

ORIGINAL ARTICLES

CULTURE CARE OF IRANIAN IMMIGRANTS IN NEW SOUTH WALES, AUSTRALIA: SHARING TRANSCULTURAL NURSING KNOWLEDGE

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Discovery and analysis of care meanings, expressions, and practices of Iranian Immigrants in New South Wales, Australia was the focus of this ethnonursing qualitative research. The purpose of the study was to systematically discover, describe and analyse the values, beliefs, and practices of Iranian immigrants in New South Wales, Australia. The aim of the investigation was to discover transcultural nursing knowledge to guide nurses and health professionals to provide culturally congruent nursing and health care to Iranians. Leininger's theory of Culture Care Diversity and Universality (Leininger, 1991) was used as the conceptual framework for the study. It was predicted that care meanings and expressions of Iranian immigrants would be influenced by their worldview, social structure features, language, and cultural values rooted in their long ethnohistorical past and reflected in their lifeways in Australia. Using the ethnonursing qualitative research method, key and general informants were purposefully selected among Iranian immigrants residing in New South Wales. Three care themes supported by a number of universal and some diverse patterns were identified for Iranian immigrants. The three themes were: (1) Care meant family and kinship ties (*hambastegie*) as expressed in daily lifeways and interactions with family, friends, and community; (2) Care as expressed in carrying out traditional urban gender roles (*role-zan-o-mard*) (*Azadie zan*) as well as in fulfilling emerging new role responsibilities related to equality for female Iranian immigrants; and (3) Care as preservation of Iranian identity (*inhamoni, hamonandi*) as expressed in traditional cultural events and health care practices. Leininger's (1991) three modes of actions and decisions were used to develop appropriate and culturally meaningful nursing care actions and decisions which were in harmony with the cultural beliefs of Iranian immigrants.

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Introduction

The growing and worldwide trend in multiculturalism challenges nurses to provide safe, appropriate, and culturally meaningful care to the world population regardless of their geographic location. To achieve and provide this new and culturally appropriate care, transcultural nursing knowledge and understanding of the cultural care values, beliefs, and practices of the people being served are urgently needed (Leininger, 1978, 1988, 1991, 1993, 1995, 1996, 1997).

Cultural beliefs, values, and the cultural meanings that are associated with expressions of health and illness are central to quality and culturally specific and meaningful care (Leininger, 1991, 1993, 1995). Providing culturally meaningful nursing care to Iranian immigrants in New South Wales (NSW) is a major challenge to nurses. Since before the Islamic revolution, the number of Iranian immigrants in Australia has more than doubled with 60% residing in New South Wales. Australians tend to have little knowledge of Iranian immigrants' cultural beliefs and worldview. Iranians are often erroneously referred to as Arabs. Lack of cultural knowledge seems to be the core of such stereotyping and misunderstandings. The intent of this study of care values, beliefs, and practices of Iranian immigrants was to provide a body of transcultural nursing knowledge that could assist nurses in Australia to better understand Iranian cultural beliefs and related expressions of care which have significant implications for nursing practice. By knowing the cultural meanings of care, nurses will be able to provide nursing care that fits with the clients' traditional beliefs and expectations.

Since postwar immigration in the late 1940s, Australia has undergone rapid social and cultural change. The *National Agenda for a Multicultural Australia...Sharing our Future* from the Office of Multicultural Affairs (OMA, 1989) has identified a national policy emphasising cultural identity, social justice, and economic efficiency as the core and underpinning of the nation's multicultural policy (Garrett & Lin, 1990). In spite of its multicultural population, Australia remains largely monocultural reflecting a colonial, Anglo-Celtic philosophy (Jamrozik, Boland, Urquhart, 1995). As Australia strives to define its

cultural identity, many newly arrived immigrant groups in Australia are struggling to preserve and revive their cultural identities in an attempt to give meaning to their losses related to migration.

In 1971 Iranian immigrants to Australia numbered 903 and, in 1991 the number was estimated at 12,772 with a preponderance of family migration. According to the 1991 census, the number of Iranian immigrants in New South Wales reached 7,552 representing 0.05% of the total population of Australia in 1991 (BIMPR, Census 1993). Comparison of the 1986 and 1991 census identified special needs for Iranian immigrants which were related to language, ageism, women, unemployment, new increases in family breakdowns, and cross-cultural marriages. Iranian refugees, including torture and trauma survivors, represented 7% of the total refugee population in New South Wales (Cunningham, 1992). These facts combined reveal a community bound by traditions, traumatised by stresses of revolution and the tragedies of war, and suffering pain and stress related to migration. Although most prerevolution Iranian immigrants to Europe and the United States left Iran in search of economic benefits and educational opportunities, many such as Baha'is and Jews left to escape religious persecution (Sabagh & Bozorgmehr, 1987). Similar trends were found among Iranian immigrants to Australia.

Domain of Inquiry and Purpose of the Study

The domain of inquiry for this investigation was transcultural nursing care values, beliefs, and practices of Iranian immigrants in NSW, Australia. The purpose of the study was to discover, explicate, analyse, and describe the culture care meanings and experiences of Iranian immigrants. It was predicted that care meanings, experiences, and practices of Iranians have been influenced by and derived from their previous and present cultural contexts through shared cultural values, beliefs, and practices. Hence this investigation aimed to discover, describe, and build upon transcultural nursing knowledge by discovering the meanings and expressions of care from the Iranian immigrants' *emic* perspectives.

Theoretical Framework

Leininger's (1991) Theory of Culture Care Diversity and Universality was used as a conceptual and theoretical guide to discover the worldview, cultural values, and lifeways of Iranian immigrants in NSW. The central construct of the theory is culture care in diverse and similar cultural contexts. Leininger contends that care is a universal phenomenon with diversities in forms, expressions, meanings, and patterns of care in different cultures. Moreover, she holds that "...care expressions and patterns take on different meanings in different cultural contexts" (Leininger, 1985, 1991). The Sunrise Model (Leininger, 1995, p. 108) portrays the broad,

holistic, and particularistic dimensions of Leininger's Culture Care Theory (1991) and guided the researcher to discover multiple and related dimensions influencing culture care as reflected in Iranian generic and professional care practices and experiences. In addition, the Sunrise Model guided the researcher's exploration of different dimensions of potential and actual influences on care and health practices of Iranian immigrants. Using the inductive ethn nursing method the researcher was able to study *emic* and some *etic* views and meanings of care for Iranians in the context of Australia (Figures 1 and 2).

The Theory of Culture Care Diversity and Universality is focused on worldview and social structure factors as they influence human care and health through the contextual features of language, ethnohistory, and environment and guide the study of generic and professional care experiences and meanings. The investigator took the position that culture care is influenced by worldview and social structure dimensions such as kinship, gender role, religion, education, economy, technology, political orientation, ethnohistory, and the environmental context in which it occurs. It was predicted that all these dimensions are interrelated and influence culture care and in turn the holistic health and well being of Iranian immigrants in the context of their adopted home, Australia.

Research Questions

The major premises which guided the study were based on and conceptualised within the theoretical assumptions and definitions of the Culture Care Theory (Leininger, 1991). The following research questions related to the domain of inquiry which guided this investigation were:

1. What are the meanings and expressions of care for Iranian immigrants living in New South Wales, Australia?
2. What are the care beliefs and practices of Iranian immigrants in NSW, Australia?
3. In what ways do social structure factors, worldview, ethnohistory, and environmental context influence expressions, meanings, and experiences of care for Iranian immigrants in NSW, Australia?
4. In what ways do the three modes of nursing actions and decisions lead to culturally congruent care for Iranian immigrants in NSW Australia?

Ethnohistory

Since the ethnohistory is an important dimension of the Culture Care Theory, a brief history of the Iranian people will be presented. Iran / Persia is located in mountainous country on a high plateau some 4000 feet above sea level. It is characterised by diverse physical features as well as the many diverse cultural groups that have inhabited the country since it was founded in 550 B.

C. Situated in Western Asia, Iran is bordered by Azarbaijan and Armenia to the northwest and Turkomenstan to the northeast, Pakistan and Afghanistan to the east, Turkey and Iraq to the west, and the Persian Gulf and the Gulf of Oman to the south (The Europa World Year Book, 1994).

The words *Iran* and *Persia* identify the same country, but are used in different contexts conveying quite different meanings. Although both names have been used interchangeably since World War II, the issue has been a point of debate among historians. In 1992, Yarshater wrote that the word *Persia* is a much more appropriate name as it reflects the ethnohistorical and the cultural background of the people and the country. He also urged that the term *Farsi*, which he believes is incorrectly used to describe the language of the country, be replaced with *Persian*. The name, *Persia*, is derived from *Parsa* and refers to the region of *Fars* in the southern part of the country. *Fars* was the birth place of the Achaemenid dynasty, and the inhabitants were called *Parsis*, a term used by the Greeks to refer to these people. The word *Persia*, *La Perse* and *das Persien* used in European languages, is derived from the Greek version of the name (Yarshater, 1992).

The people of Iran, the Persians, identify themselves as the descendants of the ancient Medes, Persians, Parthians, and other Aryans. In addition the *Kurds*, *Giliakis*, *Mazanderanis*, *Lurs*, *Bakhtiari*, and *Baluchi* represent the predominant cultural groups in Iran (The Europa World Year Book, 1994). Iran has been referred to as the land of religions. *Zoroastrianism*, *Islam*, *Sufism*, *Baha'ism*, a few of the religions historically referred to, have their roots in *Persia*.

Iranian Immigrants in Australia

Periods of mass migration of Iranians have been documented in several distinct historical periods. The first historic record was made in the seventh century following the Islamic and Arab invasion of Iran when a large number of Iranians migrated to India. The second phase began in the nineteenth century. This was predominantly due to the continuing rise of the *Ulma* (Clergy) as well as increasing foreign influences (British and Russian) in Iran (Wilber, 1976). Trends in Iranian migration to the United States have been classified by Jalali (1982). The first wave of immigrants (1950-70) included students from the middle class and the social elite who left Iran in search of higher education. The second wave of Iranian immigrants between 1970 and 1978 were the urban and affluent of various social classes who migrated mainly for educational, professional, economic, and family reunion purposes. The third wave of migration, which continues to the present day, began in 1978 with the Islamic Revolution when a large number of Iranians (as political refugees) began leaving Iran for personal, political, and economic security. This

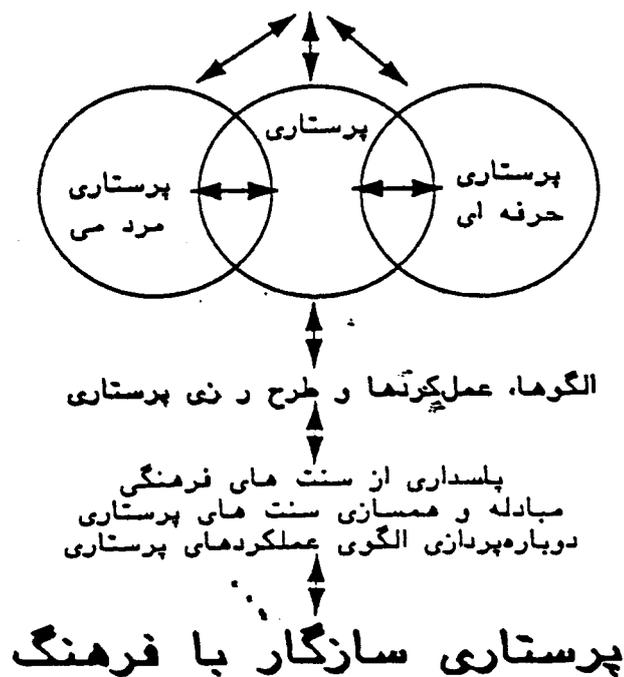
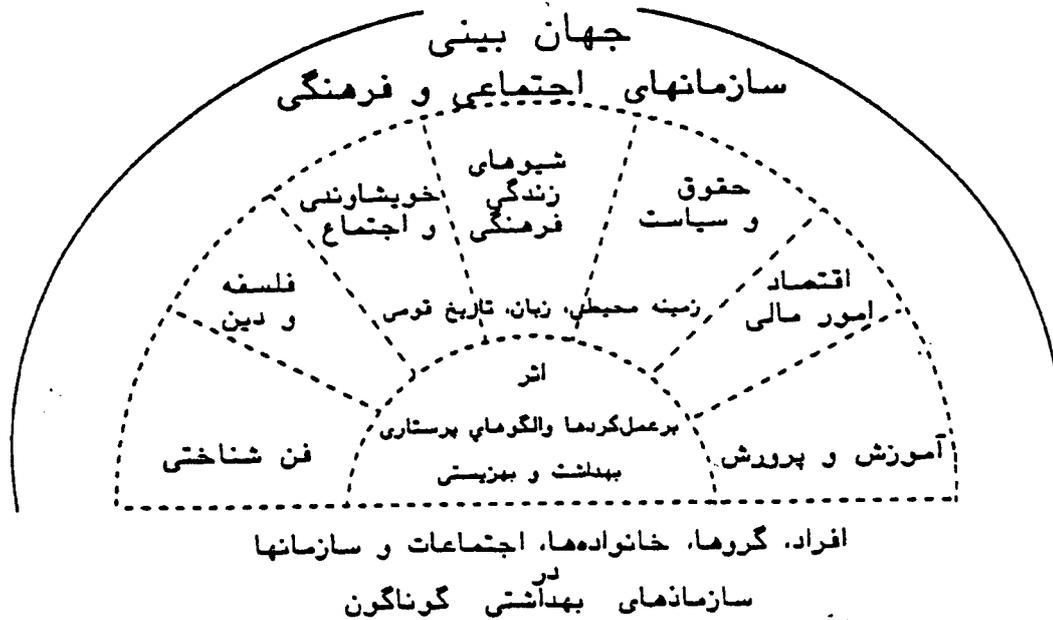
group, which settled in the United States, represents diversity and heterogeneity in social class, age, education, and religion. Most of these immigrants have been unfamiliar with western cultural lifeways, and they have had considerable difficulty in adjusting to life in the United States (Jalali, 1982). Although most prerevolution Iranian immigrants to Europe and the United States left Iran in search of a better life economically and educationally, many such as Baha'is and Jews left to escape religious persecution (Sabagh and Bozorgmehr, 1987). These same trends are also reflected in Iranian immigrants to Australia. However, in contrast to Iranian immigrants to the United States, the majority of Iranian immigrants to Australia represent minority religious and ethnic groups from Iran (Adibi, 1994).

Adibi (1994) reported that, based on an analysis of the 1986 census, 60.5% of all Iranian immigrants in Australia lived in NSW with the smallest numbers living in Tasmania (0.4%) and the Northern Territory (0.7%). Adibi's analysis of the 1986 census indicated that, whilst the majority of Iranian immigrants to the United States were Muslims, in Australia they represented a greater number of Assyrians, Armenians, Parsees, and Baha'is. In addition, Adibi's analysis reported that 50% of Iranian immigrants in 1986 had limited job skills resulting in a high rate of unemployment (29.9%). Of those unqualified for employment, 14% were over the age of 65 years. Barriers to employment included nonrecognition of overseas qualifications by the Australian labour market, discrimination, and racism. Sixty two percent (62.8%) of the Iranian immigrants in Australia were recorded as married in 1986. Adibi reported a significant increase in divorce amongst Iranian immigrants in Australia in comparison with the divorce rate in Iran. He related the increase in divorce to changes in the traditional role of Iranian women in the Australian context linked to an awareness of women's rights and economic independence for women. Trends related to aging, unemployment, marital status, annual income, and language difficulties were found to be similar in both the 1986 and 1991 census (BIMPR, 1995). Comparison of the 1986 and 1991 census highlights areas of special needs for Iranian immigrants relating to language, ageism, women, unemployment, family breakdown, and cross cultural marriages.

Iranian Worldview (jahan binee)

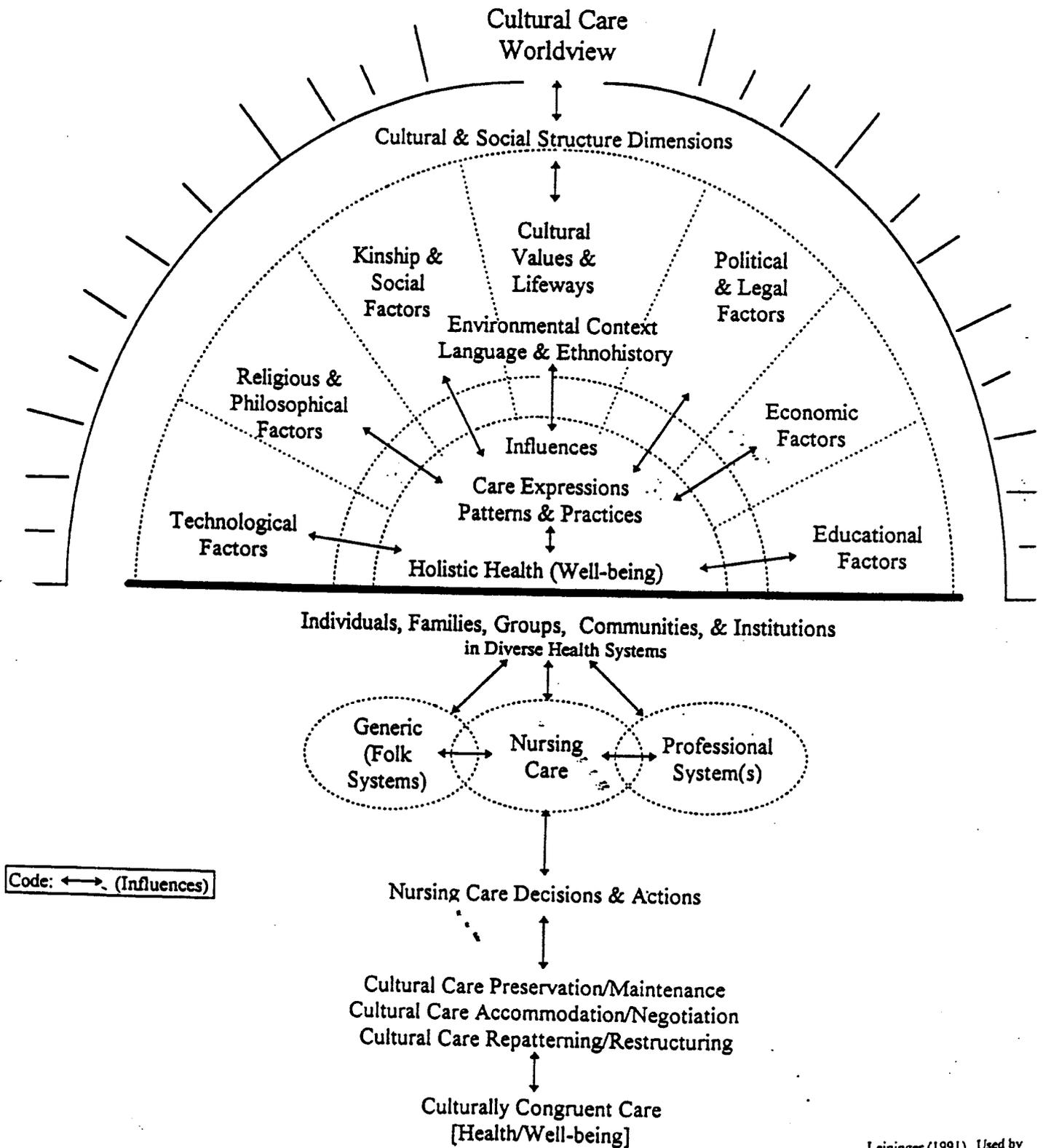
Iranians are a sentimental and poetic people with an appreciation of the arts and the beauty of nature. Their spiritual and philosophical values are reflected in their worldview. According to Tabari (1970) the Iranian worldview (*jahan binee*) is a combination of magic, religion, mysticism, and theology. Although the religion of Islam is believed to have played a significant role in the worldview of Iranians, according to Hunter (1992)

Figure 1
Leininger's Sunrise Model to Depict the Theory of Culture Care
Diversity & Universality.



From Culture Care Diversity and Universality: A Theory of Nursing by M. Leininger, 1991 New York: National League for Nursing Press. Reprinted by permission from Dr M. Leininger. Translated into Persian Language by A. Omeri, 1996.

Figure 2
Leininger's Sunrise Model to Depict the Theory of Cultural Care Diversity and Universality



Leininger (1991). Used by permission from the author.

Iranian Islam (shi'ism) has been influenced by pre-Islamic philosophical, religious, and cultural traditions (Hunter, 1992). Throughout history there has been intermingling of the Iranian culture and Islam. Ferdowsi's *Shahnameh* (1966), an extraordinary book of epic human literature, describes the post-Islamic era of the seventh century and Iranian lifeways. This literary document is a deep and philosophical reflection of Iranian lifeways and worldview. Nodoshun (1995) highlighted the major themes of Ferdowsi's *Shahnameh* as: love of life; human ethics and the struggles between good and evil; positive mysticism propagating pure wisdom, impartial values, and simplicity relating to Iranian identity. Verbatim descriptors by Iranian informants such as, *I believe life is a cycle which ends in death, and heaven and hell are in this life; I believe humanity is the only way for survival of man; My view of the world is not philosophical, scientific, or religious but spiritual; and finally, I believe life is an evolutionary cycle and we are now in the humanitarian cycle* all reflect the worldview of many of the key and general Iranian immigrant informants.

While there are additional interesting aspects of the ethnohistory, space does not permit a full account here. The reader is therefore encouraged to use some of the following credible sources for further ethnohistorical information: Arasteh & Arasteh (1964); Behnam (1986); Hunter (1990, 1992); Keddie (1980, 1995); Rahnama & Behdad (1995); and Wilber (1976).

Research Method

The research method for this study was the ethnonursing qualitative research method. Ethnonursing is a naturalistic, holistic, inductive, qualitative research approach which is largely *emic* in nature but includes an *etic* focus as well. The method was developed to fit the Culture Care Theory and to discover and generate knowledge regarding phenomena important to nursing. Ethnonursing has been described as, "...as qualitatively derived *emic* modes and processes with diverse strategies, techniques, and enabling guides to document, describe, understand, and interpret the people's meanings, experiences, symbols and other related aspects bearing on actual or potential nursing phenomena" (Leininger, 1991, p. 79). Essentially, ethnonursing includes the discovery and generation of nursing knowledge which can be used to advance nursing theory and improve nursing care to people. Ethnonursing was chosen by the researcher as an appropriate method to discover, describe, and analyse the cultural care values, beliefs, and lifeways of Iranian immigrants in NSW.

As part of the ethnonursing research method, enablers are used to tease out covert and complex data. The major ethnonursing enablers used in this study were *Leininger's Observation-Participation-Reflection (OPR)*, *Stranger to Trusted Friend Enabler Guide*, and the

Acculturation Enabler. The OPR enabler is focused on in-depth observations followed by participation as guided by the clients / informants. Naturalistic in-depth interviews were used throughout the study. Leininger has emphasised "...focused observations, in-depth interviews, and participation with people in their known and natural living environments" (1990a). To facilitate the discovery of a comparative and holistic perspective regarding the meanings, expressions, and experiences of care for Iranian immigrants in the specific cultural context of NSW, the researcher visited a variety of settings such as informants' homes, schools, and community centres to participate in festivities, celebrations, weddings, picnics, and poetry recitals. Informants were primarily selected from Iranian immigrants residing in NSW.

According to Leininger (1991) information gathered during the initial entry to the research site by researchers as strangers to the people may not be as accurate and meaningful as information collected after the researcher has become known, accepted, and trusted. Although the researcher, as an Iranian could be considered an insider to the culture and as she could fluently speak Persian, the use of Leininger's Stranger-to-Trusted-Friend-Enabler-Guide proved most appropriate to use as many informants were unknown to the investigator prior to this study. Personal experiences of the researcher as an immigrant Iranian in Australia were useful in the processes of data collection and reflection. To avoid biases interfering with the truthfulness and credibility of data, the investigator (prior to entering the field) met with several experienced qualitative researchers to clarify any personal overt biases, strong feelings, and / or attitudes. Sessions held with several transcultural experts continued throughout the investigation which provided reflection and identification of any possible misinterpretations of or biases in the data. The ethnonursing method was most helpful to guide the researcher from collection to the final analysis of the data. The ethnonursing method as described by Leininger covers general ethnographic discoveries and keeps the focus on actual or potential nursing care phenomena under study.

Setting and Selection of Informants

The setting chosen for the study was a large urban city in Eastern Australia. The investigator, herself an immigrant, had lived in the state of NSW for 25 years. She had work experience in a variety of health care settings in the area, and was familiar with the environmental context where the majority of Iranian immigrants (65%) to Australia were living.

Key informants in this study were purposefully selected according to specific criteria. The criteria for key informant selection specified inclusion of individuals who were: (1) knowledgeable about the culture and the domain of inquiry under study, (2) born in Iran and

identified themselves as Iranian, (3) emigrants from Iran to Australia, and (4) willing to participate in the study. A total of nineteen key informants participated in the study.

The criteria for selection of general informants specified inclusion of individuals who were: (1) present at Iranian social activities attended by the researcher, (2) born in Iran and identified themselves as Iranian, (3) emigrants from Iran to Australia, (4) willing to be interviewed by the researcher, and (5) generally informed about the Iranian culture. In keeping with the ethn nursing research method these general informants were not interviewed in-depth, but they provided general reflections about the culture on several occasions. A total of 51 general informants participated in the study. Periods of residence in Australia for the key and general informants varied from 4 years to 43 years -- with the majority having arrived since the beginning of the Islamic revolution in 1978.

Interviews with informants were all conducted in the Persian language. In preparation for the research, the researcher undertook the Persian to English Translation Examination offered by the National Accreditation Authority for Translators and Interpreters in Australia (NAATI). In addition, two Iranian immigrants to Australia with expertise in the Persian language were consulted to establish credibility and appropriateness of linguistic terms and to monitor personal interpretations.

Data Analysis

Data were analysed using Leininger's four phase method of analysis (Leininger, 1991, p. 95). This four-step process begins with documentation and analysis of all observations, participant, and interview experiences. The second phase focuses on analysis of descriptors, and the third phase identifies patterns related to the domain of inquiry. The fourth phase includes the formulation of themes which are the major findings to guide nursing decisions and actions related to providing culturally congruent care.

The ethn nursing method identifies a systematic and sequential format for data analysis -- especially for pattern and thematic analyses (Leininger, 1991). At the end of each data collection period throughout the study, the data were transcribed and entered verbatim into the computer with the coding system for the Culture Care Theory, the *Leininger-Templin-Thompson (LTT) Ethnoscrypt Qualitative Software* (Leininger, 1990b, p. 97). This software was used for storage, coding, retrieval, and sorting of data and proved extremely useful and user friendly. Data were analysed for descriptors and then studied to identify recurrent patterns which led to the thematic analysis phase. The use of the LTT computer software program facilitated the long and tedious process of dealing with a large amount of data.

Research Criteria

Leininger (1990a, 1990b) and Lincoln and Guba (1985) have identified specific evaluation criteria for qualitative studies which are: (1) credibility as the *truth value* mutually established between the researcher and informants to ensure accuracy of findings; (2) confirmability which reaffirms what the researcher had heard, seen, or experienced with respect to the phenomena under study and with confirmed *informant checks* and by *audit trails*; (3) recurrent patterning which refers to identifiable sequenced patterns of repeated experiences, expressions, events, or activities over time; (4) meaning in context which refers to and focuses on the significance of interpretations and understanding of the actions, events, communications, symbols, and other activities within specific or total contexts; (5) saturation which is reached when data was redundant and there was no more new information as all had been said or shared; and (6) transferability which refers to any general similarities of findings that can be transferred to another similar context or situation in a new research context (Leininger, 1991; Lincoln & Guba, 1985; Sandelowski, 1986).

Findings

Three major themes were formulated that focused on the care meanings and experiences of Iranians from recurrent patterns and descriptors. These themes and the patterns and descriptors supporting each theme will be presented in this section.

Theme 1

The first theme was: *Care means family and kinship ties (hambastegie) as expressed in daily lifeways and interactions with family, friends, and community.*

The first pattern supporting this theme was: *Care meant family and kinship ties (hambastegie) expressed as respect for parents (ahterm-a-bozorgtar) and grand parents.* Family was described by most informants as "...the corner stone in caring," embracing respect for parents and grandparents. Key (19) and general (39) informants described caring for elderly, caring for parents, and caring for children. Considerable data for all key and general informants revealed that the Iranian elderly achieve great status in their advanced years. Respect for the elderly is not limited to grandparents but to other family members such as aunts, uncles, other relatives, friends, and even neighbors. A verbatim descriptor supporting this pattern was, "Respect for parents and elders (*ahterm-a-bozorgtar*) is highly valued in our culture...we do not talk back to them. This is how we show our care. It is all in the family." Respect as care for elders (*ahterm-a-bozorgtar*) was demonstrated by informants in a variety of ways such as obedience and disciplined behavior by the younger generation and by

according to the elderly deferential status in respect for their wisdom and knowledge as well as the significant roles they play as leaders, advisors, and / or counselors within their families.

The second pattern which supported the first theme was: *Care was shown in family closeness, being together, and bonding expressed in Persian as hambastegie and hamyari.* Visiting as a care practice was important for Iranian immigrant families in Australia. Families and friends visit in order to come together on a regular basis. The family often came by to see other family members without prior notice and stayed for a meal or overnight. One key informant stated, "We are 60 Iranian families in this area who socialise on a regular basis and support each other. We have similar backgrounds." Fourteen key and many general informants stated that they find socialising with other Iranians as a meaningful way of *being together*. Iranian immigrant families gather for important occasions like births, weddings, funerals, mourning days, and visiting the sick as a way of bonding together. Visiting during the Iranian New Year (*Noruz*) is a significant cultural event and care is expressed by family members who visit elderly relatives on the first day of *Noruz*. Nineteen key and thirty nine general informants emphasised care as interconnectedness (*hambastegie*) and presence (*ba-hamboodan, hozoor dashtan*) for Iranian immigrant families. Findings in this study revealed that the stresses of migration can be diminished by family care expressed as being with other Iranian immigrant families and by participating in community activities. Caring was expressed as togetherness, belonging, and companionship among members of Iranian immigrant families which helped them to deal with separation and grieving for family members remaining in Iran.

The third pattern supporting the family-kinship theme was: *Care was expressed as maintaining family relationships and support both in health and sickness (moraghabat, movazabat, parastari) through sharing happiness, pain, and suffering.* Care practices included visiting during times of health and illness and being together during periods of happiness as well as grief. All key and general informants stated that they cared for their family members by being with them especially during times of illness and when they were in hospital.

The fourth pattern to support the first theme was: *Care means giving family members emotional, social, and physical supportive care.* The importance of caring for family members among Iranian immigrants in Australia was mentioned by all informants in this study. Verbatim statements revealed a continued sense of commitment and responsibility (*masooliyat*) to support family members by providing care for them just as they had experienced in Iran. One key informant stated, "In Iran, family plays a major role in shaping the lives of people and in Australia that is missing, instead there is loneliness and isolation (*zandagie-a-too-khali*) [among

Australians]...I think the two cultures are at extremes; in Iran [and here] we value family support (*hambastegie* and *hamoyat*) and responsibility towards family care (*masooliyat*) while Australians encourage independence."

Theme 2

The second universal theme was: *Care was expressed in carrying out traditional urban gender roles (role-zan-o-mard va Azadie zan) as well as in fulfilling emerging new role responsibilities related to equality for female Iranian immigrants.* The two patterns supporting this theme reflected gender roles for male and female Iranian immigrants as being different, complimentary, and changing.

The first pattern supporting Theme 2 was: *Care was reflected in the traditional female Iranian roles of home manager and nurturer of children combined with emergence of new role responsibilities related to equality for immigrant women.* Although most informants agreed that men and women were equal with complementary roles, they identified that the traditional roles for women in Iran and Australia were slowly changing. Iranian immigrant women were expected to marry and bear sons, but several female informants (12 key and 37 general) were employed (full or part time) and / or undertaking further educational study. Verbatim statements by informants support changing role responsibilities for Iranian women in Australia. One female informant said, "In Iran men are the breadwinners and the head of the family, and they make decisions. Men in Iran do not see women as equals...in Australia it is different..." Key (12) and general (31) informants were supportive of changing roles for immigrant women in the areas of education and employment. However, one male informant stated, "...men [Iranian immigrant men] have a higher education and profession [than women]." Male informants still viewed women as primarily responsible for the home and children. One male informant stated, "...although we are equal, generally men are the providers and women are [still] the managers of the home and children..."

The second pattern supporting Theme 2 was: *Iranian immigrant men continued in the traditional roles as protector and economic provider for the family.* Several male informants spoke of the difficulties created by Iranian immigrant women performing nontraditional Iranian roles. The male informants often compared the traditional roles of women in Iran with the roles of Iranian immigrant women in Australia. One male informant stated, "Feminism creates conflicts. In our culture...men have a higher profession and education. In Iran, men are the head of the family and breadwinners. They make decisions for the education of the children. Traditional Iranian men do not believe in equality. In Australia...[things] are different and this is hard for [some] men to accept."

Theme 3

The third theme was: *Care means preservation of Iranian identity (inhamoni, hamonandi) as expressed in the celebration of cultural events and the support of traditional health care practices.*

The first care pattern supporting this theme was: *The celebration of traditional holidays was viewed as expressions of caring for the Iranian community.* All key and general informants spoke of traditional Persian holidays such as *Noruz*, the first day of spring in the Iranian calendar. The informants explained that celebrations of this kind "...tied the Iranian community together," and they viewed the celebration as caring social support (*hamoyat ajtamaii*). One key informant stated, "Our generation has a sense of community and social commitment (*hassa ta'ahode ajtamaie*), and we try to satisfy this need by promoting cultural and social events such as celebration of the Iranian new year (Noruz) and [other] cultural events."

The second care pattern supporting Theme 3 was: *Care was expressed by observing traditional Iranian dietary practices and traditional Iranian folk remedies.* Traditional dietary practices are a significant aspect of immigrant Iranian cultural lifeways. Care as hospitality was expressed by preparing traditional cultural foods for guests, close friends, associates, and even strangers. All Iranian women informants took pride in preparing Iranian foods for their families. If the women were employed, they cooked traditional foods on the weekends to serve to their families during the week.

All key and general informants classified foods into two traditional major categories of cold (*sardi*) and hot (*garmi*). These cultural practices are based on humoral theory and informants explained that health is maintained if there is a balance maintained between cold and hot foods. Informants explained that the body is kept in a state of equilibrium by maintaining a balance between cold and hot foods. Too much of one food category can lead to symptoms that need to be balanced by eating foods of the opposite category. For example, one Iranian informant explained that when a person develops a rash or bodily itch (*kahier*) or is suffering from high fever (*tabb*), that the person is in a state of overheatedness (*garmi*). Informants reported that foods which will remedy an imbalance of hot conditions are cold foods such as cucumbers, yoghurt, watermelon, and plum juice. In addition cold herbs such as *khakashir*, *shier khasht*, *tranjabin*, and *nashasteh* can be used to restore the balance. Informants also reported that herbs will rid the body of poisons (*somooms*) which also can cause an imbalance. If a person suffers from coldness (*sardi*, *rotoobat*), persons can show signs of weakness (*zaaf*), stomach ache (*dal-dard*), or feeling faint, dizzy (*sar-geeje*). This cold condition is treated with hot foods such as garlic, spices, honey, halva, and herbs such as *saffron*, *gol-a-govzaban*, and *sonbolatif* (Table 1).

Food served at regular meal times usually consists of a combination of hot and cold foods. For example *osh*, a cold food, is usually accompanied with honey or halva which is considered hot. Fish is considered cold and is served without salad so as not to bring about a state of coldness. *Khorash-a-fisanjoon* (a combination of chicken meat, walnut, pomegrana sauce, served with rice) which is considered hot is usually consumed in small amounts so as not to bring about a state of coldness. All informants, male and female, expressed the view that they adhere to these dietary practices and that many firmly practice the cold / hot principle to maintain their health and well being.

Table 1

Herbs for Generic Care Commonly Used by Iranians for Specific Remedies

Gol-gov-zaban & Son-bo-latif (dried foxglove and valerian) with *Nabat* (concentrated sugar) and *Lemoo* (sundried lime) use in a variety of digestive and hearth conditions (*ghalb garaftegi*), influenza, weak nerves (*safe asab*), and used as a tonic in depression (*afsordegi*)

Nashasteh (rice starch) dissolved in boiling water and used for sore throat, cough, diarrhea, and as a thick paste to stop bodily rash and itching

Razianeh (fennel) used for halitosis and also to increase breast milk

Khakashir (rocket seed) used soaked and drunk for purifying blood, for stomach problems, and relieving a state of *garmi*, and for ridding body of poisons in kidney conditions

Gole-baboneh (chamomile flower) brewed as tea, used for steam inhalation and for strengthening of nerves (*taghviate asab*)

Saffron used as a drink during post-partum to strengthen body (*kamar ghoval dadan*)

Cinnamon used in combination with saffron for relaxation

Taranjebin (Manna of Hedysarum) used to reduce fever and state of *garmi*

Shier-Khasht (Purgative manna) used to reduce fever and a state of *garmi*

Bah dooneh (quince seeds) used for sore throat (sucking seeds)

Avishan (origanum, thyme, wild marjoram) used for relaxation

The second pattern which supported Theme 3 was: *The administration of folk Iranian herbal remedies and biochemical medicines maintains health and / or cures common ailments.* Iranian informants used a variety of biochemical, self-medication, and home-based remedies called *darmon-giaheey* or *darmon-khanagie*. They used tranquilizers such as Valium and a variety of vitamins such as B Complex and B12. There is a strong belief in the use of intramuscular vitamin injections to cure weak nerves (*za'afe-asab*). One informant said "It gives me strength and warmth". The use of herbs (*darman-giaheey*) has always been practiced by Iranians and has continued with Iranian immigrants in Australia. All Iranian informants said that they used a range of herbal remedies with biochemical therapies. Herbs, used by all key and general informants, were available in abundance in Iranian supermarkets and health food stores located in large Australian cities. Herbs such as dried seeds, flowers, leaves, and berries were often soaked in cold or hot water or brewed as tea and used for a variety of conditions and ailments such as digestive problems and to flush the kidneys. Herbs were also used to relieve high fever, aches and pains, and for strengthening *weak nerves* or reducing stress (*aramasha assab*). In Table 1 are a list of commonly used herbs used by many key and general informants in the study.

Culture Care Modalities for Provision of Culturally Appropriate and Meaningful Nursing Care

Nursing practices are reported using Leininger's (1991, 1995) three theoretical action modes to provide culturally congruent nursing care. They are: cultural care preservation / maintenance, cultural care accommodation / negotiation, and cultural care repatterning / restructuring. The following are some of the several uses of the three action modes to provide culturally meaningful care to Iranian immigrants.

1. Cultural Care Preservation / Maintenance

Family care is preserved and maintained by promoting health, healing, and sustaining family values. Family ties and for families to be together and participate in the care of family members were essential to provide meaningful nursing care. Consultation with the family on matters relating to diagnosis of terminal illness or mental illness, the process of disclosure of information, and informed consent were crucial. It is often a family decision to determine what information may be disclosed to a sick family member especially if diagnosed with a terminal illness.

Knowledge and understanding of Iranian cultural values and beliefs and practices in relation to health and illness, folk and traditional health practices, and the significance of dietary practices and home remedies are expected to be known and understood. Some traditional

herbal practices are beneficial and are preserved to meet the culture care needs and promote the health and well being of Iranian immigrant clients.

2. Cultural Care Accommodation / Negotiation

Food is symbolic of caring and hospitality for Iranians. Significantly some foods are traditionally used for the sick. By knowing the ingredients used in preparation of such dishes and inquiry about hot / cold beliefs and practices, the nurse determines the suitability of prepared food at home for the institutionalized patient and can advise and accommodate the family members' needs by selecting and providing foods that are culturally appropriate. For example, Iranian informants were accepting of western diagnostic and treatment technologies but wanted nurses to accommodate their cultural and religious practices related to herbal remedies, self-medication, and traditional foods.

3. Cultural Care Repatterning / Restructuring

Cultural care repatterning is a process of making substantive changes which often means giving up harmful or less beneficial care practices and adopting new and different care patterns. This process was important with Iranian informants whose practices of self-medicating by using such drugs as Panadol and tranquilizers, and some harmful herbs and home remedies needed to be creatively repatterned for healthy outcomes. Therapy modes used in western medicine such as group sessions and counseling were identified as conflicting with cultural norms and practices of Iranians because they relied on the family as primary caregivers to support them in health and illness. Western individually focused therapy modes needed to be repatterned to include family members in meaningful ways to meet Iranian culture care needs for improvement of their health and well being.

Significance of the Study and Future Directions for Research

This transcultural nursing investigation of culture care values, beliefs, and practices of Iranian immigrants in Australia is of special significance. It is the first doctoral transcultural nursing study in Australia using Leininger's theory of Culture Care Diversity and Universality. It is also the first transcultural nursing study of Iranians in Australia. This should stimulate the study of other cultures in Australia using a transcultural nursing perspective focused on ways to provide culturally congruent nursing care. Most importantly, the findings reveal cultural care knowledge to advance transcultural nursing and to provide culturally meaningful care for the health and well being of Iranians in Australia.

The following recommendations are offered for future transcultural nursing research studies and to continue to build upon transcultural nursing knowledge:

1. A comparative study is needed to investigate the meanings and experiences of care of other cultures from a transcultural nursing perspective in Iran.
2. A study of aging Iranian immigrants in Australia seems essential to discover culturally specific and congruent care for this group.
3. An investigation of access, equity, and cultural congruence of Australian mainstream health services and nursing practices should be conducted for Iranian immigrants.
4. There is a critical need to pursue more transcultural studies focused on the phenomena of culture care with other immigrant cultural groups using Leininger's theory of Culture Care Diversity and Universality in order to build upon transcultural nursing knowledge with an Australian perspective for culturally appropriate nursing practices.

Discussion

The findings of this study contribute to the Culture Care Theory by substantiating a body of knowledge regarding culture care for an immigrant culture outside of North America. The findings lend support to the development of truly global transcultural nursing knowledge with use of the Culture Care Theory. The findings contribute to the existing body of transcultural nursing research. For example, Luna's (1989) study of Arab Muslims in a Midwestern urban USA city revealed that *the family obligation to care* was rooted in their Islamic religious beliefs. Similarly Iranian immigrants to Australia valued *family care as togetherness* but they revealed that *family care* was deeply rooted in their cultural traditions rather than in their religious beliefs. McFarland (1997) found that family care of elderly relatives was important among African Americans in a large midwestern city in the USA. Family care was deeply rooted in African American religious and cultural beliefs and was fulfilled by family members providing care for elderly relatives living in nursing homes. The findings in these three studies about culture care support the prediction of the Culture Care Theory that there might be universal care features as well as diverse features of human care transculturally.

The findings of the three themes (with similarities and some diversities reflected in the patterns supporting the themes) relating to Iranian culture care support the Theory of Culture Care and the importance of using the ethn nursing research method. Similarities and diversities in human care were found within the Iranian culture. The second theme (*Care was expressed in*

carrying out traditional urban gender roles (role-zan-o-mard va Azadie zan) as well as in fulfilling emerging new role responsibilities related to equality for female Iranian immigrants) reflected some diverse aspects in the patterns supporting it. For instance, some Iranian immigrant women discussed employment outside the home while other women informants held exclusively the traditional roles as caretakers of the children and managers of the home.

Conclusion

Three major culture care themes specific to the Iranian immigrants in Australia have been reported in this article. These major care themes were abstracted from patterns and descriptors from the care meanings and experiences as described by immigrant Iranian informants and from field journal data through observation-participation-reflection techniques. The major care themes were: *care as family and kinship ties; care as expressed in traditional / urban gender roles; and care as preservation of Iranian identity*. The study confirmed that care has specific meanings, experiences, and expressions for immigrant Iranian informants which are expressed in a variety of ways in their daily lives. It also established that there are similarities and differences in care practices among Iranian immigrants. The findings confirmed that care expressions are influenced by worldview, the ethnohistory, social structural factors, and environmental factors. The author believes that the transcultural nursing knowledge provided by this study will assist in the provision of culturally appropriate and meaningful nursing care to Iranian immigrant clients that contributes to their health and well being.

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