Purnell Model

Purnell Model for Cultural Competence by Larry Purnell

12 Cultural Domains

It is not intended for domains to stand alone, rather, they affect one another.

**Overview/heritage**
Concepts related to country of origin, current residence, the effects of the topography of the country of origin and current residence, economics, politics, reasons for emigration, educational status, and occupations.

**Communication**
Concepts related to the dominant language and dialects; contextual use of the language; paralanguage variations such as voice volume, tone, and intonations; and the willingness to share thoughts and feelings. Nonverbal communications such as the use of eye contact, facial expressions, touch, body language, spatial distancing practices, and acceptable greetings; temporality in terms of past, present, or future worldview orientation; clock versus social time; and the use of names are important concepts.

**Family roles and organization**
Concepts related to the head of the household and gender roles; family roles, priorities, and developmental tasks of children and adolescents; child-rearing practices; and roles of the ages and extended family members. Social status and views toward alternative lifestyles such as single parenting, sexual orientation, child-less marriages, and divorce are also included in the domain.

**Workforce issues**
Concepts related to autonomy, acculturation, assimilation, gender roles, ethnic communication styles, individualism, and health care practices from the country of origin.

**Bicultural ecology**
Includes variations in ethnic and racial origins such as skin coloration and physical differences in body stature; genetic, heredity, endemic, and topographical diseases; and differences in how the body metabolizes drugs.

**High-risk behaviors**
Includes the use of tobacco, alcohol and recreational drugs; lack of physical activity; nonuse of safety measures such as seatbelts and helmets; and high-risk sexual practices.

**Nutrition**
Includes having adequate food; the meaning of food; food choices, rituals, and taboos; and how food and food substances are used during illness and for health promotion and wellness.

**Pregnancy and childbearing**
Includes fertility practices; methods for birth control; views towards pregnancy; and prescriptive, restrictive, and taboo practices related to pregnancy, birthing, and postpartum treatment.

**Death rituals**
Includes how the individual and the culture view death, rituals and behaviors to prepare for death, and burial practices. Bereavement behaviors are also included in this domain.

**Spirituality**
Includes religious practices and the use of prayer, behaviors that give meaning to life, and individual sources of strength.

**Health care practices**
Includes the focus of health care such as acute or preventive; traditional, magicoreligious, and biomedical beliefs; individual responsibility for health; self-medication practices; and views towards mental illness, chronicity, and organ donation and transplantation. Barriers to health care and one’s response to pain and the sick role are included in this domain.

**Health care practitioner**
Concepts include the status, use, and perceptions of traditional, magicoreligious, and allopathic biomedical health care providers. In addition, the gender of the health care provider may have significance.