

APPLICATIONS OF GIGER AND DAVIDHIZAR'S TRANSCULTURAL NURSING THEORY IN INDONESIA

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Abstract

Indonesia has a diversity of cultures and ethnic groups. Indonesia is an archipelagic country that includes more than 17,000 islands inhabited by around 255 million people, making Indonesia the fourth most populous country in the world. This figure also implies that many cultural, ethnic, religious and linguistic diversity can be found in this country. The relationship between culture and health is very close. Cultural diversity and customs have various influences on health behaviour. Each ethnic group has different customs and norms from one another. In an area, they can process natural resources in their area as a cure for a disease with their skills and knowledge, which cannot escape the preserved hereditary traditions. The client will experience culture shock in a condition where the nurse cannot adapt to cultural values and beliefs. This matter can cause feelings of discomfort, helplessness and some are disoriented. Based on the preceding, nurses need to study, understand, and apply nursing care following the client's cultural background, or in the future known as Transcultural Nursing. This paper aimed to describe how the application of Giger and Davidhizar's Transcultural Nursing Theory in Indonesia. Giger and Davidhizar introduced Giger and Davidhizar's transcultural assessment, which can be applied to patients in all areas of nursing specialities, which is then combined with the Heritage model (model cultural heritage). There are five parts of culture based on the Giger and Davidhizar's Transcultural Nursing Theory that suitable to implemented in Indonesia, namely space, time, environmental control, social organization, and biological variations.

Keywords : Nursing theory, Giger and Davidhizar, Transcultural, Indonesia

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Introduction

Indonesia has a diversity of cultures and ethnic groups. Indonesia is an archipelagic country that includes more than 17,000 islands inhabited by around 255 million people, making Indonesia the fourth most populous country in the world. This figure also implies that many cultural, ethnic, religious, and linguistic diversity can be found in this country. The culture varies greatly, from Hindu rituals practised daily on the island of Bali to the (partial) implementation of sharia law in Aceh and the hunter-gatherer lifestyle of the Mentawai people (Jamzuri, 2021).

The relationship between culture and health is very close. Cultural diversity and customs have various influences on health behaviour. Each ethnic group has different customs and norms from one another. In an area, they can process natural resources in their area as a cure for a disease with their skills and knowledge, which cannot escape the preserved hereditary traditions (Jamzuri, 2021). This causes health workers to have exceptional attention to patient culture when they provide health services in the community. Moreover, for a nurse, Indonesian nurses should have the ability and knowledge of various cultures in Indonesia to provide culturally sensitive nursing care to patients. Nursing care given to patients by paying attention to the cultural aspects and customs of the client tends to have an optimal healing effect (Giger and Davidhar's, 1995).

The client will experience culture shock in a condition where the nurse cannot adapt to cultural values and beliefs. This matter can cause feelings of discomfort, helplessness and some are disoriented. One example that is often found is when the client is in pain. In some regions or countries, it is allowed for someone to express his pain by shouting or crying. Nevertheless, because nurses had a habit when they were feeling pain only by grimacing softly, shouting or crying would be considered rude, so when he finds the client crying or screaming, the nurse will ask him to speak quietly, or ask him to pray or even scolding the patient for disturbing other patients. The blindness of the culture experienced by these nurses will decrease the quality of nursing services provided. Based on the preceding, nurses need to study, understand, and apply nursing care following the client's cultural background, or in the future known as Transcultural Nursing (Giger and Davidhar's, 1995).

Applying nursing care using the transcultural nursing approach is relatively new, first introduced by Madeleine Leininger in the mid-1960s. This theory originated from the discipline of anthropology and was developed in nursing. This theory describes the concept of nursing, which is based on an understanding of the differences in cultural values inherent in society. Leininger believes that it is crucial to pay attention to cultural diversity and values in applying nursing care to clients. If the nurse ignores this, it will result in cultural shock. His theory, known as the Sunrise model, can help nurses carry out nursing care to understand and understand patients who come from various cultures. *Madeleine Leininger defines transcultural Nursing as a "Humanistic and scientific area of formal study and practises focused upon differences and similarities among cultures concerning human care and practice".* Madeleine Leininger emphasized the importance of understanding the cultural character of patients from various ethnic groups in providing nursing care. The goal is to understand the patient's habits based on the culture and customs he adheres to, and it is hoped that it can reduce the level of distress and culture shock in patients during treatment because treatment and care strategies that are tailored to the client's beliefs and culture tend to be more successful (Alligood, 2017).

Sunrise model theory is still included in the theory of the middle (low middle-Range theories) by presenting three intervention models so that nurses can help clients with different cultures by 1) Maintenance and preservation of cultural care. 2) Accommodation, negotiation of cultural upbringing or a combination of both. 3) Restructuring and rejection of cultural upbringing (Giger and Davidhar's, 1995). The concept of this transcultural nursing theory model is still included in the low middle-range theories, so the implementation of nursing care

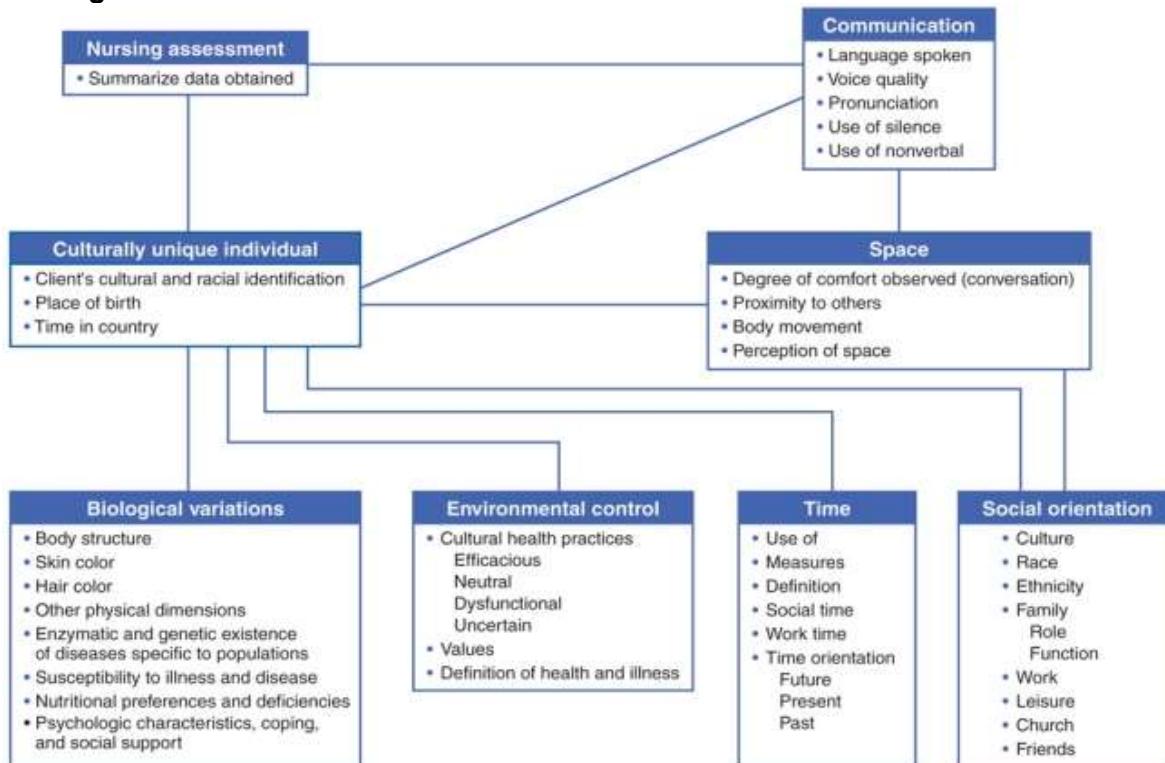
applications/applications is not yet straightforward. There is no guide to how this transcultural nursing assessment is carried out comprehensively on clients. This paper aimed to describe how the application of Giger and Davidhizar's Transcultural Nursing Theory in Indonesia.

Discussion

In 1991, Giger and Davidhizar introduced Giger and Davidhizar's transcultural assessment, which can be applied to patients in all areas of nursing specialities, which is then combined with the Heritage model (model cultural heritage). In the end, a transcultural assessment was created for clients with various cultural and racial variations (Giger and Davidhizar's, 1995). A nurse needs culturally diverse nursing care in dealing with patients with cultural diversity to provide health services according to the patient's culture, customs, and beliefs. At present and in the future, nurses need to make good use of transcultural knowledge to provide culturally appropriate care for clients so that it will impact quality care for a heterogeneous client population. Culturally diverse nursing care must consider six different cultural phenomena with application and use 1) Communication 2) Space 3) Social organization 4) time 5) environmental control and 6) biological variations (Giger and Davidhizar's, 1995).

To provide competent and culturally sensitive nursing care, it is essential to understand that everyone is unique and is the result of past experiences, beliefs, and cultural norms. Differences in cultural expressions provide different response patterns for everyone so that it makes individuals unique, different from one another. When nurses have good knowledge and a basic understanding of clients' differences and cultural diversity, nurses can provide higher quality services according to the client's culture (Boyle, 2010).

The Giger and Davidhizar's Model's



Picture 1. Giger and davidhizar's transcultural assessment model

The author tries to analyze whether Giger and Davidhizar's transcultural assessment model can be applied in Indonesia and how the theory can be applied to Indonesian society. Giger and Davidhizar's transcultural assessment model describes areas of client assessment, including communication. Nurses have long recognized the importance of communication for the healing process. However, communication will be a barrier between nurses and patients if they come from different cultural backgrounds. If the nurse and the client communicate in a different language or style, they will feel foreign and helpless. Clients who do not understand what is happening or a misunderstanding will lead to anger, disobedience, or withdrawal. The healing process may be hampered. Nurses may also become angry and helpless if their communication is not understood or if they do not understand the language used by the client. Without good communication, nursing care will not be adequate. Nurses need to learn how to communicate with different ethnic groups, races (Giger and Davidhizar's, 1995).

Communication has a very close relationship with culture. Culture will be passed on to their children and grandchildren through language. Culture will affect how to express verbal and nonverbal language. Language also gives characteristics to specific ethnic groups. We will know which tribe the person is from from the language used. Aspects of communication that must be studied are the quality of pronunciation (voice), voice intonation, rhythm, speed, pronunciation in speaking and use of silence, use of nonverbal communication and touch (Giger and Davidhizar's, 1995). The aspect of communication is comprehensive and significantly impacts the quality of nursing care services. The ability of nurses to understand aspects of communication in certain cultures will help them provide effective nursing care. In Indonesia, there are several provinces from Sabang to Merauke, each of which has its own language family. Indonesia consists of various tribes, cultures, religions, and regional languages. The Indonesian language has a crucial position, namely as the national language and the language of the state.

Besides Indonesian, there are also regional languages spread throughout the country. As a result, many Indonesians use Indonesian and regional languages as a means of daily communication. Regional languages are beneficial for the people who use them, especially as a means of communication to allow mutual understanding, mutual agreement and mutual need in life. The results of a study conducted by Putri (2021), who examined five participants in a qualitative study, found that four out of five participants revealed that communicating using local languages can increase trust between patients and nurses. Patients and families feel more familiar with nurses when they use the same regional language, thus making patients and families more open to communicating with nurses. The use of regional languages between nurses and patients will increase the relationship of trust between patients and nurses. Patients and families feel more familiar with nurses when they use the same regional language, thus making patients and families more open to communicating with nurses (Putri, 2021).

Due to cultural and linguistic differences, misunderstandings can occur in communication between nurses and patients' families. Nurses have difficulty talking to someone who has a different cultural and linguistic background from the nurse herself. The existence of language differences can lead to misunderstandings in interpreting the information provided. Research conducted by Putri (2021) showed that four out of five participants revealed communication barriers with nurses if nurses cannot use or understand the same regional language as patients and families. When the patient does not understand the language used by the nurse, the information to be conveyed by the nurse is not conveyed, the patient also cannot express his needs to the nurse (Putri, 2021).

Touch can be a powerful communication tool because touch can give a positive or negative reaction depending on who is involved and their environment. Touching a sad client can be assumed to express empathy or care for the nurse to the patient. Nevertheless, even though touch is needed in therapeutic communication theory, a nurse must be careful in its

application because it can relate to the client's beliefs, avoiding touching other people who are not from their family (Suryani, 2016). In the non-verbal language of nodding their heads, some ethnic groups such as Sundanese and Javanese believe that silence means 'yes' or a sign of respect, but for other ethnic groups, nodding their heads can be interpreted as behaviour with no manners (Kozier dan kawan-kawan, 2010).

The implications for nursing care are 1) assess personal beliefs of person from different culture. Awareness of the nurse's personal beliefs is essential when dealing with patients from different cultural backgrounds. Nurses need to put aside their values, ideas, biases, and attitudes that may negatively influence how they provide care to patients. Nurses who provide nursing care services to patients with different cultural backgrounds should pay more attention to their values and past experiences because it will affect the attitude of nurses toward patients consciously or unconsciously (Giger and Davidhizar's, 1995). 2) Assess communication variables from a culture perspective. It is critical to analyze each client getting treatment from a cultural perspective to communicate with another culture. A nurse's reluctance to admit a lack of understanding can make it challenging to provide effective treatment. A nurse who is aware of the many communication variables can seek to overcome communication obstacles to deliver better client care (Giger and Davidhizar's, 1995).

Third (3), plan Care based on the communicated needs and cultural background. When planning nursing care for patients from different cultures, nurses must be aware of the patient's unique lifestyle. Nurses must increase knowledge related to the culture and culture adopted by the patient. Nurses must encourage clients to be able to interpret health, illness, and health services according to their culture (Davidhizar, 1995). 4) Modify communication approach to meet culture need. Disturbing factors that often occur when nurses provide nursing care to clients of different cultures are confusion and fear of the treatment process. Nurses must be sensitive to signs of anxiety shown by patients. Therefore, nurses must modify communication, for example, by using body language (Giger and Davidhizar's, 1995). Use validating technique in communications. Validation techniques are fundamental. For example, asking and re-validating the intent and purpose conveyed by the patient. When nurses deal with patients from different cultures, this is to avoid misunderstandings (Giger and Davidhizar's, 1995).

These are the five parts of culture based on the Giger and Davidhizar's Transcultural Nursing implementation in Indonesia:

1. Space

Personal space is the area around an individual, including the individual, the body, the surrounding environment, and objects in that environment. The size of personal space is defined as the distance of space divided into intimate zones, social zones, and general zones. The nurse will move continuously in these three zones. The relationship between the individual and objects and with other individuals and the space for movement is also influenced by culture. Nurses must pay attention to the culture of the patient so that the proximity of the distance is not a problem when providing virginity care to patients. Often the distance between the nurse-patient becomes a problem if the patient feels the nurse is too deep into the client's zone. Generally, occurs in Sundanese culture, for example, with most of the population being Muslim who believe that men and women who are not mahrams are not allowed to be near each other (Giger and Davidhizar's, 1995).

Implication for nursing Care

Nurses need to pay attention to the distance from patients because not all patients like physical proximity to nurses, paying attention to the proper distance from patients. Although touch is a form of nurses' empathy towards patients, care must be taken, and for both Javanese and Sundanese cultures, touch can be interpreted as impoliteness. Everyone has their territorial area (personal area). Violation of personal territory can cause discomfort and result in the client refusing treatment or not returning for further treatment (Suryani, 2016).

2. Time

The orientation of a person's time will be different depending on the culture. Time orientation shows the individual's focus on the past, present, or future. The focus of this time will affect nurses in providing nursing care. The importance of time in interpersonal communication cannot be overstated. Cultural organizations might be focused on the past, present, or future. Those who dwell on the past try to maintain tradition and are unmotivated to set new goals for the future. Other people are time-oriented, and if the most critical task is seen as the most important, the culture's people are unappreciative of the past and do not plan. Individuals who are future time-oriented plan and manage their current activities to reach their long-term objectives. Because preventative health treatment is motivated by a future benefit, it requires some future-time focus. Also, civilizations have different perspectives on time, such as clock time vs social time. Some social groupings form bonds based on social time (Seher Sarıkaya Karabudak, 2013).

An example is a Javanese culture that asks for time orientation with "alon-alon asal kelakon", which understands slowly fulfilling his life goals that are important to implement. Alternatively, in general, Indonesian culture can be seen from the proverb, "Let it be slow as long as it is safe". maybe what makes Indonesia lagging other developing countries (Hidayah, 2015). The culture of gotong royong and togetherness in Indonesia is quite strong. This allows every ethnic group in Indonesia to have social time, especially with the Muslim majority population, having faith in the importance of friendship with relatives or neighbours. Nurses who understand the culture of social time in society will be wiser if they treat many patients and sometimes break the hospital's provisions regarding visit hours. Time orientation can also be seen in the patient's sleeping habits. Most Indonesians have about 8 hours of sleep every day. It is also necessary to pay attention to the schedule of drug administration because the patient's sleep rest is sometimes disturbed. After all, the drug administration schedule does not pay attention to the patient's rest time (Jamzuri, 2021).

Implication for nursing Care

A nurse needs to know cultural groups that orient to the past, present, or future. Patients who focus on the past try to maintain the traditions of their ancestors and adhere to customs and tend to have little motivation to formulate future goals. In Indonesia, there are more ethnic groups that have a tradition of focusing on the past, where many still maintain the traditions of their ancestors, including traditions in the health sector. An example relates to children's health, influenced by cultural and social factors. One example is the tradition in some Sundanese tribes that prohibits small children from eating fish because it will cause children to suffer from intestinal worms. People in urban and rural areas still practise this belief due to a tradition passed down from generation to generation (Adventus MRL, 2019).

3. Environmental control

Nurses should understand the perspective of the disease from the patient's point of view. Control from the environment comes from within, consisting of belief in forces that affect change, while those from outside are believed in destiny, luck, and others. It also includes an orientation to values such as belief in supernatural powers, magic or witchcraft and the effects of prayer for change. (Giger and Davidhizar's, 1995).

Most of the Indonesian population is Muslim, so an understanding of Islam will also influence its adherents' healthy and sick behaviour. The history of the entry of Islam in Indonesia is very thick with the assimilation of previous cultures or religions, namely Hinduism and Buddhism. So that in its implementation, many people are still influenced by Hindu or Buddhist cultures. An example is the existence of ceremonies that are considered Islamic religious ceremonies that use incantations. Belief in health treatment by visiting shamans

who have supernatural powers by performing ritual treatment with incantations and offerings. Even though patients receive treatment and care at the hospital, some of them still believe that supernatural powers assist their healing. For example, the culture of Kendari, Sulawesi, where a hospital in the area allows patients with fractures to ask for help from a fractured shaman. The treatment ritual carried out by the fractured shaman is with certain incantations, and then only by rubbing the part where the fracture is broken, the patient feels more comfortable.

Implication for nursing Care

Leininger believes that it is essential to pay attention to cultural diversity and values in applying nursing care to clients. If nurses ignore this, it will result in cultural shock. If the culture of the patient does not conflict with health, then that culture can be maintained. If the culture is not appropriate, the nurse can negotiate the culture by helping the client to choose and determine another culture that is more supportive of improving health, for example, if a pregnant client has abstinence from eating fishy smells, it can be recommended to eat other sources of animal protein if the culture that is owned is detrimental to health status. For example, nurses are trying to restructure the lifestyle of a client who usually smokes to become a non-smoker (Giger and Davidhar's, 1995).

4. Sosial Organization

Family, religious, ethnic, racial, tribal, familial, and other special interest groups exist among existing social organizations. Groups are more reliant on specific individuals and are more affected by changes in membership than other systems. Except for racial and ethnic groupings, the creation and disintegration of most systems are more likely to occur within the member's lifetime. According to general systems theory, social organization groups have a stable state and a sense of balance or equilibrium that persists even when the group changes. Most of the groupings form, grow, and mature. Individuals with distinct personalities, needs, ideas, potentials, and constraints are among the elements that make up a social organization group. A pattern of conduct and a set of norms, beliefs, and values emerges as a group develops. Parts become differentiated as the group matures, and each member takes on a specific role (Giger and Davidhar's, 1995).

Implication for nursing Care

One of the impacts of the family system in Indonesia is decision making in the family. Often, the family system determines the decision-making in seeking medical help. For example, suppose the doctor recommends that a sick family member be given surgery, then those who follow the parenteral system. In that case, the father or mother can make the decision. If you follow the patrilineal system, then the absolute decision making is from the father, and if you follow the matrilineal system, the mother will make the decision. Nurses must know which ethnic group the patient is from, which will make it easier for nurses to provide nursing care. Nurses will deal directly with decision-makers in the patient's family (Lisfianti, 2021).

5. Biological variation

The biological variation of each ethnic group is relatively different from one another. For example, the possibility of a disease can be predicted by looking at which ethnic group the patient comes from. As the Minangkabau people prefer to eat foods with a salty taste and thick coconut milk, health problems that often arise may be hypertension and diseases caused by high cholesterol. Meanwhile, for Sundanese and Javanese people, who like sweet-tasting foods, the possibility of problems that arise due to their eating habits is diabetes mellitus. The Bugis people do not like eating vegetables and fruits, so that they may have health problems such as colon cancer (Hidayah, 2015).

The family's support system can support the client's recovery, in contrast to the Minangkabau tribe, who have different views, especially on their sons. Minangkabau has a culture for men

who are considered adults to have to go or migrate to earn a living outside Minangkabau and are not allowed to return before he is successful overseas. This can have implications for his mental resilience. The pressure of these demands can affect their mental resilience if the effort is not successful, and they may be prone to mental disorders (Hidayah, 2015).

Implication for nursing Care

Nurses who understand biological variations of individuals from various cultural backgrounds will more easily predict complaints or health problems that patients may feel. Nurses will easily direct patients to change the patient's lifestyle or eating patterns while still paying attention to their cultural disbelief by conducting cultural negotiations (Seher Sarikaya Karabudak, 2013).

In conclusion, with the cultural diversity that exists in Indonesia, the application of Giger and Davidhizar's transcultural assessment model is very suitable to be applied in Indonesia. The nurse education curriculum must consider incorporating understanding cultural elements from various ethnic groups in Indonesia. It is intended that in providing nursing care, still pay attention to the cultural aspects of the client. It is hoped that the healing efforts will be more optimal because they can reduce the shock culture in the patient.

If the patient's culture does not conflict with health, the nurse can accept it. Maintaining a culture is carried out if the patient's culture does not conflict with health. Nursing planning and implementation are given following the relevant values that the client already must improve or maintain their health status or through cultural negotiations. Nursing interventions and implementation at this stage are carried out to help clients adapt to cultures that are more beneficial to health. Nurses help clients to be able to choose and determine another culture that is more supportive of improving health. The last way is with cultural restructuring. Restructuring the client's culture is carried out if the owned culture is detrimental to health status. The nurse attempts to restructure the client's lifestyle. The pattern of the life plan chosen is usually the one that is more profitable and follows the beliefs held (Boyle, 2010).

Conclusion

There are five parts of culture based on the Giger and Davidhizar's Transcultural Nursing Theory that suitable to implemented in Indonesia. Firstly, space: nurses must pay attention to the culture of the patient so that the proximity of the distance is not a problem when providing virginity care to patients. Often the distance between the nurse-patient becomes a problem if the patient feels the nurse is too deep into the client's zone. Generally, occurs in Sundanese culture, for example, with the majority of the population being Muslim who believe that men and women who are not mahrams are not allowed to be near each other. Secondly, time: Some social groupings form bonds based on social time. An example is a Javanese culture that asks for time orientation with "alon-alon asal kelakon", which understands slowly fulfilling his life goals that are important to implement. Alternatively, in general, Indonesian culture can be seen from the proverb, "Let it be slow as long as it is safe". maybe what makes Indonesia lagging behind other developing countries. The culture of gotong royong and togetherness in Indonesia is quite strong. This allows every ethnic group in Indonesia to have social time, especially with the Muslim majority population, having faith in the importance of friendship with relatives or neighbours.

Thirdly, environmental control: Most of the Indonesian population is Muslim, so an understanding of Islam will also influence its adherents' healthy and sick behaviour. The history of the entry of Islam in Indonesia is very thick with the assimilation of previous cultures or religions, namely Hinduism and Buddhism. So that in its implementation, many people are still influenced by Hindu or Buddhist cultures. Forthly, social organization: One of the impacts of the family system in Indonesia is decision making in the family. Often, the family system determines

the decision-making in seeking medical help. For example, suppose the doctor recommends that a sick family member be given surgery, then those who follow the parenteral system. In that case, the father or mother can make the decision. If you follow the patrilineal system, then the absolute decision making is from the father, and if you follow the matrilineal system, the mother will make the decision. And fifthly, biological variations: The biological variation of each ethnic group is relatively different from one another. For example, the possibility of a disease can be predicted by looking at which ethnic group the patient comes from. As the Minangkabau people prefer to eat foods with a salty taste and thick coconut milk, health problems that often arise may be hypertension and diseases caused by high cholesterol. Meanwhile, for Sundanese and Javanese people, who like sweet-tasting foods, the possibility of problems that arise due to their eating habits is diabetes mellitus. The Bugis people do not like eating vegetables and fruits, so that they may have health problems such as colon cancer.

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