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**Diversity in Health Care (Purnell nursing Model)**

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## **Diversity in Health Care (Purnell Nursing Model)**

### **Theory and Organizational Framework of the Purnell Model**

Purnell's nursing model is one of the transcultural nursing models that equip the nurses with quality knowledge concerning different cultures during care delivery. The model helps the nurses to understand various cultural attributes of a patient, such as experiences, notions, and incitement of an illness or healthcare practice. The Purnell model helps the nurses to be competent in areas concerning cultural issues in the whole process of healthcare delivery. The model was initially formed to aid the undergraduate students to have more understanding of their culture and their patients' cultures. This was achieved through the organizational framework that the model was designed into initially. The model is applicable in multiple healthcare disciplines and thus is organized into complexity and holographic theory. The model is triggered by the assumptions that suggest that all cultures are equal, common similarities are shared by culture, similar cultural information is required by all healthcare providers and sharing common concepts of metaparadigm (Škorníčková & Nováková, 2017).

The Purnell model's organizational framework encompasses macro and micro concepts in its metaparadigm. The macro aspects involved include family, community, person, and the global society. The model illustrates the aspects in the form of a rim where the global society is the outer ring, followed by community, family, and the person in the inner rim. The interior part of the model's circle is formed by the micro aspects, incorporating the twelve domains of the model. The domains cannot depend on their own and thus are interconnected. The twelve domains in the micro aspects include; the overview/heritage, communication, roles of family and organization, issues of workforce, bicultural ecology, high-risk behaviors, nutrition, childbearing

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and pregnancy, death rituals, spirituality, healthcare practices, and finally, healthcare practitioners (Purnell, 2021).

### **Relevance of the Purnell Model to Transcultural Healthcare**

The need for individualized care has been triggered by globalization which is congruent in matters concerning culture. From the recent research conducted, it was concluded that by the year 2060, the minority of the US population would be about 57% (Berkowitz et al., 2018). Purnell's model thus offers a strong foundation for nurses to gain knowledge about different cultures and how these cultures affect the delivery of care. In transcultural nursing, some of the applied concepts include race, ethnicity, and other cultural concepts. The health care quality provided by a healthcare provider usually depends on the beliefs and attitudes of the patients towards care. A proper understanding of an individual's quality healthcare helps nurses deliver healthcare to achieve the patients' expectations.

### **Purnell's 12 Domains of Culture and the Role Each Play in Diversity of Health Care**

*Heritage* is the first domain, a concept that deals with the originality of an individual's country of origin and its effect on the individual. The effects may include education, migration purposes, politics, and economics, among other factors. Understanding such information helps in the process of interacting with the patients. For Instance, education status may help the nurse to express the patient's conditions in simple terms. *Communication* is the next domain.

Understanding the patient's language and dialect helps to know what is right and what is wrong when addressing the patient (Škorničková & Nováková, 2017). *Family roles and organization* play a crucial role, especially when dealing with the family of the patients concerning issues such as treatment methods. Other critical medical decisions may also engage the family to ensure that treatment costs are well catered.

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The other domain is *workforce issues*, which involve concepts such as preferred style of communication, gender roles, individualism, and country of origin's medical practices. A healthy relationship between nurses and patients is created when nurses understand these concepts, thus improving the quality of care. Cultural competence has played a vital role in this particular domain. The other domain is the *bicultural ecology*. Features such as genetics, the coloration of the skin, and the stature of the body are some of the variations dealt with by this domain. Medication prescription to an outpatient requires proper knowledge of the domain. *High-risk behavior* is the other critical domain that helps healthcare providers to promote a healthy lifestyle among patients. For Instance, substance abuse in the domain would help in drug prescription. *Nutrition* is the other domain that determines the state of health through the mode of feeding. For Instance, overfeeding may result in obesity (Purnell, 2021).

*Pregnancy and childbearing* are the other domains that requires the mother's cooperation for the sake of her health and that of the infant. *Death rituals and spirituality* are the other crucial domains that help in comforting other people. They help individuals to use appropriate words when conveying information. *Health Care Practices and Health Care Practitioner Domains* are also crucial in the micro aspects of the model. Certain healthcare practices such as organ transplant and Stigma for the mentally ill form barriers towards effective quality care. The domain helps in insight provision during medical research. The healthcare practitioner domain's competence helps deal with negative perceptions towards certain healthcare providers (Berkowitz et al., 2018). Patients' confidence promotion is effectively achieved through the healthcare practitioner domain.

### **Cultural Competence**

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There are various fields of healthcare where Purnell's model can be applied. For instance, the model can be used when seeking patients' medical decisions, getting any relevant patients' information, educating health risk behaviors to certain people, conducting a diagnosis, and promoting healthy lifestyles, among others. The model helps patients and healthcare providers get in touch, gain patients' confidence, and finally build the patients' trust in practitioners and the entire healthcare professionals (Berkowitz et al. 2018). The model can also detect any other existing gaps that require further healthcare research or awareness creation. The main objective of the model is thus creating a system of quality patient-centered healthcare delivery.

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