**Applications of Nursing Theory**

**Introduction**

In the process of providing quality care, the significance of addressing the needs of individual patients through nursing theories cannot be understated. However, as Im and Ju Chang (2012) write, the application of nursing theories in each setting of clinical practice varies depending on the context of the setting and the needs of the patients. Amidst these variations, nursing theory has been used to navigate some of the enduring and contentious problems that characterize the diverse requirements of clinical practice.

One such nursing theory that has been used to tackle the problems encountered in clinical practice is the Transcultural Nursing theory. As Oriá, Ximenes and Alves (2012) narrate, transcultural nursing plays an essential role in the provision of healthcare today. With the increase in multicultural populations comes the challenge of providing individualized yet holistic care to the patients. Having realized these challenges, Madeleine Leininger developed this theory to mitigate the risks associated with cultural diversity in the clinical setting.

Transcultural nursing forms the backbone of this paper, which purposefully explores the application of this nursing theory into the clinical setting. In order to perform this function, the paper defines the key concepts as explained by Madeleine Leininger before mapping them into a problem solving situation as presented in a clinical setting. Through the application of nursing theory into clinical practice, the paper addresses the gaps that exist between theory and practice in relation to promoting culturally inclusive healthcare settings for the culturally diverse patient populations. Indeed, this essay is a clear demonstration of how Madeleine Leininger’s Transcultural Nursing theory can be used to overcome the healthcare challenges posed by cultural differences.

**Description of Issue or Concern**

In a study conducted by Kuennen (2015) to ascertain the factors that determine the access and response to healthcare, the author established that the extent to which patients perceive healthcare as a practice that requires cultural relevance has significant effects on their response to healthcare. Besides, Leininger (2010) defines how cultures have diverse health beliefs that are used to explain the causes of certain illnesses. While other societies hold the belief that illnesses are supernatural phenomena, others believe in the natural scientific phenomena that advocates for medical treatment to such illnesses.

Cultural incompetence has been earmarked as one of the main factors that contribute to the bias and non-inclusive trends witnessed in the US healthcare system. Cultural issues, furthermore, continue to be an impediment to the efforts by nursing practitioners to advance the quality of clinical practice. The specific issue presented is the challenge of patient compliance, which Matsui (2009) linked with cultural beliefs.

Patient compliance is one of the significant factors that determine the successes of clinical practice, together with evidence based practice and patient centered care. Patient compliance refers to the degree to which the patient adheres to or follows medical prescriptions or advice (Matsui, 2009). Patient compliance takes two forms, which are compliance to drug and medical procedures. Across these foundations, patient compliance stretches to envisage the use of medical devices, attitudes to therapeutic sessions, self-directed behavioral change exercises and self care. Patient compliance is important to the nurses as it is a core determinant of the interaction that the clinician fosters with the patient.

A growing number of researches have been conduced to explore the relationship between patient compliance and cultural background, as Lawn (2011) documents. The author notes that minimal patient compliance has been earmarked as one of the factors that contribute to low job satisfaction levels among the nursing practitioners. In the process of providing care, Pyatak, Florindez and Weigensberg (2013) explain, nurses design treatment plans and therapies with the aim of facilitating the recovery of the patient. The reward that nurses get in return is the improved quality of life of the individual. However, without the adherence of the patient to these treatment plans, nursing practitioners are painted in bad light, either as incompetent or insensitive to the needs of the patient.

Other than providing appropriate treatment plans and therapies, nurses are required to tailor these services to the financial capacity of the patient. As observed by Matsui (2009), patient compliance is a significant agent of the reduction of the financial burden to the society. In the US, for instance, lack of compliance contributes to approximately 10% of the hospital admissions, which are estimated at $100 billion annually. Lack of compliance to medications, therefore, clouds the role of nursing practitioners in providing quality care as per the financial power of the patient.

Patient compliance is an issue that affects several stakeholders in the healthcare setting, as Pyatak, Florindez and Weigensberg (2013) elucidate. The professionals in the healthcare settings and the patients are the primary stakeholders affected by patient compliance. While these professionals design treatment plans to ensure that the quality of the patient’s life is improved, the patients depend on their compliance to facilitate recovery. Other stakeholders include the family and the society.

**Application of Selected Nursing Theory to Issue or Concern**

As discussed above, the problem of poor compliance to drugs and medication has been a challenge to nurses and clinical care practitioners. Cultural differences have contributed to the cultural incompetence that continues to hinder the interactions between the nurses and their patient populations. Despite this, Hansson Scherman and Löwhagen (2014) observe that the pertinent function of assisting the patient to change their attitudes and behaviors towards healthcare remains to be that of the healthcare providers.

The Transcultural Nursing Theory can be used in mitigating the risks associated with patient compliance accruing from cultural beliefs. Transcultural nursing refers to the application of comparative studies of the similarities and differences among human cultures to provide health care services (Leininger, 2010). According to this theory, culture refers to a set of traditions, beliefs and values that are characteristic of a certain group. Besides, the culture is largely linked with the habits, likes or dislikes exhibited by a person. Leininger (2010) further identified the factors considered to be the main determinants of culture, including the language, ethnicity, religion and racial background. In the process of analyzing this theory, Oriá, Ximenes and Alves (2012) argued that nursing practitioners must strive to gain cultural identity, which she referred to as the sense of being part of a culture.

The transcultural nursing theory can be used to tackle the problem of limited patient compliance. According to Im and Ju Chang (2012), lack of patient communication is the leading consequence of cultural diversity. Besides, communication has been described as a core determinant of the relationship that a nursing practitioner cultivates with the patients. Based on the transcultural nursing theory, the establishment of patient-practitioner communication can be used as the strategy that facilitates patient adherence to both drug and medication.

Language is included by Leininger (2010) while explaining the main factors that constitute culture. On the other hand, language is defined as the cornerstone of communication, as Lawn (2011) writes. In order to establish a proper communication channel, nursing practitioners must strive to learn the patient’s language, as well as the manner in which the patient communicates, both verbally and non-verbally. Besides, Leininger (2010) explains the significance of communication in including the stakeholders in determining the most appropriate approach to providing care for the individual.

In as much transcultural nursing can be used to mitigate the risks associated with lack of patient adherence, Hansson Scherman and Löwhagen (2014) noted that the absence of communication can be misconstrued for bias, which leads to more lack of compliance among the patient populations. Patient-practitioner communication is the core strategy to be used in averting the problem of patient compliance. There are several ways that patient communication is demonstrated, other than the patient-clinician approach. These include the involvement of the patient’s family in dialogue as well as sending reminders through telephone or mail. This strategy, therefore, is to be used to acquire the best way to communicate with the patient across the aforementioned platforms of patient communication.

The implementation of the strategy requires a reflection of the constructs of the transcultural nursing theory. The most vital factor, however, is the need for collaboration between the patient and the nursing practitioner in building a suitable communication channel, rather than using general assumptions to communicate. Nursing practitioners should simplify the characteristics of medical care regimen, as this contributes to more cultural contradictions.

While at it, the practitioners must use patient communication to impart knowledge rather than to discredit the cultural values and beliefs of the patient. As Lawn (2011) demonstrates, the process of modifying the beliefs of the patient is largely dependent on the communication between the patient and the practitioner. In a bid to implement patient communication as a conduit to cultural beliefs, more research should be conducted to establish a criteria that assists nursing practitioners to be keen on the choice of language and words to communicate the need for patient compliance.

**Conclusion**

The complexities of the challenges encountered by nursing practitioners are compounded by lack of patient compliance (Hansson Scherman and Löwhagen, 2014). In this discussion, the transcultural nursing theory has been used to demonstrate how culturally-sensitive communication can be applied to induce patient adherence to medication. While referring to a consortium of relevant studies, the paper explains the relationship between cultural diversity and the behaviors or attitudes fostered by patients towards care. Through these arguments, the paper qualifies as an example of how human health can be enhanced using theory based nursing care.

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