


# Update: The Purnell Theory and Model for Culturally Competent Health Care

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## Abstract

The Purnell model and theory were created in 1998 and received input for clarity and parsimonious assumptions from several faculty at the University of Delaware. Initially, they were used in education and clinical practice settings to develop them further and to determine their usefulness in those settings. Since that time, changes have been made with additional assumptions, variant characteristics of culture, and an extensive assessment guide that can be used by all health professionals.

## Keywords

Purnell model, Transcultural Theory, assessment guide, variant cultural characteristics, research

As *JTCN* is celebrating its 30 years as a journal, we are going to be celebrating our 30 years of transcultural nursing theorists. In each issue of 2019, we have invited a nurse theorist to speak on their theories and how it has evolved over time. Please enjoy these historical perspectives of our transcultural nursing theories.

## Introduction

The Purnell model and theory have been classified as holographic complexity theory (“Complexity Theory and Nursing: Explanation and Application,” 2012) because the theory has a graphic display; includes assumption; has the metaparadigm concepts of global society, community, family, and person; and can be used by professions other than nursing (Fawcett & DeSanto-Madeya, 2012; George, 2011). This is important in today’s health care environment that stresses interdisciplinary and family-centered care rather than operating within silos. Within the theory, the 12 concepts and the assessment guide are also seen a midrange theory. The model has been translated into Arabic, Czechoslovakian, Flemish, German, Italian, Japanese, Korean, Portuguese, Spanish, and Turkish. The textbook on which the model is based, *Transcultural Health Care: A Culturally Competent Approach*, was awarded the best of the Branden Hill book award by Nursing Outlook in 1999 and 2000. Since the book was first published by F. A. Davis, Philadelphia in 1998, it has been revised in 2003, 2008, and 2013 (Purnell, 2013). The Portuguese translation, *Cuidados de Saude transculturais: Uma abordagem culturalmente competente*, was completed in 2010 (Purnell & Paulanka, 2010). The *Guide to Culturally Competent Care* (Purnell, 2014) published by F. A. Davis is a handbook that can be used in the clinical setting.

## Major Assumptions

The major explicit assumptions on which the model is based are the following:

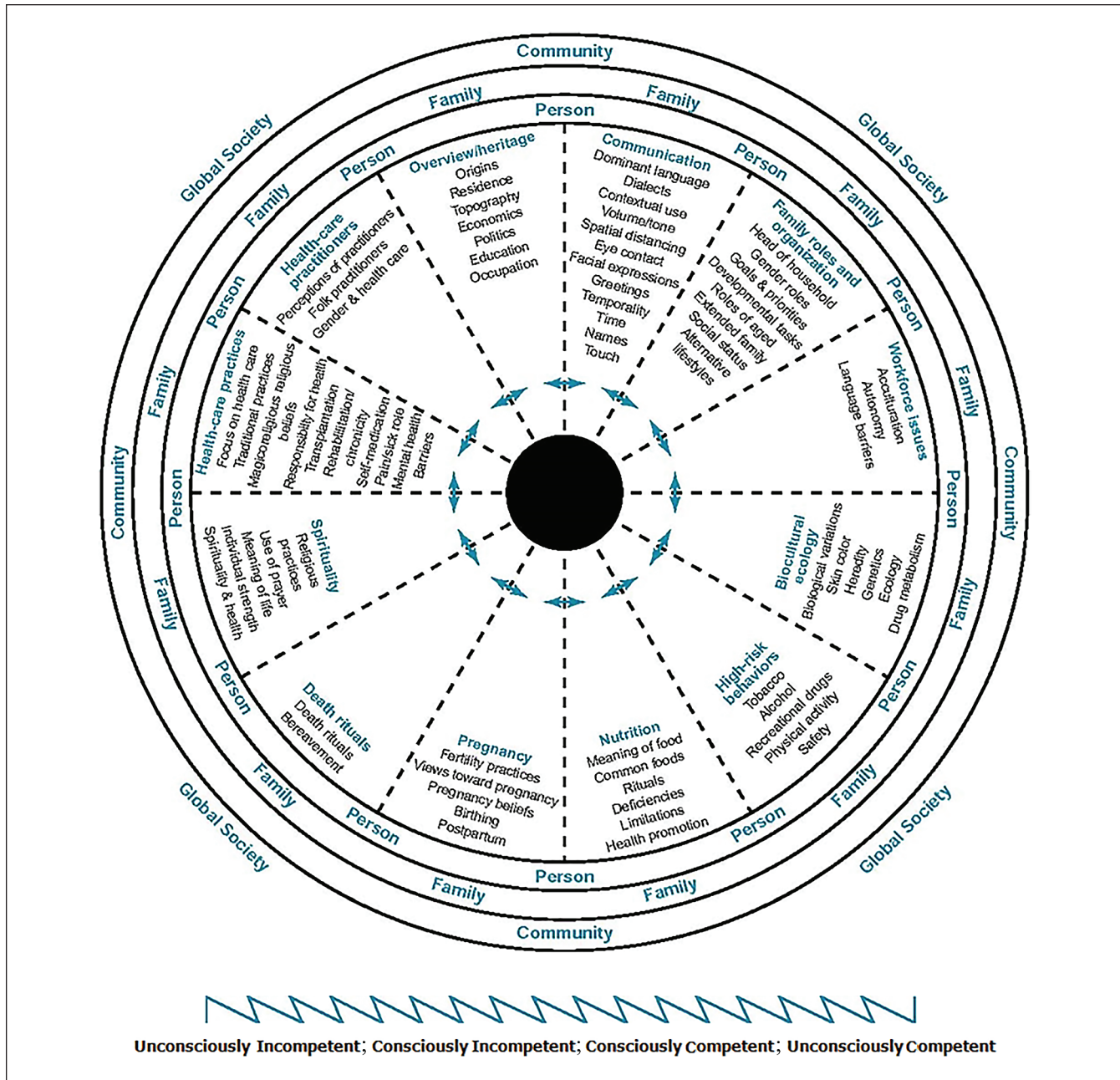
- All health care professions need similar information about cultural diversity.
- All health care professions share the metaparadigm concepts of global society, family, person, and health.
- One culture is not better than another culture; they are just different.
- Core similarities are shared by all cultures.
- Differences exist within, between, and among cultures.
- Cultures change slowly over time.
- The variant cultural characteristics (seen in a later figure) determine the degree to which one varies from the dominant culture.
- If patients are coparticipants in their care and have a choice in health-related goals, plans, and interventions, their compliance and health outcomes will be improved.
- Culture has a powerful influence on one’s interpretation of and responses to health care.
- Individuals and families belong to several subcultures.
- Each individual has the right to be respected for his or her uniqueness and cultural heritage.

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**Figure 1.** The Purnell model for cultural competence.

Note. Variant cultural characteristics: Age, generation, nationality, race, color, gender, religion, educational status, socioeconomic status, occupation, military status, political beliefs, urban versus rural residence, enclave identity, marital status, parental status, physical characteristics, sexual orientation, gender issues, health literacy, and reason for migration (sojourner, immigrant, asylee, undocumented status). *Unconsciously incompetent*: Not being aware that one is lacking knowledge about another culture. *Consciously incompetent*: Being aware that one is lacking knowledge about another culture. *Consciously competent*: Learning about the client’s culture, verifying generalizations about the client’s culture, and providing culturally specific interventions. *Unconsciously competent*: Automatically providing culturally congruent care to clients of diverse cultures. Copyright by Larry Purnell.

- Caregivers need both culture-general and culture-specific information to provide culturally sensitive, competent, and congruent care.
- Caregivers who can assess, plan, intervene, and evaluate in a culturally competent manner will improve the care of patients for whom they care.
- Learning culture is an ongoing process that increases by working with diverse encounters.
- Prejudices and biases can be minimized with cultural understanding.
- To be effective, health care must reflect the unique understanding of the values, beliefs, attitudes, lifeways,

and worldviews of diverse populations and individual acculturation patterns.

- Differences in race and culture often require adaptations to standard interventions.
- Cultural awareness improves the caregiver's self-awareness.
- Professions, organizations, and associations have their own cultures, which can be analyzed and evaluated by using a grand theory.
- Every patient contact is a cultural encounter.

## The Model

The model is a circle: The outer rim represents global society, the second rim represents community, the third rim represents family, and the inner rim represents the person (Figure 1). The interior of the circle is divided into 12 pie-shaped wedges, depicting cultural domains and their concepts. The dark center of the circle represents unknown phenomena. Along the bottom of the model, a jagged line represents the nonlinear concept of cultural consciousness. The 12 domains (constructs) provide the organizing framework of the model. At the bottom of the model is the newest update that includes the variant characteristics of culture. These variant characteristics of culture are critical in assessment to decrease stereotyping individuals from a population health perspective. Originally, the variant characteristics of culture were called primary and secondary characteristics of culture. This change was based on feedback of faculty using the model in education and in research. Each domain has a table with statements that can be adapted as a guide for assessing patients in various settings. This assessment guide is extensive with 14 pages and therefore cannot be included in this article.

## Domains

The 12 domains have not changed over time. However, some concepts in the domains have been added or revised. Professionals can always add concepts if they wish. As with any patient, assessment is an ongoing process. Not all domains are used in every patient encounter. The professional has to choose the most important concepts in each domain to address based on the patient's presetting symptoms and setting. The 12 domains essential for assessing the cultural attributes of an individual, family, or group include the following (see Table 1):

1. Overview, inhabited localities, and topography
2. Communication
3. Family roles and organization
4. Workforce issues
5. Biocultural ecology
6. High-risk behaviors

7. Nutrition
8. Pregnancy and childbearing practices
9. Death rituals
10. Spirituality
11. Health care practices
12. Health care providers

## Application to Theory, Research, Practice, and Administration

The Purnell theory and model have made a significant impact on cultural competence and culturally congruent care not only in the United States but also worldwide. The theory and model have been used in clinical practice in health care settings, in administration, and in one state with the American Bar Association with cultural mediators. In another state, the public health department has incorporated the assessment guide with practicing professionals.

Several universities and colleges have incorporated the theory and model in their courses at the baccalaureate, master's, and doctoral levels. Physical therapist, occupational therapist, physicians, nutritionists, dentists, and social workers have also included them in theory courses. Multiple health care organizations have used the theory and model to guide organizational cultural competence in combination with other organizational requirements including language interpretation and translation of forms in multiple languages. One hospital in Florida has adapted the model and assessment guide for use by all health care professionals. In another state, the guide has been incorporated in the electronic medical record of all patients from admission to discharge.

The theory and model have been used in qualitative research in master's theses, doctoral dissertations, and quality improvement projects in Australia, The Czech Republic, Belgium, Chile, Germany, Great Britain, Guatemala, India, Italy, Japan, Korea, New Zealand, Panama, Portugal, Saudi Arabia, South Africa, Spain, Sweden, Trinidad, and Turkey.

## Future of the Theory and Model

The Purnell model and theory have now been used for 20 years, which I consider still being in their infancy. The theory and model have been used in multiple settings worldwide. Multiple theses, dissertations, and quality improvement projects have been completed using the model and theory. As with many of the projects, regardless of theoretical framework used, they do not make it to the scholarly literature. With encouragement from faculty and practicing professionals, hopefully more of them will be published in respected scholarly journals. Based on feedback from students, faculty, and practicing professionals from all health care disciplines, additional changes will be made. For certain, the theory and model have made an impact on practice.

**Table 1.** Assessment Guide.

Cultural assessment tool	Comments
<p>Overview, inhabited localities, and topography</p> <p><i>Where do you currently live?</i></p> <p>What is your ancestry?</p> <p>Where were you born?</p> <p>How many years have you lived in the United States (or other country, as appropriate)?</p> <p>Were your parents born in the United States (or other country, as appropriate)?</p> <p>What brought you (your parents/ancestors) to the United States (or other country, as appropriate)?</p> <p>Describe the land or countryside where you live. Is it mountainous, swampy, etc.?</p> <p>Have you lived other places in the United States/world?</p> <p>What was the land or countryside like when you lived there?</p> <p>What is your income level?</p> <p>Does your income allow you to afford the essentials of life?</p> <p><i>Do you have health insurance?</i></p> <p>Are you able to afford health insurance on your salary?</p> <p>What is your educational level (formal/informal/self-taught)?</p> <p><i>What is your current occupation?</i> If retired, ask about previous occupations.</p> <p>Have you worked in other occupations? What were they?</p> <p>Are there (were there) any particular health hazards associated with your job(s)?</p> <p>Questions and observations related to the variant characteristics of culture not previously covered include the following: Have you been in the military? If so, in what foreign countries were you stationed?</p> <p>Communications</p> <p><i>What is your full name?</i></p> <p>What is your legal name?</p> <p><i>By what name do you wish to be called?</i></p> <p>What is your primary language?</p> <p>Do you speak a specific dialect?</p> <p>What other languages do you speak?</p> <p>Do you find it difficult to share your thoughts, feelings, and ideas with family? Friends? Health care providers?</p> <p>Do you mind being touched by friends? Strangers? Health care workers?</p> <p>How do you wish to be greeted? Handshake? Nod of the head, etc.?</p> <p>Are you usually on time for appointments?</p> <p>Are you usually on time for social engagements?</p> <p>Observe the patient's speech pattern. Is the speech pattern high- or low-context? Remember, patients from highly contexted cultures place greater value on silence.</p> <p>Observe the patient when physical contact is made. Does he or she withdraw from the touch or become tense?</p> <p>How close does the patient stand when talking with family members? With health care providers?</p> <p>Does the patient maintain eye contact when talking with the nurse/physician/etc.?</p> <p>Family roles and organization</p> <p>What is your marital/partner status?</p> <p><i>How many children do you have?</i></p> <p>Who makes most of the decisions in your family?</p> <p>What types of decisions do(es) the female(s) in your family make?</p> <p>What types of decisions do(es) the male(s) in your family make?</p> <p>What are the duties of the women in the family?</p> <p>What are the duties of the men in the family?</p> <p>What should children do to make a good impression for themselves and for the family?</p> <p>What should children not do to make a good impression for themselves and for the family?</p> <p>What are children forbidden to do?</p> <p>What should adolescents do to make a good impression for themselves and for the family?</p> <p>What should adolescents not do to make a good impression for themselves and for the family?</p> <p>What are adolescents forbidden to do?</p>	

(continued)

**Table 1. (continued)**

Cultural assessment tool	Comments
<p>What are the priorities for your family?            What are the roles of the older people in your family? Are they sought for their advice?            Are there extended family members in your household? Who else lives in your household?            What are the roles of extended family members in this household? What gives you and your family status?            Is it acceptable to you for people to have children out of wedlock?            Is it acceptable to you for people to live together and not be married?            Is it acceptable to you for people to admit being gay or lesbian?            What is your sexual preference/orientation? (if appropriate, and then later in the assessment after a modicum of trust has been established)</p>	
Workforce issues	
<p>Do you usually report to work on time?            Do you usually report to meetings on time?            What concerns do you have about working with someone of the opposite gender?            Do you consider yourself a "loyal" employee?            How long do you expect to remain in your position?            What do you do when you do not know how to do something related to your job?            Do you consider yourself to be assertive in your job?            What difficulty does English (or another language) give you in the workforce?            What difficulties do you have working with people older (younger) than you?            What difficulty do you have in taking directions from someone younger/older than you?            What difficulty do you have working with people whose religions are different from yours?            What difficulty do you have working with people whose sexual orientation is different from yours?            What difficulty do you have working with someone whose race or ethnicity is different from yours?            Do you consider yourself to be an independent decision maker?</p>	
Biocultural ecology	
<p><i>Are you allergic to any medications?</i>  <i>What problems did you have when you took over-the-counter medications?</i>  <i>What problems did you have when you took prescription medications?</i>  <i>What are the major illnesses and diseases in your family?</i>  <i>Are you aware of any genetic diseases in your family?</i>            What are the major health problems in the country from which you come (if appropriate)?  <i>With what race do you identify?</i>            Observe skin coloration and physical characteristics.            Observe for and document physical handicaps and disabilities.</p>	
High-risk health behaviors	
<p><i>How many cigarettes a day do you smoke?</i>  <i>Do you smoke a pipe (or cigars)?</i>  <i>Do you chew tobacco?</i>  <i>For how many years have you smoked/chewed tobacco?</i>  <i>How much do you drink each day? Ask about wine, beer, spirits?</i>            How many energy drinks do you consume each day?  <i>What recreational drugs do you use?</i>  <i>How often do you use recreational drugs?</i>  <i>What type of exercise do you do each day?</i>            Do you use seat belts?            What precautions do you take to prevent getting a sexually transmitted infections or HIV/AIDS?</p>	
Nutrition	
<p><i>Are you on a special diet?</i>            Are you satisfied with your weight?  <i>Which foods do you eat to maintain your health?</i>  <i>Do you avoid certain foods to maintain your health?</i>            Why do you avoid these foods?            Which foods do you eat when you are ill?</p>	

(continued)

**Table 1. (continued)**

Cultural assessment tool	Comments
<p>Which foods do you avoid when you are ill?            Why do you avoid these foods (if appropriate)?            For what illnesses do you eat certain foods?            Which foods do you eat to balance your diet?            Which foods do you eat every day?            Which foods do you eat every week?            Which foods do you eat that are part of your cultural heritage?            Which foods are high-status foods in your family/culture?            Which foods are eaten only by men? Women? Children? Teenagers? Older people?            How many meals do you eat each day?            What time do you eat each meal?  <i>Do you snack between meals?</i>  <i>What foods do you eat when you snack?</i>            What holidays do you celebrate?            Which foods do you eat on particular holidays?            Who is present at each meal? Is the entire family present?            Do you primarily eat the same foods as the rest of your family?            Where do you usually buy your food?            Who usually buys the food in your household?            Who does the cooking in your household?            How frequently do you eat at a restaurant?            When you eat at a restaurant, in what type of restaurant do you eat?            Do you eat foods left from previous meals?            Where do you keep your food?            Do you have a refrigerator?            How do you cook your food?            How do you prepare meat?            How do you prepare vegetables?            What type of spices do you use?            What do you drink with your meals?            Do you drink special teas?  <i>Do you have any food allergies?</i>  <i>Are there certain foods that cause you problems when you eat them?</i>            How does your diet change with each season?            Are your food habits different on days you work versus when you are not working?</p>	
Pregnancy and childbearing practices	
<p><i>How many children do you have?</i>            What do you use for birth control?            What does it mean to you and your family when you are pregnant?            What special foods do you eat when you are pregnant?            What foods do you avoid when you are pregnant?            What activities do you avoid when you are pregnant?            Do you do anything special when you are pregnant?            Do you eat non-food substances when you are pregnant?  <i>Who do you want with you when you deliver your baby?</i>            In what position do you want to be when you deliver your baby?            What special foods do you eat after delivery?            What foods do you avoid after delivery?            What activities do you avoid after you deliver?            Do you do anything special after delivery?            Who will help you with the baby after delivery?</p>	

(continued)

**Table 1. (continued)**

Cultural assessment tool	Comments
What bathing restrictions do you have after you deliver? Do you want to keep the placenta? What do you do to care for the baby's umbilical cord?	
Death rituals	
What special activities need to be performed to prepare for death? Would you want to know about your impending death? What is your preferred burial practice? Interment, cremation? How soon after death does burial occur? How do men grieve? How do women grieve? What does death mean to you? Do you believe in an afterlife? Are children included in death rituals?	
Spirituality	
<i>What is your religion?</i> Do you consider yourself deeply religious? How many times a day do you pray? What do you need to say your prayers? Do you meditate? What gives strength and meaning to your life? In what spiritual practices do you engage for your physical and emotional health?	
Health care practices	
<i>In what prevention activities do you engage to maintain your health?</i> Who in your family takes responsibility for your health? <i>What over-the-counter medicines do you use?</i> What herbal teas and folk medicines do you use? For what conditions do you use herbal medicines? What do you usually do when you are in pain? How do you express your pain? How are people in your culture viewed or treated when they have a mental illness? How are people with physical disabilities treated in your culture? What do you do when you are sick? Stay in bed, continue your normal activities, etc.? What are your beliefs about rehabilitation? How are people with chronic illnesses viewed or treated in your culture? <i>Are you averse to blood transfusions?</i> <i>Is organ donation acceptable to you?</i> <i>Are you an organ donor?</i> Would you consider having an organ transplant if needed? Are health care services readily available to you? Do you have transportation problems accessing needed health care services?	
Can you afford health care?	
Do you feel welcome when you see a health care professional? What traditional health care practices do you use? Acupuncture, acupressure, <i>cai gao</i> , <i>moxibustion</i> , aromatherapy, coining, etc.? What home difficulties do you have that might prevent you from receiving health care?	
Health care practitioners	
What health care providers do you see when you are ill? Physicians, nurses? Do you prefer a same-sex health care provider for routine health problems? For intimate care? What healers do you use beside physicians and nurses? For what conditions do you use healers?	

Note. An extensive cultural assessment is rarely completed in the clinical setting because of time and other circumstances. A seasoned clinical practitioner will know when further assessment is required. Thus, this tool should be used as a guide. Items in italics are part of any standard assessment. Other items may also be part of a standard assessment, depending on the organization, setting, and clinical area. Copyrighted by Larry Purnell.

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