



January 2009

Nursing Faculty Care Expressions, Patterns, and Practices Related to Teaching Culture Care

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Nursing Faculty Care Expressions, Patterns, and Practices Related to Teaching Culture Care



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SNRS 2009

Purpose and Goal

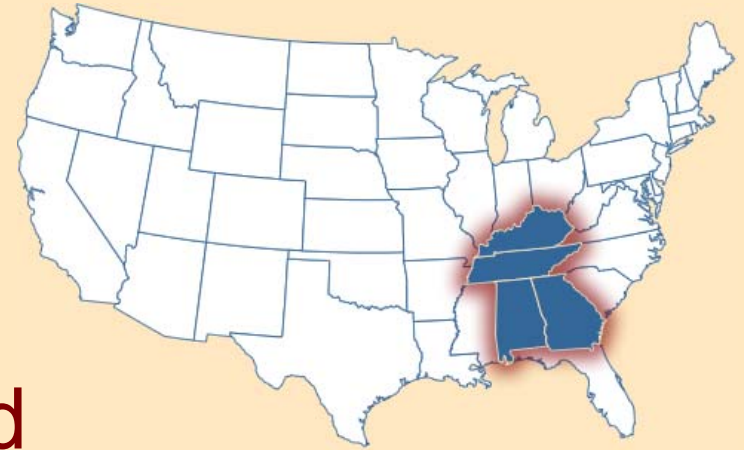
Purpose is to discover, describe, and systematically analyze the care expressions, patterns, and practices of nursing faculty related to teaching culture care

Goal is to discover faculty care that facilitates teaching students learning how to provide culturally congruent nursing care



Domain of Inquiry

Nursing faculty care expressions, patterns, and practices related to teaching culture care within the environmental context of **baccalaureate** nursing programs in **urban and rural** universities in the **Southeastern United States**



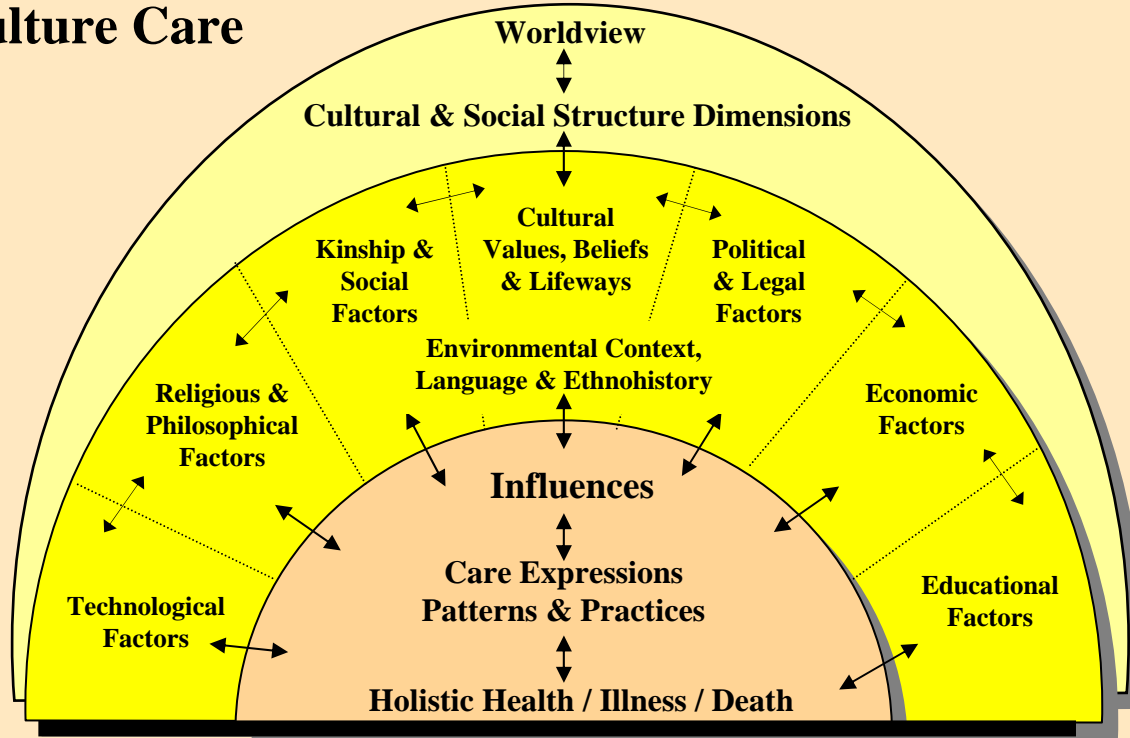
Method

- Grounded in culture care theory and ethnonursing qualitative research method
- Purposive sampling – 27 nursing faculty
- Leininger's ethnonursing data analysis and qualitative criteria
- Open-ended interviews until saturation
- Informants confirmed themes & patterns

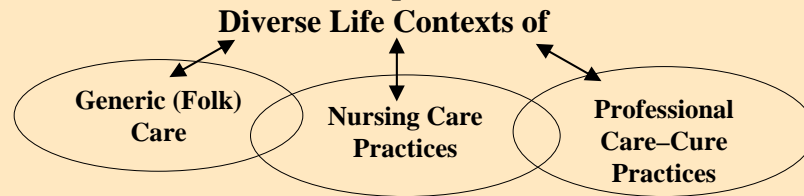


Leininger's Sunrise Enabler to Discover Culture Care

Culture Care



Focus: Individuals, Families, Groups, Communities or Institutions in



Transcultural Care Decisions & Actions

- Culture Care Preservation/Maintenance
- Culture Care Accommodation/Negotiation
- Culture Care Repatterning/Restructuring

Culturally Congruent Care for Health, Well-being OR Dying

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Data Analysis

Leininger's 4 phases of ethnonursing analysis for qualitative data:

1. Collecting, describing, and documenting raw data
2. Identification and categorization of descriptors and components
3. Pattern and contextual analysis
4. Major themes, research findings, theoretical formulations, and recommendations



Data Analysis

- **Ethnonursing Qualitative Criteria** of credibility, confirmability, meaning-in-context, recurrent patterning, saturation, and transferability
- **Research mentor** – expert in theory and method



Ethnodemographic Data

- Age range: 25-71
- Ethnicity: 26% Black 74% Caucasian
- Teaching experience: new - 40 years
- Nursing experience: 2 - 48 years
- 11/27 doctoral degrees (2 in nursing)
- All limited transcultural nursing education



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 pts/families with similar and diverse religious backgrounds



Intentional about teaching students to avoid cultural imposition

Described faith was integral to their being and basis of caring/teaching culture care

- ▶ “absolutely influences every aspect of my life... God the Father, Jesus the Son, and Holy Spirit the comforter...to do what I do every day”
- ▶ “I recognize we all have weaknesses and we all have forgiveness that we must ask for. The whole Christian belief. And through that I see acceptance more because as you know in nursing we see a lot, hear a lot and you see people sometimes during their best and sometimes during their worst parts of their life. And there are times you see a lot of weaknesses in human kind as well as strengths and just recognition of all that. And that’s why I try to take each person as an individual and where they’re at now and try not to judge.”



Taught students to be respectful in attending to religious/spiritual care. Nonjudgmental.

- ▶ “Students are very spiritual when they come to us...Religiosity is big in their lives and it takes a while for students to understand that they don’t have to embrace the culture or religion of the patient, yet certainly must talk to them on their journey.”
- ▶ “treat every patient the same, no matter how they got to be in our care and whether we agree with their lifestyle or habits.” She further articulated, “You can’t let personal feelings get into your nursing. You just can’t.”



Major Research Findings

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 through **modeling**



Major Research Findings

Theme III

Faculty provided generic and professional care to **nursing students** to maintain and promote healthy and beneficial lifeways

- Respect for students
- Mentoring
- Surveillance care



Major Research Findings

Theme IV

Care is essential for faculty health and well-being **to teach culture care** within the environmental context of the school of nursing / university



Theme IV - Patterns

IVA Caring as leadership

- Collective caring
 - ▶ Respect – Love, forgiveness, and valuing family
 - ▶ Balance tripartite faculty role
- Reciprocal caring
 - ▶ Faculty mentoring of one another (co-mentoring)
 - ▶ Each faculty member contributes to creating a health community
- Caring for oneself to be enabled to care about others



Theme IV - Patterns

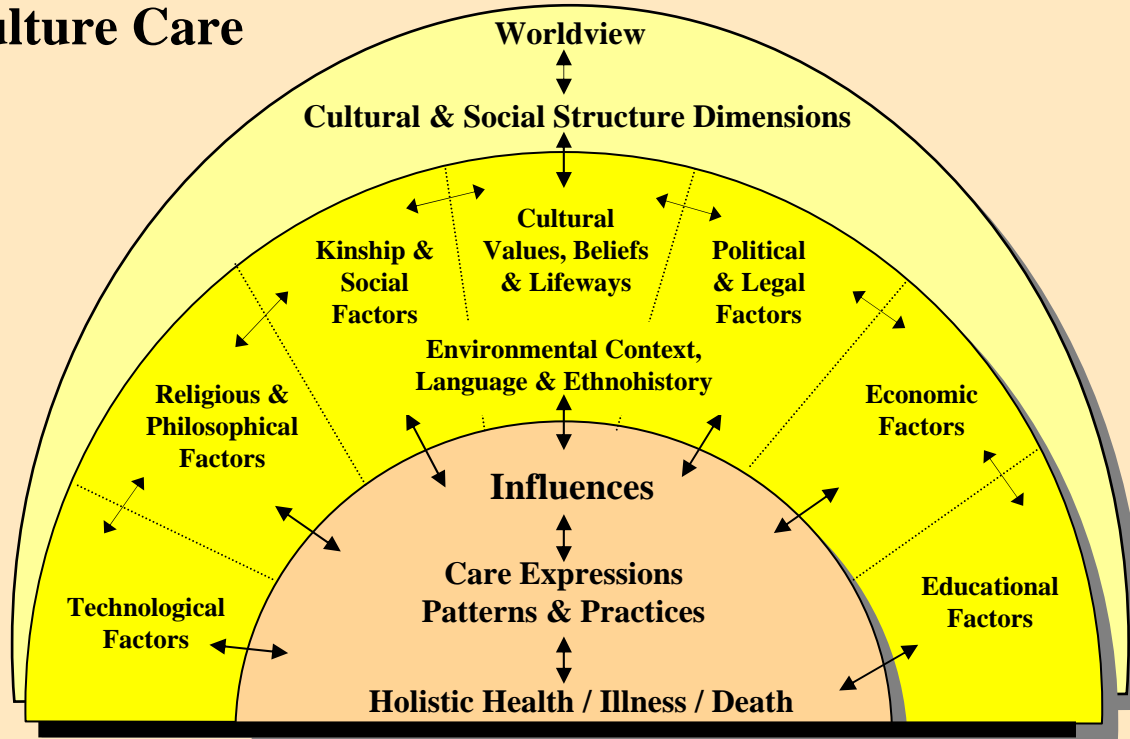
IVB Noncare was expressed as cultural conflict

- Lack of leadership support
- Impact of meeting faculty tripartite role on health
 - ▶ Tenure process
 - ▶ Not assisting new faculty
 - ▶ Collegial conflict
- Overt and covert racism

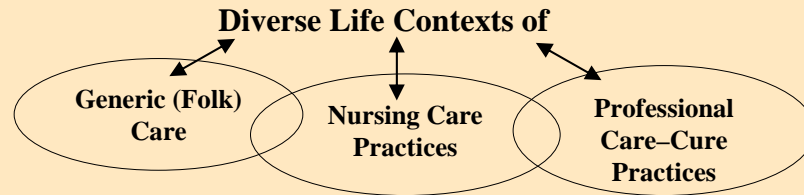


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Culture Care Preservation/Maintenance

- Maintain efforts to assist students to care for culturally diverse clients in the clinical setting
- Preserve faculty collective/reciprocal care for students and one another



Culture Care

Accommodation/Negotiation

- Negotiate integrating culture care content into established nursing courses throughout the curriculum
 - ▶ Introduce required and elective courses on culture care
- Negotiate for culturally congruent strategies to promote healthy faculty lifeways
 - ▶ Assistance and support for balancing the faculty tripartite role



Culture Care Repatterning/Restructuring



Use an organizing framework for teaching culture care



Care Constructs

Five Decades TCN research – discovery of 175 Care Constructs from 58 cultures

Care Constructs further substantiated in this study:

- **RESPECT**
- Praying with
- Listening
- Reciprocal care
- Collective care
- Surveillance care



New Care Construct Discovered

Mentoring / Co-mentoring



New Care Construct Discovered

Christian Care



Nursing Implications

- Despite 50 years of TCN knowledge development through theory, research, and practice; there remains a lack of formal, integrated culture education in nursing
- The need to prepare a culturally competent workforce – challenge if faculty are not formally prepared in transcultural nursing



Significance of the Study

- Further substantiated Leininger's work
- Contributed to **Practice of Nursing** – understanding complex nature of teaching culture care
- Contributed to **Discipline of Nursing** – building the body of transcultural nursing education knowledge



Future Study

Extending dissertation research

- ▶ Interview - how you teach nursing students about caring and culture
- ▶ If you would like to be a participant, contact:

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