

Enculturation of Professional Contract Nurses: A Concept Analysis

EXECUTIVE SUMMARY

- ▶ The concept *enculturation*, an essential component of integration into the work arrangement of professional contract nurses, also known as travel nurses, is analyzed.
- ▶ These registered nurses are contracted by hospitals through health care staffing service firms, for temporary work assignments.
- ▶ The work of travel RNs involves frequent recurring episodes of integration to health care teams at hospitals throughout the nation.
- ▶ Rodgers Evolutionary Method (Rodgers & Knafel, 2000) is applied to analyze the concept of enculturation, leading to a pragmatic perspective on its meaning and utility.
- ▶ This work may contribute new knowledge applicable to future nursing research.

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BYOND BASIC ORIENTATION TO standard operating procedures (policies, care delivery models, documentation systems, etc.), swift adaptation to the organizational culture, *enculturation*, is an essential component of integration, facilitating travel nurses' likelihood of meeting hospital expectations. A paucity of literature exists specific to the enculturation of this unique population of professional nurses.

The demographics and characteristics of patients and health care teams evolve continuously. The expanding volume of aging and culturally diversified patients produces an increase in complexity and acuity among patients admitted to all levels of care in hospital nursing units. Multiple co-morbidities, the effects of living longer with them, and a broad array of health care beliefs, practices, and behaviors are common factors influencing the delivery of and response to health care. Harmonious, high-level functioning health care teams are essential to yield optimal health outcomes for this population, within today's minimal lengths of stay. Way and colleagues (2007) identified teamwork, collaborative relations, leadership, information, communication, and quality of work life as attributes of culture that are keys to conducive work environments. Moreover, the top two

standards defined by the American Association of Critical Care Nurses (AACN) for establishing and sustaining healthy work environments are "skilled communication" and "true collaboration" (AACN, 2005).

Additional challenges beset as a result of the now commonly encountered multi-generational workforce are also well documented (Manion, 2009; Sherman, 2006). Notably, other facets of diversity common among members of work teams also affect dynamics, impacting patient outcome potentials. In considering such, the research of Gratton and Erickson (2007) suggests co-workers collaborate (share knowledge, shift workloads flexibly, share resources, assist others to complete jobs) more naturally if they perceive themselves as being alike. The authors point out team members are less likely to collaborate with "strangers" (people they have not met before), and the likelihood of this phenomenon increases with the proportion of strangers on the team (Gratton & Erickson 2007). Several themes were identified by Charnley and Arnold (2006) in their U.K. study of work relationships between agency and permanent staff. One of these themes, "agency stigmatization," was characterized among agency participants by the way they are received and inducted

when they begin at a particular workplace.

The combination of influencing factors as described in the literature creates a propensity for tension to escalate among thinly spread health care teams. The Institute of Medicine (2004) described hospitals as complex adaptive systems in which the impact of organizational culture on nursing work environments can pose threats to patient safety. Chen, Werhane, and Mills (2007) further elaborate by describing the complex adaptive nature of health care organizations as humans interacting together in often uncertain situations in which professional or social disagreement about process and outcomes is common.

Travel nurses are often contracted as a flexible and timely solution to bridge nurse staffing and experience gaps with experienced RNs. Literature findings are in alignment with the premise that effective enculturation of travel nurses to health care teams may contribute to a work environment in which these nurses can more promptly and effectively embrace socio-cultural expectations of the nursing unit and health care organization, and integrate as productive, collaborative team members. These findings could contribute to new knowledge applicable to future research exploring nursing phenomena such as the relationship between travel nurses' enculturation experiences and the level to which their role performance meets hospital expectations.

The purpose of this article is to analyze the concept of *enculturation* with consideration of select related concepts of *culture* and *organizational culture*, thus laying a foundation for studies relative to the *enculturation* of travel nurses on assignments in U.S. hospitals.

Method

The Rodgers Evolutionary Method (Rodgers & Knafl, 2000)

Table 1.
Six Activities of Rodgers Evolutionary Model

Activity	Description of Activity
I.	Identify the concept to be analyzed.
II.	Identify the realm/setting (in this case, " <i>enculturation</i> " of travel nurses at changing work assignments).
III.	Collect the data.
IV.	Analyze data via a literature review, to identify the concept's attributes (define and clarify the concept), while noting ways in which it is and can be applied in a contemporary context.
V.	The fifth (optional) activity as appropriate describes an exemplar of the concept.
VI.	The final, sixth activity offers implications for further development of the concept.

SOURCE: Rodgers & Knafl (2000).

guides in defining, clarifying, and analyzing *enculturation* as an essential component impacting the integration of travel nurses. The method incorporates a series of six primary activities toward the accomplishment of analyzing a concept. Table 1 lists these six components of Rodgers Evolutionary Method. Parting company with the traditional, more concrete essentialist view of concept analysis, Rodgers Evolutionary Method was designed for the purpose of developing the knowledge base of nursing with an appreciation for contextual factors which influence concepts that change over time (Rodgers, 1989). The dispositional theoretical underpinning of this method positions concepts as operational entities which, once grasped, manifest as behaviors and capabilities (Rodgers & Knafl, 2000). This unique and pragmatic perspective of concepts transcends the limitation of other methods of analysis that define concepts as having rigid boundaries, unaffected by contexts. The notion of enculturation lends itself to the social, interpersonal nature of humanness with its experiential meanings and is, therefore, highly susceptible to contextual influences. For this reason, Rodgers Evolutionary

Method is well suited to analyze the concept of enculturation in order to assess its contribution to the discipline (Rodgers & Knafl, 2000).

Concept to Be Analyzed

The concept to be analyzed in this paper is *enculturation*. The philosophical assumption all concepts exist among a network of "related concepts" that provide a background and help to impart significance to the concept of interest (Rodgers & Knafl, 2000, p. 92), supports the selection of the related concepts of *culture* and *organizational culture* for inclusion in this analysis.

Setting and Sample

Based on the author's health care staffing services industry experience relative to the subject matter, the author notes that by nature of their chosen work arrangement, travel nurses naturally encounter enculturation experiences at regularly occurring intervals amidst a vast array of organizational cultures nationwide, and (by virtue of the frequency that travel nurses float) the corresponding subcultures thriving among the various nursing units within each organization. This unique setting and travel

workforce population have not been well examined in the literature.

Enculturation is a broadly used term within numerous contexts among a variety of domains, including but not limited to medicine, nursing, social/behavioral sciences and psychology, cultural anthropology, and organizational theory/science. The data sample (literature findings) was aggregated from literature sources among these domains. Because the concepts *culture* and *organizational culture* have been selected as concepts relative to enculturation in terms of its application to travel nurses, they are also referred to in the data (literature) sample.

Data Collection

The literature search (limited to publications written in or translated to English), revealed existing definitions, descriptions, contexts, and applications of the concepts *enculturation*, *culture*, and *organizational culture*. Although the search was performed almost exclusively via electronic journal databases, several books have also been cited. Initially, to facilitate the inclusion of existing seminal work, no date range or context limitations were imposed during initial literature searches. Nonetheless with few exceptions, only literature deemed “current” (published within the past 3-5 years), met the inclusion criteria to be cited in the analysis. In keeping with the goal to reveal the current state of knowledge relative to the concept of enculturation in its cycle of development, it was noted the literature reflected a variety of contexts, meanings, and applications. However, exclusion criteria were met when the context of the definition/attributes for any one of the concepts fell outside of that which would feasibly apply to the nature of the travel nurse work arrangement. For example “culture” is popularly referred to in the context of ethnic differentiation, whereas for the

purpose of this analysis, culture is examined from the perspective of behavioral norms and values not restricted to ethnic origin.

With the exception of Google Scholar, *enculturation* yielded few results in any database when combined with *nursing* as keywords. When searched as a singular term in the APA database (PsychINFO), *enculturation* produced 388 articles which narrowed contextually to eight pertinent articles based on titles and abstracts. *Enculturation* as a search term in PubMed produced 70 articles, which narrowed contextually to nine (with some redundancy to the APA search results). A search of the Cumulative Index to Nursing & Allied Health Literature database using the keyword *enculturation* produced 38 articles of which only two (one redundant) were contextually appropriate. The OVID/Medline database search of *enculturation* yielded 64 articles which, similarly, was filtered to six, all of which were redundant to previous searches. A Google Scholar search for *enculturation* produced an overwhelming 23,800 links. *Enculturation* combined with *healthcare* narrowed that number to 5,000. *Enculturation* combined with *nursing* reduced it to 3,160. A review of titles on the first 35 pages yielded six additional articles initially appropriate for review after eliminating redundant articles. An abundance of articles ascribed attributes of *enculturation* in the context of persons from one ethnic culture adapting to another, thus meeting exclusion criteria for the purpose of this analysis. In all, the initial literature search yielded 24 contextually appropriate articles. The sample was further filtered to exclude articles deemed not current (within the past 3-5 years, with a few seminal exceptions).

Applicable findings from the literature review were categorized in table format for data management purposes. Concept cate-

gories built into the table included enculturation and select related concepts of culture and organizational culture. Adjacent columns on the right of the table accommodated notations of corresponding scientific and disciplinary domain perspectives reflected in the content of the articles (see Table 2.)

Data Analysis: Defining and Clarifying Concept Attributes

Enculturation. The word *enculturation* derives from the root *culture*. In the context of the workplace, culture has been defined as the set of shared attitudes, values, goals, and practices that characterize an institution or organization (Merriam-Webster, 2010). A dictionary definition of enculturation (Dictionary.com, 2010) describes it as the process whereby individuals learn a group’s culture through experience, observation, and instruction. Organizational culture reflects how the organization sees itself and how the people within it feel about the organization (Dwan, 2004). Enculturation has been identified as a construct of the process of socializing into an environment while retaining one’s indigenous cultural norms (Kim, 2007). In a hierarchical multiple regression study examining Asian-American students’ attitudes toward seeking professional psychological help, Kim (2007) makes reference to “socializing” as an attribute of enculturation. In a meta-analytic review examining newcomer adjustment during organizational socialization, Bauer, Bodner, Erdogan, Truxillo, and Tucker (2007) observed that organizational socialization (transition of newcomers from being outsiders to being insiders) is progressively more important as individuals become increasingly mobile and personnel needs of organizations are more elastic. Enculturation has been defined simply as socialization within a discipline (Rodgers & Knafl, 2000), or as the encounter stage for a newly employed nurse (Khoza, 2005).

Table 2.
Literature Summary: Enculturation and Related Concepts

Concept	Citation	Significance of Article to Analysis of <i>Enculturation</i>	Domain Source				
			Nursing	Medicine/ Pharmacology	Social/Behavioral Sciences & Psychology	Cultural Anthropology	Organizational Theory/Science
ENCULTURATION							
	Bauer, Bodner, Erdogan, & Truxillo, 2007	[Meta-analysis review] Organizational socialization (transition of newcomers from being outsiders to being insiders) is progressively more important as individuals become increasingly mobile and personnel needs of organizations are more elastic			X		
	Khoza, 2005	[Descriptive quantitative survey] The encounter stage for a newly employed nurse	X				
	Leininger, 1995	[Nursing theorist] Described the enculturation of nurses to the profession as learning the normative rules, behaviors, values, lifeways, and other features of the nursing culture				X	
ORGANIZATIONAL CULTURE							
	Scott-Findlay & Golden Biddle, 2005	Organizational culture sets the stage for a hierarchical ranking of particular ideas, people or events, leading to patterns of thinking and behaving. Acertains the impact of organizational culture on the quality and safety of nursing care based on its potential to hinder or promote research-use behaviors among practitioners	X				
	Gratton & Erickson, 2007	[Review of funded business research] Team members are less likely to collaborate with "strangers"					X
	Chen, Werhane, Mills, 2007	[Concept Analysis] Complex adaptive nature of healthcare organizations as humans interacting together in often uncertain situations in which professional or social disagreement about process and outcomes is common		X			
	Charnley & Arnold, 2006	[Qualitative design with interpretive phenomenological analysis] "Agency stigmatization" was characterized among agency participants by the way they are received and inducted when they begin at a particular workplace	X				
	Tzeng, Ketefian, Redman, 2002	[Exploratory study] Defined as a set of shared beliefs, values and norms about the ways things should be done in an organization	X				
	Khoza, 2005	[Descriptive quantitative survey] Examined the impact of organizational culture on the adaptation of newly graduated nurses in South Africa	X				
	Saran, Serviere, & Kalliny, 2009	[Conceptual framework development] Organizational culture as a factor contributing to the strength, stability, and character of an organization					X
	King & Byers, 2007	[Literature review] Referred to organizational culture as the glue that holds the organization together, to shape the work patterns and action of its healthcare professionals	X				
	Lake, 2007	[Literature review] Hospital characteristics, including organizational culture, influence nursing effectiveness	X				

Table 2. (continued)
Literature Summary: Enculturation and Related Concepts

Concept	Citation	Significance of Article to Analysis of <i>Enculturation</i>	Domain Source				
			Nursing	Medicine/Pharmacology	Social/Behavioral Sciences & Psychology	Cultural Anthropology	Organizational Theory/Science
CULTURE							
	Hassmiller & Cozine, 2006	[RWJF Essay] Hospital's vitality, values, and culture profoundly affect its employees	X				
	Kim, 2007	[Hierarchical multiple regression study] Identifies 'socializing' as an attribute of enculturation; described enculturation as the process of being socialized into one culture while retaining one's own indigenous cultural norms			X		
	Cowan & Norman, 2006	[Concept Analysis] A concept that is not fixed, but continually changing and evolving; Culture is not limited to characteristics of ethnicity; Long range impact of initial on-boarding and socialization	X				
OTHER							
	Manion, 2009	[Paper for International Center for Human Resources in Nursing, U.K.] Multigenerational workforce as a contributor to culture	X				
	Sherman, 2006	[Literature Review/Synthesis] Multi-generational workforce as a contributor to culture	X				

Not surprisingly, the similar sounding terms *enculturation* and *acculturation* are at times presented synonymously in literature describing the adaptation of persons from one ethnic culture to another. Indeed these concepts are not surrogate (interchangeable). For the purpose of maintaining clarity in this analysis, a brief differentiation follows as derived from the Merriam-Webster (2009a) online dictionary: Acculturation is the adaptation to or acquisition of traits from an ethnic culture other than one's own. It can also mean the actual merging of two cultures. *Enculturation* is the process by which an individual learns the traditional content of a culture and assimilates its practices and values (Merriam-Webster (2009b)). *Acculturation* represents an actual adoption, internalization, or embracing of a new culture as one's own. Conversely, *enculturation* involves a

pattern of social learning that enables newcomers to "fit in" by becoming aware of and adapting to behavioral expectations of the culture they have been introduced to, without actually "converting" to that culture. This is an important differentiation, particularly when applying the concept in the context of travel nurse enculturation to new work environments which occurs on a frequent, recurring basis. Similarly, as described earlier, Kim (2007) differentially described enculturation as the process of being socialized into one culture while retaining one's own indigenous cultural norms. From a transcultural nursing and anthropological perspective, theorist Madeleine Leininger described the enculturation of nurses to the profession as learning the normative rules, behaviors, values, lifeways, and other features of the nursing culture (Leininger, 1995).

Brief articles referring to the American Nurses Credentialing Center Magnet™ Recognition program emerged as the literature on enculturation was explored. These articles met exclusion criteria, as enculturation was referenced in the context of grafting the Magnet values, standards, vision, commitment, and pride into the organizational culture (Drenkard, 2009; Pinkerton, 2008). Still other articles addressing the enculturation of newly graduated nurses offered thoughtful insight; however, they too met exclusion criteria because the context could not be aligned with the enculturation of travel nurses who already possess confidence and expertise in their clinical specialties and who are already socialized to the profession at large. No search yields were specifically geared toward the enculturation of travel nurses to hospital assignment settings.

On the same trajectory as enculturation, although not named or identified specifically as such, Bauer et al. (2007) introduced a model of “newcomer adjustment,” identifying role clarity, self-efficacy, and acceptance by peers as the top three indicators for adjustment. Information-seeking and socialization tactics were identified as antecedents to adjustment. The authors noted differences among and within organizations in the degree of expected conformity to various aspects of unwritten cultural rules, hence the emphasis on proactive information-seeking behavior on the part of the newcomer toward “insiders.” According to the authors, this information facilitates accurate interpretation of situations that the newcomer may encounter.

Related Concepts: Culture and organizational culture. Culture and organizational culture were selected as related concepts for the purpose of enhancing the analysis and deepening the understanding of the concept enculturation. The literature review identified these related concepts among various domains, including nursing. The intent of including these related concepts is to craft a more meaningful approach to the analysis of enculturation via a broader lens, facilitating a more clear application in the context of travel nurse integration to contracted assignments in a variety of hospital settings.

In a concept analysis paper on the topic of cultural competence in nursing relative to the mobility of the European Union nursing workforce, Cowan and Norman (2006) acknowledged culture in terms of cultural competence as a concept that is not fixed, but continually changing and evolving. The authors call attention to the fact culture is not limited to characteristics of ethnicity but also commands sensitivity to issues including gender, class, sexual orientation, age, and other factors. Further, reinforcing that culture is

not stationary, the authors point out cultural norms are modified and incorporated into daily life (Cowan & Norman, 2006). Rodgers and Knafl (2000) depict concepts in alignment with these authors’ perspective. Noting that one in four RNs in London, England is originally from overseas, and recognizing the long-range impact of initial on-boarding and socialization, Cowan and Norman (2006) suggest the benefit of an “enculturation course” for such migrant nurses.

The Institute of Medicine (2004) clearly acknowledged that both nurse staffing levels and work environments ultimately affect patient outcomes. Specific reference is made to the direct effects of organizational culture (defined as a component of the work environment) on nurses’ perceptions of their work environments and the threat it can pose toward nurse staffing quantity and quality. Scott-Findlay and Golden Biddle (2005) ascertain the impact of organizational culture on the quality and safety of nursing care based on its potential to hinder or promote research-use behaviors among practitioners. In another article outlining a review of the literature to explore available instruments for measuring organizational culture, King and Byers (2007) referred to organizational culture as the glue that holds the organization together, to shape the work patterns and actions of its health care professionals.

In an article describing and evaluating the utility of various instruments designed to measure the nursing practice environment, Lake (2007) noted that hospital characteristics, including organizational culture, influence nursing effectiveness. In an essay describing the work of the Robert Wood Johnson Foundation to improve hospital work environments for nurses, Hassmiller and Cozine (2006) also articulate that a hospital’s vitality, values, and culture profoundly affect its employees.

Similar to definitions of *culture* noted in the literature, *organizational culture* has been defined as a set of shared beliefs, values, and norms about the ways things should be done in an organization (Tzeng, Ketefian, & Redman, 2002). Scott-Findlay and Golden-Biddle (2005) studied the effects of organizational culture on practitioner research use, noting organizational culture sets the stage for a hierarchical ranking of particular ideas, people, or events, leading to patterns of thinking and behaving. Hence the authors concluded that an understanding of an organization’s culture leads to an understanding of the behavior of its practitioners.

Using a descriptive quantitative survey design and methodology, Khoza (2005) examined the impact of organizational culture on the adaptation of newly graduated nurses in South Africa and concluded that months of on-the-job support are necessary after orientation in order for the newcomer to comply independently with the cultural requirements of the organization. In this setting, the author points out, organizational culture, an invisible quality marked by a certain style and character of doing things, is credited with stabilizing the internal and external environment of the organization. Likewise, Saran, Serviere, and Kalliny (2009), in an article written from the perspective of the organizational theory domain, referred to organizational culture as a factor contributing to the strength, stability, and character of an organization.

Exemplar

The goal of this paper is to capture the essence of the concept of enculturation as it may apply to the integration of travel nurses to their changing work settings. As this purpose is readily addressed and documented throughout the paper, the author has opted not to include an exemplar.

Implications for Further Concept Development and Insights for Nurse Managers

The author, a corporate RN at a large U.S. health care staffing firm, has acquired insight and expertise pertaining to the implications relative to enculturation of travel nurses on assignments at frequently changing geographic settings spanning the nation, amidst a corresponding diverse array of organizational cultures. For nearly 4 years, the fulfillment of corporate nursing roles involving interviewing, coaching, counseling, and educating travel health care professionals within a variety of disciplines (mostly nursing) resulted in the author's acquisition of a unique body of knowledge pertaining to the challenges and rewards affiliated with travel nurse work arrangements. Prior to this, more than a decade of experience in acute care nursing management roles as a "consumer" of health care staffing firms contributed to the author's affinity to appreciate both aspects of the work arrangement (travel nurse and nursing management perspectives). Travel nurses, exposed to frequently changing work environments and cultures, retain basic core values, beliefs, ethics and "ways" of nursing; however, a unique and critical set of skills that successful travel nurses develop involves the eagerness, flexibility, and willingness to learn, adapt to, and "fit in" with various organizational and unit cultures specific to each hospital and nursing unit they encounter from one assignment and geographical location to the next. Success in this regard relies to a great extent on a certain sensitivity developed by travel nurses as a component of the unique and distinguishable "art of adaptation" nestled within the specialty of travel nursing. Based on what can be learned from the literature, identifying and recognizing patterns of behavior, distinguishing between the negotiables and the

non-negotiables, and identifying "who's who" on the unit are a few helpful starting points for travel nurses to heed in order to facilitate successful enculturation to each travel assignment.

Although it is beyond the scope or intent of this concept analysis article to inform or prescribe practice, the literature does offer insight into the practicality of understanding enculturation and regarding it as an evolving process improvement initiative toward the successful integration of travel nurses to nursing units across the nation. As an example cited earlier, it has been postulated that an "enculturation course" be designed to facilitate the integration of international nurse newcomers to hospital settings in the European Union (Cowan & Norman, 2006). Nonetheless, it is not necessary to travel overseas in order to experience a vast array of workplace cultural differences. Travel nurses regularly encounter broad culture variations and diversity (organizational, ethnic, gender, class, age, etc.), to various degrees and extents throughout the United States and its territories. The literature also suggests the notion of resistance to "strangers" by workforce teams. Perhaps creative and cost-efficient methods to reduce the potential for newcomers to be perceived as strangers have not yet been tapped. A 10-minute phone call from one or two of the charge nurses on a unit, welcoming a travel nurse prior to his or her arrival for the assignment, may have a more significant favorable impact than at first imagined. Proactive outreaches to build relationships in such cases may lead to significant favorable returns in the form of smooth and quick adaptation to the unit and a welcoming experience for the travel nurse, which may ultimately lead to a vacant permanent position filled by an experienced RN.

A collaborative means to the outcome of effective enculturation

involves combined actions and behavior on the part of both the host hospital's formal and informal nursing leadership, and each individual travel nurse. As the impact of enculturation on job performance of travel nurses becomes more clearly understood through inquiry, knowledge of best practices to facilitate successful enculturation of travel nurses to health care teams may emerge. Further study is needed to determine whether a relationship exists between successful enculturation of these temporary, but essential team players, and their potential to meet or even exceed hospital expectations.

Conclusion

The numerous defining attributes for the concept of enculturation have appropriate utility among the corresponding variety of related contextual settings. Distinguishing the concept of enculturation in the context of the change in work settings and cultural environments regularly encountered by travel nurses suggests future research may generate new knowledge and interventions geared toward maintaining cohesive, competent health care teams and safe patient care settings. The lived enculturation experience of travel nurses, relative to how work performance is perceived by hospitals to meet their expectations, is a barely addressed area of nursing inquiry. Preparation to embark on studies of this specific nature includes the analysis of the concept *enculturation*. The aim of this analysis has been to expand the knowledge base of nursing as a pillar for future research in support of inquiry pertaining to nursing phenomena. Future studies will ultimately lead to the development and testing of interventions designed to support and improve the practice of travel nurses through effective enculturation. \$

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