This document is available under a Creative Commons Attribution 4.0 International License.

The terms of the use of this document are:
- You are allowed to use this work privately or commercially.
- You are allowed to copy, distribute, display, perform, and modify the work, without permission from the author, copyright holder, heirs or assigns.
- Credit must be properly given to this work, but not in a way that suggests endorsement by the author, copyright holder, heirs, or assigns.

Document:
The Evolution of Transcultural Nursing with Breakthroughs to Discipline Status

Original Source:
http://www.madeleine-leininger.com/cc/evolution.pdf
The Evolution of Transcultural Nursing with Breakthroughs to Discipline Status

Madeleine Leininger, PhD, LHD, CTN, FAAN, FRCNA

Introduction

It is amazing what some women and men dare to do with their ideas in many places in the world. Creative thinking and actions are what the world needs most. Transcultural nursing has been an example of these attributes. While taking new actions may be troublesome to some people, yet new actions and new ideas can lead to a wealth of new knowledge and new ways to serve people. Transcultural nurses have taken such actions and are transforming nursing and health care in many places in the world.

As the founder and central leader to establish the new field and a discipline of transcultural nursing, great challenges were evident and actions were needed in the early 1950's. Culturally-based care that was congruent and fit the needs of diverse cultures was absent. This paper is focused on the evolution of transcultural nursing as a new discipline requiring many breakthroughs to establish new knowledge and practices in order to attain and maintain culturally congruent care. To establish a new discipline necessitated meeting criteria of a discipline and giving evidence of breakthroughs to substantiate the discipline of transcultural nursing.

It was in the late 1950's when the author recognized the critical and urgent need to prepare nurses to care for people of diverse cultures (Leininger, 1967; 1970). At this time, cultures with different values, beliefs and lifeways were often overlooked, neglected, or avoided as many nurses did not understand these cultures or know ways to help them (Leininger, 1970; 1978). There were no definitive transcultural nursing courses or programs to help nurses become knowledgeable and effective to care for people of diverse cultures. This was not unique to nurses in the United States as there were other health professions who also needed culturally-based knowledge and skills. Nurses in many places in the world were interacting with, and were expected to, care for people of different cultures. This was of great concern to many nurses as they were not knowledgeable about diverse cultures and their needs. Nurses also found it was difficult to understand cultures when they spoke different languages, had different beliefs and acted so differently from the dominant culture. Hence, many nurses felt helpless and at a loss to help the culturally different.

The author had observed and listened to many nurses and to clients about this critical need for many years. The author also identified there were two major missing dimensions in nursing, namely knowledge of diverse cultures and the
meaning and practices of care in diverse cultures. These were serious and major deficiencies which needed attention if nurses were to understand and provide therapeutic care to diverse cultures. Culturally-based care was clearly missing in the 1950's and 1960's which were major areas that needed to be addressed for professional and beneficial care to cultures. Contrary to some popular beliefs, myths, assumptions, and misconceptions, the knowledge of cultures had been limitedly pursued in nursing and health care as well as the meaning of care to diverse cultures (Leininger, 1969; 1998). There was even the belief that Florence Nightingale had studied care and cultures, but this was a myth (Leininger, 1992). Nightingale's contribution was her focus on environmental factors in patients' health and recovery which was very important, but culturally-based care was not her focus.

In the next sections, the author will briefly address some of the major phases and hurdles that occurred in the evolution of transcultural nursing over the past five decades.

Phase I
Becoming Aware of the Need for Transcultural Nursing to Serve Clients of Diverse Cultures

In the evolution of transcultural nursing, the first phase was focused on helping nurses become aware of cultures and their culturally-based care needs. In several publications, the author has discussed that culture and care were the two major and woefully missing dimensions in nursing and health care services (Leininger, 1970; 1978; 1988; 1995). Initially, this discovery became evident to the author while working with disturbed children in the early 1950's in a child guidance home. This home was to serve children of many different cultures with their behavior and general health needs (Leininger, 1978; 1995; 2006). After working in the home as a clinical specialist with disturbed children, the author realized that the children were misunderstood and did not receive care that was congruent with their culture and background.

In a short time, the author observed that the way the children were behaving, eating, sleeping and playing were culturally-based. They were seeking care to fit their cultural expectations and needs. It was evident that transcultural nursing care or culturally-based care knowledge were needed to help these children. But, to achieve the goal, a body of transcultural nursing knowledge and related practice skills were needed. The knowledge and skills had to be identified, conceptualized, taught, and practices developed to help nurses and other health care providers to care for the culturally different. This major and critical need led to the author's first book, Nursing and Anthropology: Two Worlds to Blend (Leininger, 1970). The purpose of this book was to awaken nurses to become aware of a linkage between anthropology and nursing to support transcultural nursing. Selected concepts from anthropology and nursing were brought together as a beginning step for transcultural nursing knowledge. It was clear that nursing and anthropology had commonalities as well as differences as they were two different areas of study and practice. Selected anthropological concepts about cultures were held to be essential to grasp the idea of transcultural nursing. But, the importance of human caring needed to be integrated into transcultural nursing to help cultures. However, culturally-based care needed to be discovered in order to link nursing and anthropology together and develop the new discipline of transcultural nursing. This was a major challenge for the discipline of transcultural nursing. And the potential role of nurses in this new field of study and practice had to be envisioned, valued and supported. This led to the author writing many articles to stimulate nurses to envision a new field of study and practice. It was a promising and exciting new breakthrough in nursing and health care. But, to achieve this goal, major educational courses and programs were needed.
Phase II
Establishing Courses and Educational Programs in Transcultural Nursing with Publications for Transcultural Nursing Specialists and Generalists

The second important phase was to establish courses and educational programs to prepare nurses in the new discipline. In any discipline, its members must gain knowledge of the essential concepts, principles and features of the field in order to guide their thinking and actions. Such instruction had to be established with relevant publications to help nurses learn about the discipline. This led to the author and founder of the field to share her vision, thinking and the conceptual nature of transcultural nursing. She published many articles and wrote the first definitive book on transcultural nursing in 1978. This definitive book on transcultural nursing was most helpful so nurses could learn about transcultural nursing (Leininger, 1970; 1978).

By the late 1970's, many nurses began to realize the importance of transcultural nursing and requested courses and programs on the subject. The idea of providing culturally-based care began to be realized by any nurses. These nurses envisioned the importance of transcultural nursing and wanted to be prepared in the field. Many of these nurses had served overseas in the military and many were mission nurses. Their enthusiasm, views and interests were shared with other nurses. Soon the idea of transcultural nursing became popular with some nurses wanting education in the field. Some nurses began to proclaim themselves as transcultural nurses and published articles on transcultural nursing based on their encounters with diverse cultures. Unfortunately, many of these books and articles had limited transcultural nursing knowledge. There were some nurses who published anthropological readings but were not transcultural nursing. Hence, by 1955, many nurses were supporting the idea and need for transcultural nursing but wanted preparation in transcultural nursing.

Most of all these nurses needed help to link culture and care together to provide culturally-based care practices. By the early 1990's, several schools of nursing were offering courses in transcultural nursing. The author initiated a number of transcultural nursing education courses and clinical practices in several schools of nursing in the United States and helped nurse educators in other countries. One can refer to these "early nurses" seeking transcultural nursing as being keenly aware that transcultural nursing knowledge was essential and had been missing in traditional nursing education and health care practices (Leininger, 1970; 1976; 1977; 1978; 1995; 2006).

It is a point of great interest that the founder realized that she had no academic preparation in anthropology and that the phenomena of care meanings, values, and beliefs had not been part of her nursing preparation. Such a major deficiency led her to enroll in a doctoral (Ph.D.) program in social and cultural anthropology at the University of Washington (Seattle). She became the first graduate prepared professional nurse to hold a Ph.D. in cultural and social anthropology (Leininger, 1965). Soon after, several nurses decided to take anthropology courses and a few earned advanced degrees (Masters and Ph.D. degrees) in anthropology. These nurses were most helpful to support transcultural nursing but often lacked culturally-based care to link anthropology with transcultural nursing. The critical challenge was to conceptualize and link culture and care together in order to teach and practice transcultural nursing.
Phase III
Preparing Leaders and Educating Nurses for the Discipline

The concept of nursing as a discipline had been limitedly explored in the 1980’s as nursing was involved in many nursing and medical concerns that seemed to thwart intellectual and theoretical conceptualization. Nursing as a profession was debated, but as a discipline was barely examined. The concept of nursing as a discipline was a new challenge and especially transcultural nursing as a discipline. A discipline refers to a specific domain of inquiry reflecting in-depth and breath knowledge of a particular subject (Webster's Dictionary, 2006). Any legitimate field of study and practice strives to become a discipline to be recognized in a society. Discipline scholars are committed to and interested in advancing knowledge in a particular area of study and practice. Discipline scholars pursue knowledge in a designated field as essential to establish, maintain, and use the knowledge in society and in their daily work (Leininger 1985; 1994). A discipline is recognized by its members as they know their subject matter and use the research findings in their work. Being a discipline is greatly valued by its members and gives status to the field.

Most importantly, a discipline has a body of knowledge that is theoretically grounded and based on research to document the knowledge. In any discipline there are a cadre of scholars and researchers who remain focused on and committed to the discovery of largely hidden, ambiguous or vaguely known knowledge about a subject matter of the particular domain of inquiry. Indeed, scholars of a discipline persistently research the knowledge domain as fully as possible. Initially, it was a small core of nurse scholars who had been prepared in transcultural nursing who became the active researchers to establish a body of theoretical and research-based transcultural nursing knowledge and practices. These nurse leaders were oriented to discipline characteristics and helped toward this important endeavor. Several of these leaders had served in the war and were seeking transcultural nursing preparation in theory and research. They realized the urgent need for transcultural nursing as they had served with people from Vietnam, Africa, Indonesia, Europe and many other places in the world the "best they could." The idea of transcultural nursing as a field of study and practice was meaningful and imperative.

By 1970, many hospitals and health agencies had clients from many cultures and recognized they were handicapped to help these people as they did not understand the cultures, their values and needs. These nurses were active seekers of transcultural nursing education. Several expressed it was a moral obligation to prepare nurses for a growing multicultural world. And nursing, as the largest health care provider, needed to change in education and practice to care for people of diverse cultures in therapeutic and appropriate ways. Thus, the need was to establish courses and educational programs to prepare nurses to care for people of diverse cultures.

Although the author and a growing number of nurses were aware of this local and global need, many schools of nursing were not ready or interested in transcultural nursing in the 1960's and 1970's. Many schools of nursing and health institutions were slow and reluctant to respond to this growing societal need. Some schools and institutions feared that such education would lead to serious racial problems which they could not handle. Some schools resisted transcultural nursing because they had no room for such new programs and no faculty. There were some faculty and deans who feared that "physicians and medical groups would not approve of this idea" and so they resisted the new field of study and practice (Leininger, 1967; 1995).

In the early 1960's a major challenge was for the founder to identify students as potential leaders and scholars who might be interested in the new field and who would help to establish the field.
Fortunately, several nurses came forth and enrolled in graduate study in transcultural nursing. They were eager to get the field launched as they recognized the critical need. Some of these early students pursued the field and obtained Master’s and Doctoral degrees in transcultural nursing. They were: Dr. Beverly Horn, Dr. Marilyn McFarland, Dr. June Miller, Dr. Marilyn Ray, Dr. Fran Wenger, Dr. Joan McNeal, Dr. Margaret Andrews, Dr. Cheryl Leuning, Dr. Rick Zoucha, Dr. K. Kendall, Dr. Dula Pacquiao, Dr. Akram Omeri, Dr. Jody Glittenberg and a few others. (See references for some of these leaders and their work.) (Leininger & McFarland, 2006). Gradually, more nurse scholars became interested in the field and became active leaders. More and more nurses came from different geographical locations, different countries, and had different cultural and experiential interests. It was important that the founder remained active with these scholars and served as a mentor to these leaders in teaching, research and clinical practices. Thus, by the late 1980's and early 1990's, there was a cadre of transcultural nursing scholars who were making their unique contributions to the field.

By this time, many nurses were studying and doing research with diverse cultures and subcultures. It was exciting to see the nurses' interest and commitment to make transcultural nursing an identifiable field with knowledge and practices to serve diverse cultures. And as nurses discovered the field of transcultural nursing, many became excited and eager to increase their knowledge of cultures and to give quality care to diverse cultures. Many of these nurses made breakthroughs in refining and advancing the body of transcultural nursing and practices. As their enthusiasm and interest in transcultural nursing continued to grow, it had almost a contagious way of influencing other nurses into the field. Many of these nurses' breakthroughs can be studied in the latest Leininger and McFarland book, *Culture Care Diversity and Universality: A Global Theory and Practice in Nursing* (2006). Still today, these scholars remain committed to build and refine the discipline and to use research findings in culture care. The publication by Andrews and Boyle (1996) and many other publications reveal these leaders' transcultural nursing contributions (about 30 books).

In 1974, the Transcultural Nursing Society was established and these members became active promoters and practitioners in the field. The Society became the organizational structure for transcultural nursing to bring new and older members together to share their ideas and research. In addition, John Vanderlaan became very interested in transcultural nursing while an undergraduate nursing student at Ferris State University (Big Rapids, Michigan) and helped spread the word of transcultural nursing worldwide by the Internet and the Transcultural Nursing Society website. With modern modes of communication, transcultural nursing spread worldwide. Vanderlaan (now a nursing doctoral student at Michigan State University) continues to share in creative ways the founder's ideas and other scholars' work in transcultural nursing. He reported that thousands of individuals are using the founder's website monthly for publications and news articles (Vanderlaan, personal communication, 2008). In addition, the *Journal of Transcultural Nursing* continues to be a valuable resource to nurses and health care professionals.

**Phase IV**

**Establishing a Theoretical and Research Base for Transcultural Nursing**

Any legitimate discipline has a theoretical foundation with diverse perspectives as essential to a discipline. In the late 1950's, the founder developed her Theory of Culture Care Diversity and Universality. The theory became a major breakthrough along with her ethnonursing method and new ways to care for people of diverse cultures. The theory is unique as it was conceptualized to link selected
aspects of anthropology (culture) and nursing (care) together in a synthesized and interdependent mode.

Leininger's theory began with her original anthropological and nursing study in the Eastern Highlands of New Guinea. In the early 1960's she went to New Guinea alone and studied the Gadsup people. She used her Theory of Culture Care Diversity and Universality with the Ethnonursing Research Method to study the culture and people. Her work was innovative and another breakthrough to new transcultural nursing knowledge. She intentionally chose to study a non-Western culture in order to get new knowledge about a culture different from the American culture (Leininger, 1978; 1991; Leininger & McFarland, 2006). The theorist found the theory and the ethnonursing method were extremely valuable to discover new information about this largely unknown culture. The founder studied the Gadsup people by being immersed in the culture for over two years. She lived with the people day and night in their village in the Eastern Highlands of New Guinea and studied two villages for comparative dimensions (Leininger, 1965; 1970; 1978; 1995; Leininger & McFarland, 2006). It was a detailed observation and participation study which documented the lifeways, care and ways the culture influenced their health and well-being.

The findings (Leininger 1965; 1978) from the Gadsup study were extremely valuable and provided fresh and different knowledge about a non-Western culture with their beliefs, values and care needs as well as practices. This study became a powerful means to encourage nurses to study non-Western and limitedly known cultures for primary culture care data and practices. Gadsup knowledge about living and surviving was different from the American culture. The findings provided a major breakthrough of new knowledge for transcultural nursing as a discipline. The theory and the research method became a new research approach to nursing knowledge. The theory challenged nurses to think anew and to realize the importance of theories to discover new knowledge and especially to reexamine traditional Western nursing knowledge that could be inappropriate and harmful in non-Western cultures (Horn, 1979; Leininger, 1960; Leininger & McFarland, 2006). For example, the author discovered that Gadsup lifecycle stages of development were very different from our Anglo-American Western cultures (Leininger, 1965). She discovered that some Western illnesses or diseases do not exist in Gadsup land. Most importantly, Gadsup healing and care ways were different from American ways, largely because they relied on local culture healing and family caring modes (Leininger, 1965; 1987; 1995; Leininger & McFarland, 2006). These Gadsup findings and others were a cultural shock to many nurses. The findings encouraged nurses to think anew and to study different cultures with "new eyes and ears". Thus, the use of the culture care theory and ethnonursing research method was a major breakthrough to establish transcultural nursing knowledge and new practices. Most of all, culture and care were found to be closely interwoven and embedded in each other. In addition, the culture care theory and ethnonursing research method encouraged other disciplines as medicine, social work and dentistry to search for such transcultural knowledge with limitedly known cultures in their own practices in order to improve health care practices. By the late 1980's, other disciplines were beginning to value and use transcultural nursing concepts, principles and methods to provide culturally congruent care. Transcultural nurses were sought to guide other disciplines to provide appropriate and safe care to diverse cultures. And, as the transcultural nursing discipline knowledge became known and used by nurses and others, the knowledge diffused to other disciplines and was valued.

Most importantly, by the late 1980's, many cultures began to see the beneficial outcomes of transcultural nursing. Cultures wanted their care to fit their cultural lifeways and values. These were positive signs of transcultural nursing as a discipline in serving diverse cultures in therapeutic ways. Transcultural nursing as a discipline brought valuable societal benefits, but especially to cultures. And, as disciplines and cultures realized the benefits to humanity, this helped to legitimatize transcultural
nursing as a discipline. By the late 1980s, transcultural nursing was being recognized as an essential human need in order to provide quality-based congruent care to cultures (Leininger & McFarland, 2006).

From the beginning, the founder envisioned that transcultural nursing would become a global need as most cultures would want and expect culturally congruent and safe care. Globalization of transcultural nursing was inevitable as a humanistic and essential need. Moreover, cultural diversity would increase worldwide and would challenge health care providers to change practices that were harmful to cultures. Most of all, culture care would have humanistic and peace-promoting values and could help prevent wars and destructive actions (Leininger, 1970; 1995; Leininger & McFarland, 2006).

From the beginning, the theorist predicted there would be commonalities among and between cultures as well as diversities among cultures (Leininger, 1960a; 1960b; 1991; Leininger & McFarland, 2006). Such diversities and commonalities needed to be discovered and used to provide professional cultural care practices. And, as one reflects on the progress in the use of the theory and method, it was the use of qualitative research paradigm that opened the door to culture care phenomena (Leininger, 1985; 1990b; 1991; 1993). Transcultural nursing faculty and researchers encouraged nurses to use qualitative research methods in order to discover nursing knowledge, especially care knowledge (Leininger, 1992). This led to a new era in nursing to use qualitative research methods and to question the uses of some quantitative methods to obtain nursing knowledge.

By the early 1990's, nurses were traveling and working in many different cultures in the world. These nurses realized that transcultural nursing was essential to work in strange and unknown cultures. Professional practices and quality of health care required transcultural nursing knowledge and skills. More and more nurses were realizing that culturally-based care necessitated theory and appropriate research methods to understand cultures and to improve professional practices. Transcultural concepts, principles and practices were becoming essential to help cultures. Moreover, transcultural nursing improved personal skills and led to positive relationships with clients. By the early 1990's, transcultural nursing knowledge and strategies were being used to assess clients of diverse cultures and to guide nursing actions with the use of transcultural nursing concepts, principles, and assessment modes in client care and the three theoretical and practical intervention modes. Nurses were discovering they could reduce cultural conflicts and stresses by using transcultural nursing concepts in their practices. By the late 1980's, nurses were caring for many clients from Africa, Ethiopia, Japan, Puerto Rico, Ecuador, and many other countries in the world (Leininger, 1991a; 1991b; 1995). Transcultural knowledge became imperative and the idea of cultural specific care was needed for quality health care (Leininger, 1996). It was encouraging to see nurses share their experiences and help nurses use transcultural nursing knowledge or to demonstrate how to make care helpful to clients. Transcultural nursing was slowly transforming traditional nursing practices and changing health care institution practices into transcultural nursing. This trend was especially evident where nurses had been prepared in transcultural nursing and knew how to use the Culture Care Theory and the ethnonursing research method (Leininger, 1995b). Thus, the use of the Culture Care Theory and the ethnonursing research method was a major and significant historical breakthrough in nursing and in some health care systems by the early 1990’s (Leininger, 1995a; 1999; Leininger & McFarland, 2006; MacNeil, 1996; McFarland, 1995; Miller, 1996; Wenger, 1991).
Phase V
Establishing Transcultural Nursing Specialists and Generalists

Establishing courses and programs in transcultural nursing with the idea of specialists and generalists was difficult. Many nurses wanted to be sure there would be generalists to respond to all clients from diverse cultures. At the same time, transcultural nurse leaders saw the need for specialists to be highly knowledgeable and skilled to demonstrate transcultural nursing. Hence, both generalists and specialists were identified as essential in the nursing. There were many faculty who resisted these ideas and frequently said, "There is no room for transcultural nursing and for both specialists and generalists." However, transcultural nurses pursued preparing specialists and generalists through two-year graduate programs in a few universities.

Phase VI
Breakthroughs in Transcultural Nursing to Make the Discipline a Reality

Throughout the long evolution of transcultural nursing, there were several major breakthroughs to move transcultural nursing forward to discipline status. A few of these major breakthroughs will be identified that supported the discipline of transcultural nursing to provide culturally congruent care. Courage, persistence and goal-directed efforts by transcultural nurses were evident. The first breakthrough was transcultural nurse awareness that culturally-based care was essential and could make a difference for client recovery and health care benefits to cultures. Transcultural nurses helped nursing staff to understand the purposes and values of transcultural nursing. For example, male nurses were inappropriate to care for female Muslim clients as such practices could lead to cultural stresses and conflicts with male Muslim clients. Changing client care assignments to meet a rapidly growing Muslim population was essential to practice culturally congruent care. Such changes in nursing practices made a difference in quality of care and recovery. Transcultural nurses were active to change food practices with different cultures. They worked with the dietary staff for these food changes and instructed the dietary staff about food taboos such as no pork for Muslims and to respect hot and cold foods for Hispanic clients. Transcultural nurses also helped hospital personnel to provide warm water rather than ice water to Hispanic clients after surgery. This was important to support the Hispanic hot-cold theory for healing and early recovery. There were many additional dietary cultural taboos to change nursing practices to decrease stress and hasten recovery. Problems occurred if these taboos were not respected. Many of these clinical transcultural nursing breakthroughs transcultural nurses faced each day and night in hospitals and community agencies.

Dealing with these clinical problems related to lack of knowledge about cultures was very important for client satisfaction, early recovery, and the reduction of cultural stresses and conflicts. The clients' responses to such changes were noteworthy as many clients expressed their appreciation for care that fit their cultural needs rather than imposing the dominant Anglo-American nursing practices (Leininger & McFarland, 2006). Such mini and major clinical breakthroughs showed respect for cultures with their values and beliefs and had many positive outcomes. The author was very impressed with these clinical efforts and offered monetary awards for such important breakthroughs to transcultural nurses. These awards had been preceded by the Leininger Leadership Awards that started in 1980 to encourage transcultural nurses to be bold and exert their leadership to improve or change client care for therapeutic benefits to cultures (Leininger, 1995). Approximately 20 transcultural nurses received...
leadership awards and breakthrough awards by 2006. These awardees had demonstrated that transcultural nurses could make significant contributions to serve diverse cultures.

The first major breakthrough, however, was when the founder conducted transcultural nursing research by studying a non-Western culture in a very non-technological culture and with people that were limitedly understood. By living and working for several years in a strange culture, helped nurses discover the importance of studying such a non-Western culture. Being alone and immersed in the culture day and night, eating strange foods, and enduring personal inconveniences helped transcultural nurses see the advantage of being persistent and learning firsthand from the culture. They realized new research findings of value to nursing. Nurses have followed this model to gain additional transcultural nursing knowledge and practices.

Today, many transcultural nurses contend that the second major breakthrough in the evolution of transcultural nursing was the development and use of the founder's Theory of Culture Care Diversity and Universality. Both the theory and the ethnonursing research methods were major breakthroughs that provided a sound foundation for transcultural nursing knowledge. While the theory was developed in the early 1950's, it was not published or promoted until the early 1970's. The delay was due mainly to negative views about "theories in nursing." Many nurses did not believe they needed theories to practice nursing as nursing was task-based and nurses were to follow physicians' orders. Despite such views, nurses gradually learned to see the importance of theories and research to discover nursing knowledge.

Most importantly, in developing the theory, the author conceptualized the theory with a holistic and global perspective. The theory was designed to discover multiple factors that could influence human care within a culture. The ethnonursing research method (the first research method in nursing) was developed to fit the theory and cultures. The goal of the theory was to provide "culturally congruent care." This goal is now being recognized by many professional groups and by national organizations to meet the mandate for culturally appropriate care. Both the theory and the ethnonursing method were major breakthroughs that led to the development of a wealth of transcultural nursing knowledge to support the new discipline. The Leininger-McFarland (2006) book and many other sources attest to the benefits of the theory and the method.

Another important breakthrough was the three modes of action and decisions in the theory, which were: 1) culture care preservation and maintenance; 2) culture care accommodation, and 3) culture care repatterning and restructuring (Leininger, 1991; Leininger & McFarland, 2006). These modes were entirely new ways to serve diverse cultures and were a highly creative breakthrough to care for specific cultures to promote health, healing and recovery. In addition, the holistic view of culture care with the use of the well-known Sunrise Enabler and three other enablers (Leininger & McFarland, 2006) were major breakthroughs. The Sunrise Enabler with a holistic perspective helped nurses to focus on holistic or multiple factors influencing care and well-being. The discovery of religion, politics, cultural values and the environment generated new insights about culture care factors. Indeed, the role of economic, religious, environmental and specific cultural values opened the doors to some entirely new discoveries about culture care and healing modes. Most transcultural nurses contend that the culture care theory and method in transcultural nursing research were powerful means to generate the new body of transcultural nursing knowledge and concordant practices. Currently, many nurses and other health professionals are using the theory and the ethnonursing method today to advance knowledge in the field and in related areas. Health professionals have expanded their views of diverse factors influencing health and illness and realize that culture care factors are important. Nurses are finding that care factors can influence the well-being and health of cultures in noteworthy ways. Most importantly, the theory can be
used to study individuals, groups, communities, specific cultures and subcultures in Western and non-Western cultures. Thus, the theory and ethnonursing research method were major breakthroughs that promoted transcultural nursing knowledge and to establish the field as a discipline in the 55-year history of transcultural nursing.

Some Wise Decisions and Strategies to Support the Discipline

In the evolution of transcultural nursing several wise decisions and strategies by transcultural nursing leaders occurred to support and maintain transcultural nursing. In 1974, the Transcultural Nursing Society was established to bring transcultural nurses together as members and to conduct business of a growing organization. The Society elected its officers and a Board of Trustees as well as competent leaders as President. Through the Society, the members became active participants to shape and maintain the organization. The Society sponsored major national conferences and transnational conventions within and outside the United States. These annual meetings were important for transcultural nurses worldwide to share their ideas, present their research and network with old and new members. Standards and policies for transcultural nursing education and practice were developed through the organization. Several of these standards and guidelines for education and practice were presented in the author's first transcultural nursing book and in subsequent articles (Leininger, 1960; 1970; 1978; 1988; 1995; Leininger & McFarland, 2006). Activities and policies of the organization were established with transcultural bylaws for all members. These organizational features and many activities were important to help members gain new insights and to be active participants in the organization.

Another wise decision was to establish and maintain graduate (Master’s and Doctoral) courses and programs in transcultural nursing. These graduate programs were essential to help nurses gain in-depth transcultural nursing knowledge, to do research and become transcultural nursing leaders. These programs prepared transcultural nurse specialists as well as generalists to serve diverse cultures worldwide. Several of these graduate programs were established in the United States by 1975. These graduates were the cadre of knowledgeable and competent transcultural nurse leaders for teaching, research and care practices. The author established the first graduate courses in transcultural nursing at the University of Washington (Seattle, Washington) and later at the University of Colorado (Denver, Colorado), and by 1985, a large program with many students at Wayne State University (Detroit, Michigan). Other graduate programs were established later at Duquesne University (Pittsburgh, Pennsylvania), Kean University (Union, New Jersey) and in New York City, and in one Australian university by Dr. Omeri (Leininger, 1992; Leininger & McFarland, 2006).

Several Nurse Scientist Programs were launched in the United States in the mid 1970's to encourage nurses to take courses in other disciplines in order to strengthen nurses' theoretical and research knowledge. The author spearheaded one of the first nurse scientist programs at the University of Colorado and several nurses enrolled in anthropology. These nurses, however, needed transcultural nursing seminars to link anthropology and culturally-based nursing knowledge together. Anthropology and transcultural nursing were two different disciplines with different goals, but there were commonalities (Leininger, 1970). The author remained active with the Nurse Scientist Programs and helped nurses to obtain PhD's in nursing and in transcultural nursing. The transcultural nursing seminars were essential to help nurses use selected knowledge and insights from other disciplines. In addition, the author established the Committee on Nursing and Anthropology with the American Anthropological Association in the mid 1970's. The latter was a wise strategy and a good opportunity for transcultural
nurses to debate and exchange ideas with anthropologists. It was, however, the graduate programs in transcultural nursing that were essential to prepare competent teachers, researchers, and practitioners in the discipline.

By 1980, there were approximately 35 graduates of Master’s degree programs in transcultural nursing (Leininger & McFarland, 2006), and most of these transcultural nurse specialists held doctoral degrees. Some of these important transcultural nursing specialists were: Doctors Linda Luna, Marilyn McFarland, Rick Zoucha, Cheryl Leuning, Edith Morris, Joyceen Boyle, Jody Glittenberg, Akram Omeri, Fran Wenger, Bev Horn, June Miller and Margaret Andrews. These specialists became role models to teach and demonstrate transcultural nursing and to mentor students for competence in clinical practices. They were also sought as consultants and gave conferences in schools of nursing and health institutions to teach and discuss transcultural nursing. They were also leaders to establish new transcultural nursing programs in the United States.

Another wise strategy was to have graduate students in transcultural nursing receive mentored field or clinical study of specific cultures under the guidance of a transcultural nurse expert (Leininger, 1990a; 1990b; 1994). Direct mentoring of students was extremely important to reduce prejudice, cultural biases and to develop competency and skills in transcultural nursing. Some transcultural nurses needed guidance to overcome unfavorable attitudes, biases and prejudices about cultures. Learning directly from the people was essential but it also required reflection on long-standing biases or negative views about cultures. Under the supervision of a transcultural nurse mentor, students did mini or sometimes maxi (long-term) research studies. In-depth study of a culture was often difficult, especially to discover covert care phenomena. Some studies took two to four years to complete. The author began the mentoring of students on culture-specific care phenomena in the early 1960's with the theory and continued throughout her academic work. It was through mentoring students that she discovered specific care was embedded in cultures and was a powerful factor in health and illness (Leininger, 1971; 1988). By the 1980's there were several care research studies by transcultural nurses (about 50) and these had breakthrough knowledge related to care values, beliefs, and practices of cultures. These studies helped students to realize the importance and justification of transcultural nursing theory and research and to reaffirm care as the essence of nursing (Leininger & McFarland, 2006). These graduate research studies mentored by transcultural nurse experts were the first evidence-based transcultural nursing care research of several cultures.

Another important decision was to launch the Journal of Transcultural Nursing. Plans for the journal began in the mid 1970's. However, it was extremely difficult to find publishers interested in or willing to publish a subject they knew very little about. Most publishers had never heard of transcultural nursing. They quickly expressed fear that "physicians would not accept this field." The major hurdles to launching the Journal of Transcultural Nursing were related to: 1) few publishers or institutions interested or willing to publish this new journal that was limitedly known; 2) publishers were "wed to medical facts" and to make large amounts of money by selling medical ads and facts in journals and this journal was not focused on medical products; 3) there were no funds or staff to initiate a new journal; 4) there was skepticism among some transcultural nurses to venture into this journal without publishing money. Around 1979, a Southern university dean and faculty decided to support the journal. The author served as first editor while employed at Wayne State University. Later, Sage Publishing Company agreed to publish the Journal of Transcultural Nursing and Dr. Marty Douglas became the editor. The journal became essential to disseminate the growing body of transcultural nursing knowledge and to inform nurses about the nature and role of transcultural nurses in the new field. Today, the journal is the
Evolution of Transcultural Nursing

A hallmark of the discipline and provides valuable nursing information to Transcultural Nursing Society members and other disciplines.

Still another important decision by the Transcultural Nursing Board in 1985 was to certify transcultural nurses. While this idea began earlier, it took much time to establish the certification process and to get members to accept the plans. Certification of transcultural nurses, however, was timely and essential for several reasons, namely: 1) to help consumers become aware of transcultural nurses as a new health service to cultures; 2) to inform the public that transcultural nurses were academically prepared and qualified to function as transcultural nurses to provide safe and culturally competent care; 3) to help the public realize that transcultural nurses could teach, practice, and provide quality care to diverse cultures; and 4) to recognize and increase the status of transcultural nurses. Certification had rigorous requirements with written and oral examinations conducted by transcultural nurse specialists. Transcultural nurses who were certified were recognized with increases in salary and recognition of their certification. Currently, there are about 150 Certified Transcultural Nurses (CTN) in the United States and a few in other countries (Leininger & McFarland, 2006). Currently, many nurses are eager to become certified to be recognized for their competencies as well as to receive salary increases, new appointments, and other benefits in their home institutions.

An interesting phenomenon occurred as transcultural nursing became known and almost "popular" in the United States. There were nurses who began to declare themselves as “transcultural nurse specialists”, but these nurses were not academically prepared and few had been mentored by transcultural nurse specialists. Moreover, many did not meet transcultural nursing standards and expectations. There were also "travel nurses" who declared themselves as "certified transcultural nurses," but they failed to meet certification standards. Such self-declarations were of deep concern and had to be rectified by the Society to protect the public and maintain discipline standards. Currently, the certification process is being refined so that the process can be performed using the Internet and electronic communication modes throughout the world.

Still another intriguing fact was that nurses initially would not agree that care was the essence and dominant domain of nursing. Some argued that nursing was mainly symptom and medical management. It was a small group of transcultural nurses at a Salt Lake City conference who strongly proposed and defended care as the essence of nursing. The thinking of Jeanne Watson, Madeleine Leininger, Marilyn Ray, Anne Boykin, and a few others moved forward to study care as the essence of nursing. Gradually, the idea of care as the essence of nursing took hold and today it is quite widely accepted. The author's book entitled, Care as the Essence (1988), discussed these factors and the philosophic reasons for care as the essence of nursing.

While it is impossible to fully and accurately detail the many contributors to transcultural nursing over the past nearly fifty years, the articles written by many transcultural nurses reveal their leadership and special contributions to the discipline. (See references and about 30 books on the subject.) Philosophically, the founder holds that a Supreme Creator made the world with diversity so that human beings of diverse cultures could learn from each another and live together in relative peace and harmony. How cultures live, survive, and maintain their health and well-being through the long history of humanity was of great interest to the founder. Initially, she believed that cultural diversity was crucial for the full development of humans. Transcultural nursing was the field to be developed, and nursing, as a caring service to humankind, was the profession and discipline to develop transcultural nursing. She acknowledged that anthropology was an important contributing discipline to learn about the rich cultural heritage of world cultures and how they survived through time and in different geographic places. The
Evolution of Transcultural Nursing

marriage of anthropology and nursing was awaiting development. The founder helped meet this challenge. Nursing needed in-depth knowledge of diverse cultures and anthropology needed to consider the role of care as essential to explain and understand cultural survival through the long history of humankind. Hence, the book, *Nursing and Anthropology: Two Worlds to Blend* (Leininger, 1970) was an important first step toward that discovery. Moreover, the founder holds that global peace and harmony in the world will not occur until human beings study and understand diverse cultures and their unique history and goals. The founder believes that, in time, transcultural nursing will become one of the greatest peace and health promoting contributions of mankind.

Summary

In this discourse, the historical journey of the evolution of transcultural nursing over the past fifty years has been highlighted. Several remarkable and persistent leaders have been identified who made noteworthy contributions to the field. Most assuredly, there are many nurses who have contributed to the discipline with their many unique contributions in research, teaching and practices. These visionary and committed leaders took bold and important steps to develop and make transcultural nursing a unique and essential discipline of study and practice in nursing and the health field. These leaders and their many students not only shaped the field but also made the field a respected discipline to serve many diverse cultures in the world. One can readily predict that the discipline will continue to grow worldwide. Many more breakthroughs will occur to support transcultural nursing as a discipline and an essential field of study and practice to provide culturally congruent, safe and therapeutic care to cultures. Most importantly, this discipline can be a means to promote world peace, health and well-being among and between diverse cultures in the world. As the founder and a key leader of this discipline, it has been a great opportunity, privilege and a tremendous challenge to make this unique contribution to society and the world.

In summary, the following phases reflect the long historical evolution of transcultural nursing since the 1950's until the present time.

The major phases were:

- Phase I: Becoming Aware of the Need for Transcultural Nursing to Serve Clients of Diverse Cultures.
- Phase II: Establishing Courses and Educational Programs in Transcultural Nursing with Publications for Transcultural Nursing Specialists and Generalists
- Phase III: Preparing Leaders and Educating Nurses for the Discipline
- Phase IV: Establishing Theoretical and Research Base for Transcultural Nursing
- Phase V: Establishing Transcultural Nursing Specialists and Generalists
- Phase VI: Breakthroughs in Transcultural Nursing to Make the Discipline a Reality And Some Wise Decisions and Strategies to Support the Discipline

The author ends this paper with her message of 1960:

"That someday all cultures will have nurses prepared and competent to provide meaningful transcultural nursing care to diverse cultures." (Leininger, 1960)
References


