

2010

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Culture Care Meanings, Beliefs, and Practices in Rural Dominican Republic

Journal of Transcultural Nursing
21(2) 93–103
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DOI: 10.1177/1043659609357635
<http://tcn.sagepub.com>



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Abstract

Purpose: This ethn nursing study explored the meanings, beliefs, and practices of care for rural Dominicans in the Dominican Republic. **Design:** Leininger's culture care diversity and universality theory, ethn nursing, and four-phase analysis method guided the study. Interviews were conducted with 19 general and 10 key informants. **Findings:** Analysis of interviews revealed three main themes: (a) family presence is essential for meaningful care experiences and care practices, (b) *respect* and *attention* are central to the meaning of care and care practices, and (c) rural Dominicans value and use both generic (folk) and professional care practices. **Discussion and Conclusion:** Implications and recommendations for nursing practice, education, and research are described.

Keywords

Dominican, Hispanic, folk medicine, machismo, ethn nursing

Knowledge is needed to gain an understanding of different cultures' care beliefs and practices to assist caregivers in providing care that is culturally congruent. People worldwide are more connected than ever before, and a nurse communicating with persons from different cultures is commonplace. As a result, it is increasingly important for nurses and other caregivers to understand and appreciate culturally relevant views of health, illness, and care experiences for individuals (Zoucha, 1998).

The number of Hispanics immigrating and living in the United States is rapidly increasing. The Hispanic foreign-born population reported in the 2000 U.S. Census encompasses individuals from Mexico, Puerto Rico, Dominican Republic (DR), Cuba, and Central and South America. Between 1990 and 2000, the number of foreign-born Hispanics from the DR in the United States increased by 98%. At the time of this study, there were estimated more than 687,000 foreign born from the DR residing in the United States (U.S. Census Bureau). It is projected that, by the year 2050, the Hispanic population of the United States will exceed 102 million and will constitute 24% of the total population (U.S. Census Bureau, 2004). This projection has major implications for future health care trends and caregivers. Dominicans immigrating to the United States bring with them beliefs and values regarding health and well-being. Therefore, it is imperative to discover and learn about their beliefs and practices within the context of their origin and relate them to their specific health care needs.

Cultural aspects of care relevant to diverse people must be identified to develop culturally congruent modes of

care. Leininger's culture care theory (2002) and ethn nursing method provide a rich framework for uncovering the meaning and importance of culture in explaining and individual's health and desire for care. Although research about Hispanics is growing, it is recommended that research be conducted within specific culture groups because of variations in countries of origin, genetics, and acculturation (National Heart, Lung and Blood Institute, National Institutes of Health, & Department of Health and Human Services, 2003). Studies of Hispanic health should be conducted within specific Hispanic groups including Dominicans to consider the differences and similarities that exist among the multicultural Hispanic culture.

Study Purpose and Goal

The purpose of this study was to discover, describe, and analyze the meanings, beliefs, and practices of care for Dominican people living in a rural village within the environmental context of their familiar homes and community in the DR. The goal was to begin to identify generic (folk) and professional care practices that promote health and beneficial ways of living for rural Dominicans.

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Research Framework

The theory of culture care diversity and universality was used as a conceptual guide for this study (Leininger, 2002). The central purpose of the theory is to “discover, document, interpret, explain, and even predict some of the multiple factors influencing care from an *emic* (inside the culture) and *etic* (outside the culture) view as related to culturally based care” (Leininger & McFarland, 2002, p. 76). The theory, using the Sunrise Enabler and ethnonursing method, suitably guided the discovery for this study because it provided an open means to explicate, detail, and discover meanings of the Dominican culture’s care patterns, expressions, and practices from the people’s *emic* viewpoint. The theory and method enabled discovery of care phenomena encompassing educational, economic, political, cultural, social, religious, and technological factors.

Research Questions

Research Question 1: What are the meanings, beliefs, and practices of professional and generic/folk care for Dominicans in their natural or familiar home and community context?

Research Question 2: In what ways do technological, religious, philosophical, kinship and social, cultural, political and legal, economic, and educational factors influence care meanings, beliefs, and practices of Dominicans?

Research Question 3: What are the specific professional nursing care actions and decisions that enhance or hinder health and well-being of rural Dominicans?

Research Question 4: In what ways can Leininger’s care modes of preservation/maintenance, accommodation/negotiation, and repatterning/restructuring be used to plan nursing care that is culturally congruent for rural Dominicans?

Review of Literature

An overview of the literature revealed three studies carried out within the DR related to Dominican health status, care beliefs, and practices. Carman and Scott’s (2004) exploratory descriptive study aimed to establish baseline information regarding the health and care status of children in two communities of the DR. Many unmet primary health needs were identified. Their results asserted that living conditions and the lack of primary care continued to underpin the majority of health issues in the villages studied.

Holt (2000) interviewed 45 Dominicans in an ethnonursing study exploring the meaning of hope to Dominican people. The study concluded that hope is a dynamic, essential life force that grows from faith in God. Hope is supported by

relationships, resources, and work and results in the energy necessary to work for a desired future. Hope gives meaning and happiness. This ethnonursing-founded definition demonstrated the integration of cultural influences such as spirituality, kinship, and other factors on the concept of hope.

Health disparities remain a problem in the DR and cultural context influences health and well-being. Babington, Kelley, Patsdaughter, Soderberg, and Kelley (1999) explored cultural context of rural Dominicans’ health beliefs. Through focus groups including 17 individuals in seven different northern Dominican rural villages, the researchers discovered that health beliefs fell into two major categories: physical and spiritual/mystical. Physical means of health maintenance revolved around hygiene, activity, and diet. Spiritual/mystical practices included a blend of traditional Catholic and folk beliefs. This groundbreaking study was a cornerstone in discovery of rural Dominicans’ concept of health.

These studies affirm that care issues exist in the DR and culture influences Dominicans’ concept of health and coping with threats to well-being. More research was needed to obtain the Dominican *emic*/insider view regarding care and care practices that facilitate health and well-being from their perspective. In addition, because the research cited in this review was only conducted in northern Dominican regions, this work was significant as it examined phenomena within a southern village of the Dominican Republic.

Studies of Dominican Immigrants

The majority of studies related to Dominican culture involve Dominican immigrants in the United States. The literature maintains that it is crucial to understand the Dominican culture and health beliefs and practices in order to promote their well-being. Research supports that the value system of Dominican people is transferred after immigration. Ruiz (1990) explained that Dominican immigrants bring with them a whole value and belief system concerning health, illness and disease prevention, and this belief system is largely based on folk care and practices. For example, one study interviewed 25 immigrant Dominican mothers of 7- to 12-year-old children diagnosed with asthma, and 72% said they substituted folk remedies derived from their folk beliefs about health and illness for prescribed medicines (Bearison, Minian, & Granowetter, 2002). Through a better understanding of that belief system, the caregiver could offer more meaningful and culturally sensitive care to the Dominican immigrant population. Caregivers who have developed cultural awareness of rural Dominicans’ needs through understanding the values, beliefs, and lifeways and also gained knowledge about what constitutes care for Dominicans are more prepared to design culturally appropriate interventions.

Shedlin and Shulman’s (2004) study of Mexican, Dominican, and Central American immigrants living with AIDS in the New York City area explored the perceptions,

beliefs, experiences, and knowledge of HIV care issues for the informants. The results indicated that the key elements for providing services to this population are those that built on cultural norms. Suarez, Raffaelli, and O'Leary (1996) studied the beliefs regarding and use of folk healing practices by 66 HIV-infected Hispanics, including Dominicans, who were receiving care in a clinic in New Jersey. The results revealed that the majority of respondents believed in good and evil spirits and that spirits had a causal role in their HIV infection, either alone or in conjunction with the AIDS virus. Two thirds of the respondents engaged in folk healing spiritualism, and 78% stated that they hoped to affect a cure by engaging in folk healing (Suarez et al., 1996). Results of these studies support the suggestion that to be effective in reaching and providing services to these immigrant groups, it is crucial to understand Dominican health beliefs within a cultural context embracing both physical and spiritual perspectives of health beliefs.

Understanding the Dominican belief system requires understanding of Dominican folk care and practices. Folk practices are those that use the culturally known herbs and remedies, either self-administered or obtained through a folk healer for curing sickness and illness (Hufford, 1997; Leininger, 1991). Zapata and Shippee-Rice (1999) described Latinos' use of folk medicine and the values associated with it in the context of mainstream health care. Interviews with men and women from Columbia, Guatemala, and the DR revealed that Latinos value their cultural folk medicine and folk healers. Though the informants did not rely exclusively on folk medicine and all used mainstream health care providers, the use of folk medicine contributed to reasons for choosing not to use a mainstream provider in some circumstances. Findings from this study suggest folk medicine continues to be practiced by Latino immigrants, despite years of residence in the United States. This study supports the necessity to understand Dominican care values, beliefs, and practices in order to provide culturally congruent care to Dominicans residing in the DR and Dominican immigrants.

Folk practices, including use of complementary and alternative medicine (practices used in conjunction or in place of but not presently considered to be part of conventional Western medicine), have been found to be actively used in the Dominican immigrant culture. One study examined the use of complementary and alternative medicine by 50 Dominican immigrants in a New York City emergency department (Allen et al., 2000). The researchers found that almost half the patients used complementary and alternative medicines in the past year for a complaint. Another study investigating Dominican healing systems and the herbal treatments prescribed for women's conditions by healers in New York City discovered 19 plant species actively being prescribed by Dominican healers (Ososki et al., 2002). Bearison et al. (2002) described beliefs about asthma and asthma treatment in a Dominican American community to

determine how alternative belief systems affect adherence with medical regimens. They found reliance on home remedies (treatment employing spices, foods, or other common items) for asthma prevention and treatment. Each of these studies suggests more research is needed to explore Dominican folk beliefs and find ways of coordinating their cultural beliefs into treatment. Reported data suggest that to be effective in providing health care services to Dominican groups, it is crucial to understand cultural norms, folk practices, and the environment from which they come (Duggleby, 2003; Melillo et al., 2001; Pearce, 1998).

The Dominican belief system incorporates kinship with care beliefs and practices. Evenson, Sarmiento, Macon, Tawney, and Ammerman (2002) examined cultural factors related to physical activity among Latina immigrants. The study identified one factor inhibiting activity was lack of support from informants' families. Furthermore, the women informants suggested that programs needed for promoting their physical activity should involve the family. Caregivers need to explore and understand the relationship between kinship and care beliefs and practices for Latinos in order to provide care that is culturally congruent. More studies are needed examining the Dominican perspective of kinship involvement in care practices.

Studies of the Dominican people living within the DR are needed to expand the cultural knowledge base for this population and to assist caregivers to practice culturally appropriate care for those living within the DR and those who have emigrated. This study contributed to increased knowledge of Dominicans' care meanings, beliefs, and practices and could help facilitate the provision of culturally congruent care to Dominicans.

Method

The ethn nursing method was used for this study. This method was developed by Leininger to fit the theory of culture care to discover and generate knowledge related to the phenomena important to nursing. As part of the ethn nursing research method, 2 enablers were used: (a) Leininger's observation-participation-reflection (OPR) enabler, which guides the researcher to obtain focused observations and accurate data, and (b) the stranger-to-trusted friend enabler, which provides a powerful means for self-reflection and movement from a stranger to a trusted friend in collection of rich information.

The OPR enabler assisted the researcher by guiding her in approach to the informants and in identifying what occurs in the rural Dominican village environment, including their interactions and patterns of daily living. The OPR enabler differs from participant observation in anthropology in that the process is *reversed* and includes a reflection phase (Phase I, observation and active listening; Phase II, observation with limited participation; Phase III, participation with continued

observation; Phase IV, reflection and reconfirmation of findings with informants). The OPR also describes explicit expectations to guide the researcher in each phase. Observing and listening to the Dominicans' experiences and reflecting on them increased and enriched the researcher's understanding of the rural Dominican culture.

The use of the "stranger-to-trusted friend" enabler helped the researcher gauge closeness of relationship to the community and verify her ability to gain trust to disclose their cultural experiences, beliefs, and practices. This enabler describes individuals' actions/behaviors that a researcher can observe to identify when he or she is likely to be considered a distrusted stranger or a trusted friend of the culture. Being considered a trusted friend is important to obtain authentic, credible, and dependable data. Sharing their experiences, many informants described the researcher as a part of the community. The individual and community acceptance of the researcher as described by the informants added richness and credibility to the data.

Setting and Informants

The setting for this study was a rural village approximately 60 miles northwest of Santo Domingo. The 10 key informants and 19 general informants for this study were recruited through the snowball method. Key informants are held to "reflect the norms, values, beliefs, and general lifeways of the culture." In contrast, general informants are "not as fully knowledgeable about the domain of inquiry" but are "used to reflect on how similar or different their ideas are from key informants" (Leininger, 2001, p. 110). The criteria for inclusion for key and general informants included those who: (a) self-reported that they identify with the Dominican culture; (b) were willing to share information and knowledge related to health care, care beliefs, and practices; (c) agreed to be interviewed by the researcher; and (d) were older than 18 years.

Data Collection

Once institutional review board approval was obtained, data collection began in the natural environment setting of informants, their home village. The researcher interacted with families and conducted the interviews with key and general informants over a 28-day period. The researcher used a free-flowing interview guide to explore care meanings, beliefs, and practices based on the facets of the Sunrise model (technological, religious and philosophical, kinship and social, cultural, political, economic and educational factors; Leininger, 2002). A free-flowing guide approach ensures the same general areas of information are collected with each interview but is more conversational in nature and still allows the informant to be free to pursue various directions in responses. Participation involved interaction with informants and, most

of all, continued learning from informants. This phase and learning continued with subsequent visits (during the 28-day period) to the village for validation and clarification of findings with key informants (who were identified from the general informant group) through rechecking and confirming data until saturation with regard to the context of inquiry was reached.

General informants were interviewed for 45 minutes to 1 hour. After the first several interviews, key informants were selected based on their increased knowledge related to the richness of information pertaining to the context of inquiry and ability to provide confirmation or disconfirmation of the data. A minimum of two 1- to 2-hour interviews were conducted with each key informant. In the first interview, the researcher explored and identified the meaning of care along with health and care beliefs and practices. In the second or third interview with key informants, the researcher verified the accuracy of her interpretations from the first interviews with all informants and assured the data were valid. Interviews were conducted until saturation was reached.

Data Analysis

Interview data were transcribed and entered verbatim into the computer using IN VIVO 6.0, a qualitative data management software program. Data were analyzed using Leininger's four-phase method of analysis (Leininger, 2001, p. 95). During the first phase of analysis, raw data were collected and documented using a field journal, tape recorder, and computer. In the second phase, categories from recurrent informant descriptions were identified from the field data and studied within context (worldview, respect, destiny, meanings and expressions of care, role of men and women, *machisimo*, professional services/systems, folk care and practices, professional care and caregivers, uncaring experiences in professional care, and environmental context and concerns). In the third phase, recurrent patterns of similar or different meanings, expressions, interpretations, or explanation of data were formulated from the descriptors while retaining their contextual meanings. In the fourth phase, three major themes related to culture care beliefs of rural Dominicans were abstracted by the researcher from the recurrent patterns.

Findings

Research findings are presented in relation to the process of data analysis. Table 1 graphically depicts parallel construction of raw data to themes based on the process for data analysis. Raw data were collected, described, and documented to gain understanding of the context of rural Dominicans' lives, guided by the domains of the Sunrise model (Phase I). In this first phase, the worldview or context of living for rural Dominicans was explored through meanings related to the Sunrise model factors including *technological, religious and*

Table 1. Research Findings According to Leininger's Phases of Ethnonursing Analysis or Qualitative Data

Phase I: Collect, Describe and Document Raw Data	Phase II: Identify Categories of Descriptors From Raw Data	Phase III: Scrutinize Categories in Context for Recurrent Patterns of Saturation	Phase IV: Synthesize and Interpret Findings to Extracted Themes
Interview data exploration through Sunrise model factors: technological, religious and philosophical, kinship and social, political and legal, economic, and educational in relation to care beliefs and practices	Twelve Categories: <ol style="list-style-type: none"> 1. Worldview of rural Dominicans 2. Respect 3. Destiny 4. Meaning and expression of care 5. Role of women 6. Role of men 7. <i>Machisimo/machista</i> 8. Professional health services, systems 9. Folk care and practices 10. Professional caregivers and care 11. Noncaring experiences in professional care 12. Environmental context and concerns 	Nine Recurrent patterns: <ol style="list-style-type: none"> 1. Need for family to be present to give care and assistance to the ill 2. Absence of family in illness experience inhibiting health and well-being 3. Respect as an essential characteristic in providing and showing care to others 4. <i>Paying attention</i> to as care when a caregiver (professional or kin) is caring for one's emotional or physical needs 5. <i>Lack of paying attention</i> to one's needs perceived as uncaring 6. <i>Machisimo</i> inhibiting respect and attention and resulting in perceived lack of care and threat to health and well-being 7. Professional care in public and private clinics in promoting health and well-being 8. Folk caregivers and use of folk spiritual practice to promote health and well-being 9. Plants, vegetation, and home remedies to promote health and well-being 	Three Themes: <ol style="list-style-type: none"> 1. Family presence is essential for meaningful care experiences and care practices 2. Respect and attention are central to the meaning of care 3. Rural Dominicans both value and use generic (folk) and professional care practices

philosophical, kinship and social, political and legal, economic, cultural, and educational factors.

The 12 categories identified in Phase II analysis (identification and categorization of data) were Worldview of Rural Dominicans, Respect, Destiny, Meaning and Expressions of Care, Role of Women, Role of Men, Machisimo/Machista, Professional Health Services/Systems, Folk Care and Practices, Professional Caregivers and Care, Noncaring Experiences in Professional Care, and Environmental Context and Concerns.

Phase III data analysis (identification of recurrent patterns of ideas), from the study informants' interview responses, provided the following recurrent patterns: (a) need for family to be present to give care and assistance to the ill; (b) absence of family in illness experience, inhibiting health and well-being; (c) respect as an essential characteristic in providing and showing care to others; (d) "paying attention to," perceived as

care when a caregiver (professional or kin) is caring for one's emotional or physical needs; (e) "lack of paying attention to," one's needs perceived as uncaring; (f) *machisimo*, inhibiting respect and attention and resulting in perceived lack of care and threat to health and well-being; (g) professional care in public and private clinics promoting health and well-being; (h) folk caregivers and use of folk spiritual practices to promote health and well-being; and (i) plants, vegetation, and home remedies used to promote health and well-being.

The final Phase IV analysis (synthesis and interpretation of previous phases into themes) resulted in identification of three major themes related to culture care meanings, beliefs, and practices of rural Dominicans: (a) family presence is essential for meaningful care experiences and care practices, (b) respect and attention are central to the meaning of care, and (c) rural Dominicans both value and use generic (folk) and professional care practices.

Theme 1

The first theme, *family presence is essential for meaningful care experiences and care practices*, indicates it is essential for families to be present, for care to be optimal. Rural Dominicans clearly articulated the meaning of culturally congruent care to include family presence for a person experiencing illness. A key informant eloquently described the meaning of family and its central significance to rural Dominican culture and living:

Family is everything. It is the most important and central thing to this culture. When the family is together and very close, this is beautiful! Life is lived for the family and it is a blessing when the whole family is together. We make decisions by consulting family members, close and extended. Family is the basis of our society. Family is central to everything all over this country.

These findings support previous literature reporting that family is the fundamental social unit (Sabogal, Marin, Otero-Sabogal, Marin, & Perez-Stable, 1987; Santisteban, Muir-Malcolm, Mitrani, & Szapocznik, 2002). Rural Dominicans enjoy large extended family networks and daily visits and exchanges with family members when they live in close proximity to one another. In rural Dominican culture, the concept of family extends to neighbors, friends, and all who make up the community of which they are part. The community "family" helps rural Dominicans survive the difficulties that occur throughout life. With the great importance and value of family in the culture, it is natural to understand the desire for family and kinship involvement in care and care practices.

The key and general informants described benefits to kinship presence, including improving the achievement of wellness, a sense of "being cared for," and assurance for obtaining medications and treatments to promote well-being. Conversely, the absence of kinship and family for an ill person or "keeping an ill person's family away" hindered care that is culturally congruent. Key and general informants clearly articulated the desire for family presence in clinic and hospital settings to promote wellness. One general informant said, "The family should be with you in the hospital when you are sick. This is very important . . . when the family is there, you feel better, you feel relief and you get better faster." A key informant concurred, "My family was there and everything was taken care of . . . this helped me to get well," and another key informant said, "family members are key to helping family get well." The importance of family in hospital and clinic settings was richly expressed by key and general informants. Informants also explained that the lack of family care and care practices would inhibit healing and well-being. One general informant stated, "When they are not there, you get sick and die quickly," and another key informant said, "If

your family were not there, you would feel sad and have less strength to go on."

With the clearly articulated strong sense of familism in Dominican culture, it is imperative that kinship and family are present to provide hands-on assistance when possible in care experiences, help in decision making, and offer emotional and physical support. To inhibit family or kinship presence for an ill rural Dominican would, in turn, inhibit culturally congruent care.

Theme 2

The second identified theme, *respect and attention are central to the meaning of care for rural Dominicans*, speaks to the relational specifics in caring for rural Dominicans. Dominican key and general informants described showing respect and offering one's attention as the best way to express care to another individual. When asked for the best way to show rural Dominicans that one cares for them, nearly all informants, key and general, replied, "by showing them respect." Respect (*respecto*) was mentioned 81 different times throughout the interviews and most frequently when discussing *meanings and expressions of care* in Dominican culture. From analysis of informant responses, showing respect included taking someone's thoughts, feelings, needs, wishes, and ideas into consideration. Showing respect meant taking all these factors seriously and giving them worth and value. In caregiving circumstances, showing respect indicated listening to them, explaining information to them, acknowledging them, and addressing their individually expressed needs and concerns. The data revealed that this should be done in a way that supports focused listening and undivided attention on the part of the caregiver.

The Spanish verb *attender* was most frequently used by informants describing meaning and expressions of care. The verb *attender* literally translates to *care for or look after* in English. The only other Spanish verb used to describe meaning and expressions of care was *cuidar*, which literally translates in English to *care for or tend to*. Even in analysis of translation of verbiage used, the concepts of *tending* and *attention* were directly associated with *care*. When approaching a Dominican with attitudes and actions that convey respect and attention, the person perceives a sense of value and worth and ultimately, "cared for."

Concurrent with the literature (Galanti, 2003; Solbralske, 2006), this study also found the Latin Caribbean doctrine of *machismo*, male dominance present in the DR. In rural Dominican culture, the concept of *machismo* was most frequently described negatively and specifically meant men having many women or two or more families. *Machistas* (*machismo* men) were seen as a threat to health and well-being. All women and some men (mostly self-identified evangelical Christian men) in the village described *machismo* as destructive to the village. One informant, in regard to

machisimo stated, “women get very hurt and angry here.” Informants shared personal circumstances of heartache and lack of opportunity because finances had to be spread between two or more families. Many informants described having felt a lack of respect as a child, and later as a spouse, from a man split between families. The economic strain of one man supporting two families resulted in lack of time spent with his children, tending to needs and showing care. A key informant described,

Machisimo affects children. They think dad is leaving and he is not going to love me anymore. Their grades are affected . . . my father is not good because he is with women all the time and cannot provide for me or my sister due to all of his children.

Dominican *machistas* are considered disrespectful to spouses and children and perceived as uncaring.

Besides limiting economic opportunities for health and education services, there also existed a prominent fear of HIV and sexually transmitted diseases (STDs) among informants because of the nature and practices of Dominican *machistas*. The villagers had already lost many individuals to HIV and described STD as a consistent threat to health and illness. One informant, a school teacher, explicated a need for educational programs for students in primary and secondary levels regarding HIV and STD prevention. The island of Hispaniola (which contains both Haiti on its west and the DR on its east) is documented as having the highest Caribbean concentration of HIV (Caribbean Aids Epidemic Update, 2006), and villagers described a significant fear of transmission from the sexual practices of *machista* men.

Key and general informant responses clearly articulated the importance of the values of respect and attention in meaning of care and expressions of care for rural Dominicans. Respect was valued highly in the Dominican culture and was an essential characteristic in providing and showing care to others. Offering a focused mind and listening ear to rural Dominicans, and acting in service to a perceived need or tending to one’s needs, was necessary in showing care. Rural Dominicans perceived care as uncaring when caregivers did not incorporate respect and attention into caregiving encounters.

Theme 3

The third theme, *rural Dominicans both value and use generic (folk) and professional care practices*, reveals the importance of understanding the unique and dynamic practices of Dominican people to promote health and beneficial ways of living. The data unmistakably confirmed the literature that reports that both generic and professional beliefs and practices are valued in rural Dominican culture (Babington et al., 1999). There were ambiguous lines between professional,

generic, spiritual, and remedy-based care practices, and many Dominicans employed a variety of practices that were derived from each of these categories. For example, one woman described taking a medication from a pharmacy for a vaginal infection, taping garlic to an infection in a boil in her hand, and first using prayer to heal the infection in her infant son. A faith healer explained that she crushed pharmacy tablets purchased by a family for ingestion for a high fever, dissolved them in a tea, and rubbed the potion on the sick child in a prayer ritual to eliminate fever. Other Dominicans relied primarily on professional practices and still others almost always on home remedies and spiritual practices. There was no clear pattern or sequence as to when Dominicans chose to use alternative versus traditional practice. Table 2 describes the plants, fruits, and vegetables including preparation and method of use for health and well-being described by the informants in this study. Concoctions and spiritual healing techniques described by informants for specific uses are shown in Table 3. Undoubtedly, both generic and professional practices were respected and were actively impacting care and care experiences for Dominicans living in the DR and reported by informants to be impacting care for those who may have emigrated.

Discussion and Conclusions

Leininger’s (1991) three theoretical action modes (culture care preservation/maintenance, culture care accommodation/negotiation, culture care repatterning/restructuring) provide a framework for culturally congruent nursing care. Culture care preservation and/or maintenance refer to nursing acts or decisions that help cultures preserve beneficial care values and practices. Culture care accommodation and/or negotiation refer to nursing actions or decisions that help people adapt or negotiate with others for culturally congruent care. Culture care repatterning and/or restructuring refer to nursing actions or mutual decisions that help people change or restructure care practices for beneficial outcomes. Culture care repatterning and/or restructuring for Dominicans relies heavily on the focus and development of relationship between nurse and client. For this reason, culture care repatterning and/or restructuring may not be possible without first applying the concepts of culture care preservation/maintenance and/or culture care accommodation/negotiation. For Dominican people, only through the development of relationships can trust be developed and collaboration regarding care occur. By sitting and talking with a Dominican patient, showing interest in his or her perspective, and offering undivided attention, an environment for negotiation and repatterning can develop. Nurses need creative and culturally specific strategies for care that is based on evidence. Suggestions for culturally competent care for people of the Dominican culture based on the three actions modes are described in Table 4.

Table 2. Folk Medicinal Practices Reported by Rural Dominicans

Item	Synonym/Description	Method of Use	Treatment
Anamun (plant)		Boiled in tea	Allergies/congestion
Amor Perfecto (plant)	“Perfect love”	Boiled in tea	Impotence
Berro leaf	Watercrest	Boiled with chives and honey to make a syrup; blended with a radish	Colds
Bija (plant)		Boiled in tea	Fever reducer
Bruca prieta (plant)		Mashed, gargled, and spat out	Sore throat
Cayena	Dominican flower	Boiled in tea with lemongillo and juana la Blanca or three middle stems of this flower with 1 cooked coconut flower	Cough
Coconut flower		One flower and three middle stems of cayenne flower boiled in tea	Cough
Escobita blanca	Broomweed	Pulled out with all its roots, washed, and boiled it to a tea	Fever in children and an antidiarrheal
Guata pana	Ginger root	Boiled in tea and gargled	Sore throat
Hair of the corn (plant)		Used in mamajuana	See mamajuana concoction
Honey	Honey	In anything as desired	Improves taste of home remedies
Juana la blanca	Juana the white; also known as “blanki neta”	Boiled in tea	Antidiarrheal vaginal infections/irregular menses
		Boiled in tea with lemongillo and cayena	Cough
		Boiled in tea	Kidney pain
Lemongillo (plant)		Boiled in tea	Cold/runny nose
Marbi	Sweet potato root	Used in mamajuana	See mamajuana concoction
Orange leaves		Boiled with guanavana in tea	Fever or allergies
Oregano		Boiled in tea	Gas and upset stomach, slow digestion, antidiarrheal
Peiquito (small tree)	English translation is “little dog”	Used in mamajuana	See mamajuana concoction
Rompe para guey		Shower or bathe in it	Removal of evil eye curse
Sour orange root		Used in mamajuana	See mamajuana concoction
Tuata	Physic nut plant	Boiled in tea	Upset stomach in children
Uka root		Boiled in tea	Kidney pain
Zebula	Aloe vera	Leaf drippings	Topical for skin irritations
		Mixed with beets, molasses, and carrots	Vaginal infections
		Made into ovule for insertion	Vaginal itching/hemorrhoids
		Drink drippings	Hepatitis
Ajo	Garlic	Placed inside wounds	Prevents infection
		Placed inside abscess	Matures the abscess and prevents infection
		Wilted leaf placed on open abscess	Matures the abscess
Bicarbonate		Mixed with oranges and vinegar	Antidiarrheal
Cebolla	Onion	Mixed with honey and lemon	Colds
Guanabana (fruit)		Fruit juice is consumed	Cold and fever
Lemon		Mixed with honey and onion	Cough and colds
Mamon		Green or red fruit from the tree with white flesh that is sucked of the wine	Antacid
Melaza	Molasses	Mixed with aloe vera, beets, and carrots	Vaginal infections
Naranjas	Oranges	Mixed with bicarbonate and vinegar	Antidiarrheal
Papaya	Papaya	Eaten	Constipation
Passionfruit	Passionfruit	Boiled in tea	Stomach pain or “bad blood”
		Eaten and digested	Irregular menses
Remolochas	Beets	Mixed with aloe vera, molasses, and carrots	Vaginal infections
Vinegre	Vinegar	Mixed with bicarbonate and oranges	Antidiarrheal

Table 3. Reported Medicinal Concoctions/Spiritual Techniques by Rural Dominicans

Name	Recipe or Description	Uses
Mamajuana (may be also known as “mara bali”)	90% rum, 8%honey, 2% red wine wood, leaves, spices, occasionally ginger root: aged for 6-12 weeks before drinking	Impotence, aphrodisiac, organs of a woman who gives birth outside of a hospital, cures gonorrhea
Home mixture	Perfect love, orange, pala de chivo, calbrito, cherry leaves, cherries, and lemons	Cough and allergies
Pharmacy mixture	Mandania (chamomile), argusema, lordetido, leaves of oscalita: boiled all together and tea consumed	Sweating hot flashes
Ensalmar (may involve plants)	Healing chant performed by a <i>bruja</i> , or an elder female (English translation “to cure by spells, a magician nun with prayer”)	Cures of evil or possible curses

Table 4. Implications for Culturally Congruent Care of Rural Dominicans Based on Leininger’s Three Action Modes**Culture care preservation and maintenance**

- Caregivers must be willing to recognize that cultural diversity exists and see the world or situation from another’s point of view.
- Caregivers need to recognize and maintain the importance of family involvement in various aspects of care.
- Caregivers should facilitate the maintenance of spirituality in care, asking each individual Dominican how his or her own spiritual values can be maintained in health and illness.
- Caregivers should facilitate an environment that invites desired folk caregivers and spiritual health practices.

Culture care accommodation/negotiation

- Caregivers may need to accommodate and negotiate family involvement in care situations that may have prohibitions that conflict with accommodating family involvement.
- Caregivers need to show respect to Dominican patients by sitting, listening, and *spending time* with them when possible, remembering that lack of time and attention may be perceived as lack of care.
- Caregivers should show respect by asking questions and pursuing a Dominican client’s thoughts and concerns.
- Caregivers should make attempts to notice and offer comment to what seems to be important to the Dominican patient.
- Caregivers should offer undivided attention or selective concentration to a Dominican patient when possible and focus deliberate, patient-centered, mental and physical concentration to the person in need. Sitting and facing a Dominican patient, making eye contact, and tuning out unrelated stimuli are culturally congruent.

Culture care repatterning/restructuring

- Caregivers should actively learn about the unique generic health beliefs and practices employed by the Dominican culture. Gaining an understanding of their beliefs and practices is a vital first step to new and beneficial health outcomes.
- Caregivers should sit and talk with Dominican clients, show interest in their perspectives and problems, and ask Dominicans their perceptions of the causes for problems, whether they be physical or spiritual.
- It is possible that some folk practices are harmful, and others are helpful. Professional caregivers need to gain knowledge regarding those that are helpful and express value of their usage. The first step in modifying the use of harmful folk practices is to openly offer acceptance and acknowledgment of the value of folk practices. This promotes caregivers and patients to negotiate professional and folk practices based on a trustworthy collaborative basis.
- Transcultural nurses involved with the rural Dominican population must continue to investigate interventions alongside the rural Dominican population to repattern *machisimo* and its negative influences on care and the culture. Caregivers may need to assist and enable rural Dominicans to examine the effects of *machisimo* on health and well-being. Interventions may include focus groups and personal supportive actions that educate the culture regarding *machisimo*’s discovered effects on health and perception of care. Accountability groups and support for victims of *machisimo* could be initiated to help the culture establish new and beneficial lifeways in regard to spousal relationships. Efforts should be taken to ensure that ideas and interventions are grounded in the unique cultural perspective of the Dominican culture.
- Culture care repatterning requires addressing uncaring actions and making changes that are deliberate and comprehensive. Caregivers from non-Dominican cultures caring for Dominicans must acquire transcultural nursing knowledge to care for individuals in this culture group and facilitate caregiver–patient experiences that are perceived as culturally congruent.

Implications for Nursing Practice, Education, and Research

Giger and Davidhizar (2007) assert that evidence-based practice is critical for the improvement of interventions for culturally diverse groups. This study provides evidence for

nursing curricula that supports the importance of family, respect, and attention in care practices for Dominican people. Specifically, the findings regarding home remedies, indigenous healers, and folk care practices will contribute to the growing body of knowledge regarding folk medicinal practices of rural Dominicans in the DR and Dominican immigrants

(Allen et al., 2000; Bearison et al., 2002; Ososki et al., 2002; Person et al., 2006). Knowledge gained regarding folk practices, incorporated into nursing education through textbooks, articles, and expert sources, can assist nurses in promoting transcultural understanding of these practices. Publication and dissemination of the themes and recommendations for care will provide nurses and other health care providers with knowledge about the culture care beliefs and practices that are specific to people of rural Dominican origin.

This study affirms feasibility of conducting international research. For many nurse researchers, studying cultural phenomena in nonimmigrant populations may seem to be an unachievable endeavor. Not only is international research feasible, it is also essential for understanding cultural context prior to acculturation of an immigrant population. A researcher who immerses oneself in the home culture of a culture group can gain greater trust and relationships for discovery in subsequent research undertakings.

This research provided a basis for transcultural studies of Dominican people in their native environment. Further study of transcultural nursing phenomena is needed in other rural and urban areas of the DR. Research conducted with Dominican immigrants can be compared with findings of Dominicans in their native environment to discover the influences of acculturation and its impact on and interaction with culturally congruent care. Research is also needed to explore the perceptions of care given by short-term care giving outreaches from Western caregivers, which continue to have influence in health and well-being in rural areas of the DR. A significant finding in this study was that the informants extensively use folk practices, exclusively and/or in combination with professional biomedical care and treatments. Further research is needed to investigate the health consequences of the therapeutic interventions used by both Dominicans in their native environment and Dominican immigrants.

Nurses play an important role in health promotion and disease prevention as well as the management of illness states. This is reflected in research priorities. Sigma Theta Tau International (STTI), an international honor society for nursing, offered recommendations for global nursing research priorities (STTI, 2005). These included eradicating extreme poverty and hunger, achieving universal primary education, promoting gender equality and empowerment of women, reducing child mortality, improving maternal health, combating HIV/AIDS, ensuring environmental sustainability, and developing a global partnership for development. This study supports the need for research funding to support investigations related to global initiatives in the DR.

Summary

This ethn nursing study yielded vital information in regard to the cultural beliefs and practices related to health for Dominican people. It is imperative that caregivers, educators,

and researchers understand the Dominican culture and their beliefs to develop transcultural knowledge and facilitate caregiving experiences that are culturally congruent and ultimately promote health in the Dominican population.

Declaration of Conflicting Interests

The author declared no conflicts of interest with respect to the authorship and/or publication of this article.

Funding

The author received the following financial support for the research and/or authorship of this article: grant funded by the Transcultural Nursing Society.

References

- Allen, R., Cushman, L. F., Morris, S., Feldman, J., Wade, C., McMahon, D., et al. (2000). Use of complementary and alternative medicine among Dominican emergency department patients. *American Journal of Emergency Medicine, 18*(1), 51-54.
- Babington, L. M., Kelley, B. R., Patsdaughter, C. A., Soderberg, R. M., & Kelley, J. E. (1999). From recipes to fecetas: Health beliefs and health care encounters in the rural Dominican Republic. *Journal of Culture and Diversity, 6*(1), 20-25.
- Bearison, D. J., Minian, N., & Granowetter, L. (2002). Medical management of asthma and folk medicine in a Hispanic community. *Journal of Pediatric Psychology, 27*, 385-392.
- Caribbean AIDS Epidemic Update. (2006). Retrieved February 11, 2008, from http://data.unaids.org/pub/EpiReport/2006/07-Caribbean_2006_EpiUpdate_eng.pdf
- Carman, S. K., & Scott, J. (2004). Exploring the health care status of two communities in the Dominican Republic. *International Nursing Review, 51*(1), 27-33.
- Duggleby, W. (2003). Helping Hispanic/Latino home health patients manage their pain. *Home Healthcare Nurse, 21*(3), 174-179.
- Evenson, K., Sarmiento, O., Macon, M., Tawney, K., & Ammerman, A. (2002). Environmental, policy, and cultural factors related to physical activity among Latina immigrants. *Women's Health, 36*(2), 43-57.
- Galanti, G. (2003). The Hispanic family and male-female relationships: An overview. *Journal of Transcultural Nursing, 14*, 180-185.
- Giger, J. N., & Davidhizar, R. (2007). Promoting culturally appropriate interventions among vulnerable populations. *Annual Review of Nursing Research, 25*, 293-216.
- Holt, J. (2000). Exploration of the concept of hope in the Dominican Republic. *Journal of Advanced Nursing, 32*, 1116-1125.
- Hufford, D. J. (1997). Folk medicine and health culture in contemporary society. *Primary Care, 24*, 723-741.
- Leininger, M. (Ed.). (1991). The theory of culture care diversity and universality. In *Culture care diversity and universality: A theory of nursing* (pp. 5-68). New York: National League for Nursing Press.
- Leininger, M. (2001). *Culture care diversity and universality: A theory of nursing* (2nd ed.). Sudbury, MA: Jones & Bartlett.

- Leininger, M. (2002). Culture care theory: A major contribution to advanced transcultural nursing knowledge and practices. *Journal of Transcultural Nursing, 13*, 189-192.
- Leininger, M., & McFarland, M. R. (2002). *Transcultural nursing: Concepts, theories, research and practice* (3rd ed.). New York: McGraw-Hill.
- Melillo, K. D., Williamson, E., Houde, S., Futrell, M., Read, C., & Campasano, M. (2001). Perceptions of older Latino adults regarding physical fitness, physical activity and exercise. *Journal of Gerontological Nursing, 27*(9), 38-46.
- National Heart, Lung and Blood Institute, National Institutes of Health, & Department of Health and Human Services. (2003). *Epidemiologic research in Hispanic populations opportunities, barriers and solutions*. Retrieved September 21, 2005, from <http://www.nhlbi.nih.gov/meetings/workshops/hispanic.htm>
- Ososki, A. L., Lohr, P., Reiff, M., Balick, M. J., Kronenberg, F., Fugh-Berman, A., et al. (2002). Ethnobotanical literature survey of medicinal plants in the Dominican Republic used for women's health conditions. *Journal of Ethnopharmacology, 79*, 285-299.
- Pearce, C. W. (1998). Seeking a healthy baby: Hispanic women's views of pregnancy and prenatal care. *Clinical Excellence for Nurse Practitioners, 2*, 352-361.
- Person, B., Addis, D. G., Bartholomew, L. K., Meijer, C., Pou, V., & Van den Borne, B. (2006). Health-seeking behaviors and self-care practices of Dominican women with lymphoedema of the leg: Implications for lymphoedema management programs. *Filaria Journal, 22*(5), 13.
- Ruiz, P. M. (1990). Dominican concepts of health and illness. *Journal of the New York Nurses Association, 4*, 11-13.
- Sabogal, F., Marin, G., Otero-Sabogal, R., Marin, B. V., & Perez-Stable, E. (1987). Hispanic familism and acculturation: What changes and what doesn't? *Hispanic Journal of Behavioral Sciences, 9*, 397-412.
- Santisteban, D. A., Muir-Malcolm, J. A., Mitrani, V. B., & Szapocznik, J. (2002). Integrating the study of ethnic future and family psychology intervention science. In H. A. Liddle, R. F. Levant, D. A. Santisteban, & J. H. Bray (Eds.), *Family psychology: Science-based interventions* (pp. 331-352). Washington, DC: American Psychological Association.
- Shedlin, M. G., & Shulman, L. (2004). Qualitative needs assessment of HIV services among Dominican, Mexican and Central American immigrant populations living in the New York City area. *AIDS Care, 16*, 434-445.
- Sigma Theta Tau International. (2005). *Resource paper on global health and nursing research priorities*. Retrieved January 25, 2008, from http://www.nursingsociety.org/aboutus/PositionPapers/Pages/position_resource_papers.aspx
- Sobral, M. (2006). Machismo sustains health and illness beliefs of Mexican American men. *Journal of the American Academy of Nurse Practitioners, 18*, 348-350.
- Suarez, M., Raffaelli, M., & O'Leary, A. (1996). Use of folk healing practices by HIV-infected Hispanics living in the United States. *AIDS Care, 8*, 683-690.
- U.S. Census Bureau. (2000). *Census 2000 summary file 3, matrix PCT19*. Retrieved September 15, 2005, from http://factfinder.census.gov/servlet/QTTable?_bm=y&-geo_id=D&-qr_name=DEC_2000_SF3_U_QTP15&-ds_name=D&-_lang=en
- U.S. Census Bureau. (2004). *Facts for features*. Retrieved September 15, 2005, from <http://www.census.gov/Press-Release/www/2004/cb04-ff14.pdf>
- Zapata, J., & Shippee-Rice, R. (1999). The use of folk healing and healers by six Latinos living in New England: A preliminary study. *Journal of Transcultural Nursing, 10*, 136-142.
- Zoucha, R. (1998). The experiences of Mexican Americans receiving professional nursing care: An ethnographic study. *Journal of Transcultural Nursing, 9*(2), 34-44.