

Nursing in America Research Literatures

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Abstract: Nursing is a professional work within the health care system on the care of individuals, families, and communities so that they may attain, maintain, or recover optimal health and quality of life. Nurses provide care within the ordering scope of physicians. In the postwar period, nurse education has undergone a process of diversification towards advanced and specialized credentials, and many of the traditional regulations and provider roles are changing. In the fifth century BC, for example, the Hippocratic Collection in places describes skilled care and observation of patients by male attendants, who may have been early nurses. This article introduces recent research reports on nursing in America as references in the related studies.

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1. Introduction

Nursing historians face the challenge of determining whether care provided to the sick or injured in antiquity was nursing care. In the fifth century BC, for example, the Hippocratic Collection in places describes skilled care and observation of patients by male "attendants", who may have been early nurses.

Formal use of nurses in the modern military began in the latter half of the nineteenth century. Nurses saw active duty in the First Boer War, the Egyptian Campaign (1882) and the Sudan Campaign (1883).

Hospital-based training came to the fore in the early 1900s, with an emphasis on practical experience. The Nightingale-style school began to disappear. Hospitals and physicians saw women in nursing as a source of free or inexpensive labor. Exploitation of nurses was not uncommon by employers, physicians and educational providers.

Many nurses saw active duty in World War I, but the profession was transformed during the second World War. British nurses of the Army Nursing Service were part of every overseas campaign. More nurses volunteered for service in the US Army and Navy than any other occupation. The Nazis had their own Brown Nurses, 40,000 strong. Two dozen German Red Cross nurses were awarded the Iron Cross for heroism under fire.

The modern era saw the development of undergraduate and post-graduate nursing degrees. Advancement of nursing research and a desire for association and organization led to the formation of a wide variety of professional organizations and academic journals. Growing recognition of nursing as a distinct academic discipline was accompanied by an awareness of the need to define the theoretical basis

for practice.

Nursing practice is the actual provision of nursing care. In providing care, nurses implement the nursing care plan using the nursing process. This is based around a specific nursing theory which is selected based on the care setting and population served. In providing nursing care, the nurse uses both nursing theory and best practice derived from nursing research.

In general terms, the nursing process is the method used to assess and diagnose needs, plan outcomes and interventions, implement interventions, and evaluate the outcomes of the care provided. Like other disciplines, the profession has developed different theories derived from sometimes diverse philosophical beliefs and paradigms or worldviews to help nurses direct their activities to accomplish specific goals.

Enrolled nurses may initiate some oral medication orders with a specific competency now included in national curricula but variable in application by agency.

Nurses that are involved with midwifery are independent of any organization. A midwife takes care of a pregnant woman during labour and postpartum. They assist with things like breastfeeding and caring for the child.

In 1952 Japan established the first nursing university in the country. An Associate Degree was the only level of certification for years. Soon people began to want nursing degrees at a higher level of education. Soon the Bachelor's degree in Nursing (BSN) was established. Currently Japan offers doctorate level degrees of nursing in a good number of its universities.

Completion of any one of these three educational routes allows a graduate nurse to take the NCLEX-RN, the test for licensure as a registered nurse,

and is accepted by every state as an adequate indicator of minimum competency for a new graduate. However, controversy exists over the appropriate entry-level preparation of RNs. Some professional organizations believe the BSN should be the sole method of RN preparation and ADN graduates should be licensed as "technical nurses" to work under the supervision of BSN graduates. Others feel the on-the-job experiences of diploma and ADN graduates makes up for any deficiency in theoretical preparation.

The International Council Of Nursing (ICN), the largest international health professional organization in the world, recognizes the shortage of nurses as a growing crisis in the world. This shortage impacts the healthcare of everyone worldwide. One of the many reasons is that nurses who pursue to become nurses do so very late in their lives. This leads to a non-lengthy employment time. A national survey prepared by the Federation of Nurses and Health Professionals in 2001 found that one in five nurses plans to leave the profession within five years because of unsatisfactory working conditions, including low pay, severe under staffing, high stress, physical demands, mandatory overtime, and irregular hours. Approximately 29.8 percent of all nursing jobs are found in hospitals. However, because of administrative cost cutting, increased nurse's workload, and rapid growth of outpatient services, hospital nursing jobs will experience slower than average growth. Employment in home care and nursing homes is expected to grow rapidly.

The following introduces recent reports as references in the related studies.

Adderley-Kelly, B. and P. M. Green "Health behaviors of undergraduate African American nursing students." ABNF J. 2000 Jan-Feb;11(1):7-12.

Health experts describe lifestyle as one of the most important factors influencing health. Adolescents and young adults have been identified as a population that engages in high-risk behaviors. The purposes of this study were to determine the health behaviors of undergraduate African American nursing students and compare the results to findings from studies of other college students. A convenience sample of 214 undergraduate African American nursing students participated in the study. The Health Style: A Self-Test, a Likert-type scale consisting of six behaviors, was used for data collection. Descriptive statistics and analysis of variance were used to analyze the data. Over 80% of the sample had excellent scores for cigarette smoking, alcohol and drug use, and safety behaviors. Over 60% had good scores for nutrition and stress control behaviors. Fifty-one percent of the sample had low scores for exercise and fitness

behaviors indicating they are taking unnecessary risk with their health. Compared to other findings, these findings were consistent in all areas except alcohol and drug use. Early identification of at-risk behaviors among nursing students can contribute to the development and implementation of programs by faculty that foster healthy lifestyle behaviors throughout the life span.

Baernholdt, M., E. Drake, et al. "Fostering internationalization: an American-Danish semester-long undergraduate nursing student exchange program." Int Nurs Rev. 2013 Jun;60(2):221-7. doi: 10.1111/inr.12005. Epub 2013 Mar 5.

AIM: This paper describes the development, implementation and evaluation of a semester-long exchange program between two Bachelor of Science in Nursing programs in the USA and Denmark. BACKGROUND: Nurses globally need to provide culturally sensitive care for an ethnically diverse population. Competencies on how to do so should start in basic nursing programs. A useful strategy is through immersion into another culture through an exchange program. Little is known about successful strategies for two-way or 360 degrees exchange programs between schools from different countries. Guided by experiential learning theory, we developed an exchange program with the objective of enhancing nursing students' cultural competence through knowledge building, attitudes and behaviour development. Lessons learned and implications for educational institutions and policy are discussed. CONCLUSION: In internationalization of nursing education, an awareness of underlying cultural values regarding nursing competence and taking appropriate action are important for success. Other areas for a successful exchange program include matching of courses or content across schools, clear objectives and evaluation plans. Finally, flexibility and open communication are key components when setting up a 360 degrees exchange program.

Baker, D. "Conceptual parameters of acculturation within the Asian and Pacific Islander American populations: applications for nursing practice and research." Nurs Forum. 2011 Apr-Jun;46(2):83-93. doi: 10.1111/j.1744-6198.2011.00217.x.

TOPIC: Asian and Pacific Islander Americans (A&PIAs) are experiencing health inequities. For example, A&PIA is the only racial/ethnic group in America to experience cancer as their leading cause of death. Several studies within the A&PIA population have pointed to acculturation as a significant variable to explain their health and health-seeking behaviors. Acculturation is a key construct in understanding the health of the A&PIA population.

OBJECTIVE: The purpose of this concept analysis is to provide a current conceptual understanding of the relationship between acculturation and health, especially within the A&PIA populations, which will serve as a pragmatic guideline for nursing practice and research. Understanding the contemporary issues surrounding the conceptual application of acculturation will aid in the development of appropriate programs to reduce health inequities. **METHODS:** Acculturation was explored using the Morse method of concept analysis. An iterative historical and contemporary literature review across the disciplines of anthropology, sociology, psychology, medicine, and nursing was completed. Analytical questions asked of the resultant data provided the theoretical definition, antecedents, key attributes, outcomes, and implications. **RESULTS:** The concept analysis resulted in a new theoretical definition that includes multidimensional concepts of acculturation. Dilemmas in the measurement of key attributes of acculturation include unidirectional and bidirectional analysis, psychometric issues, and the appropriateness of proxy measurements. Outcomes of acculturation on health can be positive or negative and depend on an individual's or group's ability to navigate freely with necessary supports. Results of the conceptual analysis resulted in recommendations for nursing practice and future acculturation research. **CONCLUSION:** While debate continues about the appropriate use and definition of acculturation, researchers agree that it is an important construct in understanding the health of migrating individuals and groups. Currently there is no testable framework that delineates the role of acculturation in health. Further research is indicated to clarify the relationship between acculturation and health.

Bodner, A. and M. Leininger "Transcultural nursing care values, beliefs, and practices of American (USA) Gypsies." *J Transcult Nurs.* 1992 Summer;4(1):17-28.

This ethn nursing qualitative investigation was focused on the domain of culture care values, expression and meanings of selected American Gypsies. The purpose of the study was to explicate culture care American Gypsy lifeways in order to help nurses understand this largely unknown culture, and to offer guidelines for providing culturally congruent nursing care. Leininger's theory of Culture Care Diversity and Universality was the appropriate theory to use for this study, along with the ethn nursing research method to generate emic and etic grounded data. Findings substantiated that the world view, ethnohistory, religion (moral code), kinship and cultural values, and generic folk practices were powerful influences of Gypsy lifeways and supported culture congruent nursing care. Ethnohistorical facts

strongly buttressed the cultural values, norms, and moral codes for culture specific care practices. Several Gypsy culture specific and dominant care meanings, expressions, and actions were confirmed and made credible from raw data and thematic analysis. They were: 1) protective in-group caring; 2) watching over and guarding against Gadge; 3) facilitating care rituals; 4) respecting Gypsy values; 5) alleviating Gadge harassment; 6) remaining suspicious of outsiders; and 7) dealing with purity and impurity moral codes and rules. Culture specific and congruent care generated from Leininger's theory with the three predicted modes were identified to guide nursing decisions and actions.

Buchanan, B. W. "A mentoring pyramid for African American nursing students." *ABNF J.* 1999 May-Jun;10(3):68-70.

The purpose of this investigation was to ascertain the African American nursing students' perception of a need for a mentoring program for this population. The percentage of ethnic minorities graduating from baccalaureate nursing programs has continued to decline since 1990 (National League of Nursing, 1995). The March 1996 National Sample Survey of Registered Nurses estimated there were 2,559,000 registered nurses in the United States. Only 107,500 of these nurses were African American. Data from the 1996 U.S. Census revealed African Americans to be the largest ethnic minority group in the country (14 percent). Based upon the number of racially and culturally diverse clients seeking healthcare, there is a gross underrepresentation of racially and culturally diverse nurses available to administer that care. The attrition rate for African American nursing students is high. Some of the reasons for this failure to retain and graduate African American students from schools of nursing are associated with the lack of mentoring relationships with persons whom students can relate to, feel comfortable with, learn from, and emulate. This study examined the perceptions of African American nursing students enrolled at a predominantly European-American public university in the Southeast United States. The students identified certain categories of needs they felt could be met in a mentoring relationship with a nurse educator.

Burhansstipanov, L. and W. Hollow "Native American cultural aspects of oncology nursing care." *Semin Oncol Nurs.* 2001 Aug;17(3):206-19.

OBJECTIVE: To explain challenges Native American cancer patients experience throughout the continuum of cancer care. **DATA SOURCE:** Preliminary findings from the Native American Cancer Survivors Support Network, summaries from focus groups with Native American cancer survivors,

and literature review. CONCLUSIONS: Cultural and family issues are diverse and affect cancer care situation in many different ways. IMPLICATIONS FOR NURSING PRACTICE: The oncology nurse needs to understand and respect the diversity among Native American cancer patients and to help the patient and provider find ways to allow for the inclusion of family members, spirituality, and traditional Indian medicine within the Western medical treatment model.

Cech, E. A., A. M. Metz, et al. "Caring for our own: the role of institutionalized support structures in Native American nursing student success." J Nurs Educ. 2011 Sep;50(9):524-31. doi: 10.3928/01484834-20110517-01. Epub 2011 May 17.

In this project, the authors asked 19 Native American baccalaureate nursing students to discuss their experiences with a formal institutionalized student support program called "Caring for Our Own: A Reservation/University Partnership Program." The authors investigated the importance of different types of support structures within this program, as viewed by Native American nursing students. They distinguished between four institutionalized support structures: tangible, informational, emotional, and belonging. The authors found that students consider tangible support (such as stipends) to be comparatively less important than other types of support, particularly emotional and belonging support. Responses also revealed the importance of a fifth type of institutionalized support-motivational. The authors further discuss how these institutionalized support structures might lead to successful outcomes for Native American nursing students.

Childs, G., R. Jones, et al. "Retention of African-American students in baccalaureate nursing programs: are we doing enough?" J Prof Nurs. 2004 Mar-Apr;20(2):129-33.

With the increasing minority population in the United States, much attention has been given to the lack of diversity among health care professionals, specifically nursing. Since the 1960s, the federal government has provided financial resources to institutions of higher education whose purpose was to diversify the health care profession. Historically, these resources have supported initiatives that primarily focused on the recruitment of minority students into higher education. These efforts temporarily increased the enrollment of students from varying racial and ethnic backgrounds. However, without established retention initiatives in place, the attrition rates for students from diverse backgrounds far exceeded the enrollment rates. Consequently, the nursing workforce continues to be a predominantly White female

profession. In order for schools of nursing to create a workforce reflective of its patient population, both nursing education and institutions of higher education must be committed to implementing initiatives to increase the retention and graduation rates of minority students.

Class, C. A., F. W. Unverzagt, et al. "Psychiatric disorders in African American nursing home residents." Am J Psychiatry. 1996 May;153(5):677-81.

OBJECTIVE: High prevalence rates of psychiatric illness and high levels of behavioral disturbance have been reported in studies of nursing home residents; however, the populations evaluated have been predominantly Caucasian. The aims of the present study were to identify prevalence rates of psychiatric disorders and behavioral disturbances in a sample of African American nursing home residents. METHODS: The authors evaluated 106 African American nursing home residents, aged 65 and over, from a representative sample of nursing homes. The evaluation included informant interview with nursing home staff, cognitive assessment, and a psychiatric interview that included a physical and neurological examination. Consensus diagnoses were reached by using DSM-III-R criteria. RESULTS: Of the 106 subjects, 90% received at least one primary psychiatric diagnosis, and 71% had at least one behavioral problem; dementia was the most common psychiatric diagnosis (68%). Thirty-one percent of the patients were treated with neuroleptic medication; most of these patients received diagnoses of dementia or schizophrenia. Fifteen percent of the patients had been in physical restraints, which correlated with physical disability.

Coenen, A., B. McNeil, et al. "Toward comparable nursing data: American Nurses Association criteria for data sets, classification systems, and nomenclatures." Comput Nurs. 2001 Nov-Dec;19(6):240-6; quiz 246-8.

The American Nurses Association has long recognized the need for nursing to participate in the development of national healthcare data sets and standardized terminologies suitable for implementation in computer-based systems. In 1989, the American Nurses Association Steering Committee on Databases to Support Clinical Nursing Practice was established to make policy recommendations related to nursing data needs. A primary function of the committee was the development of criteria for "recognition" of nursing language systems toward the goal of a Unified Nursing Language System. The committee has evolved and, in 1998, was renamed the Committee on Nursing Practice Information Infrastructure. In this article the revisions in the American Nurses Association recognition criteria and

the role of professional associations in standards development are discussed. Distinct criteria for nursing data sets, classification systems, and nomenclatures are reflective of the evolution in the healthcare environment toward concept-oriented terminologic systems that facilitate data re-use.

Cohen, C. I., K. Hyland, et al. "Depression among African American nursing home patients with dementia." Am J Geriatr Psychiatry. 1998 Spring;6(2):162-75.

The authors compared 218 black and 68 white nursing home patients with dementia for differences in the prevalence, recognition, and treatment of depression. There were no racial differences in depressive symptoms, but whites were significantly more likely to receive a diagnosis of "possible depression" and there were few racial differences in clinical, social, or demographic factors associated with depression. Depression was often unrecognized and undertreated in both racial groups; several depression instruments developed for use in dementia had good reliability and validity among blacks; and there were no significant differences in depressive symptoms or diagnosis between U.S.-born and Caribbean-born black patients. The absence of any appreciable interracial or intraracial differences in depression symptoms or diagnoses may reflect uniformity in nursing home selection criteria or lessening of mood differences that may have existed before admission.

Colenda, C. C., J. Streim, et al. "The impact of OBRA '87 on psychiatric services in nursing homes. Joint testimony of the American Psychiatric Association and the American Association for Geriatric Psychiatry." Am J Geriatr Psychiatry. 1999 Winter;7(1):12-7.

The Institute of Medicine has formed a Committee on Improving Quality in Long-Term Care, which is examining the legislative and quality-of-care impact that the Omnibus Budget Reconciliation Act of 1987 (OBRA '87) had on long-term care. The American Psychiatric Association and the American Association for Geriatric Psychiatry were asked to provide written and oral testimony before the Committee in March 1998. The two organizations summarized the key outcomes of OBRA '87 on the psychiatric needs of individuals who receive services in long-term care settings. The written testimony also encouraged the Committee to insist that the long-term care industry develop, test, and refine psychiatric and mental health quality outcome measures for nursing facilities and other long-term care settings.

Conway-Phillips, R. and S. Millon-Underwood "Breast cancer screening behaviors of African

American women: a comprehensive review, analysis, and critique of nursing research." ABNF J. 2009 Fall;20(4):97-101.

Breast cancer is particularly burdensome on African American women (AAW) ranking second among the cause of cancer deaths in AAW. Although the incidence of breast cancer is highest in White women, AAW have a higher breast cancer mortality rate at every age and a lower survival rate than any other racial or ethnic group. Statistics indicate that the gap is widening. The results of several studies suggest that breast cancer mortality among AAW would be reduced if breast cancer screening recommendations were more effectively utilized. Results of research studies aimed at identifying variables relating to AAW acceptance of breast cancer screening activities have not had an impact on the disparity in mortality rates. The goals of this paper are to summarize the accumulated state of the nursing science and knowledge concerning breast cancer screening behavior of African American women, and to highlight important issues that research has left unresolved.

Cornelius, J. B. "The meaning of AIDS: African American nursing students' perceptions of providing care to AIDS patients." J Natl Black Nurses Assoc. 1999 Fall-Winter;10(2):54-64.

A qualitative study was conducted to explore the perceptions of African American nursing students as they provided care to acquired immunodeficiency syndrome (AIDS) patients. This research addressed the following question: What are the lived experiences of African American nursing students when they provide care to AIDS patients? The participants in this study were a convenience sample of 12 associate degree nursing students enrolled full-time at a historically Black college and university located in Virginia. Data were collected through audio taped interviews. Five dominant themes emerged: 1) fear of exposure and transmission; 2) hopelessness about the situation; 3) self-identification with the individual; 4) empathy toward persons with AIDS (PWAs); 5) and spirituality and belief in an afterlife. Female nursing students were able to identify with their AIDS patients while male nursing students were not. Many of the nursing students felt ostracized by their peers, and a lack of knowledge hindered the nursing students' deliverance of compassionate nursing care.

Cornelius, J. B. "Senior nursing students respond to an HIV experiential-teaching method with an African-American female." J Natl Black Nurses Assoc. 2004 Dec;15(2):11-6.

This experimental study compared an HIV experiential-teaching method to the traditional lecture

and discussion method to determine if one method was more likely to produce significant indications of senior nursing students' willingness and perceived preparedness to provide HIV-patient care to affected clients. The sample included 70 (N = 70) baccalaureate senior nursing students from one university. In this study, 35 (n = 35) students were randomized into either the experimental group or into the control lecture and discussion group (n = 35). Unlike the traditional lecture and discussion method, the experiential-teaching method entitled "To be Touched by AIDS" included an affective component with an African-American female who was an HIV-Positive intravenous drug user. Findings from this study indicated that the experiential-teaching method was efficacious in increasing willingness to provide HIV patient care to affected clients using a Wilcoxon (Z = -2.51 p < 0.05) test as compared to the traditional lecture and discussion method of teaching. Further findings from this study also suggested that there was a weak inverse correlation found using a Spearman Rho.

Day, S. W., L. Segovia, et al. "The Latin American Center for Pediatric Oncology Nursing Education: development, implementation, and accomplishments." Cancer Nurs. 2013 Sep-Oct;36(5):340-5. doi: 10.1097/NCC.0b013e318292f0dd.

BACKGROUND: Pediatric oncology nurses in low- and middle-income countries have limited access to specialized education and clinical training. This is a major impediment for treating children with cancer and contributes to the disparity in survival rates between high- and low-income countries. The International Outreach Nursing Program at St Jude Children's Research Hospital established full-time nurse educator positions at partner sites throughout Latin America. Experienced nurses were hired as educators; however, they had no formal pediatric oncology education, limited teaching experience, and no mentors as this was a new nursing role in low- and middle-income countries. **OBJECTIVE:** Our objective was to create a regional education center to prepare nurse educators to succeed in this pioneering role. **INTERVENTIONS:** The Latin American Center for Pediatric Oncology Nursing Education was created at Calvo Mackenna Hospital in Santiago, Chile, to provide education, resources, and support to educators. Education resources, including a comprehensive orientation program and courses in chemotherapy and central venous line care, were developed. A 4-week on-site comprehensive educator course and an organized support system were implemented. **RESULTS:** Education, resources, and support have been provided to 13 nurse educators representing 7 Latin American countries. The educators have

provided pediatric oncology education to more than 1000 nurses.

Donoghue, C. "The percentage of beds designated for medicaid in american nursing homes and nurse staffing ratios." J Health Soc Policy. 2006;22(1):19-28.

Previous analyses of the inverse relationship between a nursing home's Medicaid census and its quality of care have been based on samples limited to specific geographic regions, for-profit entities, or only skilled care facilities. The present study uses national-level data from the 1999 National Nursing Home Survey to examine the association between the proportion of beds designated for Medicaid residents and nurse staffing ratios. The results indicate that homes which designate a higher proportion of their beds for Medicaid recipients maintain lower ratios of registered nurses and nurse's aides to residents, even when key facility characteristics are controlled. It was also found that nursing homes with a higher proportion of Medicaid beds offer lower nursing ratios regardless of their profit status or the difference between private pay rates and Medicaid reimbursement rates. Since lower nursing ratios have been previously linked to negative outcomes, these findings suggest that homes which rely more heavily upon Medicaid recipients may be using cost-cutting strategies which have negative implications for quality.

Doswell, W. M., S. Portis, et al. "The NIA Group. Building a sense of purpose in preadolescent African American girls: a novel approach to nursing leadership in community health." Nurs Leadersh Forum. 2004 Spring;8(3):95-100.

Many African American girls experience pubertal development early. Earlier pubertal development may place these girls at greater risk of exposure to or engagement in early sexual behavior. Young girls facing this societal context need interventions to help them develop healthy self-esteem, pride in their cultural heritage, good decision-making skills and a sense of purpose. It was from these concerns that the NIA Program of Self-Development for preadolescent girls was initiated as a collaboration of the University of Pittsburgh School of Nursing, a local public school, and the nursing staff of the Matilda Theiss Health Center, a comprehensive community health center that houses the NIA Group. The group's name, "NIA," meaning a sense of purpose, is derived from one of the seven principles of Kwanzaa, a yearly African American celebration of cultural heritage.

Dugas, R. "Nursing and genetics: applying the American Nurses Association's Code of Ethics." J Prof Nurs. 2005 Mar-Apr;21(2):103-13.

A professional code of ethics is essential for behaviors to be reinforced in any discipline. The American Nurses Association (ANA) has established a code of ethics for nurses to use as a framework for making ethical decisions with all aspects of health care delivered to the public. With the explosion of genetic discoveries, nurses and clients are facing new ethical dilemmas. It is important for nurses to understand how to use the ANA Code of Ethics when faced with the many complexities of ethical issues involving genetics and health care. This article illustrates how the ANA Code of Ethics can be applied in nursing practice to establish professional behaviors related to ethical issues and genetics.

EGGENBERGER, S. K., J. GRASSLEY, et al. "Culturally competent nursing care: listening to the voices of Mexican-American women." Online J Issues Nurs. 2006 Jul 19;11(3):7.

Mexican-Americans represent the fastest-growing minority population group in the United States. Gaining a cultural perspective of health care in the Mexican-American population necessitates listening to the voices of women because they assume primary responsibility for maintaining family health. The Transcultural Assessment Model developed by Giger and Davidhizar (2004) provides the framework for this exploration of Mexican-American women's health care views. From this model the investigators developed an interview guide based on social organization and environmental control. Thematic analysis of interviews with six Mexican-American women revealed the importance of the family, religion, and locus-of-control in the health beliefs, attitudes, and lifestyle practices of this culture. Using the voices of Mexican-American women the investigators seek to promote an understanding of the culture as a guide for nursing care. The purpose of this article is to increase awareness of the Mexican-American cultural phenomena of social organization and environmental control which can guide the nurse to provide culturally competent care that meets the needs of Mexican-American women and their families.

Espino, D. V., J. L. Angel, et al. "Characteristics of Mexican American elders admitted to nursing facilities in the United States: data from the Hispanic Established Populations for Epidemiologic Studies of the Elderly (EPESE) study." J Am Med Dir Assoc. 2013 Mar;14(3):226.e1-4. doi: 10.1016/j.jamda.2012.12.006. Epub 2013 Jan 24.

OBJECTIVES: The purpose of the current study was to describe the factors associated with

Mexican American elders in the Southwestern United States who have spent time in a skilled nursing facility (SNF) compared with those who have not. DESIGN: Data were collected on the Mexican American elders who reported an SNF stay within 10 years of baseline. PARTICIPANTS: A probability sample of 3050 Mexican American elders from five Southwestern states followed from 1993 to 2005 were examined. MEASURES: Variables examined included sociodemographics, language of interview, disabilities with instrumental activities of daily living, activities of daily living, self-reported health, cognitive status, and depression. RESULTS: A total of 78 (3.9%) of 2020 subjects resided in SNFs. Using univariate analyses, older age, English-language interview, poorer cognitive status, and functional disabilities were independently associated with SNF admissions. Logistic regression analyses controlling for age revealed that SNF patients were older (OR = 1.08, P = .001), had an activities of daily living disability (OR = 4.94, P < .001), scored in the depressed range in the Geriatric Depression Scale (OR = 2.72, P = .001), and were more likely to interview in English (OR = 1.95, P = .042), when compared with community counterparts. CONCLUSIONS: Mexican American elders who resided in an SNF at some point in the previous 10 years were older, and were more likely to be functionally impaired. They also were more likely to prefer English as their primary language, indicating they were more likely to agree to an SNF stay than their Spanish-speaking counterparts.

Evans, B. C. "Application of the caring curriculum to education of Hispanic/Latino and American Indian nursing students." J Nurs Educ. 2004 May;43(5):219-28.

To increase work force diversity and decrease health disparities, students of color must be successful in nursing programs. Unfortunately, the literature describes numerous barriers to these students' success, originating in both the socioeconomic and cultural environment in which they live and work, and in schools of nursing. In this study, seven filmed interviews of Hispanic/Latino and American Indian nurses were examined for barriers to educational success. Eighteen barriers to success were identified, examples of these barriers were extracted from the data, and the caring curriculum was proposed as one possible solution for removing or mitigating these barriers. Principles of the caring curriculum were then used to provide a framework for suggested retention strategies for Hispanic/Latino and American Indian nursing students.

Georges, C. A., L. B. Bolton, et al. "Quality of care in African-American communities and the nursing

shortage." J Natl Black Nurses Assoc. 2003 Dec;14(2):16-24.

The National Black Nurses Foundation commissioned a research project to determine the effect of the nursing shortage on African-American communities. The W.K. Kellogg Foundation funded the project as part of a multiphase project aimed at identifying issues related to the nursing shortage among ethnic people of color communities and developing policy recommendations around the supply of nurses to serve those communities. The study was conducted over a six-month period by the nursing research investigative team at Cedars-Sinai Medical Center and Burns and Allen Research Institute in Los Angeles, California. One hundred (N=100) nurse leaders from communities across the United States participated in the research. Each leader completed a questionnaire regarding the existence of the nursing shortage in their community and the effect of the shortage on access to services, clinical quality and the retention and recruitment of nurses. Leaders were queried on nurse vacancy and turnover within their communities, incidence of adverse events and the ability of institutions to meet the demands for nursing and health services in their communities. Forty-five percent of the organizations in the study were reported to be single facilities and 55% consisted of integrated health systems. Respondents identified five major issues resulting from nurse vacancies in their communities: closure of acute care beds or clinical services, delays in providing treatment to patients, inability to retain nurses due to increased workload and decreased nurse satisfaction, diminished capacity to address chronic health problems in their communities and increased incidence of adverse patient events. African-American nurse leaders reported higher rates of nurse vacancy and turnover; higher incidence of adverse events and greater difficulty providing access to health care than was reported in the literature. Nurse vacancy and turnover rates are higher than reported national averages. The study suggests the need for further research at the community level in addition to acute care settings to ameliorate the potential adverse effects of nursing work force shortages on the health of African-American communities.

Giger, J., R. E. Davidhizar, et al. "American Academy of Nursing Expert Panel report: developing cultural competence to eliminate health disparities in ethnic minorities and other vulnerable populations." J Transcult Nurs. 2007 Apr;18(2):95-102.

The members of the Expert Panel on Cultural Competence of the American Academy of Nursing (AAN) envisioned this article to serve as a catalyst to action by the Academy to take the lead in ensuring that

measurable outcomes be achieved that reduce or eliminate health disparities commonly found among racial, ethnic, uninsured, underserved, and underrepresented populations residing throughout the United States. The purposes of this article are to (a) assess current issues related to closing the gap in health disparities and achieving cultural competence, (b) discuss a beginning plan of action from the Expert Panel on Cultural Competence for future endeavors and continued work in these areas beyond the 2002 annual conference on Closing the Gap in Health Disparities, and (c) provide clearly delineated recommendations to assist the Academy to plan strategies and to step forward in taking the lead in reshaping health care policies to eliminate health care and health disparities.

Godfrey, C. J. "African American nursing faculty: where are they?" ABNF J. 2005 Jan-Feb;16(1):11-3.

African American nursing faculty members are scarce in today's society. The National League for Nursing (NLN) developed a report of the faculty census survey of Registered Nurses (RN) and graduate programs in 2002. The report indicates that only 6.6% nursing faculty are African American compared to 91.0% Caucasian nursing faculty (NLN, 2003). Previous published literature explores reasons African Americans are not choosing academic careers, reasons for termination of employment, regions in the U.S. where African American faculty are employed, and strategies employed to recruit additional African American nursing faculty.

Grazel, R., A. G. Phalen, et al. "Implementation of the American Academy of Pediatrics recommendations to reduce sudden infant death syndrome risk in neonatal intensive care units: An evaluation of nursing knowledge and practice." Adv Neonatal Care. 2010 Dec;10(6):332-42. doi: [10.1097/ANC.0b013e3181f36ea0.](https://doi.org/10.1097/ANC.0b013e3181f36ea0)

There is a direct relationship between nonsupine sleeping and sudden infant death syndrome (SIDS). Premature infants are at greater risk for SIDS and are often cared for in nonsupine positions during the course of hospitalization. Healthy premature infants should be placed supine for sleep before discharge from the neonatal intensive care unit (NICU), and parents receive specific instruction about infant sleep position and other risk factors for SIDS. Most published literature addressing nursing practices for SIDS reduction reflects practices with the healthy newborn population. PURPOSE: To examine and describe NICU nurses' knowledge of SIDS risk-reduction measures, modeling of safe infant sleep interventions prior to discharge, and inclusion of SIDS risk reduction in parent education. SUBJECTS:

Convenience sample of nurses practicing in level II and III NICUs located in 2 Middle Atlantic States. DESIGN AND METHODS: A prospective survey design was used for the study. The 14-item questionnaire was developed by a team of neonatal clinical experts and distributed via site coordinators to nurses in 19 NICUs. PRINCIPAL RESULTS: A total of 1080 surveys were distributed and 430 (40%) NICU nurses completed the survey. The majority of nurses (85%) identified the American Academy of Pediatrics SIDS risk-reduction strategies for safe sleep. The investigators found that age, years of nursing and neonatal nursing experience, and educational preparation did not significantly contribute to the practice of "supine-only" position for sleep for infants in NICUs. The study revealed that nurses frequently position healthy preterm infants supine for sleep when weaned to an open crib (50%). Others wait one to a few days before discharge (15%) and some never position supine for sleep (6%). Stuffed toys are removed from cribs 90.5% of the time. For term infants without major medical complications, 45.5% of surveyed nurses continued to use positioning aids/rolls in infants' cribs. The most common reasons nurses cited to position preterm infants side-lying or prone in a crib were fear of aspiration (29%), infant comfort (28%), and infant safety (20%). NICU nurses educated parents about SIDS and reduction strategies, using various media. At discharge, 73% of the nurses verbally communicated with parents, 53% provided printed literature, and 14% used audiovisual aids with parents. CONCLUSIONS: NICU nurses are in influential positions to educate parents and model SIDS risk-reduction strategies. This study supports other published research that points to inconsistencies in nursing practice regarding implementation of methods to reduce the risk of SIDS.

Heuer, L. J. and M. I. Bengiamin "American nursing students experience shock during a short-term international program." J Cult Divers. 2001 Winter;8(4):128-34.

When individuals plan to travel internationally, they frequently assume that they will have an enjoyable and memorable experience. But for some, the effects of culture shock may negatively impact their travels and memories. The purpose of this study was to describe culture shock as reported by student nurses who took part in an international short-term program. A phenomenological approach was utilized to elicit the essence of meaning attached to the experience. Eight student nurses in an upper Midwestern university, participated in this international experience. It was concluded that all of the student nurses experienced culture shock to a

varying degree and they had varying perceptions of their experiences.

Jacobson, J. O., M. Polovich, et al. "American Society of Clinical Oncology/Oncology Nursing Society chemotherapy administration safety standards." Oncol Nurs Forum. 2009 Nov;36(6):651-8. doi: 10.1188/09.ONF.651-658.

Standardization of care can reduce the risk of errors, increase efficiency, and provide a framework for best practice. In 2008, the American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) invited a broad range of stakeholders to create a set of standards for the administration of chemotherapy to adult patients in the outpatient setting. At the close of a full-day structured workshop, 64 draft standards were proposed. After a formal process of electronic voting and conference calls, 29 draft standards were eliminated, resulting in a final list of 35 draft measures. The proposed set of standards was posted for 6 weeks of open public comment. Three hundred twenty-two comments were reviewed by the Steering Group and used as the basis for final editing to a final set of standards. The final list includes 31 standards encompassing seven domains, which include the following: review of clinical information and selection of a treatment regimen; treatment planning and informed consent; ordering of treatment; drug preparation; assessment of treatment compliance; administration and monitoring; assessment of response and toxicity monitoring. Adherence to ASCO and ONS standards for safe chemotherapy administration should be a goal of all providers of adult cancer care.

Katz, J. R. "Native American high school students' perceptions of nursing." J Nurs Educ. 2007 Jun;46(6):282-6.

A pilot study was conducted to determine changes in Native American high school students' knowledge and opinions about nursing after attending a 6-day residential summer nursing institute. To date, Native American high school students, particularly those interested in nursing, have not been well researched. Seventeen high school students affiliated with nine Northwest tribes participated in this study. A 66-item, investigator-constructed, pretest-posttest survey included 38 scaled (4-point Likert type) and 20 dichotomous items. Reliability estimates (Cronbach's alpha) were 0.72 and 0.85 for the pretest and posttest, respectively. This pilot study showed an increase in students' knowledge and opinions of professionalism, autonomy, and role importance in nursing after attending the summer nursing institute. A salient and culturally related reason for choosing nursing was to be important to one's tribe. Although the sample was

small, the findings provide initial evidence supporting the effectiveness of a nursing education intervention with Native American high school students and an instrument that can measure its success.

Keltner, B., F. J. Kelley, et al. "Leadership to reduce health disparities: a model for nursing leadership in American Indian communities." Nurs Adm Q. 2004 Jul-Sep;28(3):181-90.

Health disparities can be especially dramatic for American Indians because of a variety of powerful forces that include poverty, isolation, low educational achievement, and a unique political relationship that dictates the design of special healthcare delivery mechanisms. The challenge facing nursing leaders in these settings is addressed with consideration to culture, an examination of why leadership is needed to change the forces that lead to health disparities, the role of leadership in reducing ethnic disparities in health outcomes, as well as an examination of the most productive ways to mobilize nurses and nursing leadership to address the problems. A model for nursing leadership in Native American communities is proposed and a case study that illustrates how culturally diverse leadership in a public health setting can maximize results is presented.

Kirkland, M. L. "Stressors and coping strategies among successful female African American baccalaureate nursing students." J Nurs Educ. 1998 Jan;37(1):5-12.

Interview and descriptive methods were used to investigate the stressors and coping strategies of academically successful African American female baccalaureate nursing students (N = 23) in the three predominantly Caucasian universities in South Carolina. The study addressed three questions: 1) What are major stressors for African American female students? 2) Which coping strategies do these students use? and 3) Which coping strategies do these students find to be most successful? Major stressors identified, both by priority and frequency of occurrence, were academic in nature, followed in descending order by environmental, financial, interpersonal, and personal stressors. Coping strategies used with the greatest regularity and success were active coping (taking action to remove or circumvent the stressor), seeking social support for instrumental reasons (seeking assistance, information, or advice about what to do from someone in a position to help), and seeking social support for emotional reasons (getting sympathy or emotional support from someone). Behavioral disengagement, denial, and alcohol-drug disengagement were reported to be unsuccessful coping strategies in the majority of instances.

Kosowski, M. M., K. M. Grams, et al. "They took the time ... they started to care: stories of African-American nursing students in intercultural caring groups." ANS Adv Nurs Sci. 2001 Mar;23(3):11-27.

Socially responsible nurse educators articulate the need to explore opportunities for nursing students to participate in experiences that promote caring and respect for diversity. This research illuminates the experiences of 10 African-American nursing students who participated in caring groups while enrolled in a predominantly White nursing education program. Although the meanings embedded in the African-American students' stories revealed commonalities with those of European-American and international students, there were also some differences. The authors maintained a critical social consciousness to analyze and describe these commonalities and differences. This article discusses the constitutive patterns and themes that emerged from the data and addresses implications for nursing education and practice.

Kuehn, A. F., A. Chircop, et al. "Exploring nursing roles across North American borders." J Contin Educ Nurs. 2005 Jul-Aug;36(4):153-62; quiz 185-6.

Professional nurses are challenged by the increasing complexity of their own healthcare delivery systems and by the growing interconnectivity of healthcare systems worldwide. There are increasing calls for practice across boundaries; however, the role and scope of nursing practice within individual countries are often unclear, ill-defined, and misunderstood by nurses from other countries. In this collaborative educational project among six schools of nursing located in Canada, Mexico, and the United States, nursing students and faculty are exploring the role of the nurse within each country's healthcare system while striving to develop their multicultural awareness. Participating faculty describe the process, challenges, and keys to success found in creating and living this international project. They share strategies for addressing challenges, which included meeting deadlines, time differences, differing academic schedules, writing joint documents in two languages, designing and presenting a shared course, and creating an exchange process between the six partner schools. They describe the evolution of their working relationships, the language challenges, and the joy of coming together as newfound colleagues and friends.

Love, K. L. "The lived experience of socialization among African American nursing students in a predominantly White university." J Transcult Nurs. 2010 Oct;21(4):342-50. doi: 10.1177/1043659609360711. Epub 2010 Jul 2.

PURPOSE: This study explored the phenomenon of socialization among African American nursing students in predominantly White universities. Recruitment and retention of African American nursing students is in lower percentages compared with other groups. Many nursing schools reflect a culture of the White middle class, which may present a barrier to minority students by requiring students to socialize to a culture different from their own. Overcoming such barriers cannot begin until the experience of socialization is understood. **DESIGN:** A sample consisting of eight co-researchers was used who all attended nursing school at a predominantly White university. Interviews were analyzed using Colaizzi's phenomenological method. **RESULTS:** The following six themes emerged: Theme 1--The Strength to Pursue More, Theme 2--Encounters With Discrimination, Theme 3--Pressure to Succeed, Theme 4--Isolation and Sticking Together, Theme 5--To Fit In and Talk White, and Theme 6--To Learn With New Friends and Old Ones. **CONCLUSIONS:** This study found a strongly consistent process of socialization to the dominant norm, and raised questions about the effects of this process on African American nursing students and its impact on improving patient care.

Lowe, J. and R. Struthers "A conceptual framework of nursing in Native American culture." J Nurs Scholarsh. 2001;33(3):279-83.

PURPOSE: To depict the phenomenon of nursing in the Native American culture. **DESIGN:** At the 1997 annual Native American Nursing Summit held on the Flathead Reservation in Montana, 203 Native American nurses, nursing students, and others who provide health care to Native American people attended and participated in focus groups that provided the data for this qualitative study. The participants represented many tribes from across the United States. Follow-up in 1998 included a similar group of 192 participants. **METHODS:** Native American nurses facilitated focus groups. The facilitators provided direction for the focus groups and supervised the data collection. Native American nurses with advanced degrees in nursing performed the data analysis utilizing theme, taxonomic, and componential analysis methods. **FINDINGS:** Seven dimensions were identified in the data: (a) caring, (b) traditions, (c) respect, (d) connection, (e) holism, (f) trust, and (g) spirituality. Each dimension is essential to the practice of nursing in Native American culture. Together they provide the basis for a systematic approach to Native American nursing practice, education, research, and administration. **CONCLUSIONS:** The conceptual framework of nursing in the Native American culture, with its seven dimensions, shares dimensions with mainstream nursing, yet it differs in many important

ways. This model can be used by Native American nurses to provide a structure for engaging in the profession of nursing. Further, it can be used by nurses of other cultures to understand nursing in the Native American culture and to provide health care to Native American people.

Mello, M. and C. Jenkinson "Comparison of medical and nursing attitudes to resuscitation and patient autonomy between a British and an American teaching hospital." Soc Sci Med. 1998 Feb;46(3):415-24.

In the last 30 years, cardiopulmonary resuscitation (CPR) has evolved from an intervention indicated only in cases of acute insult to an otherwise healthy body to a default measure employed in virtually all cases of cardiac failure. The high cost and low efficacy rate of CPR has provoked questions about the moral and economic wisdom of its routine use, particularly for elderly patients with serious comorbidity. This paper presents the results of a comparative study of decision making practices concerning "Do-Not-Resuscitate" (DNR) orders in British and American hospitals. Thirty-four physicians and nurses in one American and one British hospital were interviewed about their decision making practices. Qualitative methods of data analysis were employed. The study revealed that while the American and British hospitals had adopted similar formal protocols for DNR decision making, in practice the British physicians often made DNR decisions unilaterally, whereas the American physicians sought the patient's or surrogate's consent in every instance, even where it was not legally required. The British decision making model enables physicians to reduce the inappropriate use of resuscitation, but at the expense of patient autonomy. In contrast, the American approach fully respects patient autonomy, but except in cases of medical futility grants physicians no authority to refuse to render treatments that are in their judgment contraindicated.

Miller, E. A. and L. Wang "The influence of national policy change on subnational policymaking: Medicaid nursing facility reimbursement in the American states." Soc Sci Med. 2009 Jun;68(11):1926-34. doi: 10.1016/j.socscimed.2009.03.014. Epub 2009 Apr 15.

This study proposes that exogenous shocks emanating from national governments can significantly change health policy processes among subnational units. The relevance of this insight for comparative health policy research is examined in the context of Medicaid nursing facility reimbursement policymaking in the American states. Event history techniques are used to model state adoption of case-mix methods for reimbursing nursing homes under Medicaid from 1980 to 2004. Case-mix adjus

Medicaid nursing home payments for patient acuity, thereby enabling states to pay more for residents with higher care needs and to pay less for residents with lower care needs. The goal is to improve access for more resource intensive Medicaid beneficiaries and to distribute payments more equitably across the providers who serve them. The most noteworthy national policy changes affecting case-mix implementation by state governments were adoption of nursing home quality reform with the Omnibus Budget Reconciliation Act (OBRA) of 1987 and case-mix by Medicare with the Balanced Budget Act (BBA) of 1997. In light of the 1990 and 1999 implementation of OBRA 1987 and the BBA, respectively, five models were estimated, which in addition to covering the entire time period studied (1980-2004) include pre-/post-BBA comparisons (1980-1998, 1999-2004) and pre-/post-OBRA 1987 comparisons (1980-1989, 1990-1998).

Mor, V., G. Papandonatos, et al. "End-of-life hospitalization for African American and non-Latino white nursing home residents: variation by race and a facility's racial composition." J Palliat Med. 2005 Feb;8(1):58-68.

BACKGROUND: Hospitalization of nursing home residents at the end of life is common, more so among African Americans. Whether a nursing home's racial mix is associated with hospitalization is unknown. **OBJECTIVE:** This study examined the association between race, a nursing home's racial mix, and end-of-life hospitalization. **DESIGN:** This was a retrospective cohort study. **SETTING/SUBJECTS:** Studied were nursing home residents in New York (n = 14,159) and Mississippi (n = 1481) who died in 1995-1996 and had a minimum data set (MDS) assessment within 120 days of death. **MEASUREMENTS:** The outcome measure was the odds of hospitalization in the last 90 days of life. A variable reflecting a nursing home's proportion of African American residents (in 1995-1996) represented a nursing home's racial mix. **RESULTS:** Forty-six percent of African Americans and 32% of whites were hospitalized in the last 90 days of life. After controlling for demographics, diagnoses, function, patient preferences (do-not-resuscitate [DNR]), and facility resources, nursing home residents in facilities having higher proportions of African American residents had greater odds of hospitalization (adjusted odds ratio [AOR] 1.14; 95% confidence interval [CI] 1.10, 1.18 in New York and AOR 1.35; 95% CI 1.24, 1.46 in Mississippi). Age and frailty interacted with race; older African Americans had a 16% greater likelihood (95% CI 1.08, 1.24) of hospitalization, and African Americans with more functional limitations had a 37% (95% CI 1.24, 1.51)

greater likelihood of hospitalization than did comparable whites.

Nichol, G., J. Rumsfeld, et al. "Essential features of designating out-of-hospital cardiac arrest as a reportable event: a scientific statement from the American Heart Association Emergency Cardiovascular Care Committee; Council on Cardiopulmonary, Perioperative, and Critical Care; Council on Cardiovascular Nursing; Council on Clinical Cardiology; and Quality of Care and Outcomes Research Interdisciplinary Working Group." Circulation. 2008 Apr 29;117(17):2299-308. doi: 10.1161/CIRCULATIONAHA.107.189472. Epub 2008 Apr 14.

The 2010 impact goal of the American Heart Association is to reduce death rates from heart disease and stroke by 25% and to lower the prevalence of the leading risk factors by the same proportion. Much of the burden of acute heart disease is initially experienced out of hospital and can be reduced by timely delivery of effective prehospital emergency care. Many patients with an acute myocardial infarction die from cardiac arrest before they reach the hospital. A small proportion of those with cardiac arrest who reach the hospital survive to discharge. Current health surveillance systems cannot determine the burden of acute cardiovascular illness in the prehospital setting nor make progress toward reducing that burden without improved surveillance mechanisms. Accordingly, the goals of this article provide a brief overview of strategies for managing out-of-hospital cardiac arrest. We review existing surveillance systems for monitoring progress in reducing the burden of out-of-hospital cardiac arrest in the United States and make recommendations for filling significant gaps in these systems, including the following: 1. Out-of-hospital cardiac arrests and their outcomes through hospital discharge should be classified as reportable events as part of a heart disease and stroke surveillance system. 2. Data collected on patients' encounters with emergency medical services systems should include descriptions of the performance of cardiopulmonary resuscitation by bystanders and defibrillation by lay responders. 3.

Shambley-Ebron, D. Z. and J. S. Boyle "New paradigms for transcultural nursing: frameworks for studying African American women." J Transcult Nurs. 2004 Jan;15(1):11-7.

African American women continue to experience disparities in health status when compared to their European American counterparts, yet, often their unique perspectives are not presented in the nursing literature. This article will discuss various theoretical frameworks arising from Black women's

thought and reality that can be used to enhance and expand transcultural nursing knowledge. Historical, sociocultural, and literary perspectives will be used to illuminate the realities of African American women's lives. Selected frameworks arising from these realities will be discussed that recognize the impact of race, class, and gender on the lives of African American women and have the potential to guide nursing research and practice.

Shaver, J., E. Olshansky, et al. "Women's health research agenda for the next decade. A report by the Women's Health Expert Panel of the American Academy of Nursing." Nurs Outlook. 2013 Jan-Feb;61(1):16-24. doi: 10.1016/j.outlook.2012.05.009. Epub 2012 Jul 20.

Research in women's health has regained momentum with the recent release of several reports from various institutes and organizations. The Office of Research on Women's Health (ORWH) of the National Institutes of Health and the Institute of Medicine (IOM) both reported on women's health research. Within a year, Congress enacted the Affordable Care Act, stipulating support for clinical preventive services for women, prompting further reports focused on clinical care for women. These two research-dominant reports (NIH ORWH and the IOM) are the subject of this manuscript. The purpose is to outline and critically analyze the reports from a grounded nursing perspective and to propose a complementary and expanded agenda for furthering research in women's health. A separate manuscript analyzes and makes recommendations based on additional reports about clinical services and policies that will benefit the health status of women.

Sloand, E., S. Groves, et al. "Cultural competency education in American nursing programs and the approach of one school of nursing." Int J Nurs Educ Scholarsh. 2004;1:Article6. Epub 2004 Apr 13.

The importance of cultural competency in all areas of American society is well accepted. Indeed, the evolving demographics of the country make it imperative. A wide range of educational and work settings has addressed the concept, from business and government to education and health. Cultural competency is particularly critical in the realm of healthcare, as the potential impact on quality of health and life is at stake. Nursing is a leader in this field, with a long theoretical and practice history of attention to, and respect for, individual differences. This article reviews cultural competency education in nursing and its respective educational settings. Common threads and different models are discussed. The program components of cultural competency education in one School of Nursing are highlighted. Future directions

towards refining cultural competency education are presented.

Squires, A. "The North American Free Trade Agreement (NAFTA) and Mexican nursing." Health Policy Plan. 2011 Mar;26(2):124-32. doi: 10.1093/heapol/czq024. Epub 2010 Jul 1.

In the context of nurse migration, experts view trade agreements as either vehicles for facilitating migration or as contributing to brain-drain phenomena. Using a case study design, this study explored the effects of the North American Free Trade Agreement (NAFTA) on the development of Mexican nursing. Drawing results from a general thematic analysis of 48 interviews with Mexican nurses and 410 primary and secondary sources, findings show that NAFTA changed the relationship between the State and Mexican nursing. The changed relationship improved the infrastructure capable of producing and monitoring nursing human resources in Mexico. It did not lead to the mass migration of Mexican nurses to the United States and Canada. At the same time, the economic instability provoked by the peso crisis of 1995 slowed the implementation of planned advances. Subsequent neoliberal reforms decreased nurses' security as workers by minimizing access to full-time positions with benefits, and decreased wages. This article discusses the linkages of these events and the effects on Mexican nurses and the development of the profession. The findings have implications for nursing human resources policy-making and trade in services.

Stanton, M. P., C. A. Barnett Lammon, et al. "The clinical nurse leader: a comparative study of the American Association of Colleges of Nursing vision to role implementation." J Prof Nurs. 2011 Mar-Apr;27(2):78-83. doi: 10.1016/j.profnurs.2010.09.014.

The clinical nurse leader (CNL) is a new nursing role developed from a series of discussions held by the American Association of Colleges of Nursing (AACN) about revisions in nursing education that would prepare nurses with the competencies needed to work in the current and future health care system. The CNL is supposed to have a direct impact on clinical, functional, satisfaction, and cost outcomes. A number of health care organizations have adapted the role and integrated it into their unique clinical environment, but it remains unclear if the implementation is in line with the AACN's vision. This study investigated this question using the first cohort of graduates at a major university in the Southern United States. Of the 11 graduates, 8 responded to a questionnaire. Results support the idea that these new CNLs function largely in accord with the nine components of the CNL role outlined by the AACN. However, these results also show that different

CNL role components are emphasized in different clinical settings. The results suggest that the CNL role as an advanced generalist role is a genuine innovation, rebutting some critiques. Implications and directions for future research are discussed.

Stevens, A., J. Owen, et al. "Predictors of time to nursing home placement in White and African American individuals with dementia." J Aging Health. 2004 Jun;16(3):375-97.

OBJECTIVE: This study examined the influence of racial group identification on nursing home placement (NHP) for individuals with dementia before and after adjusting for the possible mediating effects of the caregiving context as defined by stress-process variables in 215 caregiver/care recipient dyads. **METHOD:** Demographics, problem behaviors, self-care impairment, and caregiver appraisal, social support, psychological well-being, and coping were used to prospectively predict Time to NHP. **RESULTS:** Race was a significant predictor of NHP with African American care recipients placed significantly slower than White care recipients. Race remained a significant predictor of Time to NHP after controlling for other variables that showed independent association with Time to NHP and stress-process variables. **DISCUSSION:** Findings suggest that stress-process variables are critical factors in Time to NHP; however, these variables do not explain fully the difference in Time to NHP seen in White and African American care recipients.

Tuttle, J., S. Bidwell-Cerone, et al. "Teen Club: a nursing intervention for reducing risk-taking behavior and improving well-being in female African American adolescents." J Pediatr Health Care. 2000 May-Jun;14(3):103-8.

This article describes a nursing intervention called Teen Club that was designed to reduce risk-taking behavior and improve well-being in female African American adolescents. Participants were referred to Teen Club by their nurse practitioners, physicians, and a community health nurse who were working at an urban neighborhood health center's teen clinic. Referrals were based on factors such as parental substance abuse, lack of social and family support, and other characteristics thought to increase vulnerability to risk-taking behavior. The 2-year intervention included weekly group meetings co-led by a European American female community health nurse and a Latino American male community worker, supplemented by case management and home visits by both these persons.

Willens, J. S., C. DePascale, et al. "Role delineation study for the American Society for Pain Management

Nursing." Pain Manag Nurs. 2010 Jun;11(2):68-75. doi: 10.1016/j.pmn.2010.03.010.

A role delineation study, or job analysis, is a necessary step in the development of a quality credentialing program. The process requires a logical approach and systematic methods to have an examination that is legally defensible. There are three main phases: initial development and evaluation, validation study, and development of test specifications. In the first phase, the content expert panel discussed performance domains that exist in pain management nursing. The six domains developed were: 1) assessment, monitoring, and evaluation of pain; 2) pharmacologic pain management; 3) nonpharmacologic pain management; 4) therapeutic communication and counseling; 5) patient and family teaching; and 6) collaborative and organizational activities. The panel then produced a list of 70 task statements to develop an online survey which was sent to independent reviewers with expertise in pain management nursing. After the panel reviewed the results of the pilot test, it was decided to clarify a few items that did not perform as expected. After the questionnaire was finalized it was distributed to 1,500 pain management nurses. The final yield was 585 usable returns, for a response rate of 39%. Thirty-three percent of the respondents reported a bachelor's degree in nursing as the highest degree awarded. Over 80% indicated that they were certified in pain management. Over 35% reported working in a staff position, 14% as a nurse practitioner, and 13% as a clinical nurse specialist. Part of the questionnaire asked the participants to rate performance expectation, consequence or the likelihood that the newly certified pain management nurse could cause harm, and the frequency of how often that nurse performs in each of the performance domains. The performance expectation was rated from 0 (the newly certified pain management nurse was not at all expected to perform the domain task) to 2 (after 6 months the newly certified pain management nurse would be expected to perform the domain task). The consequences of the degree would be the inability of the newly certified pain management nurse to perform duties or tasks in each domain was rated from 0 (no harm) to 4 (extreme harm). The first domain received the highest average frequency rating. The pharmacologic domain received the highest mean rating on consequence. The reliability of all scales was 0.95 or higher, which indicated that the questionnaire consistently measured what it was intended to measure. The quality of the questionnaire is an indicator that certification is one measure of nursing excellence.

The above contents are the collected information from Internet and public resources to offer to the

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