



## CASE STUDY ARTICLE

# Giger and Davidhizar's Transcultural Assessment Model: A Case Study in Turkey

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## Abstract

The Transcultural Assessment Model of Giger and Davidhizar is a tool developed to assess cultural values of patients about health and disease behaviors and their effects. The model contains six cultural dimensions: Communication, Space, Social Organizations, Time, Environmental Control, and Biological Variations. On the basis of The Transcultural Assessment Model of Giger and Davidhizar, the following patient assessment is presented as a case study. The patient, who is hospitalized at child nephrology clinic at a university hospital, was diagnosed with chronic kidney failure discussed and this model was applied to the patient. This model provides us with the opportunity of understanding an individual's cultural heritage, beliefs, attitudes and behaviors.

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## Introduction

Health institutions are environments where cultural diversities are rich as both individuals receiving service and the health professionals providing this service possess different cultural properties.<sup>1</sup> As cultural diversity is effective on every aspect of the life, it also affects the health care practices directly. Nurses can detect health care requirements and health care practices more easily since they establish face-to-face communications with patients/healthy individuals and their families.<sup>2</sup> While working, nurses should be aware of the cultural properties of patients/healthy individuals, their families as well as their own institutions.<sup>3,4</sup>

Transcultural nursing is an essential aspect of healthcare today. Transcultural nursing was developed because of the need of providing care to people from widely differing cultures. Transcultural nursing is defined as a formal area of study and practice focused on comparative human care (caring) differences and similarities of the beliefs, values and patterned life ways of cultures to provide culturally congruent, meaningful and beneficial health care to people.<sup>3,5,6</sup>

This requires nurses to recognize and appreciate cultural differences in healthcare values, beliefs, and customs. Nurses must acquire the necessary knowledge and skills in cultural competency. Culturally competent nursing care helps ensure patient satisfaction and positive outcomes.<sup>3,4</sup> Nurses can benefit from many guides and models while making a cultural assessment.

Transcultural nursing models provide a good guide for nurses in getting acquainted with the cultural structure of the society and in evaluating it. Beside to the studies of Leininger, other studies have been conducted and other models have been suggested in the field of transcultural care by such researchers Purnell, Paulanka, Campinha-Bacote, Andrews, Boyle, Spector, Giger and



Davidhizar who built on her ideas and took her theory to new dimensions while many others used her theory or specific concepts to guide theoretical ideas in a specific practice.<sup>7</sup> As one of them, The Transcultural Assessment Model of Giger and Davidhizar is a tool developed to assess cultural values about health and disease behaviors and their effects. This model was selected as its theory is extremely plain, comprehensible and suitable for being used in very different fields.

In Giger and Davidhizar's model, each individual is accepted as unique and assessed in terms of six cultural dimensions including Communication, Space, Social Organizations, Time, Environmental Control, and Biological Variations.<sup>8-11</sup>

On the basis of The Transcultural Assessment Model of Giger and Davidhizar, the following patient assessment is presented as a case study. The case was discussed and this model was applied.

### THE CASE

M.S., who is hospitalized at child nephrology clinic at an university hospital in Turkey, was diagnosed with chronic kidney failure 8 months ago and has started receiving hemodialysis treatment in the last 4 months. M.S. is a male child with 9 years of age and has 5 siblings. His mother and father made the first degree consanguineous marriage. Their other children have no health problems.

M.S. receives dialysis 3 times a week. His mother, A.S., stays as companion and the family data were collected by interviewing with her with face-to-face interviewing technique.

*Communication.* Communication adopts the entire world of human interaction and behavior. Communication establishes a sense of commonality with others and permits the sharing of information, messages in the form of ideas and feelings. Communication is the means by which

culture is shared. Both verbal and nonverbal communications are learned in one's culture. Communication often presents the most significant problem in working within cultural groups.<sup>9,10</sup> The essential elements of communication are: vocabulary, rhythm, style, volume, use of touch, context of speech (emotional tone), kinesics, body posture.<sup>8,12</sup>

Family has no *language* and dialect distinction. It was seen that A.S. does not use *body language* very often. His *voice tone* is generally high. Her tone declines when she is sorry and when she talks about her child's disease. It attracted attention that mother defines disease findings of child with *different words*. For example, she used the expression of "whistle" instead of "throat."

*Space.* Space refers to distance and intimacy techniques utilized when relating verbally or nonverbally to others.<sup>8,13</sup> All communication occurs in the context of space. According to Hall, there are four distinct zones of interpersonal space: intimate, personal, social and consultative, and public. Rules concerning personal distance vary from culture to culture.<sup>9,10</sup> Personal space is an extension of the body and is in addition referred to as outer space whereas inner space refers to personal space of awareness.<sup>8</sup> Territoriality refers to feelings or an attitude toward one's personal area. Each person has their own territorial behavior. Feelings of territoriality or violation of the client's personal and intimate space can cause discomfort and may result in a client's refusing treatment or not returning for further care.<sup>9,10</sup>

Mother is seen to communicate within *personal space* during communication. She *touched* the nurse without permission to show her friendliness.

*Social organization.* Social organization refers to the manner in which a cultural group organizes itself around the family group. Family group is the most influential social organization. Family



structure and organization, religious, values and beliefs, and role assignments, may all relate to ethnicity and culture.<sup>8,9,10,13</sup>

Mother saw the reason for the disease as the *God's destiny*. She believed that recovery or deterioration process of the child was dependent upon God's will. She states that this disease is an exam of their lives.

It was seen that *opinion of the Imam* (prayer leader) was taken as to whether transplantation is appropriate in terms of religion and that, they accepted organ transplantation relying upon Imam's approval that organ transplantation is not a sin.

If a living donor transplantation was considered for M.S., it was determined that *only mother was voluntary* to give her kidney.

It was seen that *mother was responsible* for the care of child patient whereas *father was responsible* for meeting financial expenses.

*Health assurance* of the family is government assurance (no health insurance) and father works as seasonal agricultural worker.

*Time*. Time is very important aspect of interpersonal communication. Cultural groups can be past, present, or future oriented. Those individuals who focus on the past, attempt to provide tradition and have little motivation for formulating future goals<sup>10,13</sup>. Other individuals are present-time orientated and if the present task is viewed as the most important, the people in the culture tend to be unappreciative of the past and do not plan for the future. Individuals with future-time orientation plan and organize present activities to achieve future goals. Preventive health care needs some future-time orientation because preventive actions are motivated by a future reward. Also cultures relate to time in terms of clock time vs. social time. Some groups relate on the basis of social time.<sup>8,9</sup>

A.S. stated that the disease period is a trial of God, he does *not know its duration*, and they do *not make any planning regarding the future*.

*Environmental control*. Environmental control refers to the ability of the person to control nature and to plan and direct factors in the environment that affect them.<sup>9,10</sup> If persons come from a cultural group in which there is less belief in internal control (feeling that one does have some control) and more in external control (feeling that one does not have control), there may be a fatalistic view in which seeking health care is viewed as useless.<sup>9,10,13</sup>

A.S. uses *prayers, amulets as external control tool* even at times when treatment does not take place. Mother expressed that they dedicated a *sacrifice* if the child heals.

*Biological variations*. Biological differences, especially genetic variations, growth and developmental patterns, body systems, racial-anatomical characteristics, skin and hair physiology, disease prevalence, and resistance to disease.<sup>8,9,10</sup> It is a well-known fact that people differ culturally. Less known and understood are the biological differences that exist among people in various racial groups. Although there are diversities within cultural and racial groups, knowledge about general baseline data relative to the specific cultural group is an excellent starting point to provide culturally appropriate care.<sup>8,9</sup>

*Genetic variation* to chronic kidney failure was detected in the family (in grandfather and uncles) due to consanguineous marriage. The family is one of the families within the group of low socioeconomic level in which the disease is *encountered most frequently*.

Providing care culturally is a dynamic process. Nurses should be aware of their cultural orientations and also be sensitive to the cultural differences between individuals receiving care. Thus, nurses can provide culturally individualized nursing care by using the cultural identification



guides. As a result, nursing care quality and patient satisfaction can also increase.

### Conclusion

Consequently, it is essential for the health professional to utilize knowledge gained from conceptual and theoretical models of culturally appropriate care. The Giger-Davidhizar Transcultural Model enables us to understand an individual's cultural heritage, beliefs, attitudes and behaviors. This model also helps the nurse assess individuals who are culturally diverse in order to provide a culturally competent nursing care.

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