purnell's model of cultural competence. | Limiters - Full Text Search modes - SmartText Searching | 10 | 3 | 2 | 1 |

4.3 Data analysis

Data analysis is a process of organising raw data in order to retrieve important information from it. The data was retrieved from Cinahl, Academic Search Elite and Ovisp. The literature was peer reviewed and it was collected through electronic search using selected keywords. The collected data was reviewed several times for accuracy. Comparison of the data with the set criteria was done where data from the five selected articles was compared to help establish similarity between the results. A couple of questions helped to criticize the data:

1. Is the information retrieved relevant to sufficiently answer the research question?
2. How is the data beneficial to the healthcare sector?
3. Is there any similarity in the information presented in all the studies reviewed?

Four out of five articles selected in the review process were based on studies conducted using two data collection methods. Only one research applied clinical trials as the research method. Three out of five studies aimed at collecting cultural data from ethnic minority groups in order to help meet their healthcare needs. Two out of five were focused on teaching the principles cultural competence care to the care givers. All the five studies used Purnell's model for cultural competence in one way or the other.

Data was analysed and presented in a table. The table contains information about the author, title and year of study, journal publication, research method, study sample information about who was in the sample, where and when, results and observation. See appendix 1.

5 RESULTS

The results of this systematic research study have been organised into seven categories as indicated below.

1. Theoretical framework
2. Guide for questionnaire development
3. Data collection
4. Data analysis
5. Discussion of the findings
6. Guide for the interview
7. Cultural competence educational purposes.

Several key findings were evident following this study. Purnell's model of cultural competence was widely used as the form of theoretical framework in Transcultural nursing researches. The elements of Purnell's model for cultural competence played a principal role in supporting the content of the research. This model is renowned for its capacity to ease and facilitate the understanding of culture and cultural components in a variety of settings. Through the use of this model, numerous researchers have come up with conclusions that take into consideration cultural needs of diverse ethnic communities. The well defined structure of Purnell's model enhances the understanding of cultural components with ease. (Nieto-Vazquez et al. 2009, 173.)

Equally important is the role played by Purnell's model for cultural competency in questionnaire development. It is evidently a versatile guiding tool in formulation of questionnaires. Questionnaires are an important element in research which enables researchers to collect data relating to a particular topic. Purnell's model contains basic components of culture and therefore questionnaires that are aimed at collecting cultural related data usually benefit enormously from these vital features. (Purnell 1999, 332.)

Purnell's model is therefore well suited for use in collecting data for transcultural nursing research purposes. The study found that elements of Purnell's model for cultural competence were used as key words for searching cultural data. Purnell's model stands out as a powerful device in cultural assessment. The resultant data can be applied significantly for improvement and progression of holistic nursing care for patients from diverse cultural backgrounds. (Purnell 1999, 332.)

Data analysis refers to the process of organising raw data in order to ease retrieval of important information from it. Purnell's model is a structure containing well organised data which can be analysed and information retrieved for use by culturally competent nurses. Data analysis in this study was based on the key elements of Purnell's model for cultural competence. (Purnell 2001, 42.)

Purnell's model for cultural competence was also used as the basis of results discussion. In this case, the results of the literature was discussed and compared with the knowledge presented in the background part. (Purnell 2001, 45-46.)

The study found that Purnell's model for cultural competence was mainly useful to guide interviews in which researchers were able to ask specific questions based on important elements of culture. (Phelps & Johnson 2004, 209.)

Purnell's model for cultural competence has been used for educational purposes to promote cultural competence amongst care delivery staff. This has been achieved through creation of a website that contains cultural data in it. The website was found to be easily accessible and user friendly and therefore beneficial to the target group. The chief aim of the database is to equip healthcare workers with knowledge that relates to culture and cultural components thus promoting cultural competence. (Phelps & Johnson 2004, 203, 208-213.)

The importance of Purnell's model of cultural competence is underlined by its use in educational institutions to equip healthcare students with necessary skills for cultural competence. Based on this model, students reflect on their own as well as other cultures, gain awareness of cultural similarities and differences and develop appreciation and respect for cultural diversity. Purnell's model is often used to guide the educational sector with regards to the particular cultural elements included in the academic syllabus. (Romanello & Holtgreffe 2009, 1, 4-6.)

6 DISCUSSION

The purpose of this thesis is to analyze how Purnell's model has been used in transcultural nursing research. The research question was: How has Purnell's model for cultural competence been applied in transcultural nursing research?

According to the results of data analyses, Purnell's model for cultural competence has been applied in several stages of research process, for example in data collection, data analysis and discussion of the results. The model has also been useful to support theoretical framework and for educational purposes.

The results clearly indicate that Purnell's model can be applied in transcultural nursing research. Purnell's model has been useful in assessing culture of patient's in transcultural nursing research. The background has not only revealed the contribution of Purnell's model for cultural competence to transcultural nursing research but also the contribution of Leininger's culture care theory to transcultural nursing research. Leininger's culture care theory explains the factors affecting the health, well-being, illness, or death of individuals or groups.

The results are not a repetition of the information presented in the background. It is part of the thesis. In this case it is difficult to compare the results with the background although there is similarity. The description of the Purnell's model of cultural competence in the background and the results is similar. The results were not surprising. There was no conflict of ideas in the background information and in the results. Provision of cultural competence care indicated to be important both in the background information and in the results.

The difference between the background and the results is that the background helps to understand the topic while the results focus on answering the research question. The basic terms and concepts used in transcultural nursing are explained in the background part. The results report the answers of the research question therefore fulfilling the purpose of the research. All the sections are important because they make the study complete.

The method used was a systematic literature review. The keywords used to search data were: The Purnell's Model and cultural competence. Data was collected from Cinahl, Academic Search Elite and Ovidsp. Inclusion and exclusion criteria were strictly used during data collection. A critical assessment of quality was undertaken to the data before it was approved for use in this study.

The method enabled collection of data from studies conducted in different regions of the world without having to travel there. Academic databases used were in English and it was user friendly and therefore data collection, review and data analysis was easy.

The method was inexpensive because the literature was freely available in the school library. In the method, good analytical skills were required so as to be able to retrieve information from the raw data. In the method copy right laws are observed so as to avoid plagiarism.

7 VALIDITY AND RELIABILITY

The research reviewed were conducted using more than one data collection methods except one which used clinical trials only. Combination of two data collection method helped in confirming the results. These data collection methods were: randomized control-group pre-test post-test design, questionnaires, clinical trials, interview and literature review.

The information retrieved from the literature review is documented without changing its meaning to avoid corruption. Inclusion and exclusion criteria were strictly followed to ensure relevant and up to date information.

Ministry of education and culture states that ``Copyright protects and promotes intellectual creation in its different forms. The right of individuals to control the use of their works is recognised therefore encouraging creativity''. The information copied from other author's works is referenced to prevent plagiarism. The literature used for this thesis was freely available in the school library. Harvard referencing system is used in indicating the author's ideas and the source of information presented. (Eeva, 2010.)

There are several factors which limited this study in one way or the other. These factors are: Language, geographical scope of the studies reviewed, the topic was narrow and there are a few numbers of published literatures on the topic.

The literature reviewed was of studies conducted in America only. The study therefore contains limited information as the use of Purnell's model for cultural competence world wide is concerned.

The language barrier caused a limitation on the literature review. This is because some academic databases were in Finnish language. Some articles in English databases were written in other languages for example Spanish.

The topic was narrow and there was only one research question. The amount of information retrieved from the reviewed literature was limited. There was therefore a limitation on the information to include but on the other hand it was good because the results were more specific.

There are a few numbers of published literatures on Purnell's model of cultural competence. For that reason, there were limited resources as literature is concerned. Only one data collection method has been used. The reviewed studies have utilised Purnell's model for cultural competence in their research studies. Information about reliability of Purnell's model compared to other models has not been provided.

8 CONCLUSION AND IMPLICATIONS

The topic of the study was ``Purnell's model for cultural competence in transcultural research''. The purpose of this study was to gather knowledge through analysing how Purnell's model has been used in transcultural research. The goal is to empower health care workers with the knowledge on transcultural nursing and Purnell's model. The research question was: How has Purnell's model for cultural competence been used in Transcultural research?

The research method was systematic literature review. Published literature on the topic was reviewed, analysed and used for answering the research question.

The results indicated that Purnell's model has been used in transcultural nursing research in data collection (questioner development and Guide for the interview), data analysis, discussion of the results, supporting theoretical framework and for educational purposes.

This study suggests that, for transcultural nursing to be successful, patient needs will have been assessed which may help to gain awareness about patients needs. The studies reviewed suggest the need for nurses to acquire cultural competence skills. Cultural competence skills will enable nurses to interact well with patients from various cultures. Good interaction between patient and the nurse will give nurses an opportunity to know patients needs of care. Patient's views, expectations and opinions are important because it can help nurses to know whether patients are satisfied with the nursing care delivered to them.

Culture is expressed in the studies reviewed as a complex entity. Purnell's model for cultural competence contains the basic elements of culture. Therefore, it is easy to learn the basic elements of culture using the model.

The knowledge discussed in this study will play a significance role in the development of nursing education and transcultural nursing. It is applicable in all healthcare sectors. Culturally competent nurses can benefit from it, because it is rich in information on cultural competence.

The studies recommend the future studies to shed more light on how Purnell's model of cultural competence can be used in the processes of a Transcultural research. Research studies on other cultural competence models should be carried out. More studies on evaluation of available cultural competence model will help care givers determine and choose a reliable model for use.

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APPENDICES

Appendix 1

Results of literature review

| Author(s) | Title and years | Journal | Research method & Sample (N) /where , when collected | Main results | Observation |
|-------------------------------------|--|---|---|--|---|
| Vazque, Tejeda,Coli n & Matos | results of an osteoporosis educational intervention randomized trial in a sample of Puerto Rican women, 2009 | Journal of Cultural Diversity, Vol. 16 Issue 4, p171-177. | Randomized trial, questionnaires and Sampling were used. Three hypotheses were tested with a convenience, randomized sample of 51 experimental and 54 control subjects' ages 18-25.Sample was female students enrolled in a medium sized public university of eastern Caribbean. | Purnell's model for cultural competence was used in theoretical framework of the research and to facilitate understanding of the research findings. | Purnell's model enabled this research to focus on cultural issues. |
| Purnell .L | Panamanians' practices for Health promotion and the meaning of respect Afforded Them by Health care Providers, 1999. | Journal of Tran cultural Nursing, Vol. 10 No. 4, October 1999 331-339. | Sampling and literature review were used. Questionnaire (44 open-ended questions), literature review and interviews were used to collect data. Sample comprised of 70 subjects: 50 in the republic of panama and 20 from the Delmarva Peninsula in the united states. Data collected over a 9 month period in 1997 | Purnell's model guided for questionnaire development, data analysis and discussion of the findings | Domains of Purnell's model helped in assessing panamas and panama American's culture. |

| | | | | | |
|-------------------------------|--|---|---|---|--|
| Purnell .L | Guatemalans' practices for Health promotion and the meaning of respect Afforded Them by Health care Providers, 2001 | Journal of Tran cultural nursing. vol. 12 No. 1, 40-47. | Sampling and systematic literature review. Data was collected through literature review and Questioner (44-item, open-ended questions). 51 participants ,older than 18 years old with ladino population self identity and from Antigua, Guatemala city, Chichicastenango, Data was collected in 1997 and 1999 | Selected domains from the Purnell's model for cultural competence was used as guides for questionnaire development, review of the literature, data analysis and discussion of the findings. | Domains of Purnell's model helped in assessing Guatemalan's culture |
| Phelps.L & Johnson.K | Developing Local public health capacity in cultural competency: A case study with Haitians in a rural community,2004 | Journal of Community Health Nursing, Vol. 21 Issue 4, p203-215, 13p. | Literature search, experiment & Interviews were used. Interviewees :3 men & 3 women, age 21-50 who have lived in USA for 2years to 20 years | Purnell's model for cultural competence was chosen as an organizational framework because it covers wide aspects of culture and it is applicable to several disciplines. | Purnell's model for cultural competence played a major role in this research. |
| Romenello ML; Holtgreffe K | Teaching for cultural competence in non-diverse environments,2009 | The internet journal of allied health sciences & practice. 2009 Oct; 7(4): 1-8. | Clinical trials method was used. The research was a Case study through utilizing Purnell's cultural competence model and Lattanzi's cultural ladder Health care students were used in the case study | Purnell's model to guide in development of a cultural competence course. | Purnell's model played a major role in teaching Clinical students about cultural competence. |

