

B O O K S

Transcultural Communication in Nursing.
Joan Luckmann. Albany, NY: Delmar Publishers, 1999, 400 pages, \$29.95.

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Once proudly described by its citizens as “a melting pot,” the United States no longer can afford to deny that its inhabitants are members of diverse cultures, each with a system of customs and values that affects attitudes about interpersonal communication, health, illness, clothing, modesty, food and drink, and religion and rituals. For years, people from non-Western, nonmainstream cultures had been expected to “fit in,” “give up their old ways and join the modern world,” and “act American,” as if right and wrong ways to live exist. However, the emigration of more people from varied traditions to this country and the new assertiveness of many of the “older” Americans who were born into diverse cultures have precipitated an awareness of cultural diversity and the need to recognize the powerful effects of culture. This issue affects all healthcare professionals, as areas of traditionally homogenous populations throughout the country become more heterogeneous.

Today’s nurses are faced with patients and coworkers from more varied cultures than ever before, and nurses have to rethink how, in this fast-paced world, their methods of communication affect others. *Transcultural Communication in Nursing* provides a much-needed review (or, in some cases, lesson) in the art of communication. The book starts with the basics of communication and then adds the cross-cultural aspects in a step-by-

step manner. Luckmann notes that “all nurse-patient communication is to some extent bi-cultural, even when nurse and patient are from the same culture” (p. 157) and discusses the fact that most patients are from a non-medical culture, which includes a different language (e.g., “throw up” versus “vomit”) and different perspectives and expectations (e.g., computerized tomography scans that determine the presence of minute disease versus those that determine the evidence of disease).

Luckmann describes how nurses can improve or destroy feelings of trust and exchange of information. Prefaced by a self-assessment quiz, each section encourages readers to evaluate their own beliefs and recognize any bias. This is helpful for people who may not realize that others do not universally hold the same assumptions. For example, informed consent is held as a tenet in today’s healthcare system, but it is a Western idea that is not supported in all cultures. The author attempts to help readers relate to people outside the Western biomedical model and take away the “us versus them” feeling. For instance, after describing the supernatural belief system (as opposed to biomedical and holistic belief systems), Luckmann acknowledges that Western Christians use the supernatural belief system when they pray, despite an adherence to the biomedical system.

This book provides very good basic information about communication and interpersonal skills. It may remind us of what many may have forgotten about communication and the niceties of polite conversation, which are essential in so many cultures before real exchange can occur. *Transcultural Communication in Nursing* also provides some insights into the importance of culture and the powerful effects of cultural beliefs, reminding us that the Western healthcare system is a product of white Western culture. The au-

thor ties this to patient teaching and stresses that “for learning to take place, the patient must believe in your . . . learning objectives as much as you do” (p. 254).

This book examines some tough issues. Luckmann fearlessly states that patient teaching historically has been geared toward white patients and only token changes, if any, were made for cultural diversity. Using NANDA International’s nursing diagnoses as a model, she gives examples of how patients can be labeled incorrectly as a result of cultural differences.^a For example, she states “non-compliance is more an attitude than a nursing diagnosis. The notion of noncompliance is based on a Western medical model heritage that reinforces the idea that the healthcare provider always knows best. Just because a patient exercises the right not to follow a provider’s recommendations does not warrant this negative, even elitist, label” (p. 219). She also lists other reasons why patients may not follow the advice of a healthcare provider, such as lack of financial resources or present-time orientation that makes keeping appointments a low priority. Although not all institutions utilize nursing diagnoses, the author uses them as examples of how nurses can be ethnocentric and how they can change their care and assessments to be more culturally appropriate.

The concept of “cultural blind spot syndrome,” which is the assumption that because someone looks like you, he or she is culturally the same as you, is described. As with racial profiling, this can be just as demeaning, as it negates the recognition of cultural differences unless that person draws attention to those differences. The author mentions, but does not completely follow through on, the taboo topic of racism within nursing.

The book has some major weakness, however. Although the text is not about the specifics of various cultures per se, many examples are used to illustrate the author’s points. Unfortunately, some of these illustrations are stereotypes, some are wrong, and, in

Ease of Reference and Usability	Content Level	Book Size
☺ Quick, on-the-spot resource	√ Basic	📖 Pocket size
☺ ☺ Moderate time requirement	√ √ Intermediate	📖 📖 Intermediate
☺ ☺ ☺ In-depth study	√ √ √ Advanced and complex, prerequisite reading required	📖 📖 📖 Desk reference

^a No negative reflection is meant. NANDA has been updating its lists of nursing diagnoses to be more culturally sensitive.

a few cases, some are demeaning. In addition, when the topic of transcultural communication between nurses is addressed, it is limited only to discussion of "foreign" nurses brought to this country to address the nursing shortage and does not address nurses who live in this country who are not from the mainstream culture, either trained here or abroad. This section is a major disappointment because it was a wonderful opportunity to speak about cultural blind spot syndrome. The chapters on pain and dying are weak and sometimes misleading.

Despite its weaknesses, I recommend this book because it provides some good ways to promote transcultural understanding. Although the book is geared expressly toward nursing students, its format makes it appropriate for experienced nurses as well. Nurses working with once homogenous populations that have become more diverse will find this book extremely helpful. For those who are unsure of themselves when addressing people of other cultures, a list of recommended fiction is included in the appendix. Cultural fiction can introduce readers to some of the traditions and customs of other societies. Missing from the list are books about Arab cultures, possibly because they are not yet popular in this country; that, too, is a sad commentary on the acceptance of non-Western cultures in America today.

Marcia C. Liebman, RN, MS, AOCN®
Sharon, MA

Comprehensive Textbook of Genitourinary Oncology (2nd ed.). Nicholas J. Vogelzang, Peter T. Scardino, William U. Shipley, Donald S. Coffey, Brian J. Miles (Assoc. Ed.). Philadelphia, PA: Lippincott Williams and Wilkins, 1999, 1,177 pages, \$189.

Hardcover



The title of this book describes its purpose; it was written to provide in-depth information on all aspects of genitourinary (GU) oncology. The more common GU cancers, such as prostate cancer, as well as less common urology cancers, pediatric oncology conditions, and adrenal cancer, are covered in detail. The text provides comprehensive information on urologic cancers.

The intended audience includes physicians interested in GU cancers (whether they are urologists, medical oncologists, or radiation oncologists) and scientists with a clinical or basic scientific interest in GU cancers. Advanced practice nurses and nurses who work with patients with GU cancers and have an interest in the latest research and information in GU oncology would find this book useful.

However, it would not be an easy initial text for nurses who do not have a knowledge base in either urology or oncology because of the depth and amount of information that is presented.

The strength of the publication is its amount of information. The text describes all aspects of GU cancers. Each chapter deals with a specific topic so that it is easy to locate and review a particular subject for each cancer (e.g., epidemiology of renal cell carcinoma). A discussion on current controversial issues in the GU oncology arena is presented, including the pros and cons of screening for prostate cancer and the use of combined androgen blockade in patients with prostate cancer.

Although seven pages address the nursing perspective, the main limitation of the book is that it does not cover nursing implications in more depth. Nurses who are looking for detailed nursing information on GU cancers will not find it in this text. Although it may be considered a criticism of the book, it should not detract from the extensive information that is presented.

Comprehensive Textbook of Genitourinary Oncology is well done. The authors are experts in their field, and the information presented is based on both clinical expertise and research. A variety of tables, graphs, and photos explain and enhance the text. Although other books are available that discuss each specific type of cancer, this is one of the only (if not the only) texts that brings all of the information together. The same information could be obtained from a variety of medical journals and other texts. *Comprehensive Textbook of Genitourinary Oncology* offers the latest GU oncology information in one location. It should be indispensable for anyone who works with or is interested in patients with a GU cancer.

Dorothy A. Calabrese, RN, MSN, CURN,
CNP
Nurse Practitioner
Cleveland Clinic
Cleveland, OH

Lung Cancer: Making Sense of Diagnosis, Treatment, and Options. Lorraine Johnson. Sebastopol, CA: O'Reilly and Associates, 2001, 511 pages, \$27.95.

Softcover



Reducing the mortality rate of lung cancer continues to be a major priority in cancer research and disease management. This publication is a comprehensive text on lung cancer, written in layman's terms. It reviews the entire spectrum of the disease process from prevention and diagnosis through the treatment trajectory, symptom management, disease recurrence, and terminal care.

According to Johnson, the text is a resource for patients recently diagnosed with lung cancer and long-term lung cancer survivors, as well as their caretakers. Although the author does not identify nurses or healthcare workers as a potential audience, the text is an excellent resource for nursing students, new graduates, and novice oncology nurses.

Lung Cancer is well organized and progresses cleanly through each process of the disease trajectory. Examples of the client's lived experience are included to add reality and inspiration for patients with lung cancer and their significant others. The text is an excellent empowerment tool, provides correct and current clinical information, and promotes appropriate treatment choices for clients with lung cancer and their caregivers. Potential questions and suggestions for successful interactions with healthcare providers, including physicians, also are incorporated. Multiple healthcare providers (e.g., oncologists, oncology nurses, medical social workers) have reviewed medically intensive chapters and contributed their clinical expertise to ensure the text's accuracy.

Five appendixes are included to clarify and supplement the content. Appendix A provides multiple resources, such as contact information for organizations, support groups, Web sites, medical resources, and clinical trials; legal, financial, and insurance resources; free treatment drugs; travel and lodging information; and end-of-life resources. Appendix B offers a comprehensive list of tests and procedures specific to lung cancer. The author describes what the test or procedure accomplishes, how to prepare for it, details about its administration, how much pain may be incurred, recovery issues, and any potential risks. Normal ranges for test results are included in Appendix C. Chemotherapy drugs and treatment regimens specific to lung cancer are presented in Appendix D. Experimental drugs and prognostic markers are discussed in Appendix E.

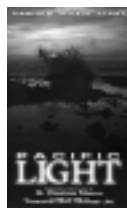
The text could be enhanced with the addition of diagrams, cartoons, pictures, or tables. Despite this limitation, *Lung Cancer* offers its readers a more comprehensive text than other printed material currently available and is very reader friendly.

Susan K. Steele, MN, RN, AOCN®
Oncology Clinical Nurse Specialist/
Assistant Professor
Our Lady of the Lake College
Division of Nursing
Darrow, LA

V I D E O

Pacific Light. Featuring the music of R. Carlos Nakai and cinematography by Thomas Day Oates, Jr. Seattle, WA: Sacred Earth Productions, 2001, 31:08 minutes, base institutional price, \$79.95; closed cir-

cuit television rights, \$70; each additional copy, \$49.95; individual professional, \$49.95; patients with cancer, \$24.95.



The *Pacific Light* healing music video was designed to replace the negative emotions of fear and stress for patients in hospital and ambulatory settings with peace and supportive healing. Hospitalized patients who were attached to te-

lemetry were found to have decreased heart rates, blood pressure, and breathing rates when watching *Pacific Light*. They also reported experiencing less pain and feeling more peaceful. Those suffering from cancer, AIDS, heart disease, chronic fatigue syndrome, migraine headaches, chronic pain, and post-traumatic stress disorder have used the video successfully. Interestingly, professionals and stock exchange day traders across the country also use *Pacific Light* to help reduce stress and maintain balance.

True to its advertising, *Pacific Light* captures both the spirit and majesty of the Pacific Ocean, as well as the rugged California and Oregon coast. One of the strengths of this video is the magnificent blending of cinematography by Thomas Day Oates, Jr., and R. Carlos Nakai's Grammy-nominated compact disc (CD), *Inner Voices* (with orchestral arrangements by Grammy winner Billy Williams). This video is very relaxing and calming, and the music and scenery are unusually well coordinated, evoking a peaceful, dreamy quality in viewers. It is long enough to elicit a deep relaxation response yet short enough (particularly with the four different musical segments) to keep the viewer's attention. The musical accompaniment from the *Inner Voices* CD includes Inner Voices (8:51 minutes), Daybreak Vision (7:12), Amazing Grace (3:46), and Catfish Must (10:36).

Having lived in California and the Pacific Northwest, I know many of the places that were shown in the video and found myself instantly transported there. This video clearly was filmed carefully over time—not just at different times of the day but at different times of the year as well. This type of attention to detail undoubtedly will transport most viewers easily to a place of greater comfort.

I have no suggestions for improvement, only the request that the producers continue their work of "creating products that capture the peace of the earth for the people of the

earth." Other similar videos are available on the market; however, *Pacific Light* is unique. It is one of the most beautiful and potentially healing music videos I have seen. As a result, I have requested that it be added to the collection in the patient-education and resource rooms where I work. *Pacific Light* can be ordered by contacting Sacred Earth Productions, 2212 Queen Anne Avenue N #322, Seattle, WA 98109; e-mailing sefilm@halcyon.com; calling 877-835-0838; or visiting www.healing-peace.com.

Mary Jane Ott, MN, MA, RN, CS
Nurse Practitioner
Pain and Palliative Care Program
Dana-Farber Cancer Institute
Boston, MA

W E B S I T E



Name of site: Discover Nursing

URL: www.discovernursing.com

Authorship: Groups including the American Nurses Association, Oncology Nursing Society, Association of Pediatric Oncology Nurses, and National League for Nursing

Privacy statement: Present, comprehensive, and easy to find

Disclosure: Present, comprehensive, and easy to find; sponsored by Johnson & Johnson Health Care, Inc.

Content highlights: The scholarship database is searchable by specialty, geographic region, or degree. A profiles section highlights nurses, teachers, and administrators all working in the field of nursing and all making a difference. The basics section outlines programs and degrees in nursing. The salaries area shows that it pays to be a nurse. Salary data are available from all over the United States.

Elizabeth Gomez, RN, MSN, AOCN®
Editor, ONS Online

Glossary of Web Site Review Terms

Uniform Resource Locator (URL): An address that identifies a document or resource on the World Wide Web (WWW).

How to evaluate: In the Windows and Macintosh environment, right click on page to determine true URL from the "properties" menu.

Linking: Ability to connect to another Web site; hyperlink is a computer code that allows one page on the WWW to be connected to another.

How to evaluate: Inspect each site for a "linking policy," also known as "rules for linking statement." It may be part of the site's legal statement and generally is found on the home page.

Authorship: Individual who or organization that "stands behind" the Web site. This can be a person, professional organization, university, hospital, cancer center, government agency, or advocacy group. Credentials or a logo must be present and appropriate for the content presented.

How to evaluate: Inspect the site for the names and credentials of the content providers, and send an e-mail to them to verify their existence.

Disclosure: The act of uncovering; usually concerned with financial backing, sponsorship, and sources of funding. This would be indicative of any bias.

How to evaluate: Inspect the site for the presence of a disclosure statement or list of sponsors. This usually is found on the home page or in the "legal statement."

Privacy: It is critical that users be informed of the collection, use, and dissemination of any information they may be providing when visiting the site. Only then can they make an informed decision about providing information or approving its eventual use.

How to evaluate: Inspect the site for a privacy statement or rules of usage document. This is found most commonly on the home page or provided at the time of registration.

Elizabeth Gomez, RN, MSN, AOCN®
Editor, ONS Online

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