



Caring for a Bedouin Female Patient with Breast Cancer: An Application of Leininger's Theory of Culture Care Diversity and Universality

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ABSTRACT

Leininger's theory is to provide care measures that are in harmony with an individual or group's cultural beliefs, practices, and values. In the 1960's she coined the term culturally congruent care, which is the primary goal of Transcultural nursing practice. Recently, there is a noticeable increase in the usage of the advanced hospitals' health services by the Bedouin; as their awareness developed in term of health issues, and this put the health care providers (especially nurses) in a great chance to face this Bedouin's culture in clinical areas. So we have to enrich our understanding of the Bedouin's culture to deliver a culturally congruent and satisfying care. A personal experience of two oncology nurses in working with a female patient with breast cancer and her Bedouin family described, with application of Madeleine Leininger's theory of culture care diversity and universality. Concluding that understanding, considering and valuing cultural differences when delivering nursing care are vital to ensure providing a culturally congruent nursing care as well as avoid conflicts.

Keywords: Bedouin, Culture Care Diversity and Universality Theory, Jordan, Arab, Breast Cancer.

INTRODUCTION

We received a call regarding a 40 years old Bedouin female patient Fatima (Real name was changed for confidentiality) that was coming to our hospital in Amman because they haven't advanced laboratories for specific blood tests and medical images and biopsies in their hospital in Ma'an Governorate (a town in southern Jordan 218 km away from the capital Amman).

Since two months Fatima was complaining of right side breast swelling and redness and abnormal nipple discharge in the same side. She was treated with many types of analgesics and antibiotics in a local hospital in Ma'an. But unfortunately Fatima's condition get worse by time; so the doctor told her

that "we need advanced tests in order to diagnose your under laying condition Fatima; to treat you in a proper way" and the doctor referred her to our hospital in Amman.

Our initial reaction was, Bedouin? We knew there were rural and urban and we dealt with many of them but we are unaware of The Bedouin's culture.

STEREOTYPICAL ASSUMPTIONS

We made preparations for the patient's admission, while the oncologist aware that this may be a breast cancer! During waiting for Fatima, we began to think about what we know about the Bedouin culture, and then we started to imagine that they will come into

GJMEDPH 2013; Vol. 2, issue 3

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Conflict of Interest—none

Funding—none

long dresses and putting Fatima on a camel that ride by her husband!

Both of us had watched a few series about the Bedouin way of life, customs and traditions but we realized that we don't know much besides they were a modest, conservative cultural group who didn't drive cars or have electricity. Their women don't do much of the speaking unless it was in the privacy of their own home.

As we became more aware of our ignorance of Bedouin culture, we also considered the fact that this family was about to deal with a serious disease which made us slightly anxious and afraid of any difficulties in considering cultural diversity in our nursing care and in their acceptance of what we expected "cancer"; so we tried to overcome this by repatterning and restructuring some of our actions to provide a satisfying holistic care for them.

Finally they arrived, the husband and the sons carrying Fatima in their arms with the daughter's and her daughters-in-law two steps behind. Also her parents and other people hovered nervously; they were a group of black and white; the men wear white "Dishdash" (a long robe with long sleeves, worn by men from the Arabian Peninsula) with a white "Hata" (a scarf-like head cover worn by men from the Arabian peninsula, protects the head from direct sunlight and can be used to cover the mouth and the nose during sand storms) on their heads and the women wear a black homemade dresses accurately embroidered with silk threads and a headgear that signal the Bedouin women status "Asaba" (a piece of black cloth worn by married Bedouin women on their forehead).

Fatima was anxious and looked very tired; we immediately set to work. Her family asked to assign a female nurse instead of male nurse, and despite that we in our unit don't consider this point in the nursing assignment we restructuring the nursing assignment considering assigning a female nurse for Fatima during her hospitalization period to provide a culturally satisfying nursing care.

When the female nurse explained to the family that Fatima will be dressed the gown and the head cap

instead of her traditional clothes they wondered if that is because we didn't like their clothes! But kindly the nurse told them that this is for medical issues: "regardless the patient's clothes, the patient in our unit should wear the gown and the head cap but we can put this ('Asaba) above the head cap", we notice that this accommodation made them accept the new cloth!

At Fatima's bedside, the family spoke a strange dialect; we found it hard to understand some of the words; so we asked them kindly for clarifications each time to overcome this point to ease the communication. The doctors explained the situation to the family while the female members of stood at the bedside, we noticed that the females cautiously engaged in the conversation, and we took this as an indication that we could speak directly to them as well.

UNDERSTANDING CULTURAL DIFFERENCES

Fatima was seen by several oncologist and they decided that she needs several tests to diagnose the underlying disease; so we started with blood tests, different medical images and finally fine needle aspiration done. All the results indicate one diagnosis, which is right side breast cancer stage III, without metastasis! We went home that evening depressed, worried yet full of wonderment and questions: how we will inform Fatima and her family? How they will accept the new situation!

We used the Internet to learn more about Bedouin in Ma'an and their culture in general, and we found that The Bedouin tribes are known as the original Arabs, and although many are urbanized today, there are still others who continue to roam the desert with their camels, goats, and sheep while driving sport utility vehicles subsidized by the state. The nomadic life continues to be regarded as the most honorable by many Jordanians because such a life is the freest, the least restrained by authority¹. On the other hand, Tribal ethos, which dominated Bedouin culture in the past and continues to influence Jordanian life ways today, include courage, hospitality, loyalty to family, patriarchy, and pride of ancestry².

In the next day the decision was to inform Fatima and her family; so as a medical team we and the oncologist invited Fatima to a special room, she was worried and her face hold a lot of questions.

The oncologist asked Fatima about her general status and then told her that “we know that the family is a big part of your culture; so we have no problem if you need any one of your family to be here while explaining your medical condition”, she preferred to invite her husband and her father to join us and we did. As a medical team we explained the aim of this meeting and confirmed that all the suggested tests were done to diagnose Fatima’s disease and the diagnosis was right side breast cancer. They were shocked; Fatima cried and said this is the “black death”, her husband said “that dieses!! How and why??”, and the father looked at us and said: “illness awaits every living creature, and everything will be fine –by god willing- isn’t it?” We nodded and agreed. We started to explain that we will do our best for Fatima and that she had a good survival chance; since the tumor doesn’t metastasized yet. Then we told them that we are ready any time for discussing the disease and its treatment.

Our cultural awareness was growing, and as time passed, a trust relationship was formed between the hospital staff and the family. We learnt that each member of the community had a different role to provide for the community. Family and community are a big part of Bedouin life, and we made sure that visits with Fatima’s extended family and Bedouin community were allowed. More than 50 people from their tribe arrived and went into a large rest room bringing their homemade coffee and “homemade mattress”. We noticed that they set in two separated groups (males group & females group), and we attributed this to the nature and the design of their homes “tents” that were divided into parts “rooms” regarding this separation, which reflects also their preservative nature.

Fatima’s treatment journey started with partial mastectomy for the right breast followed by about 30 sessions of radiotherapy, and regular tests done during this period. The issue of hospital payment was discussed with the family. They had no insurance, but

their community agreed to pool their money to pay for Fatima’s hospitalization. All the family was ready to pay for Fatima’s wellness, her husband said: “I will pay for Fatima till the last sheep”. At this point Fatima was well into her hospitalization, and prospectively she would have long-term care needs. We explained that follow up care and the routine tests are very expensive, and can cost hundreds of “Dinars” (the local Currency in Jordan) each month. Bedouin culture is a cooperative and supportive one; so no need to tell them it’s an obligation to support their tribes’ members. Eventually, Fatima was ready to go home, but she was still on some medications and monthly routine tests. We discussed with them the importance of having a telephone to call us for help any time regarding Fatima’s condition.

REVIEW OF LITERATURE

Bedouin is an Arabic word meaning “desert dwellers” have learned to survive the harsh desert landscape in which they live. They typically camp in an area for a few months until the food source is exhausted and then move on³.

Most Bedouin speak Arabic and practice Islam. The family represents the social organization which has the necessary internal cohesion, enabling it to prevent decay and to ensure cooperation, as well as the potential of continuity⁴

Having children (especially boys) for Bedouin is a social power, Bedouin parents tend to reflect their Bedouin values and norms into their children since the time of childhood. Many examples support this: The father sees himself blessed by his son and names himself after his eldest son. The mother, only after having given birth to boys, will achieve status and affection in her husband's family⁴. In the Bedouin tradition, girls should not meet boys before marriage⁵.

When they grow up, boys and girls are separated and sleep in different corners of the tent⁴ and this reflect the fact of their preservative nature. For girls and to be to be prepared for marriage, motherhood and their role in the traditional community, they are trained by their mothers at home⁵.

Their communities can be recognized by the black woven goat-hair tents which are moved easily and become waterproof after the first rain. These tents are divided, often by a woven curtain, into two sections - a section for the men and one for the women³.

Bedouins have a deep awareness of hospitality. Because of the severe desert landscape, it is their belief that all travelers should be treated as guests. Hospitality, generosity, and honor are fundamental to Bedouin life, and this is clear in a lot of their daily practices such as the culture of coffee, and special celebration.

An explanation of Bedouin culture could not be complete without a description of the coffee ritual. The review of the literature shows that to be welcomed into a Bedouin tent as a guest begins with the coffee ritual. This process involves the roasting, cooling, and grinding of the beans, before brewing, cardamom is added. Then the aromatic coffee is poured into small cups. The shaking of the cup by the guest indicates that he/she does not care for a refill³.

For a special celebration, the Bedouin dish "Mansaf" is served which is composed of rice, a broth made from dry sour milk, and lamb. The amount of lamb provided indicates the host's generosity. "Mansaf" is eaten from a shared dish, representing community, and hands rather than utensils are used^{3,4} and we can image how this behavior explain their social cohesiveness as well as generosity; hence the Bedouins take great pleasure in preparing a meal for their guests and spare no expense or effort in this display of hospitality.

The Bedouin as well are very careful to raise their children to hold these values since the childhood and to be host in the future. For example as cited in the literature: when there are guests, the children will be the last to get their food. The children may even wait on the visitors, but will never eat in their presence⁴.

The Bedouin's values are derived from their way of life in the desert⁶; so they have their own culture and we as health care providers all mean to consolidate

health and not to undermine social and cultural norms and values.

Leininger's Theory & Bedouin Story

This story related to Madeleine Leininger's culture care diversity and universality nursing theory. The concept of "caring" is a main focus for Leininger's theory. And she predicted that culture and care were embedded in each other and needed to be teased out and understood within a cultural context⁷.

Caring is also central to the Bedouin as well. In "being Bedouin," the term of care is core to their identity and way of life; obligations of care to family, tribe, and community are perceived as a privilege, and to be healthy and have the ability to help others is an integral part of their culture.

As a nurses involved in Fatima's care, we realized that we had applied much of Leininger's theory in our care. It was necessary for us to ask questions and search to understand the Bedouin as a cultural group; to provide culturally sensitive care. The nurse must "understand the concept of *cultural awareness* and develop sensitivity to the significance of cultural factors in people's lives. So we should make a conscious and consistent effort to study the differences in cultural groups and their special cultural background⁸". The embedded phenomenon of culturally based care means to provide a culturally meaningful, therapeutic, congruent, and safe for people of diverse and similar cultures⁷.

Leininger identified seven factors that encompass culture, and these factors should be applied by the nurse when providing care to people from other cultures. *Technological factors* were a large part of Fatima's care. The family permitted technology because it was helping Fatima, The family also incorporated modern technology into their lives to enable Fatima to be cared for at home. *Religious factors* were a primary consideration, again relating to their strong faith in God's will. This also tied into the *social and kinship factors* of the Family and community, which, in turn, relate to consideration of the family's *cultural values and life ways*. Furthermore, a widely quoted Bedouin saying is "I

and my brothers against my cousins, I and my brothers and my cousins against the world." This saying signifies a hierarchy of loyalties based on closeness of kinship that runs from the nuclear family through the lineage (which is perceived to have a kinship basis). We as a medical staff extended visiting privileges to the family in an effort to continue the social stability integral to their life. *Political and legal factors* were not an issue, and the *economic factors* involving the community and hospital payment. *Educational factors* were also not an issue. We do not recall their level of schooling, but this was never a concern regarding their understanding of their patient's condition, nor did it affect their care giving. *Environmental context* did play a large role in Fatima's hospitalization. The family had to commute frequently from a Bedouin community in Ma'an. The mother (patient) was away from her family for extended periods, in a high-technology environment which is totally different from her Bedouin one. Finally, *language* was considered Bedouin dialect, is the primary dialect for the Bedouin and it wasn't totally different from our dialect except some words which were directly replaced by the family when we told them that we cannot understand. So as nurses we should assess these factors effectively; in order to provide a culturally congruent care to patients of diverse cultural backgrounds.

The *Emic* (Bedouin culture) and *Etic* (professional nursing) views of Leininger's theory were combined by ourselves as nurses and our hospital but were facilitated by the family, who made many adaptations in the interest of their patient. A potential for conflict existed, but there was no conflict. We worked together for Fatima and ultimately gained from the experience. We considered their *worldview* and tried to make accommodations throughout their stay. Part of the Bedouin worldview is they believe in more simplistic, modest lifestyle. *Holistic health or well-being* is also identified in Leininger's theory, and this is indeed a strong part of Bedouin culture by taking medicinal herbals to prevent illnesses and seeking for medical treatment immediately.

Leininger's theory also identified three supportive acts that the nurse can apply when giving culturally

congruent nursing care. In regard to *culture care preservation and maintenance*, given the context of the situation, we learned and gave maximum respect to the family and their Bedouin culture. *Culture care accommodation and negotiation* were met in allowing for extended visiting privileges and with more liberal visitation, also in assigning a female nurse to provide care for her, especially for procedures that require touch with the patient, as well as putting the 'Asaba above the head cap. In *cultural care repatterning and restructuring*, we worked with the family to develop a system that would work with Fatima's home care with as much respect to Bedouin ways and values as possible, and we found that considering these patterns in our nursing actions help us to provide a culturally congruent and satisfying holistic care for them.

CONCLUSION

We were initially quite nervous about providing care to this Bedouin family because we knew little about their culture. However, as a result of our caring and genuine interest in their culture, over time we were able to provide many aspects of culturally sensitive and congruent care. Two cultures separated partly by distance, but more so by life ways, combined their universalities and diversities and met in the center for a patient's survival.

We recognized that also the different ways of practice some of cultural similarities (like the preservative nature, the importance of empowering our social relationships by visiting ill relatives and to make our life as simple as we can) also may be a source of cultural diversity.

Frankly, the most important thing we have learned was to value the difference regardless of its form or content, also the importance of cultural competency as an ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds and religions in a manner that recognizes, affirms, and values the cultural differences and similarities and the worth of individuals, families, and communities and protects and preserves the dignity of each.

NOTICE

Both Authors have graduated from The Hashemite University, School of Nursing with Master degree in Oncology Nursing and working currently at The National Center for Cancer Care & Research a member of Hamad Medical Corporation in Qatar.

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ACKNOWLEDGEMENTS

We are grateful to all patients with cancer who taught us the patience and endurance through their strong fighting to the cancer and its consequences every moment; they gave us the energy to give and sacrifice for their smiles. Also we would like to thank Miss. Hanan Almasri for her valuable contribution.