Faculty wisdom as teaching culture care within the indigenous context of the Southeastern United States

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Nursing Faculty
Care Expressions, Patterns, and Practices Related to Teaching Culture Care
The University of Tennessee Nursing
Sandra J. Mixer, PhD, RN

Purpose and Goal
To discover, describe, and systematically analyze the care expressions, patterns, and practices of nursing faculty related to teaching culture care within the environmental context of baccalaureate nursing programs in urban and rural universities in the Southeastern United States. The goal was to discover faculty care that facilitated teaching students learning how to provide culture care.

Organizing Framework
Leininger’s Sunrise Enabler to Depict the Theory of Culture Care Diversity and Universality.

Major Research Findings

Theme I
Faculty care is embedded in Christian religious values, beliefs, and practices within the context of the southern United States.
- Strong beliefs enhance faculty ability to care for students and patients/families with similar and diverse religious backgrounds.

Theme II
Faculty taught students culture care without an organizing conceptual framework and with differences among classroom, on-line, and clinical contexts.
- Faculty explicitly taught culture care in clinical contexts.

Theme III
Faculty provided generic and professional care to nursing students to maintain and promote healthy and beneficial lifeways.
- Care is essential for faculty health and well-being to teach culture care within the context of the school of nursing/university.

Discoveries for Teaching Culture Care (continued)

Culture Care Accommodation/Negotiation
- Negotiate integrating culture care content into established nursing courses throughout the curriculum and introduce required and elective courses on culture care.
- Negotiate for culturally congruent strategies to promote healthy faculty lifeways.

Culture Care Repatterning/Restructuring
- Use an organizing framework for teaching culture care (e.g. Culture Care Theory).

Ethnonursing Qualitative Research Methodology
- Faculty informants purposefully selected.
- In-depth open-ended interviews, follow-up phone calls/e-mail to confirm major findings.
- Leininger’s four phrases of analysis for qualitative data and qualitative criteria.
- Research mentor theory/method expert.

Ethnodemographic Data

Key Informants = 10
Tenured faculty
- 5 Urban
- 5 Rural
Non-tenured or clinical
- 8 Urban
- 9 Rural

General Informants = 17
Urban - 7 Black/5 Caucasian
Rural - All Caucasian

Key average 52
General average 41
Overall average 45

Ethnicity

Years Teaching Exp
- Range
- Avg
- Range
- Avg
Key
6-40 21
10-48 30
General
0.25 -11 4
2-37 16
Overall
0.25-40 10
2-48 21

Years Nursing Exp

Discoveries for Teaching Culture Care

Culture Care Preservation/Maintenance
- Maintain efforts to assist students to care for culturally diverse clients in the clinical setting.
- Faculty maintain combining own generic care with professional care (mentoring and modeling) to promote student health and well being.
- Preserve faculty collective/reciprocal care.
- Preserve faculty care based on Christian religious values, beliefs, and practices.

Care Constructs

Five Decades TCN research – discovery of 175 care constructs from 58 cultures.

Care Constructs further substantiated in this study:
- RESPECT
- Christian love
- Praying with
- Listening

New Care Constructs Discovered

Mentoring/Co-mentoring
Christian Care

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