

## Research on Transcultural Nursing

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### Rationale

A number of major changes occurred during the past decade in nursing education and practice. Nurses in different parts of the world have responded to societal and cultural norm changes in order to make the nursing profession relevant, dynamic and contemporary to the health needs and concerns of people. Humanistic aspects of nursing care are being taught more in nursing curricula, "...meeting the needs of a diverse and multicultural society", according to the *National League for Nursing* (1977).

If a nurse is not consciously aware of the client's cultural heritage, the nurse could misjudge the impact of that individual's culture on his or her experience of health care. Also, nursing care may be "fraught with culturally inaccurate and inappropriate judgments leading to ineffective and even unsafe interventions" (Mattson, 1987).

Transcultural nursing is the term for a theoretical construct developed by Leininger (1977), who emphasized that nursing care practices should be developed, planned and provided according to the values and beliefs of different cultures. In order to better understand the complex nature and the con-

text of modern health care needs, research is needed to explore the various aspects of transcultural nursing and client care.

### Purpose

The purpose of this review is to present research on transcultural nursing. The scope of studies is addressed as well as discussion of the sampling methods and data analysis. The objective is to gauge to what extent current transcultural research has been conducted and to focus on areas of strengths and weaknesses. Implementations for future research and applications to nursing will be highlighted.

### Selection

The transcultural nursing studies chosen for investigation were selected after perusing three nursing research journals dated from 1984 to 1987: *Journal of Advanced Nursing*, *Western Journal of Nursing Research*, and *Advances in Nursing Science*. These publications include virtually all the articles in nursing research which cover a range of clinical, educational and social areas relevant to transcultural re-

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search.

The most salient factor of this investigation was the paucity of transcultural research in nursing. This investigator found only ten articles on this topic published between 1984 and 1987. Topics were limited to the following cultural groups : Hmong women, whites, Hispanics, Pacific Asians, Canadians, East Germans, Negroids and Caucasians in England. While a number of studies researched women's issues such as pregnancy, breast feeding, etc., few looked at "male topics". The topics found were as follows :

- a) health care(Anderson, 1985 ; Mardiros, 1984) ;
- b) self-care(Hautman, 1987 ; Whetstone, 1986) ;
- c) health beliefs(Lee, 1986 ; Roberson, 1987 ; Speraw, 1987) ;
- d) breast feeding(Hall, 1984 ; Sweeney & Gulino, 1987) ; and
- e) communication patterns between nursing staff and ethnic elderly(Jones & Jones, 1986). (See Table 1).

As the cultures represented in these ten articles were limited, many cultures such Korean, Japanese, Jamaican, Haitian, Middle Eastern have yet to be studied. Central topics not covered included nurses' perceptions of clients and clients' perceptions of health care workers.

### Analysis

Reviews are examined in six dimensions ; purpose and hypothesis statement, evaluation literature, sampling, methodological issues, interpreting results, and the use of tables.

### Hypotheses in Studies Reviewed

All ten studies included topic statements. However, all but two studies(Hall, 1984 ; Jones & Jones, 1986) have rather broad statements of purpose. Only four studies had specific hypotheses of research questions : Whetstone(1986), Hautman(1987), Sweeney and Gulino(1987), and Anderson(1985). The

others presented only general statements as to what would be investigated. The studies were often loose investigations of a particular topic and did not state any specific hypothesis to confirm or disconfirm. This limitation is related to some of the inadequacies of the literature reviewed. Although researchers provide some literature, it is often related only in a general way which precludes the drawing of hypotheses.

### Evaluation of Research Literature

Reviewing the literature in this study demonstrates that there are major gaps in theoretical and empirical articles presented. Some of the researchers are very thorough in presenting theoretical and empirical articles. Hautman(1987) summarizes theoretical literature on self-care constructs as well as previous studies in self-care practices. Often so little research has been done on a particular topic that the researcher had to creatively use related theory and research to support his/her study.

However, several studies are very inadequate in presenting literature. Lee(1986) provides demographics and an historical background of the Hmong but no theory or research on topics of health beliefs, pregnancy or the postpartum period.

Some of the studies include virtually no theoretical or empirical literature, so these studies are not grounded on a solid rationale. Roberson(1987) includes only some definitions of health beliefs, and Mardiros(1984) provides a very brief review of the areas of health care study of minorities with no specifics on the actual studies.

In some studies, theory derived from anthropology and other psychosocial sciences has been adapted to guide nursing research. For example : Speraw(1987) reviews the psychology literature on adolescent development and some empirical literature on adolescent experience of pregnancy in various cultures. Sweeney and Gulino(1987) present the demographics of breast feeding, but the theory is

limited to a psychological (Resenstock) model of health beliefs. Anderson(1985) limits her theory to the sociological analysis of the health care of immigrants. Only two articles were based on nursing theory.

Hautman(1987) supports the model of nursing theory ; Orem views self-care practices as part of one's culture. Whetstone(1986), utilizing Orem's construct of the term "self-care agency", discusses this as a construct of Orem's general theory of nursing, which she relates to Smith's(1983) conceptualization of nursing literacy.

#### Sampling

All of the articles provide general information on their samples. However, many fail to detail the sampling method, and in some cases where they did specify the details of sampling, there are no problems in the actual mode of selection. Lee(1986) does not specify who is considered a Hmong woman, nor does she give any specifics on their place of residency or the length of residency in the United States. She does not describe using a snowball technique, and this presents a problem. Women are not selected randomly so that women who are similar may be the only ones included in the study.

The selection procedure of Speraw(1987) has problems because a portion of her sample are Asians from Hawaii while the remainder are from Low Angeles, so that the variables of geographic residence and culture are confounded. She does not say what generation Americans the subjects are, nor does she specify the heterogeneity of the cultural groups.

Whetstone(1986) compared the perceptions of self-care in East Germany and the United States, but does not mention the age of subjects from the United States ; the author also compares lay persons from East Germany to professionals from the United States, thereby confounding occupational status. The geographic and cultural variables are stated.

#### Methodological Issues

For the most part, the ten reviewed studies were qualitative, ethnographic investigations which utilized transcultural and correlational designs. The basic methods used fall into the following categories : interview, participant observation, and questionnaire. In many cases, the studies used various methods, for example, correlational in design and utilizing questionnaires for data collection. However, for the purpose of critically contrasting these studies, the three major categories will be used as a framework because they involve the actual measures and procedures (See Table 1).

**Interviewing.** of the four researchers who used interviews, three (Hautman, 1987 ; Lee, 1986 ; Sweeney & Gulino, 1987) do describe the structure of the interview, while Hall(1984) does not. Hautman states that the interview includes 30 open-ended questions, and Sweeney mentions that the study contains 56 items, but neither Hall nor Lee mention how many items are included. Little is offered on the procedures, and neither Lee, nor Hall, nor Sweeney describe the length of interviews, while Hautman states that they ranged from 20 to 90 minutes without accounting for this large range. One important issue in cultural research is the language used for data collection. Whether the interviews were conducted in a language the subject feels comfortable with is very important. Lee and Hautman state that the interview was conducted in English. Hautman also provided a Vietnamese translator, but since these persons were not health workers, their limited knowledge of health may have limited the interviews. A language gap may not provide clarity, however, and moreover, a translator may alter what is being expressed. Neither Hall nor Sweeney and Gulino provide information on the language used in interviewing.

Regarding the validity of the questionnaire, Lee reports that an international panel reviewed the questions on health beliefs, which does address the content validity. However, as no other quest-

ionnaires were given in a pilot or the actual study, external validity is not provided. None of the other researchers in this category even address the issue of validity. While the scoring procedures are briefly mentioned, reliability of scoring is not addressed.

**Interviewing and taping.** Lee(1986), Hautman(1987), Hall(1984), and Sweeney and Gulino(1987) do not mention how the data was recorded during administration. Anderson(1985), however, describes how she taped the interviews she conducted with the assistance of Greek and Indian translators. But no information is offered on the structure or content of the interviews. Regarding administration, she states that interviews were conducted one to four times, without explaining the discrepancy. No information is given on validity or reliability.

**Participant observation with interview.** Mardiros(1984) used an interview as well as "participant observation" to study the Mexican American view toward hospitalization. While this combination of methods could provide a rich ethnographic study, so little information is offered that the merit of her approach is difficult to determine. Regarding the interview she mentions that there were open-ended questions. However, she does not tell anything about the content of the questions or the procedure or administration. No information is given on the validity or reliability of the instrument. Regarding the participant observation, absolutely no information is offered.

**Questionnaire.** Three studies used the questionnaire method. It should be noted that in these studies no combination of instruments were used, only questionnaires. All of the researchers describe the type of questionnaire and the number of items. Both Roberson(1987) and Whetstone(1986) used a Likert-type design, while Speraw(1987) used an open-ended design. Roberson used English for his American subjects, but they were from various countries and he does not indicate their level of proficiency with English. Whetstone translated the questionnaire from English to German, a process which may have affected the data and reported

differences between English and German samples. To establish validity, Roberson states that the alpha coefficient for the instrument is .86, but does not say where this figure was derived from nor how the instrument was validated. Whetstone used two questionnaires for the Exercise of Self-Care Agency. A reference is given to Kearney and Fleischer's(1979) reliability coefficient for that instrument and the validation procedures. The self-concept inventory is described as a relatively new instrument and no reference is given. The validity of the instrument was reportedly communicated to Whetstone personally by Malcolm. Test /retest reliability figures are offered.

Speraw(1987) does provide a content analysis of responses along with consistency of responses. These are presented in percentages without statistical analysis of significance. Given that he used an open-ended questionnaire, interrater reliability should have been provided.

#### Interpreting Results

There are serious limitations in the manner in which the results are discussed in all of these papers. Some of the researchers tended to have very informal results in which they organized data in categories and provided simple qualitative descriptions. Quantitative data were limited to simple percentages. This was the case for Lee(1986), Roberson(1987), Anderson(1985), Hall(1984), Sweeney and Gulino(1987), Mardiros(1984), Whetstone(1986), and Speraw(1987). Another group of researchers provided more specific research questions and the results are more specific. Hautman(1987) uses tables of frequency of forms of self-care, and additionally, provides statistics to assess whether the results are significant. Only Jones and Jones(1986) fell into a third category of researchers who have firm hypotheses. They compiled statistics of the data as well as the T and Z scores, and both pooled and single estimates of variance are tabulated. The implications and discussion

Table 1. Summary of Purpose, Sampling, Method, Measure, and Results of The Reviewed Studies

Author, Topic	Sampling	Method /Measure	Results
Lee(1986), Health beliefs of pregnant and post-partum Hmong women	snowball sampling of Hmong women : 43 pregnant, 34 postpartum	home visit interview ; structured questionnaire. Collected data on : a) cause of infant death b) food taboos c) breast feeding d) immunization e) labor, delivery  f) family planning g) weaning beliefs	<u>pregnant</u> <u>postpartum</u> fever,            stillborn, convulsions    fever none             none 88% agree      87% agree 91% agree      74% agree 91% want       NA home delivery NA               82% agree NA               37% agree after 4yer. old
Roberson(1987), Folk health beliefs of health professionals	Southern urban locale : 97 nurses, 23 physicians	questinnaires, 25 items Likert-type. Asked about ; folk health belief of health etiology of illness and health restoration	90% agree that prayer is an important aid to healing ; people can worry themselves sick. 60% agree that only through God can a person heal. Thus, health professionals may hold some beliefs that could be described as folk health beliefs which would be in accord with the beliefs of some laypersons.
Speraw(1987), Adolescent perceptions of pregnancy ; A cross-cultural perspective	59 pregnant adolescents from LA(10 white, 19 black, 10 Hispanics), 20 Pacific Asians from Hawaii	questionnaires, 30 open-ended items. Asked about ; descriptive of subjects' feelings, perceptions, and situations related to their pregnancies.	Blacks placed highest value on children and motherhood. Hispanics also have high regard for motherhood. Whites were reluctant and frequently reflected feelings of guilt and regret. Asians being sent away from home in disgrace is reflection of strength of attitudes held by noth adolescents and their families.
Whetstone(1986), Perceptions of self-care in a cross-cultural setting	East germany, 10 females, 7 males ; aged 19-69	questionnaire, 43 items, Likert type for Exercise of Self-Care Agency, and 20 items 3-point scale for self-concept inventory.	Significant difference between German and ADN in self-care means ; not significant between German and undergraduate psychology studets. Self-concept ; Germans, 60.2 ; Nebraskans, 77.7. No : elation between age and self-care on self-concept scores. Positive linear relationship between self-concept and self-care.
Hautman(1987), Self-care responses for respiratory	Texas, 30 subjects (age 18-62) born in Vietnam, in USA	Home visit interview, structured, 30 open-ended questions	Most significantly reported ; self-care practices : use of patent medicines, coin rubbing. Coin

Author, Topic	Sampling	Method /Measure	Results
illnesses among Vietnamese	since 7 months to 7 years		rubbing related to length of residency in USA.
Mardiros(1984), A view toward hospitalization : The Mexican-American experience	Southwest US 70 Mexican-American subjects who stayed at hospital	participant observation and interview about : a) socio-economic status b) language proficiency c) social network d) modesty e) role expectation f) folk beliefs and practices	100% of subjects concerned 100% of subjects concerned 94% of subjects concerned 76% of subjects concerned 68% of subjects concerned 54% of subjects concerned
Hall(1984), Breast feeding : Difference in prevalence between Caucasian and Negroid women resident in Paddington and North Kensington, London, England	London, quota sampling : 337 Caucasians, 150 Negroids	Interviews with women who were transferred home less than 6 days after delivery. Asked about : a) differences in breast feeding within and between various subgroups b) are age, occupation, education related to breast feeding habits?	Negroid group(82%) was higher than Caucasian group(56%)  Age and occupation had no relation to breast feeding among Negroid mothers, but each had marked association for Caucasian mothers.
Sweeney & Gulino (1987), Health belief model as an explanation for breast feeding	140 Mexican-Americans, average age : 21	Interview, at time of delivery and six weeks later through structured questions	54% of subjects were breast feeding or used combination of breast and bottle feeding six weeks postpartum.
Anderson(1985), Perspectives on health of immigrant women	6 Indo-Canadians 8 Greeks age 20-50 3-25 years in Canada	In-depth interview, partially taperecorded interpreter assisted a) Primary concerns about health? b) Experiences with help-seeking?	"Marginality" as concept indo-Canadians in particular did not see health care system as source of support.
Jones & Jones (1986), Communication patterns in a long-term care facility	36 subjects in three groups : Canadians, UK, ethnic group	Tape recordings to observe verbal communication between nursing staff and elderly residents	Ethnic elderly group(30%) was significantly less than the Canadian and UK groups(70%)

sections were also limited. Only two researchers (Roberson, 1987 ; Hautman, 1987) outlined areas for further research. Only Whetstone discussed methodological problems. None of the researchers discussed implications for theory development or made recommendations for clinical nursing.

#### **Integration and Synthesis/ Identification or Derivation of Theoretical Framework**

Due to a lack of transcultural nursing theories and models, these studies are grounded on social science theory. A nursing model would outline relationships between personhood, environment, health, and care. While social science looks at personhood (psychology), environment (sociology), and culture (anthropology), it does not involve primary examination of health and care. The findings of these studies can help generate such a nursing model as they explore interaction between mediating variables such as health belief and a person's health.

Nowadays, nursing theory can be transcultural, as shown by Leininger's (1985) nursing theory of cultural care which provides the framework for the study of health and caring in the acculturation process. We need to generalize theory about nursing which requires the identification of shared patterns and synthesis of the common denominator into theory and a model for assessing needs. Thus, systematic sharing of results and transcultural validation of nursing constructs would hasten nursing's ability to look at nursing phenomena, the human response to needs, and the curative, caring innovations necessary for holistic health care and universal care.

#### **Significance, Implications and Recommendations for Advanced Nursing Practice**

Each study is significant for nursing Practice education, research and administration. Several of these will be discussed. The results point out that a

nurse who provides health care to clients of different cultures can better understand these clients through an increased knowledge of their belief systems, values, practices, and social rules guiding behavior. A number of significant results emerged from this body of research. Hautman (1987) found that self-care practices among Vietnamese are based on traditional folk health beliefs such as coin rubbing for respiratory illness. There appears to be a gradual decrease in these practices as the length of stay of the Vietnamese in the United States increases. However, understanding these health beliefs would be important to health care workers caring for Vietnamese immigrants. Open discussion of their possible confusion between the Eastern and Western methods may help clarify discrepant approaches. What may appear to be noncompliance among these clients may be an expression of their cultural conflict. Transcultural nursing also is concerned with symbolic interaction ; the communication system used by nurse and patient. In Jones and Jones's (1986) study the ethnic elderly spoke less frequently to health workers than the Canadian residents. If patients do not share a common language, they are unable to discover whether they agree on vital health care services. It is the nurse's responsibility to discover the degree to which the nurse and the patient share the same goals and the same symbols.

**Research.** The limits of the existing research in the transcultural nursing field point out several areas for future research. Research in transcultural nursing has resulted in limited theoretical contributions because rarely does an investigator build on research on one or two cultures. There is a need for a cumulative trend in the research which examines the same phenomena in more than one culture.

**Method.** The qualitative method has been a major strength of transcultural nursing studies, and research contains rich descriptions. While many studies did not reach the hypothesis-generating stage, the analyses generated innovative conclusions.

ptualizations of issues. Quantitative methods using precise measurement and statistics to analyze variables must also be used. These studies can be viewed as pilot or initial investigations from which we can generate hypotheses to be tested.

**Education.** Most students entering a nursing program only narrowly understand the concept of culture, and are unsure of how to collect, piece together, and use cultural information. Thus, the concept and framework should be introduced in the first semester of nursing courses and reinforce by utilizing them throughout the curriculum. Students should have background in cultural anthropology ; for example, a course of transcultural therapy. During the class, discussion of specific ethnic groups should take place appropriately interspersed throughout several topics. Ideally, more emphasis would be placed on these ethnic groups in a minority situation that is pertinent to geographical location of the school. Furthermore, practica could provide opportunities for students to integrate their field experience with ethnic patients into the theory being learned.

**Practice.** The clinical base of nursing, which only a nurse can provide, is what makes transcultural nursing a field separate from other areas (such as anthropology). Clinical nurses also have a wealth of data at their fingertips not available to nurse researchers. There is a dialectic such that research builds from nurses' general observations, and that the relevant research findings enhance nurses' clinical practice. Thus, every nurse considering the cultural variable practices transcultural nursing ; but there is also a need for increased application of research to nursing practice.

**Administration.** Nurse administrators need to be aware of the composition of the population in order to meet special needs of their minority group clients. There is a need for recruitment of nurses knowledgeable about select populations and in-service education.

## References

- Anderson, J.M., Perspectives on the health of immigrant women. *Advances in Nursing Science*, , 1985, October, 61-76.
- Brink, P., *Transcultural nursing*. New Jersey : Prentice Hall, 1976.
- Burns, N. & Grove, S.K., *The practice of nursing research : conduct, critique and utilization*. Philadelphia : Saunders co., 1987.
- Hall, D.J., Breast feeding : Differences in prevalence between Caucasian and Negroid women resident in Paddington and North Kensington, London, England. *Journal of Advanced Nursing*, 1985, 10, 173-177.
- Hautman, M.A., Self-care responses to respiratory illnesses among Vietnamese. *Western Journal of Nursing Research*, 1987, 9(2), 223-243.
- Jones, D.C., & Jones, M.M., Communication patterns between nursing staff and the ethnic elderly in a long-term care facility. *Journal of Advanced Nursing*, 1986, 11, 265-272.
- Jones, E., Translation of quantitative measures for use in cross-cultural research. *Nursing Research*, 1987, 36(5), 324-327.
- Kearney, B.Y., & Fleischer, B.J., Development of an instrument to measure exercise of self-care agency. *Research in Nursing and Health*, 1979, 2, 25-34.
- Lee, P.A., Health beliefs of pregnant and postpartum Hmong women. *Western Journal of Nursing Research*, 1986, 8(1), 83-93.
- Leininger, M.M., *Transcultural nursing care of elderly : Proceedings from the Second Transcultural Conference, Salt Lake City*. University of Utah, College of Nursing, 1986.
- \_\_\_\_\_, *Qualitative research methods in nursing*. New York : Grune & Stratton, 1985.
- \_\_\_\_\_, *Transcultural care diversity and university : A theory of nursing*, *Nursing and Health Care*, 1985, 209-242.



Mardiros, M., A view toward hospitalization : The Mexican American experience, *Journal of Advanced Nursing*, 1984, 9, 469-478.

Mattson, S., The need for cultural concepts in nursing curricula, *Journal of Nursing Education*, 1987, 26(5), 206-207.

McKenna, M., Anthropology and nursing : The interaction between two fields of inquiry, *Western Journal of Nursing Research*, 1984, 6(4), 423-431.

Munhall, P.L., & Oiler, C.J., *Nursing research : A Qualitative perspective*. Connecticut : Appleton-Century-Crofts, 1986.

National League for Nursing, *Criteria for the appraisal of baccalaureate and higher degree programs in nursing*, 1977.

Polit, D.F., & Hungler, B.P., *Nursing Research*, Philadelphia : Lippincott, 1987.

Roberson, M.H.B., Folk health beliefs of health professional, *Western Journal of Nursing Research*, 1987, ((2), 257-263.

Robertson, M.A., & Boyle, J.S., *Ethnography : Contributions to nursing research*, *The Journal of Advanced Nursing*, 1984, 43-49.

Speraw, S., Adolescents' perceptions of pregnancy : A cross-cultural perspective, *Western Journal of Nursing Research*, 1987, 9(2), 180-202.

Sweeney, M.A., & Gulino, C. The healthbelief model as an explanation for breast-feeding in a Hispanic population, *Advances in Nursing Science*, 1987, July, 35-50.

Tripp-Reimer, T., Reconceptualizing the construct of health : (ntegrating emit and etic perspectives, *Research in Nursing and Health*, 1987, 17, 101-109.

Tripp-Reimer, T., & Dougherty, M.D., Cross-cultural nursing research, In H.H. Werley & J. J. Fitzpatric(Eds.), *Annuaal review of nursing resrach* New York : Springer, 3, 77-104.

Whetstone, W., *Perspectives of self-care in East*

Germany : A cross-cultural empirical investigation, *Journal of Advanced Nursing*, 1986, 12, 167, 176.

-국문요약-

## 횡문화 간호에 관한 연구

신 경 립\*

세계가 일일 생활권화 됨과 더불어 국제교류가 활발해지므로써 횡문화 간호 연구는 전문직 간호(Professional Nursing)에 있어서 매우 중요한 부분을 차지하고 있음을 많은 문헌을 통해서 알 수 있다(Brink, 1976 ; Leininger, 1977 ; Roberston & Boyle, 1987).

횡문화 간호연구는 서로 다른 문화적 배경을 가진 사람들을 잘 이해하고 그들의 건강을 돌봄에 있어서 더욱 효과적이고, 안전한 간호를 할 수 있을 뿐만 아니라 간호이론 개발, 간호모형(Model) 개발에 있어서도 매우 중요한 역할을 한다고 믿는다.

본 연구는 1984년에서 1987년 사이에 전문직 간호연구지에 실린 10편의 횡문화 간호연구와 관련된 논문들을 발췌하여 간호지식체의 본질적인 과정인 비판적 문헌고찰을 통해 각 논문들을 비교 분석한 것으로써, 미래의 간호연구를 위한 간호실무, 간호교육, 간호연구 방법 및 간호행정 면에서 그 적용성을 높여줄 것이다.

비판적 문헌고찰을 위한 기준은 Burns와 Grove (1987)의 방법을 참고하여 아래와 같이 선정하였다.

1. 분석대상 : 목적, 가설 진술, 문헌고찰, 표본조사, 방법론적 논점, 결과 해석
2. 이론적 틀의 유도 혹은 통합
3. 발전적인 간호수행을 위한 중요성, 적용성 및 제언 이상의 내용으로 비교 분석을 해본 결과 1984년에서 1987년 사이에 발표된 횡문화 간호에 관한 논문들의 주제는 주로 여성을 대상으로 한 건강돌봄, 자가간호, 건강신념, 수유, 임신 그리고 간호사와 소수민족 노인과의 의사소통 양상 등으로 나누어 볼 수 있었다. 이론적 틀은 주로 사회학, 정신심리학, 인류학 이론으로부터 도출되었고, 오직 두 편만이 간호이론에 틀을 둔 것으로 나타났다.

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1. 10개의 논문의 가설과 목적의 분석에 있어서 4편의 논문은 목적과 가설이 구체적으로 진술되어 있었고, 나머지 6편은 목적이 전반적으로 진술되어 있었으며 가설도 구체적이지 않았다. 이러한 제한점은 각 논문의 연구자가 문헌고찰을 충분히 하지 못하고 단지 수편의 논문만을 제시한 데서 비롯되었다고 분석해 볼 수 있겠다.

2. 문헌고찰 부분에서는 각각의 연구주제를 지지해 줄 수 있는 문헌들이 충분히 고찰되지 못하였고, 이론적 배경 또한 횡문화 이론과의 관련성이 적었다. 또한 횡문화 연구에 기초가 되는 연구대상자의 사회 인구학적 특성과 역사적 배경은 잘 나타났으나, 이론적 연구와 경험적 연구 간에 괴리가 있었다.

3. 표본추출방법은 문화에 기반을 둔 대상자를 선정

한다는 점에서 한계성이 있었다.

4. 방법론적 이유로는 대상자와의 면담시간이 구체적으로 기술되지 않았으며, 고유한 언어를 통역하는 과정에서 의미론적 문제에 대한 고려가 부족하였다. 면접과 기록과정에서 보면 자료의 기록과정과 분류 및 분석과정이 명시되어 있지 않았다. 참여관찰과 면접방법을 사용시 이에 대한 자세한 기술이 되어있지 않았다.

5. 연구결과의 적용 및 이에 대한 논의는 상당히 제한되어 있었는데, 수편의 연구만이 방법론적 문제점과 앞으로의 연구분야에 대한 전망을 제시하였으며, 특이한 것은 어떤 연구자도 이론개발을 위한 적용 및 임상실무적 차원에서 간호에 대한 제언을 하지 않았다.