



Editorial

Thinking about cultural care

In the cultural literature, cultural systems are defined by a set of rules, ideals, and values, which are appropriated by individuals and shape their self-perception and development. Some scholars state that people internalize such cultural attributes or qualities and their evaluations about themselves are based on these cultural appropriations. Thus, significant qualities in a given culture could influence peoples' beliefs, perceptions, and attitudes toward significant life experiences such as aging. In order to further explore these notions, I recently participated in a test of structural models containing attributes or qualities that are important in the Canadian and Norwegian societies. Individualistic qualities such as self-sufficiency and freedom from social constraints were expected to most improve how the Canadian group saw themselves while aging. For the Norwegian group, collectivist qualities such as harmonious social relationships and connection to a large social group were improving qualities.

However, self-sufficiency was as significant as being part of a large social group, and social relationships hardly mattered to the Norwegian group's perceptions of physical aging. Connection to a large social group figured more prominently than self-sufficiency or freedom from social constraints in the Canadian group's perceptions of psychosocial loss. When distinct individual perceptions were included into structural models, losses in the degrees of freedom and adjustments in goodness-of-fit were found. In practice, these empirical consequences remind us of Leininger's notion that individual meanings or values are variable. With regard to cultural congruence, priorities for nursing care should have less degrees of freedom. On the other hand, country-wide level qualities do not reflect diversity in individual-level perceptions.

Nurses care for people from different cultural backgrounds. Country-wide beliefs and values are a reasonable starting point for nurses to identify culturally-appropriate nursing care priorities. However, adjusting such priorities, which were initially based on the people's values, is more likely to improve the goodness-of-fit and quality of nursing care for individuals who are unique.

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DOI: <http://dx.doi.org/10.1590/1982-0194201500066>