There are many definitions of culture. Often commonly understood is its meaning referring to a person who prefers social gatherings and the company of people whose likes include listening to classic music, and participating in social events. This behavior is reflective of a cultured person. However, other definitions of culture exist that are more pertinent to nursing. These include – culture as a way of life for an entire society including codes of manners, dress, language, religion, rituals, norms of behavior and systems of belief. Culture or civilization, taken in its wide ethnographic sense, is that, complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society (Allender and Spradley, 2001). Recently, the United Nations Economic, Social and Cultural Organization UNESCO (2002) described culture as “culture should be regarded as the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, and that it encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs”. Culture is the socially inherited characteristics of a human group that are transmitted from one generation to the next. Culture influences both a person’s cognitive and behavioral development and shapes a person’s way of experiencing health and illness.

Initially, culture was defined by the British anthropologist Sir Edward Tylor in 1871 as the knowledge, belief, art, morals, laws, customs and any other capabilities and habits acquired by humans as members of society. This definition of culture, however, focused on the understanding that it is anything and everything that people do that has become so common that it is now considered the norm. For example, nurses’ use of cell phones so that patients can talk to them – rather than the traditional “call bell” system; communicating according to ‘text’ rules when using cell phone messaging, and the loss of formalities in written communications involving electronic mails (e-mails).

There are four basic characteristics of culture, namely,

- It is learned from birth through language and socialization.
- It is shared by members of the same cultural group.
- It is influenced by specific conditions related to environmental and technical factors.
- It is dynamic and ever-changing (Allender and Spradley, 2001).

In understanding culture, four elements must be considered, these are

- Values comprise ideas about what in life seems important. They guide the rest of the culture.
- Norms consist of expectations of how people will behave in various situations. Each culture has methods called sanctions of enforcing its norms.
- Institutions are the structures of a society within which values and norms are transmitted.
Artifacts are things or aspects of material culture—derive from a culture’s values and norms (Allender and Spradley, 2001)

**Culture and Nursing**

There are many understandings in the word, “nursing.” The most common is the appreciation of nursing as a verb that means the practice of nursing as “doing.” Yet as a noun, nursing means the study of nursing - the substantive focus of the discipline. As an adjective, it describes aspects of care, for example, the nursing care of children. Often, students of nursing are referred to as “nursing students” describing a learner of nursing. As a noun, a verb, and an adjective, the word nursing presents many meanings. Today, it is one of the many reasons that explain the problems that plague nursing - its multiple meanings.

In 1991, Newman emphatically stressed that a “discipline is distinguished by a domain of inquiry that represents a shared belief among its members regarding its reason of being.” This “reason for being can be summarized as “The patient’s is, is the ought of the nurse”- a poignant statement that requires nurses to think about that which nurses and nursing as a practice are really all about.

Oftentimes, we ask ourselves about that which makes nursing what it is. What is the nature of nursing? Who practices nursing? What value does the practice of nursing have? What is the nature of nursing?

A brief description of a complex subject matter underscore four well-known concepts that is central to the study of nursing. These are health or well-being, caring, nursing, and the human experience of health. Since Florence Nightingale’s time, “health” has been the central focus of nursing knowledge. Caring, on the other hand, is appreciated as the essence of nursing (Leininger), the moral ideal of nursing (Watson), and the human mode of being (Roach). Boykin and Schoenhofer declare nursing as caring.

Even with all these declarations there is no single one unifying statement that includes the concepts of health and caring. Likewise, neither health nor caring meets the criteria as a focus of a professional discipline. Because health means human health, specifically, it is the human health experience, the focus of the health experience that answers the question about the emergence of health from a mutual process. Therefore, as Newman asks the quintessential questions “how do nurses facilitate the health of human beings” and “what is the quality of relationship that makes it possible for the nurse and patient to connect in a transforming way?”, with these clarifications, Newman (1991) declares that nursing, is “the study of caring in the human health experience”. Essentially, nurses are practitioners of caring in the human health experience.

This statement about the nature of nursing evolved many more descriptions and definitions of nursing and nursing work. Often predicated on the assumption that nursing is nursing work, Allen (2004) succinctly distinguished nursing practice as being a mediator or as an intermediary. Let us answer the following questions. Why do we nurse? What are our claims? What can we do that will influence the social mandate of a profession such as nursing? What is our purpose as a professional practice, and a discipline of knowledge?

These are age-old questions that were poignant some 40 to 50 years ago, but continue to influence, define and describe nursing’s continuing search for a place in attaining, sustaining, and maintaining the health and well-being of human beings. The Nursing Mandate is the obligation that society demands about nursing’s contributions, distinguishing it from other occupational groups - meeting the demands of society, and creating for the nurse and the one nursed a vision of care.
In articulating nursing and nursing work, Allen’s (2004) designation of nursing as mediator or as an intermediary is subscribed within eight interrelated bundles of nursing activities, which when taken together, provide the starting point for an alternative mandate of nursing and nursing work; managing multiple agenda, circulating patients, bringing the individual into the organization, managing the work of others, mediating occupational boundaries, obtaining, fabricating, interpreting and communicating information, and maintaining a record.

Benner (1984) has categorized levels of expertise receiving a prescriptive valuing of nurse competencies invoked as expectations: the beginner, the competent nurse and the expert nurse. Even with the identification and description of the functions of a nurse, oftentimes, it is the failure to acknowledge and value nurses’ practice that has created a chronic tension between the job nurses’ are educated for and that which they actually do. Not only is this a source of low morale and job dissatisfaction, it also means that practitioners are not adequately served by the educational system for their work roles.

Today, the student of nursing is educated based on the expectations of a nurse, the descriptions of nursing as a discipline of knowledge and a practice profession, and the valuable contribution of a practice in the appreciation of life of human beings in the human health experience. This is the contemporary culture of the nurse. Nursing is the recognition of the nursed as participants in their care rather than as objects of care.

Three things are certain among all the schemes of things: faith, hope and love, but the greatest of these is love.

The Greatest of These is Love Though I articulate the contemporary jargon of nursing. If I have not understanding that touches the heartbeat of my patients, I only generate chatter.

Though I boast of diplomas and publications, and my skills reflect the wonderment of technology. If I have not mastered the gift of compassion, my endeavors are hollow. Though I impress my colleagues with my intellectual prowess and lofty idealism. If I offer not the instrument of self, I serve my patients with mere activity. Though I devote my very life to the profession of nursing and forfeit personal desires. If I become cynical, detached, and fatigued to the point of indifference. My energy is expended in futility.

Though I integrate the art and science of nursing, translate research into practice, and achieve professional notoriety, if I do not notice wounded hearts and broken dreams. My mission is not fulfilled. I may be competent, dependable and efficient. But if I fail to communicate the language of love.

I practice nursing in vain. Faith, hope, and love, these are all cravings of the human spirit. But the greatest of these is love. (Messner, 1987)

References


Boykin, A and Schoenhofer, S. (2001). Nursing as caring: A model for transforming practice. Sudbury, CT: Jones and Bartlett,
