

B O O K S

Transcultural Communication in Nursing.
Joan Luckmann. Albany, NY: Delmar Publishers, 1999, 400 pages, \$29.95.

   Softcover



Once proudly described by its citizens as “a melting pot,” the United States no longer can afford to deny that its inhabitants are members of diverse cultures, each with a system of customs and values that affects attitudes

about interpersonal communication, health, illness, clothing, modesty, food and drink, and religion and rituals. For years, people from non-Western, nonmainstream cultures had been expected to “fit in,” “give up their old ways and join the modern world,” and “act American,” as if right and wrong ways to live exist. However, the emigration of more people from varied traditions to this country and the new assertiveness of many of the “older” Americans who were born into diverse cultures have precipitated an awareness of cultural diversity and the need to recognize the powerful effects of culture. This issue affects all healthcare professionals, as areas of traditionally homogenous populations throughout the country become more heterogeneous.

Today’s nurses are faced with patients and coworkers from more varied cultures than ever before, and nurses have to rethink how, in this fast-paced world, their methods of communication affect others. *Transcultural Communication in Nursing* provides a much-needed review (or, in some cases, lesson) in the art of communication. The book starts with the basics of communication and then adds the cross-cultural aspects in a step-by-

step manner. Luckmann notes that “all nurse-patient communication is to some extent bicultural, even when nurse and patient are from the same culture” (p. 157) and discusses the fact that most patients are from a non-medical culture, which includes a different language (e.g., “throw up” versus “vomit”) and different perspectives and expectations (e.g., computerized tomography scans that determine the presence of minute disease versus those that determine the evidence of disease).

Luckmann describes how nurses can improve or destroy feelings of trust and exchange of information. Prefaced by a self-assessment quiz, each section encourages readers to evaluate their own beliefs and recognize any bias. This is helpful for people who may not realize that others do not universally hold the same assumptions. For example, informed consent is held as a tenet in today’s healthcare system, but it is a Western idea that is not supported in all cultures. The author attempts to help readers relate to people outside the Western biomedical model and take away the “us versus them” feeling. For instance, after describing the supernatural belief system (as opposed to biomedical and holistic belief systems), Luckmann acknowledges that Western Christians use the supernatural belief system when they pray, despite an adherence to the biomedical system.

This book provides very good basic information about communication and interpersonal skills. It may remind us of what many may have forgotten about communication and the niceties of polite conversation, which are essential in so many cultures before real exchange can occur. *Transcultural Communication in Nursing* also provides some insights into the importance of culture and the powerful effects of cultural beliefs, reminding us that the Western healthcare system is a product of white Western culture. The au-

thor ties this to patient teaching and stresses that “for learning to take place, the patient must believe in your . . . learning objectives as much as you do” (p. 254).

This book examines some tough issues. Luckmann fearlessly states that patient teaching historically has been geared toward white patients and only token changes, if any, were made for cultural diversity. Using NANDA International’s nursing diagnoses as a model, she gives examples of how patients can be labeled incorrectly as a result of cultural differences.^a For example, she states “non-compliance is more an attitude than a nursing diagnosis. The notion of noncompliance is based on a Western medical model heritage that reinforces the idea that the healthcare provider always knows best. Just because a patient exercises the right not to follow a provider’s recommendations does not warrant this negative, even elitist, label” (p. 219). She also lists other reasons why patients may not follow the advice of a healthcare provider, such as lack of financial resources or present-time orientation that makes keeping appointments a low priority. Although not all institutions utilize nursing diagnoses, the author uses them as examples of how nurses can be ethnocentric and how they can change their care and assessments to be more culturally appropriate.

The concept of “cultural blind spot syndrome,” which is the assumption that because someone looks like you, he or she is culturally the same as you, is described. As with racial profiling, this can be just as demeaning, as it negates the recognition of cultural differences unless that person draws attention to those differences. The author mentions, but does not completely follow through on, the taboo topic of racism within nursing.

The book has some major weakness, however. Although the text is not about the specifics of various cultures per se, many examples are used to illustrate the author’s points. Unfortunately, some of these illustrations are stereotypes, some are wrong, and, in

Ease of Reference and Usability	Content Level	Book Size
 Quick, on-the-spot resource	 Basic	 Pocket size
 Moderate time requirement	 Intermediate	 Intermediate
 In-depth study	 Advanced and complex, prerequisite reading required	 Desk reference

^a No negative reflection is meant. NANDA has been updating its lists of nursing diagnoses to be more culturally sensitive.