

RESPONSE AND REFLECTIONS ON BRUNI'S 1988 CRITIQUE OF LEININGER'S THEORY

■ IN 1988, BRUNI PUBLISHED an article entitled "A Critical Analysis of Transcultural Theory" in the *Australian Journal of Advanced Nursing* (5:3:26-32). Unfortunately, I did not see the article until five years later and there were so many errors and misconceptions that I did not respond. Now I find 12 years later, that nurses are using Bruni's critique to assess my theory of Culture Care Diversity and Universality. It is, therefore, imperative that I belatedly respond to correct several of Bruni's major errors, false assumptions and misconceptions which reflect a serious lack of knowledge about transcultural nursing, my theory

of years and are not static. Likewise, generic and professional care change over time. (1) Thus, Bruni's statement that the "theory is static" with culture and care is very erroneous and shows a lack of anthropological and transcultural nursing knowledge. It is evident that she has not been adequately prepared in anthropology, transcultural nursing, or of my theory of Culture Care and yet, she is the critic.

Second, the theory does not lead to stereotyping. If Bruni had studied the theory and transcultural nursing philosophy and definitions under a qualified mentor on the theory, this statement would never be made. Acculturation factors are given

(her) experience" (p29) is very false and never stated as a theoretical assumption. It is Bruni's false interpretation and inputted assumption. She, again, needs to study my explicit stance on this point and others.

Fourth, had Bruni studied the theory carefully and with a knowledgeable mentor, her other statement about excluding "pertinent structural variables as class and gender in the theory" (p2) she would have realised that it is totally in error. Class and gender are carefully assessed within each social structure dimension, ie, kinship, economic, political, cultural values and the other areas where class and gender are evident within differential contexts. Class and gender are an integral part of holistic assessment and can only become meaningful within social structure dimensions as shown in the Sunrise Model. It is apparent that Bruni does not understand sociocultural anthropology nor my tenets of the Culture Care theory. Class and gender vary transculturally with different cultures and are meaningfully embedded in several social structure dimensions and also in the ethnohistory, language and environmental context. This has been documented from many researchers using the theory.

Fifth, and another gross error or assumption stated (p28) is that the theory's based on the American school of cultural anthropology. As the first professional nurse rigorously prepared by some of the top scholars from both British and American anthropology. In Western and non-Western cultures my theory was

BRUNI'S STATEMENT THAT THE "THEORY IS STATIC" WITH CULTURE AND CARE IS VERY ERRONEOUS AND SHOWS A LACK OF ANTHROPOLOGICAL AND TRANSCULTURAL NURSING KNOWLEDGE.

and about the discipline of anthropology. In addition, Bruni failed to use the definitive primary publications on the theory.

Let me briefly highlight these gross errors. First, my theory of Culture Care is not static, but rather a dynamic theory that is being used worldwide by many knowledgeable nurses as the most meaningful, timely and relevant theory in nursing. Anthropologically speaking, cultures change and have changed over thousands

full consideration in the theory and are assessed for variabilities with individuals and groups and within and between cultures. Findings from nearly 100 cultures studied by the theory explain culture over the past four decades and attest to this point. Bruni needs to study the research findings in the many research reports from the theory.

Third, her assumption about "the person as the most significant dimension of his

deliberately developed to have a worldwide focus to develop transcultural nursing as a discipline and profession. Western and non-Western cultures were conceptualised and have been studied with the theory. Approximately 40 non-Western and 60 Western cultures have been studied over the past four decades. Moreover, the first worldwide transcultural nursing research was done in a non-Western culture, namely Papua New Guinea in the early 1960s and this was not based on American cultural anthropology. Ethnonursing, ethnoscience and the British ethnological methods and reflections were used and continue to be used today. Clearly, Bruni is not knowledgeable about anthropology and transcultural nursing philosophy, methods and theories.

Sixth, the statement that only "Western societies are conceptualised principally as multicultural systems composed of discrete ethnic or cultural groups" (p28) reveals another false statement as multicultural diversities research and theoretical uses are found in many non-Western cultures. As one notes in my work and in anthropology, I find the term "multicultural" is often misused and meaningless in conveying accurate meanings. Moreover, I do not use terms as "functional problems" (p28) as this is counter to my theoretical and philosophical focus of cultures and care. Indeed many cultures do not have functional problems but nurses often impose this linguistic phrase on them and on my theory as a wrong premise.

Seventh, acculturation factors are given full consideration with the Acculturation Enabler (used since 1960) and through careful documentation of the ethnohistory, social structure, languages, environmental context and with generic and professional health care expressions. Bruni needs to study the definitive writings and research findings from the theory as well as the creative transcultural nursing enablers to tap cultural data.

Eighth, cultural shock is not the major focus of study. This is a very strange inference or statement that may be Bruni's expectation or problem area. In transcultural nursing, our scholars and students study domains of inquiry (one of the first to coin and use this term in nursing). We do not focus on problems or cultural shock. With the ethnonursing research method, the

emic findings of the people come forth in relation to the domain of inquiry.

In the readers' interest and for those who have carefully studied the Culture Care theory and who understand transcultural nursing discipline, the theory of

and vaguely known human care and culture knowledge from mainly an *emic* perspective, but also with *etic* data.

Reductionistic methods used by many nurse researchers with quantitative methods and quantitative evaluative research

are reflecting the theory and the discipline of nursing but are significantly and also conceptually and theoretically different from the theory of Culture Care. The theory of Culture Care is a holistic, humanistic and scientific theory.

Culture Care has been soundly and creatively conceptualised and continues to be used as a credible, holistic, humanistic and scientific theory that is contributing a wealth of new research-based knowledge to the discipline of nursing to transcultural nursing and other health disciplines. As has been stated, "this theory is most meaningful and important in fulfilling its stated purpose and goal, namely to discover new knowledge in transcultural nursing and use the knowledge to provide culturally congruent and meaningful care for the health or wellbeing or to help them face dying, disabilities or other human conditions" (Leininger 1991, 1995). The theory is so relevant to nursing with its predictions that culturally based care if fully known can greatly advance nursing knowledge and scholarship. Indeed the theory is growing and advancing the knowledge of the discipline of transcultural nursing which I predicted must be a reality for all areas of nursing by 2015. The unique and differential conceptualisation of generic (folk) and professional care is bringing new knowledge that has been largely unknown and not used in nursing's past history and in the health-illness discipline. Many users of the theory attest to the fact that it is the only theory and field that is truly holistic, comparative and comprehensive with global perspectives and yet very particularistic findings of cultures.

Most importantly, the theory has the ethnonursing research method that was thoughtfully constructed to be used with the theory and its tenets and assumptions. This was the first nursing theory to provide a method to fit critical study of the theory. The ethnonursing method has been valuable to obtain embedded, covert

criteria reduce the full disclosure of human care data to numbers and partial explanations. In contrast, qualitative methods as open and naturalistic inquiry provides rich and many fresh insights in human cultural care and health studies.

While many more points could be offered on the Bruni so-called critique, users of this article must be warned that there are gross misinterpretations and a serious lack of knowledge about the Culture Care theory (and it is not transcultural nurse theory). It is clear that Bruni does not understand transcultural nursing nor the theory and anthropology. This critique reinforces my first and subsequent articles about doing critiques, namely, that anyone who poses as a critic must be fully knowledgeable and an expert on the subject matter to be a critic and to be able to provide a credible and scholarly critique. The caveat to readers is to always read primary sources on any theory (not secondary) and to understand fully the theory and the discipline. Today, Leininger's theory of Culture Care remains one of the most universal theories used in transcultural nursing and the knowledge is making important contributions worldwide.

References:

- Bruni N. 1988 A Critical Analysis of Transcultural Theory. *Australian Journal of Advanced Nursing* 5(3) 26-32
- Leininger M. 1978 *Transcultural Nursing-Concepts, Theory and Practices*. New York: John Wiley & Co
- Leininger M. 1991 *Theory of Culture Care Diversity & Universality: A Theory of Nursing*. New York: National League for Nursing (The definitive book on the theory)
- Leininger M. 1995 *Transcultural Nursing - Concepts, Theory and Practices* 2nd Edition. Blacklitch OH: McGraw College Custom Series
- Leininger M. 1997 *Four decades of Transcultural Nursing Research*. *Image: Journal of Nursing Scholarship* Vol 29, 4, Fourth Quarter, 1997.