

**Learning El Salvadorean Culture:  
An Approach to a Culturally Tailored Nursing Care**

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This paper attempts to briefly explore each individual domain of Purnell's Model for Cultural Competence through the experiences of an immigrant from El Salvador and who is addressed throughout the entirety of this essay as "G.R". The bulk of the information presented is from an interview via Zoom, conducted on June 19, 2021.

G.R. is an immigrant 25-year-old male from El Salvador who the author attended classes with at Los Medanos College. He was chosen as the final informant based on availability. The prospective interviewees were sent a text message which included the purpose of the interview, how it is going to be conducted, if they agree to having it recorded, and if they prefer that the author use their real names or keep their anonymity by using their initials. G.R. promptly said yes to being interviewed via recorded Zoom meeting but expressed preference for anonymity when addressed in this paper.

### **Purnell's 12 Cultural Domains**

The Purnell Model served as a guide for the interviewer to focus on the important aspects of the informant's culture that would be most relevant in providing effective, culturally competent nursing care. The 12 interrelated cultural domains are: heritage, communication, family roles and organization, workforce issues, bicultural ecology, high-risk behaviors, nutrition, pregnancy and childbearing, death rituals, spirituality, healthcare practices, and healthcare practitioner (Purnell. 2002).

#### ***Overview/Heritage***

In May 2015, G.R. came to the U.S. from their home city, Quezaltepeque, in El Salvador. He was petitioned by His father, who has been living in the United States since the early 1980's. G.R.'s mother and older brother went a few years earlier than him so G.R. had to live with one of his two sisters, who their father was not able to petition for because they married

and raised their own families at a young age. Their father moved as a refugee during the Salvadoran Civil War, which was a fully-fledged civil war that lasted for more than 12 years (“Salvadoran Civil War”, 2021). According to G.R., El Salvador has a long history of civil unrest and military abuse of power. A lot of their culture was abolished along with killings of thousands of the indigenous people. Western culture was strongly embraced by the government.

### ***Communication***

G.R. grew up in a Mexican Spanish speaking home and community. According to him, one can use just Mexican Spanish anywhere in Central America but there are some colloquial words that may be specific to one country. For example, in El Salvador, the word “wey” is used to address a friend. However, they cannot call a friend “wey” in Spain because there, the word means “bull”. It is important to know which colloquial words can be used in a country so as to avoid offending someone. G.R. went to a private school until highschool where they had some classes that were taught in English. However, many families are not able to afford private schools and the public schools teach minimal English so majority of the people in his home country are unable to speak English. They had some local dialects but a lot of them has become extinct largely due the abolition of the natives and indigenous folks.

When showing respect to elders, they do not have any special gestures except taking off their hats or caps when conversing with an older person or making sure that you stand aside to let them pass first or get on the bus first for example. They do use “papa” and “mama” to address their parents, and “abuelo” and “abuela” for the grandparents, and “tio” and “tia” for the uncles and aunts. These are shared by all the other Spanish cultures and there is nothing that is unique to just El Salvador. They, however, do not just address someone much older by their first name.

They designate them with a “Mr.” or “Ms.” or if it’s someone professional, they make sure to call them by their professional title.

Some people believe that Spanish people evaluate time as a combination of the hour and surrounding circumstances and that they do not always arrive “on time” (Centro Mundolengua, n.d.). Contrary to this however, G.R. says that they are very punctual people. One of the values passed down to them by their father is punctuality. They are taught not only to arrive on time but arrive early. And because of this, as with the Asian and Northern Europe and Northern American cultures, the sole factor they consider with regards to time is hour on the clock.

### ***Family Roles and Organization***

In El Salvador, G.R. states that they have a “machismo” culture where the men are expected to be strong and the main breadwinner and are strictly considered the head of the family. Influenced by this portrayal, men are generally reserved and are usually not expressive with their feelings. Further, in El Salvador, parents invest on education for their male children, and not so much on the females. This is because they want to equip the male to have better working opportunities to support their future families. The females are expected to raise children and maintain the home, although most actually end up working because of economic difficulties. In their household though, G.R. and his brother are expected to do share with the chores like cleaning their rooms and mopping the floor.

According to G.R., at a very young age, starting around 7 years old, girls of the poor households are sent to families who take them in to work for their shop or farm. In exchange, they are fed and clothed. This is an accepted tradition, and his mother actually went through this kind of experience when she was young.

Because of their deep-rooted Roman Catholicism, controversial topics such as homosexuality are frowned upon. Divorce, however, is legal in El Salvador, but as far as his family is concerned, they believe in the sanctity of marriage and that married couples should stick to it and be faithful to the marriage no matter what. They also believe that extramarital sex is wrong. Despite this, G.R. narrates that the El Salvadorean girls are not exempt from cases of teenage pregnancy.

### ***Workforce Issues***

At present, G.R. works as a part-time caregiver while attending nursing school. He does not remember having had any unpleasant experiences that involve his race, both from his job and the schools he has attended. There were no incidents of racial slurs or any form of racism, although, he thinks he might have just been oblivious to it accounting to the fact that he is still learning English and may not be sensitive to those incidents. Before G.R. can continue his education in the U.S., he had to take ESL for 1.5 years and although he can understand and speak the language at an intermediate level, he says he still has a “long way to go.” He mentions that he has been struggling with nursing school because of the language barrier.

### ***Bicultural Ecology***

This data for this part of the interview was gathered through research as the informant was unable to effectively describe the bicultural ecology of El Salvador, understandably so because there is a wide range of genetic diversity within the Hispanic population. Although they mostly identify their culture as heavily Spanish-influenced, they are really a mix of Spanish and indigenous influences (Office of Minority Health, 2021). The pharmacogenetic variability is greatly admixed and there is no clear distinction among the Caribbean Hispanic countries (Claudio-Campos et al., 2015). The Centers for Disease Control and Prevention has cited some

of the leading causes of illness and death among Hispanics in general, including heart disease, cancer, unintentional injuries (accidents), stroke, and diabetes. Some other health conditions and risk factors that significantly affect Hispanics are asthma, chronic obstructive pulmonary disease, HIV/AIDS, obesity, suicide, and liver disease (Centers for Disease Control and Prevention, 2015).

### ***High-Risk Behaviors***

Although he himself denies smoking, using recreational drugs, or drinking alcohol, G.R. states that Salvadorans do associate themselves with these risky behaviors, especially the young ones. The use of drugs, particularly, is still a serious problem all throughout Central America. Also, in his home country, one will seldom see children riding their bicycles or people riding motorcycles with a helmet on. The use of seatbelts is also not strictly enforced.

### ***Nutrition***

Their diet consists highly of carbohydrates, protein, and fiber. A typical breakfast would include fried beans with scrambled eggs, fried plantain and cheese. A uniquely El Salvadorean dish are *pupusas* which are corn-based dough stuffed with beans, cheese, smashed pork meat and cheese. *Tortillas* are staple food and are had with almost anything. They make their own tortillas which is similar to Mexican tortillas but theirs is made thicker. In terms of food, G.R. admits that they always had more than the average and it was never a problem, accounting to their father's continuous remittance from working in the U.S. However, poverty is rampant and may people do not have enough food on the table.

### ***Pregnancy and Childbearing***

Because G.R. was not able to interview his mother or his sisters due to schedule constraints, very minimal information was obtained as far as pregnancy and childbearing

practices in El Salvador go. G.R. amusingly shared a faint recollection of some pregnant mothers tying a red cloth around their bellies to drive away the evil spirits. Amaya and Black (1993) explored the popularity of the use of traditional midwives in El Salvador as opposed to hospitals and maternity clinics, stating that traditional midwives are often a source of practical and emotional support as well as health care to the woman and her baby. G.R. confirms that this still is the case at the present.

### ***Death rituals***

Because most people In El Salvador are Roman Catholic, they typically bury their dead. A mass is officiated before the burial and the coffin is blessed by a priest before it is laid down to the excavated burial site. For the dying and the sick, a priest is called to the bedside to perform certain rites or what are called *sacraments*, to give peace to the soul and prepare them to meet God in the afterlife.

### ***Spirituality***

El Salvadoreans are predominantly Roman Catholic. G.R. is also Catholic and so is everyone in his family however, only his mother and 2 sisters are actively practicing her faith. G.R. and the men in the family are not active churchgoers and they rarely really pray. G.R. thinks however, that his brother is more spiritual than him because he wears a necklace with a cross pendant, and he makes the sign of the cross before driving.

### ***Healthcare practices***

G.R. states that Salvadorans generally do not go to the doctor right away when they feel unwell. They tend to resort to using herbs first like ginger or chamomile or use OTC. Further research indicates that while a large part of this stems from financial reasons, for most people in El Salvador, especially the poor majority, traditional medicine offers a powerful, all-embracing

and often effective medical and cultural framework to understand their health and seek appropriate care. Most traditional healers are far more accessible- financially, geographically, and culturally- than the health workers or medical practitioners in state clinics or private surgeries (Amaya & Black, 1993).

### ***Healthcare practitioners***

Many people in El Salvador, particularly the older generation, still go to the *curanderos/as* (the Central American version of faith healers), although their popularity has diminished over time. According to G.R., there are “good” and “bad” faith healers. The good ones are rare nowadays and they are those who have valid, deep and substantial knowledge of the body and certain health practices which they acquired through vast experiences. The bad curanderos are those who resort to tricks like using internal organs from animals and using them to convince their clients that it’s their own. G.R. states that while these practices may seem obvious and ridiculous to some, some people still fall for them because of the lack of education.

### **Nursing Interventions**

Supposing that G.R. is an acute care patient, a primary nursing consideration would be being sensitive to nonverbal signs of pain. This would fall under the modality of culture care preservation and maintenance by Leininger (2006, as cited by McFarland et al, 2012). In G.R.’s culture, men are expected to be strong, and they are less likely to verbalize or express pain, compared to the women. It is also important for the nurses to explain how a treatment is going to make them better and to make sure that they allow the male Salvadoran to do as many tasks as he can independently to maintain his self-esteem.

Another intervention is to include the family in the treatment process. This one falls under the modality of culture care accommodation and negotiation. Leininger (2006, as cited in

McFarland et al., 2012) emphasized the importance of family and that every health professional should recognize it as a basic unit of cultural care that includes standardized and learned values, beliefs and ways of life. Based on the interviewee's description of his family and the people in what was once his community, Salvadoran people have strong ties to their family. ama

The third intervention would be to provide written instructions both in English and Spanish. When necessary, solicit the assistance of a translator. Even though G.R. speaks the English language well enough to be attend a university in the US, that does not change the fact that his native language is Mexican Spanish. He should be given the option to choose what language he prefers his instructions to be in. His parents, especially the mother, will benefit from the services of a translator as they both do not speak or understand English very well. In this case, Leininger's modality of culture care accommodation or negotiation is also applied.

### **Transcultural Nursing Standard of Practice**

Douglas et al. (2011) presented 12 standards of practice for culturally competent nursing care. While all these can be applied to the nursing care of the interviewee, one of them stands out as the most applicable in G.R.'s circumstances if he is to be an acute care patient for example. Standard 4 which refers to culturally competent practice , states: "Nurses shall use cross-cultural knowledge and culturally sensitive skills in implementing culturally congruent nursing care" (Douglas et al., 2011). To implement this, a nurse should establish trust through active listening and observation, being sensitive to nonverbalized cues that could provide helpful information on the client's condition. G.R. may be an El Salvadorean but his beliefs about medicine and treatments are very Western. However, his parents still find value in the use of herbs and so it is important to make sure care is individualized based on the client's own perception and beliefs and not on cultural generalizations.

## **Analysis of Cross-Cultural Experience**

The interview was a success in that, I was able to get most of the information I needed without having to arrange for another interview or text or email the informant for clarification or follow-up questions. I prepared for it by typing up a list of open-ended questions specific to each Purnell domain and sent a copy to the informant beforehand so he has an idea of what the content will be. During the actual interview however, I had to explain the question with examples every now and then so I would cite my own experiences with my culture to guide him with his answers. By doing this, the learning somehow became a two-way street with him discovering concepts about my culture as well, which made the overall interview experience more comfortable and open for the both of us. I would not change anything with how the whole process went but I would instead add a portion where we could get the mother or the sister in on the meeting, via phone call or adding them to Zoom, so I can get more information about pregnancy and childbirth in El Salvador. At the time of the interview, G.R.'s mother was not available, and he stated that they do not often see each other because they're both very busy and their schedules don't coincide for them to spend time together.

## **Conclusion**

The whole cultural interview experience not only taught me how to appreciate another culture at a more in-depth level, but it also enhanced my communication skills, which is essential in establishing good relationships with my future patients. In a nutshell, the two things that I would certainly keep in mind is that El Salvadorean men take pride in their masculinity and role as the head of the family and that El Salvadoreans have strong family ties. Further, the interview and the research involved also opened my eyes to the social unrest that has been going on in El Salvador which has been driving many of its citizens to immigrate to the U.S. Sometimes, we get

so absorbed in our own little world that we forget to check what is going on in our society and globally. Cultural interviews such as this proved to be a great tool for developing social awareness.

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