
Culture Care Theory, Research, and Practice

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Today nurses are facing a world in which they are almost forced to use transculturally-based nursing theories and practices in order to care for people of diverse cultures. The author, who in the mid-'50s pioneered the development of the first transcultural nursing theory with a care focus, discusses the relevance, assumptions, and predictions of the culture care theory along with the ethnonursing research method. The author contends that transcultural nursing findings are gradually transforming nursing practice and are providing a new paradigm shift from traditional medical and unicultural practice to multiculturally congruent and specific care modalities. A few research findings are presented to show the importance of being attentive to cultural care diversities and universalities as the major tenets of the theory. In addition, some major contributions of the theory are cited along with major challenges for the immediate future.

Nursing theories continue to be increasingly important as major forces to advance the discipline and profession of nursing. The study and use of nursing theories has led to many new insights and substantive nursing knowledge to teach and practice nursing. Theories remain central to any research endeavor. Most importantly, theory discoveries show the greatest potential to transform nursing's intellectual and scholarly pursuits and to bring forth new kinds of practices for the discipline. Theory development and its uses have been one of the most encouraging and exciting developments in nursing in the 20th century and will be even more significant in the next century as nurses move into a global nursing world amid cultural diversities.

During the past four decades several

American nursing scholars have been active leaders in the pursuit of developing, refining, and using nursing theories that are congruent with the nature, scope, and desired goals of the nursing discipline. Furthermore, these nursing scholars hold that nursing's contributions should reflect a philosophy of desired ways to serve human beings in distinctive and meaningful ways. Nursing as a profession is mandated by world societies to serve people in relevant, purposeful, and health-promoting ways. Nursing as a discipline needs substantive knowledge to guide professional decisions and actions, and so nursing theories remain essential to guide in the development of nursing knowledge and professional practices. Most importantly, nursing theories must become trans-culturally conceptualized and relevant to serve people in diverse cultures in the world.

Today nurses are increasingly mobile as they travel and become employed in different national or transnational places in the world. Nurses have been almost forced to become transculturally oriented and to function as transcultural nurses in different cultures due to our multicultural world. This transcultural reality has made nurses keenly aware of the need for and the importance of theories that have transcultural meaning and

relevance. Accordingly, transcultural theories and theoretical nursing perspectives have become imperative in order for nurses to teach, practice, and conduct nursing research effectively in diverse cultural contexts.

In anticipation of this worldwide need, the author began to establish transcultural nursing as a formal area of study and practice in the mid-1950s with the goal of helping nurses function in a growing and intense multicultural world (Leininger, 1970, 1978, 1988, 1995). At the same time, the theory of culture care diversity and universality was conceptualized realizing that nurses needed a theoretical focus to guide their thinking and practices. The theory has been fully developed and defined with studies in Western and non-Western cultures. It is of great interest and significance and is being used by nurses in many different countries. The theory has been enormously helpful in establishing a broad and yet particularistic transcultural knowledge base in order to transform nursing education, clinical practices, and research. The theory has been most important in shifting nurse thinking and actions from a unicultural to a multicultural focus. Today, many nurses are realizing the importance of the culture care theory as they work with people from

Keywords: Culture Care Theory, Ethnonursing Research Method, Leininger's Theory, Transcultural Nursing

Accepted June 20, 1995

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Nursing Science Quarterly
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many different cultures and as teachers, practitioners, administrators, researchers, and consultants (Leininger, 1995).

It has been encouraging to see nursing education and practice changes as nurses discover and value the importance of cultural differences and similarities. As nurses in clinical practice take care of clients from many different cultures in any typical day in general hospitals or community health agencies, they are using the theory to change nursing practices (Leininger, 1991, 1995). Indeed, nurses are expected to care for people from Mexico, India, Korea, Japan, the United States, and many other countries in one day, demonstrating cultural care competencies. Moreover, if nurses fail to provide culturally based care, client satisfaction does not occur, recovery from illness is often delayed, and clients often become uncooperative and/or non-responsive (Andrews & Boyle, 1995; Leininger, 1993a, 1995). The theory of culture care diversity and universality has come into relevance in nursing and is a valuable theory guiding nurses in their clinical practices to improve client care by providing culture-specific and culturally congruent nursing care (Leininger, 1995; McFarland, 1995; Reynolds & Leininger, 1993; Rosenbaum, 1990; and Stasiak, 1991).

In this article an overview of the theory of culture care diversity and universality is presented along with selected research findings. The reader is encouraged to study other published sources on the theory and to learn more about it through the research studies completed over the past three decades (Leininger 1978, 1984, 1988, 1991, 1993a, 1993b, 1995). Recently, the theory has been translated into Japanese and Swedish.

Brief History and Conceptualization of the Theory

The philosophy, assumptions, and development of different nursing theories over time is always of interest to

nurses. The theory of culture care diversity and universality began to be developed in the mid-1950s when the author was working as a clinical specialist in psychiatric nursing in a child guidance home (Leininger, 1978, 1991). It was then that the author realized that cultural factors and humanistic care in nursing were the major missed dimensions in nursing practices—especially evident in working with children from different cultures. There were noticeable cultural differences among the children in the way they dressed, talked, ate, played, slept, and interacted with each other and with the staff and parents. Culturally-based care was absent with the nursing and other staff members, and only physical and emotional needs of the clients were considered. It was clear, however, that children had cultural needs, since they came from several different cultures bringing with them their cultural patterns, needs, and lifeways. Clearly, the cultural needs and behavior of the children needed to be recognized and understood in order to have therapeutic and meaningful practice outcomes.

In those early days ('50s and '60s), most nurses were functioning like "little physicians," relying on medical values, diagnoses, symptoms, and treatment regimes and being dependent upon physicians' orders. Most significantly, human care values and practices were limitedly recognized as essential to nursing practice (Leininger, 1981, 1984). Care as central to nursing was not discussed nor studied for its beneficial or therapeutic outcomes. In the late 1940s, the author had already identified from her clinical experiences that *care was the essence of nursing and the distinct, unifying, and essential phenomenon of nursing* (Leininger, 1970, 1976, 1981, 1984, 1988, 1991, 1995). While the terms *care* and *nursing care* were used in nursing, these words were mainly verbal clichés. Instead, nurses were expected to assist physicians' curing and medical regimes, with limited recognition of caring acts and knowledge. Curing clients of physical and emotional condi-

tions by using a variety of medical treatments was clearly the nursing emphasis from the 1950s to the mid-1970s. The idea that care could be a powerful force in healing and in maintaining health was not emphasized. This is when the author declared and predicted, "There can be no curing without caring, but caring can exist without curing" (Leininger, 1981). The theory of culture care was much needed to meet clients' cultural needs and to provide an integrated, holistic approach in nursing, for culture (the lifeways and values of people) was the broadest conceptualization and most holistic means to help people.

In developing the theory, the author identified two kinds of care, namely *generic* and *professional* care. The term *generic care* was coined to refer to *the folk, familiar, natural, and lay care that is used and relied upon by cultures as their basic primary care practices*. Generic care is the oldest expression and form of human care and it predates professional care. In contrast, *professional care* refers to *the learned and practiced care by nurses prepared in schools of nursing and used largely in clinical professional contexts* (Leininger, 1981, 1984, 1991, 1995). Thus, generic and professional care were predicted to exist in all human cultures, but generic care needed to be discovered and integrated into professional health care in order to provide culturally congruent and effective care practices, as one major goal of the theory.

In developing the theory of culture care, care came from nursing and culture from the discipline of anthropology. The relevance, meanings, and uses of cultural care had been used with different cultures in specific ways to be beneficial to clients. The central purpose of the theory was, therefore, *to discover, document, interpret, and explain the phenomenon of culture care as a synthesized construct*. The goal of the theory was *to provide culturally congruent nursing care in order to improve or offer a different kind of nursing care service to people of diverse or similar cultures*.

Oriental Theory Definitions

In developing the theory, several orientational definitions were used.¹

Culture: the lifeways of a particular group with its values, beliefs, norms, patterns, and practices that are learned, shared, and transmitted intergenerationally.

Care: the abstract and manifest phenomena and expressions related to assisting, supporting, enabling, and facilitating ways to help others with evident or anticipated needs in order to improve health, a human condition, or a lifeway.

Culture Care: refers to culturally derived, assistive, supportive, or facilitative acts toward or for another individual or group with evident or anticipated needs which guide nursing decisions and actions and are held to be beneficial to the health or the well-being of people, or to face disabilities, death, or other human conditions.

Culture Care Diversity: refers to cultural variability or differences in care meanings, patterns, values, symbols, and lifeways among and between cultures.

Culture Care Universality: refers to the commonalities or similar culturally based care meanings, patterns, values, symbols, and lifeways among and between cultures.

Generic care: refers to the lay, folk, indigenous, and known care values, beliefs, and practices used by cultures over time.

Professional care: refers to values, beliefs, and practices of a body of knowledge that has been learned in professional schools and held by health professionals to be therapeutic or beneficial to clients.

Worldview: the way an individual or group looks out upon and understands their world around them, and provides a value stance, picture, or perspective about their life and world.

Etic: refers to the *local* or *insider's* views and values about a phenomenon.

Etic: refers to the *outsider's* views and values about a phenomenon.

Cultural and Social Structure

Dimensions: refers to the dynamic, holistic, and interrelated patterns or features of culture (or subculture) related to religion (spirituality), kinship (social), political (and legal), economic, education, technology, cultural values, language and ethnohistorical factors of different cultures.

Environmental Context: refers to the totality of an event, situation, and life experiences that give meaning and order to guide human expressions and decisions within a particular setting, situation, or geographic area.

Health: refers to a state of well-being that is culturally constituted, defined, valued, and practiced by individuals or groups that enables them to function in their daily life.

Nursing: refers to a learned humanistic and scientific profession and discipline that is focused on human caring knowledge and competencies that are used to assist individuals or groups to maintain or regain their health (or well-being) or to deal with diverse human life and death conditions in meaningful and beneficial ways.

These are some of the major orientational definitions used within the qualitative method paradigm to discover the epistemic and ontologic dimensions of culture care. A few additional terms may be found in the definitive sources on the theory (Leininger, 1988, 1991, 1995).

¹ Definitions are from *Culture Care Diversity and Universality: A Theory of Nursing* (pp. 46-49), by M. Leininger, 1991, New York: National League for Nursing Press. Copyright 1991 by National League for Nursing Press. Reprinted with permission.

General Theoretical Tenets and Predictive Hunches

Several general tenets and predictive hunches were considered which stimulated the author toward discovery and development of the theory. First, the author predicted that culture care diversities (differences) and universals (commonalities) existed in all cultures over

time and in different geographic areas. Second, the author believed that there were generic and professional care meanings, symbols, patterns, processes, and practices transculturally, but they might not be the same worldwide. These care dimensions had to be discovered with their meanings and explicitly used to provide care that would be culturally congruent and meaningful to clients. Third, the author saw an urgent need to discover and/or expand nurses' thinking and knowledge about the missing dimensions of culture care and to learn about the worldview, social and cultural structure factors, languages, environmental context, and ethnohistory of the human being. The past narrow biomedical and psychological focus was far too limited for practicing professional nursing. The discovery of culture care meanings, expressions, and practices in Western and non-Western cultures was urgently needed to establish holistic and meaningful professional care.

Fourth, in order for nurses to assist people of diverse or similar cultures, the author predicted that three dominant action and decision modes would be essential to move toward a new mode of nursing practice. These three modes were (a) *culture care preservation and maintenance*, (b) *culture care accommodation and/or negotiation*, and (c) *culture care restructuring and repatterning*. These three modes had to be discovered, studied, and used with clients in a cooperative, active, co-participant way drawing upon culture care knowledge, worldview, social structure, and other new data areas. Fifth, the author predicted that providing culturally congruent, meaningful, and responsible care would have many health-promoting benefits to people if fully integrated as culture care and used in explicit and knowing ways with clients. Most importantly, culture care had to be holistically integrated in practice to lead to client health or well-being. In general, the author held that a synthesized conceptualization of culture care was the exciting and new promising direction for the future of nursing with

these general tenets and predictive and speculative hunches.

Assumptive Premises of the Theory

From the general speculative hunches, the author formulated the following assumptive premises relative to the theory.²

1. Care is the essence of nursing and a distinct, dominant, central, and unifying focus.
2. Care (caring) is essential for well-being, health, healing, growth, survival, and to face handicaps or death.
3. Culture care is the broadest holistic means to know, explain, interpret, and predict nursing care phenomena to guide nursing care practices.
4. Nursing is a transcultural humanistic and scientific care discipline and profession with the central purpose to serve human beings worldwide.
5. Care (caring) is essential to curing and healing, for there can be no curing without caring.
6. Culture care concepts, meanings, expressions, patterns, processes, and structural forms of care are different (diversity) and similar (towards commonalities or universalities) among all cultures of the world.
7. Every human culture has generic (lay, folk, or indigenous) care knowledge and practices and usually professional care knowledge and practices which vary transculturally.
8. Culture care values, beliefs, and practices are influenced by and tend to be embedded in the worldview, language, religious (or spiritual), kinship (social), political (or legal), educational, economic, technological, ethnohistorical, and environmental context of a particular culture.
9. Beneficial, healthy, and satisfying culturally based nursing care contributes to the well-being of individuals, families, groups, and commu-

nities within their environmental context.

10. Culturally congruent or beneficial nursing care can only occur when the individual, group, family, community, or culture care values, expressions, or patterns are known and used appropriately and in meaningful ways by the nurse with the people.
11. Culture care differences and similarities between professional caregiver(s) and client (generic) care-receiver(s) exist in any human culture worldwide.
(For further discussion of these premises, see Leininger, 1988, 1991, 1993a, 1993b, 1995.)

² Premises are from *Culture Care Diversity and Universality: A Theory of Nursing* (pp. 44-45), by M. Leininger, 1991, New York: National League for Nursing Press. Copyright 1991 by National League for Nursing Press. Reprinted with permission.

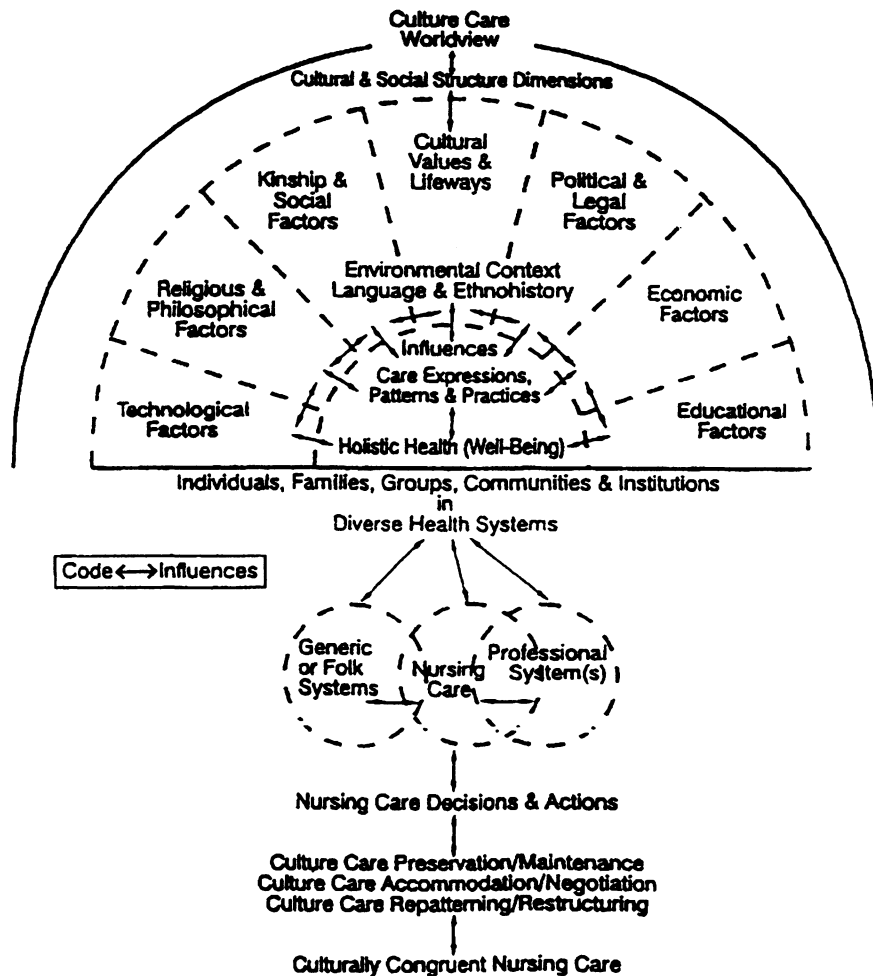
The Sunrise Model: A Conceptual Discovery Guide

The sunrise model was developed and refined during the past three decades to provide a holistic and gestaltic view of interrelated dimensions of culture care. The model (see Figure 1) is a conceptual guide depicting the major interrelated dimensions of the theory that need to be discovered with informants in order to generate culture care knowledge for use in nursing actions and decisions. The sunrise model presents different factors that need to be considered to arrive at a holistic picture of individuals, families, groups, cultures, communities, or institutions related to culture care patterns and needs. Interestingly, for the Japanese, the sunrise model is often viewed as a symbol of their national flag depicting the rising sun. For the author, the model was not envisioned for a particular culture, but rather to help nurses expand their knowledge base and discover multiple factors that can influence nursing care decisions and practices transculturally. As nurses discover new culture care knowledge, the new insights

may be symbolized by a rising sun. And as nurses move beyond their traditional nursing views and the medical model they usually discover new and different ways to envision nursing care knowledge and practices. Indeed, a wealth of new culture care knowledge has already been discovered through use of the theory by focusing on worldview, social structure factors, environmental context, language, ethnohistorical factors, and specific culture care values and practices. An integration of this knowledge into nursing care is providing some very different ways to support the health and well-being of people. This valuable new knowledge of generic (lay) care is gradually being recognized and is transforming professional nursing care practices (Leininger, 1991, 1995; Luna, 1989; McFarland, 1995; Rosenbaum, 1990; Stasiak, 1991; Wenger, 1991). Thus the sunrise model serves as a map to guide the nurse toward full discovery of culture care knowledge that will provide congruent, appropriate, and meaningful care to people for their health or well-being through the three modes of actions and decisions. Providing culturally congruent and specific care remains the ultimate goal of the theory.

In using the sunrise model, the nurse begins the discovery process by focusing on individuals, families, subcultures, groups, communities, or institutions. It is recommended that beginners first focus on specific individuals, and then, with more research skills and experiences, move to study families, subcultures, groups, communities, and institutions, which are more complex and require considerable knowledge. However, nurses prepared in transcultural nursing and anthropology, because of their extensive knowledge about social structure factors, cultures, language uses, ethnohistory, and transcultural nursing phenomena, are usually able to start with families and groups. Indeed, the more one uses the theory and existing transcultural knowledge, the easier it becomes, especially with specific cultures. Currently, the theory and the

Figure 1
The Sunrise Model



Note: From *Culture Care Diversity and Universality* (p. 43), by M. Leininger, 1991, New York: National League for Nursing Press. Copyright 1991 by National League for Nursing Press. Reprinted with permission.

sunrise model are also being used to do culturological health care assessments for primary care and to develop culture-specific nursing care practices (Leininger, 1991, 1993a, 1995).

Discovering the culture care values and expressions with respect to kinship (social), religion, philosophy, and political and legal, technology, economic, and educational care and health factors requires that the nurse remain a very active listener, observer, and participant with cultural informants. Nurses need to be aware that many culture and care ideas are often hidden or embedded in

social structure factors, cultural values, and worldviews of informants. Courses in transcultural nursing and anthropology, the humanities, and other social and physical sciences are helpful in detecting subtle and covert expressions and ideas related to the theory. Gender, age, and lifecycle transitional phenomena are embedded in the biophysical, psychosocial, cultural care factors, and many other social structure factors, and these aspects should not be separated or isolated as separate entities, for they are an integral part of the culture context. Data obtained from these dimensions of the sunrise

model lead to a comprehensive holistic way of knowing and understanding people. Being attentive to the meanings and symbols of different cultures within their environmental contexts is extremely important in being able to obtain full and accurate information. Most importantly, nurses need to realize that humans are complex beings who want their holistic views of life, care, culture, and health to remain together and do not want to be viewed as fragmented organs or body parts. Using the theory with the sunrise model helps the nurse to think about cultures holistically to discover their meaningful lifeways that relate to their health, illness, or dying process. This theory firmly supports the new nursing paradigm to help nurses learn from people about multiple life realities in order to establish scientific and humanistic care and health practices. The theory continues to be used worldwide and is expanding nurses' worldviews into many new and meaningful areas of nursing knowledge. It is a major force in moving nurses from the traditional medical model of nursing to a new nursing paradigm for the 21st century.

Ethnonursing Method

As the author developed the culture care theory, it became clear that borrowed research methods failed to meet expectations for studying the theory systematically. The ethnonursing qualitative research method had to be developed in order to examine the theory transculturally. Indeed, a new method was needed to obtain largely emic culture care data that *were grounded and inductively derived from the people's holistic lived experiences, beliefs, values, and practices* (Leininger, 1970, 1985, 1991, 1995). This was the first time a nursing method was designed to fit nursing theory. It was an important breakthrough, for nurses were borrowing research methods, tools, scales, and models from other disciplines. These research methods, however, generally failed to be useful to nurses in studying

nursing phenomena, for a variety of reasons. In addition, most nursing researchers relied heavily on the use of quantitative research methods in order to get measurable, reducible, and experimentally controlled findings. This led to reducing findings to numbers, to the researcher's interpretations, and to many fragmented views of informants' ways of knowing their reality, lived experiences, and events. A comprehensive culturally sensitive data base was often missing—especially the emic interpretations from the informants' viewpoint.

The ethnonursing method was, therefore, developed in the 1960s as a naturalistic approach within the qualitative paradigm in order to obtain detailed observations, participant experience, and people-centered information that was familiar and well-known and that could be supported by informants (Leininger, 1985, 1991, 1995). The ethnonursing research method remains an open, non-controlled, non-manipulated, and naturalistic way of learning from people about their views, values, beliefs, and life experiences. Ethnonursing is a *people-centered methodology* that is grounded in data to support informants' knowledge and lifeways in credible, authentic, and meaningful ways.

Several enablers were developed with the ethnonursing method in order to explicate complex, unknown, or ambiguous aspects of cultural care data. Observations, participant experiences, and use of material and non-material cultural symbols remain important to identify and understand culture care phenomena. Most importantly, the ethnonursing method is focused on *learning from the people through their eyes, ears, and daily life experiences* and on letting people control, interpret, and explain *their* culture care information. The method is focused on studying the worldview, social structure, ethnohistory, and other aspects of the theory with the broadest perspective but also a highly detailed and particularistic perspective. The method guides the researcher to examine the theoretical tenets,

assumptive premises, and dimensions of the sunrise model. To date, the ethnonursing method has been extremely valuable in discovering many overt and covert aspects about culture care. The inquiry guides and enablers continue to help nurses get to emic and etic data about people and nursing care practices.

Research Uses and Outcomes

The research findings from the theory continue to grow with the use of the theory, its purposes, and goals. In some countries, nurses may have had difficulty reading the English version due to language differences and to limited access to theory information. However, the theory and the ethnonursing method have been used to study 80 different Western and non-Western cultures and subcultures. From these studies 182 dominant culture care constructs with a wealth of cultural data reveal more diversity than universality among cultures worldwide (Leininger, 1991, 1993a, 1993b, 1995). A wealth of detailed and holistic findings are evident from studies cited in the references (Leininger, 1991, 1995) and many others in the *Journal of Transcultural Nursing*. These studies provide new insights about dominant core cultural constructs and culture-specific care for nursing care plans, educational purposes, institutional policies, and action and decisions related to providing culturally congruent nursing care practices. Two examples of dominant core cultural care meanings and action modes are offered here (see Tables 1 and 2). In addition, readers are encouraged to study other comprehensive culture care findings from many cultures as cited in the reference list and in other transcultural nursing publications.

Major Theory Features and Contributions

Today, the theory of culture care is being used by nurses in many places in

the world but also by other health care practitioners and researchers who have found the theory very useful. Research findings from the theory are slowly being brought into nursing education and practice. In the United States, the ideas were slowly accepted and used largely because of professional ethnocentrism, medical dominance of ideas, and serious lack of knowledge about cultures and care phenomena. Community health nurses and nurses prepared in transcultural nursing and, more recently, primary care nurse providers, are discovering the importance of the findings in their work. Transcultural nurses are relying on the theory in a variety of environmental settings worldwide. They are using the ethnonursing method with the theory to reaffirm and establish credibility, reliability, and meaning-in-context in their daily teaching and clinical community work. Only recently are nursing administrators in education and service beginning to use the theory and research findings to improve the quality of care to clients and to work effectively with staff of different cultures. Recently several administrators and corporate managers in different disciplines have discovered that this theory is extremely relevant and valuable in managing large organizations, groups, and corporations (Leininger, 1995).

The following summary points can be made about the theory and method as major contributions to nursing science.

1. The theory of culture care provides a comprehensive theoretical perspective that is essential for understanding individuals, families, groups, communities, and institutions of diverse and different cultures.
2. It is the major theory explicitly focused on culture care phenomena in order to discover specific cultural care values, beliefs, and lifeways and to establish comparative transcultural nursing care knowledge worldwide.

Table 1
Japanese American Culture: Dominant Culture Care Values and Meanings*

Cultural Values	Culture Care Meanings and Action Modes
1. Duty and obligation to kin and work group	1. Respect for family, authority, and corporate groups; family included in caring
2. Honor and national pride	2. Obligations to kin and work groups
3. Patriarchal obligations and respect	3. Concern for group with protection
4. Systematic group work goals	4. Prolonged nurturance—"care for others over time"
5. Ambitiousness with achievements	5. Control emotions and actions to "save face and prevent shame"
6. Honor and pride toward elders	6. Look to others for affection (<i>Amaeru</i>)—"save face and prevent shame"
7. Politeness and ritual	7. Indulgence from caregivers; remain quiet
8. Group compliance	8. Endurance to support pain and stress
9. Maintain high educational standards	9. Respect for and attention to physical complaints
10. Futurists with worldwide plans	10. Personal cleanliness; use of folk therapies (<i>Kanpo</i> medicine)
<p>* These findings were from Japanese informants born in Japan (second generation) and living in the United States the past two decades (1971-1994). Similarly patterned findings were documented by informants living in Japan, with slight intergenerational changes.</p>	

Table 2
Anglo-American Culture: Dominant Culture Care Values and Meanings*

Cultural Values	Culture Care Meanings and Action Modes
1. Individualism—focus on a self-reliant person	1. Stress alleviation by:
2. Independence and freedom	—Physical means
3. Competition and achievement	—Emotional means
4. Materialism (things and money)	—Only a few culture care ideas since 1990
5. Technology dependent	2. Personalized acts
6. Instant time and actions	—Doing special things for individuals
7. Youth and beauty	—Giving individuals special attention
8. Equal sex rights	3. Self-reliance (individualism) by:
9. Leisure time highly valued	—Reliance on self
10. Reliance on scientific facts and numbers	—Reliance on self (self-care) practices
11. Less respect for authority and the elderly	—Becoming as independent as possible
12. Generosity in time of crisis	—Reliance on technologies
	4. Health instruction
	—Teach us how "to do" self-care
	—Give us the "medical" facts
	5. Be generous with money and material goods
<p>* Findings are mainly from middle- and upper-class Anglo-Americans living in the United States from 1975 to 1995.</p>	

3. The theory and method can be used in *any* culture since the theory is not culture-bound. Indeed, the theory, with the ethnonursing qualitative research method is open to being used in any culture and can detect the naturalistic, familiar, and meaningful data from cultural participants' emic perspectives.
4. The theory has abstract and practical features in that the researcher can make highly abstract or practical formulations about a culture. The ethnonursing method accommodates the discovery of broad, holistic, abstract ideas but also can help to discover particularistic and concrete lived experiences and phenomena.
5. The theory and the method are inextricably linked together, which greatly facilitates discovery of the highly covert, embedded, and subtle findings along with overt and known lived experiences shared by informants through direct observations and participatory research approaches.
6. The theory and the method require active participation in and interpretation of findings by informants in their familiar and naturalistic environmental contexts.
7. The theory supports the discovery of holistic and integrated lifeways in order to identify culturally congruent nursing care practices.
8. Although the theory was one of the earliest nursing theories, it did not become relevant to most nurses until they were faced with multicultural issues, conflicts, and problems in practice and education and began

to study transcultural nursing literature, especially research findings.

9. The theory was the first to emphasize culture care as the essence of nursing and was a dominant factor for establishing the scientific and humanistic dimensions of nursing as a discipline and profession.
10. The theory offers three modes of nursing actions and decisions that are to be studied systematically in order to provide culturally congruent care.

Thus, the theory and ethnonursing method offer one of the greatest potentials for a worldwide research program to discover culture care commonalities or universalities. This original and ultimate vision of the author—a highly futuristic vision when originally conceived in the mid-1950s—was to prepare nurses to discover humanistic and scientific transcultural caring knowledge as the basis for all of nursing so that nurses could live and function effectively in a growing and intense multicultural world. The theory remains a unique and creative means to establish and advance the discipline and profession of nursing worldwide.

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