ABSTRACT

This study presented a descriptive meta-synthesis of culture care findings from 24 doctoral dissertations using the meta-ethnonursing research method and Leininger’s Culture Care Theory of Diversity and Universality as the conceptual framework. The dissertations were selected from University Microfilms International (UMI) Dissertation Abstracts database. The Culture Care findings that were discovered were both interpretive and explanatory, and further conceptualized from the themes and patterns of the original dissertation studies. New theoretical formulations based on the Culture Care Theory and recommendations related to nursing practice were discovered. These findings are predicted to make a significant contribution to the discipline and practice of nursing as well as the epistemic and ontologic basis of culture care knowledge and evidence-based best practices.

Keywords: doctoral dissertations, Culture Care Theory, Ethnonursing research method

INTRODUCTION AND RESEARCH QUESTIONS

In this study the researchers investigated the commonalities and differences of culture care, and examined how worldview, social structure factors, and environmental context influenced culture care. The researchers also sought to discover the ways in which Leininger’s three nursing care action and decision modes could be used to facilitate the provision of culturally congruent care. The research questions were:

1. What are the commonalities and differences of culture care expressions, beliefs, and practices among people of diverse and similar cultures?
2. In what ways do worldview, social structure factors, and environmental context influence culture care expressions, beliefs, and practices of people of diverse and similar cultures?
3. In what ways can Leininger’s three nursing care action and decision modes facilitate the provision of culturally congruent care for people of diverse and similar cultures?
In addition to answering these research questions, this study discovered meta-themes, meta-modes and meta-patterns which led to the development of the new research method of meta-ethnonursing.

**Domain of Inquiry**

The domain of inquiry (DOI) for this study was the culture care expressions, beliefs, and practices of diverse and similar cultures. This DOI is central to the discipline of nursing and is of major importance to the profession because it may result in theory building and theory development, as well as a higher level of abstraction of findings beyond that of the individual studies examined. The researchers predicted that by contributing to the existing body of knowledge already created using the Culture Care Theory and the ethnonursing research method, healthcare policy, evidence-based best practices, nursing education and future research may all be potentially benefited.

**Purpose and Goal of Study**

The purpose of this descriptive meta-synthesis was to discover, describe, analyze, and systematically synthesize the culture care expressions, beliefs, and practices of diverse and similar cultures. The goal of this study was to synthesize generic (also referred to as folk) and professional culture care actions and decisions that promote health, well-being, and beneficial lifeways for people of similar and diverse cultures. This study served as an exploration of both generic and professional care documented within the doctoral dissertations examined, with the ultimate goal of improving the understanding and appreciation of how both types of care influence the culture care within and among cultural groups.

**Rationale for the Study**

The United States of America has historically been viewed as a place where people from all over the world have migrated, seeking a better life for themselves and their families. However, when one considers the issue of healthcare delivery in this country, this phenomenon of cultural diversity, while making the country unique, has brought with it distinct and significant challenges. On a daily basis nurses care for patients from diverse cultural backgrounds and the obvious goal for the nurse and the nursing profession as a whole is to provide these diverse groups with culturally congruent care.

The assumptive premises of Leininger’s theory that guided this study were:

- Culture care beliefs, values and practices are embedded in the worldview and the environmental contexts of urban and rural settings and influence health and well-being or illness outcomes (Leininger & McFarland, 2006, p. 19). Generic and professional care practices have been discovered for providing culturally congruent care and have influenced health, well-being and illness outcomes (Leininger & McFarland, 2006, p. 19). Social structure factors including family and kinship, religion and spirituality, economic and cultural values and lifeways, are influencers on health, well-being and illness outcomes (Leininger & McFarland, 2006, p. 19). Leininger’s three action and decision modes have been discovered to help people of diverse cultures across the continuum of nursing care (Leininger & McFarland, 2006, p. 19).

Madeleine Leininger is synonymous with groundbreaking work that has been done on the subject of culture and care within nursing. Leininger (1970) stated, “culture is the blueprint for man’s way of living, and only by understanding culture can we hope to gain the fullest understanding of man as a social and cultural being” (p. vii). She has challenged nurses and other healthcare professionals to view the world from a global perspective and to appreciate the complexities as well as commonalities and differences in cultures, with their care concerns, beliefs, values, and life-
ways. As Leininger has so aptly stated, “if human beings are to survive and live in a healthy, peaceful, and meaningful world, then nurses and other healthcare providers need to understand the cultural care beliefs, values and lifeways of people in order to provide culturally congruent and beneficial healthcare” (Leininger, 1978, p. 3).

This was the foundation of the descriptive meta-synthesis of doctoral dissertations guided by Dr. Leininger’s Culture Care Theory using the ethnonursing research method. During our detailed literature search of the meta-synthesis methodology, we located an article by Dixon and Finlayson (2008) that contained an ancient Buddhist parable. This parable comes to our collective minds as the axiom of the work in Culture Care Theory diversity and universality. It artfully describes the intricacies of qualitative research, that it is both “descriptively sound and explicit, and interpretively rich and innovative” (Polit & Beck, p. 539). This passage still provides the culture care nurse researchers with the clarity and understanding for future research projects to be brought forward:

An ancient Buddhist parable details the attempts of several blind men to describe an elephant. On feeling the trunk, one proclaims it be rather like a snake; while another, on feeling the ear, explains it to be more like a fan; yet another, upon touching the legs, describes the beast as tree-like, and so on. Each makes valid and relevant claims in relation to the elephant, but only when the findings of all contributors are combined, does a clear image of the animal emerge (Dixon & Finlayson, 2008, p. 59).

Methodologies within the study: Meta-synthesis & Ethnonursing

As a nurse researcher one might wonder how meta-synthesis facilitates analysis of findings from multiple research studies. Meta-synthesis is defined as grand interpretive-analytical narratives produced from the synthesis or comparisons of similar findings in qualitative research studies (Polit & Tatano-Beck, 2008). When analyzing multiple studies one must compare similarities, differences, instruments, advantages and/or disadvantages, and the steps it takes to analyze these comparisons. Meta-synthesis has been controversial and researchers are taking a closer look to see if this process is beneficial to nursing research. Meta-synthesis analysis begins with a review of literature, followed by extraction of methodological data, analyzing and interpreting the data, and summarizing conclusions. The meta-synthesis method has been instrumental for qualitative interpretive theory building including fleshing-out and re-conceptualizing abstract concepts and putting them together. This methodology allowed the research team to build new knowledge which was the foundation for the discovery of essential features utilizing raw descriptive data within qualitative research studies that were compiled to bring together a conceptual method for data analysis.

The ethnonursing research method, created by Leininger in the late 1950s, was designed within the qualitative research paradigm to facilitate naturalistic, open discovery and interpretation of data using the Culture Care Theory. Ethnonursing is the study of human cultures, more specifically focusing on a particular group’s belief system and practices related to nursing care and related health behaviors (Polit & Beck, 2008). The notion of universality in ethnonursing is a reference to the commonly shared “threads” that flow through culture care; the features of human beings and groups of human beings, including patterns, values and lifeways for diverse and similar cultural groups. These features serve as signposts for the nursing profession, improving health outcomes and resulting in evidence-based best practice, as well as providing culturally congruent care for diverse cultural groups.
The Culture Care Theory and the ethnonursing method were created to go hand-in-hand, and ethnonursing remains the first as well as the only nursing research method designed within the discipline of nursing (Leininger, 1997; Leininger, 2002). According to Leininger and McFarland (2006), “ethnonursing is a rigorous, systematic, and in-depth method for studying multiple cultures and care factors within familiar environments of people and to focus on the interrelationships of care and culture and to arrive at the goal of culturally congruent care services” (p. 20). Prior to Leininger’s creation of the ethnonursing method, the nursing profession drew heavily on other disciplines for research methods, scales, and statistical formulas to study phenomena that were unique to nursing. Most studies were also conducted within the quantitative paradigm. This was of great concern to Leininger, especially where studies of cultural groups were concerned.

According to Leininger and McFarland’s tenets (Leininger & McFarland, 2006, p. 18-19), qualitative research methods offer important means to discover and describe largely embedded, covert, epistemic and ontologic culture care knowledge and practices. In addition, culture care beliefs, values, and practices are influenced by and are embedded in the worldview, social structure factors, religion, kinship, politics, economics, education, technology, and cultural values within ethnohistorical and environmental contexts. Within this study, a major discovery was unearthed within this meta-synthesis of multiple studies using the ethnonursing method. This has allowed for the expansion of ideas, higher level abstraction and ultimately, theory building and the development of the meta-ethnonursing research method.

**Discovery of Meta-themes, Meta-patterns, Meta-modes**

During the data analysis process of this study, all the researchers read and re-read the doctoral dissertations, coded the Results and Findings, and achieved confirmability, a qualitative evaluative research criterion of the ethnonursing research method, by confirming each other’s coding and analysis. After each dissertation was analyzed, coded and uploaded into NVivo 8, a qualitative data analysis software, the researchers noted recurrent patterning and eventually data saturation, two other important evaluative criteria. From the rich descriptors, patterns emerged, which then led to themes, which were synthesized to meta-patterns and meta-themes, defined as over-arching themes and patterns at a higher level of abstraction.

**DISCUSSION OF FINDINGS**

For the purposes of this discussion, the four over-arching meta-themes discovered in this meta-ethnonursing study will be presented, followed by three (of the many) supporting themes extracted from individual dissertations, a meta-pattern, supporting care patterns, and supportive and corresponding raw data descriptors.

**Generic and Professional Care: Meta-theme One**

Culturally congruent professional and generic care for diverse and similar cultures influences health, well-being, and illness outcomes.

This universal meta-theme was derived from the 24 dissertation research whose authors reported generic and professional care experiences by diverse and similar cultures influencing health, well-being and illness outcomes.

**Generic and Professional Care: Examples of Supporting Themes for Meta-theme One**

1. Theme one supporting meta-theme one: Old Order Amish informants considered and selected from an array of healthcare options which included folk, professional,
and alternative care (Wenger, 1998) [generic and professional care].

2. Theme two supporting meta-theme one: Syrian Muslims have reported care as professional and generic care beliefs, values and practices in Syrian and US hospital contexts (Wehbe-Alamah, 2005). For example, generic care was reported as care given by an informant’s husband, children or community friends. Syrian Muslim men and women provide physical and emotional support to their families, relatives and friends. Professional care was reported from nurses in hospitals.

3. Theme three supporting meta-theme one: Professional care meanings and practices were reported as ritualized care that was built by respect, trust, anticipatory care with education and advocacy, and generic care was reported as protective care. For example, Finnish women giving birth reported generic care was in the context of comfort from family members by touch and presence (Lamp, 1998).

Generic and Professional Care: Meta-pattern One for Meta-theme One

The context of generic and professional care patterns was reported as generic/family care patterns, professional care patterns, alternative care patterns, resident-to-resident/reciprocity care patterns, reciprocal care patterns, and protective care patterns which influenced the health and well-being of diverse and similar cultures and could be predictors of health, well-being or illness.

This universal meta-pattern was derived from the 24 dissertation research authors reporting generic and professional care experience care patterns by diverse and similar cultures which influenced health, well-being and illness outcomes. Generic care patterns included health and illness beliefs, values and practices, human care and caring, emic or indigenous beliefs, human folk care/curing patterns, reciprocal care patterns, and protective care patterns. Professional care patterns included emic and etic beliefs, practices, professional staff and nursing care patterns, alternative care patterns and emergency care/cure patterns.

Generic and Professional Care: Examples of Supporting Care Patterns for Meta-pattern One

1. Care pattern one supporting meta-pattern one: The Old Order Amish informants reported family and their lifeways, values and beliefs influenced their decision on and when to use folk or professional care services, generic role expectations, and reported care is first given directly through family presence (folk care), then the use of professional care (Wenger, 1988). Supporting descriptor: “…100% of the informants made use of brauche [warm hands as a gift from God] and other folk care modalities, chiropractic and reflexology in addition to the services of professional physicians and nurses” (Stated by Old Order Amish, Wenger, 1998).

2. Care pattern two supporting meta-pattern one: Syrian Muslims reported husbands tend to care for their wives by taking them to the doctor or hospital, purchasing and/or administering medicine, cooking healthy meals, helping with the kids, cleaning around the house and/or asking their wives to rest and not worry about housework (Wehbe-Alamah, 2005) [Generic care]. Supporting descriptor: “A caring nurse is unselfish and lives for others; non-caring nurses look at their patients as a task that they cannot wait to be done with” (Stated by a Syrian Muslim man living in the Midwestern US, Wehbe-Alamah, 2005) [Professional care].

3. Care pattern three supporting meta-pattern one: Finnish women reported ritualized care patterns by the nurse meant continuous presence during childbirth (Lamp,
Supporting descriptor: “She [nurse] was there with me like family” (Stated by a Finnish woman in labor, Lamp, 1998).

**Social Structure: Meta-theme Two**

Social structure factors including family and kinship, religion and spirituality, economics, and cultural values and lifeways are influencers on culture care to predict health and well-being. This universal meta-theme was derived from the 24 dissertation research authors reporting social structure factors such as family, kinship, religion and spirituality, economics, and cultural values and lifeways influenced health, well-being and illness outcomes.

**Social Structure: Examples of Supporting Themes for Meta-theme Two**

1. Theme one supporting meta-theme two: For Baganda women [Rural Uganda, Africa] as AIDS caregivers, culture care means responsibility, love, and comfort derived from their kinship, religious, cultural beliefs and values, as well as their generic health beliefs, and those of professionals (MacNeil, 1994).

2. Theme two supporting meta-theme two: Social structural factors of spirituality, kinship, and economics, had great influence on the health and well-being of African-American women receiving prenatal care in rural and urban United States (Morgan, 1994).

3. Theme three supporting meta-theme two: The chronically mentally ill in the community [Urban Midwestern United States] are a subculture with shared social structure factors and specific cultural norms, values, and lifeways which differ in some respects from those of the dominant culture (George, 1998).

**Social Structure: Meta-pattern One for Meta-pattern Two**

Within the context of social structure factors family, kinship, religion, spirituality, economics, cultural values and lifeways are influencers on culture care and can be predictors of health and well-being. This universal meta-pattern was derived from the 24 dissertation research authors reporting social structure factors such as family, kinship, religion and spirituality, economics, and cultural values and lifeways influenced health, well-being and illness outcomes, with a few diverse care patterns also described. The dissertations examined discovered protective care, respectful care, comfort care from religion/spiritual beliefs, and folk and professional care patterns which influenced health and well-being.

**Social Structure: Examples of Supporting Care Patterns for Meta-pattern Two**

1. Care pattern one supporting meta-pattern one: Traditional Baganda customs of children belonging to the paternal clan were weakened due to the numerous deaths from AIDS, often resulting from violence and family conflict, although the Baganda women sought care as comfort from God and within the Roman Catholic or Protestant religions, prayed, and bore suffering (MacNeil, 1994). [Family and religious factors]

Supporting descriptor: “This is hard to describe, but I care for my daughter, and I love her. She is all I have left” (Stated by a Ugandan grandmother whose daughter was dying of AIDS, MacNeil, 1994).

2. Care pattern two supporting meta-pattern one: Spirituality enabled African-American women receiving prenatal care to experience life with equanimity (Morgan, 1994) [Spiritual and religious factors].

Supporting descriptor: “I just started talking to God about it...I try to trust in the Lord and everything will be all...”
right” (Stated by an African-American woman in a prenatal care clinic, Morgan, 1994).

3. Care pattern three supporting meta-pattern one: The mentally ill strove to move towards independence in achieving and maintaining stability in living arrangements, personal relationships, kinship, social factors and treatment of their mental illness, and searching for a place to belong in society (George, 1995). [Kinship and social factors] Supporting descriptor: “I think that sometimes people with mental health problems just sort of drift away or aren’t part of the larger society” (Stated by a mental health consumer, George, 1998).

4. Care pattern four supporting meta-pattern one: Financial disadvantage and bureaucracy made it difficult to obtain healthcare (Prince, 2005). [Economics] Supporting descriptor: “Health means money. Most times to maintain your health you have to have money, insurance” (Stated by an African-American female prostitute living within the urban city, Prince, 2005).

5. Care pattern five supporting meta-pattern one: Generosity and sharing was viewed as a care pattern influence by kinship, cultural values of family and lifeways (Farrell, 2001) [Cultural values and lifeways]. Supporting descriptor: “We always make sure family has what they need. We honor our children even if we don’t like the things they do. We honor our elders. I experience that every day. It is nice to be an elder. I know that my people will take care of me if I need anything” (Stated by a Potawatomi female elder living in a rural setting, Farrell, 2001).

Action and Decision Meta-Modes: Examples of Supporting Themes for Meta-theme Three

1. Theme one supporting meta-theme three: Culture care preservation and/or maintenance nursing actions and decisions are essential for health and well-being within similar and diverse cultures. Culture care maintenance and/or preservation nursing actions and decisions care mode refers to assistive, supportive, facilitative, or enabling creative professional actions and decisions that help Baganda women as AIDS caregivers to preserve and/or maintain a state of help, or to face handicap or death (MacNeil, 1994).

2. Theme two supporting meta-theme three: Culture care negotiation and/or accommodation of culture-specific nursing care actions and decisions is essential for health and well-being within similar and diverse cultures. For example, culture care accommodation and/or negotiation was reported to be a goal to alleviate barriers for African-American working class women for prenatal care. Free transportation was available to accommodate women (Morgan, 1993).

3. Theme three supporting meta-theme three: Culture care repatterning and/or restructuring of unhealthy folk and alternative care practices did promote safe culturally congruent care for Finnish women. For example, pregnant Finnish women restructured a shorter length of time and modes for providing culturally congruent nursing care are essential and contribute to the health and well-being of similar and diverse cultures. This universal meta-theme was derived from all 24 dissertation research authors reporting culture care action and decision modes were essential for providing culturally congruent nursing care and contributed to the health and well-being for similar and diverse cultures.
cooler temperatures in the sauna for promoting safer cultural care practice (Lamp, 1998).

Action and Decision Meta-Modes: Meta-pattern One for Meta-theme Three

The context of preservation and/or maintenance patterns, negotiation and/or accommodation patterns, re-patterning and/or re-structuring patterns, influence family, kinship, professional and generic care patterns, practices, beliefs and cultural values which contribute and provide for culturally congruent nursing care that support the health and well-being of diverse and similar cultures.

This universal meta-pattern was derived from all 24 dissertation research authors reporting culture care action and decision modes were essential for providing culturally congruent nursing care and contributed to the health and well-being for similar and diverse cultures.

Action and Decision Meta-Modes: Examples of Supporting Care Patterns for Meta-pattern One

1. Care pattern one supporting meta-pattern one: During a period of serious illness such as AIDS, the nurse should be prepared to accommodate immediate family, relatives and generic folk healer care patterns within the home as well as in the healthcare setting (MacNeil study in Uganda, 1994). Supporting descriptor: “My husband was polygamous. He had several other children with other women and brought these children home for me to look after. I did not like it, but I had no choice. I had to look after the family” (Stated by a Uganda mother living in Africa, MacNeil, 1994) [Preservation and/or maintenance].

2. Care pattern two supporting meta-pattern one: Morgan reported culture care negotiation involves alternative, generic, or folk healer care patterns in the prenatal care of African-American women to enhance or shorten labor (Morgan studied in a large city in Michigan and the rural South, 1994). Supporting descriptor: “I prefer that they [babies] in the hospital-they know what they are doing, so babies are safe, better safe than sorry….You need doctors and nurses to keep them safe, you need to protect your body” (Stated by an African-American woman in the hospital, Morgan, 1994) [Negotiation and/or accommodation].

3. Care pattern three supporting meta-pattern one: Lamp reported pregnant Finnish women restructured care patterns shortened the length of time and facilitated cooler temperature in the sauna for the safety of their unborn child (Lamp, 1998). Supporting descriptor: “She was the only nurse and knows what happened, beginning to end” (Stated by a laboring Finnish woman in a hospital, Lamp, 1998) [Repatterning and/or restructuring].

Environmental Context: Meta-theme Four

Care patterns, expressions, beliefs and practices were viewed within urban and rural environmental contexts as a continuing life experience with both similar and diverse findings within urban and rural settings.

This universal meta-theme was derived from all 24 dissertation research authors reporting environmental context was viewed and influenced care patterns, expressions, beliefs and practices within urban and rural settings and contributed to the health and well-being for similar and diverse cultures.

Environmental Contexts for Meta-theme Four Urban Environments

Examples of urban environments described within the studies included inner city neighborhoods (Ehrmin, 1998), suburban/urban neighborhoods (Miller, 1997), city hospitals (Gates, 1988), city churches (Gelazis, 1993), retirement homes (McFarland, 1995),
apartments, urban centers (George, 1995) and transition centers (Prince, 2005).

Rural Environments
Examples of rural environments were rural American Midwest (Wenger, 1998), Dominican village center (Schumacher, 2006), rural Ohio homes (Johnson, 2005), and rural medical clinics (Farrell, 2001).

Environmental Context: Examples of Supporting Themes for Meta-theme Four
1. Theme one supporting meta-theme four: Anglo and African-American residents viewed, expressed, and lived generic care to maintain their pre-admission generic lifeways and to maintain beneficial and healthy lifeways in the [urban] retirement home (McFarland, 1995).
2. Theme two supporting meta-theme four: Culture care for [urban] African-American adolescent gang members reported nurses have knowledge, understanding of emotional, cultural, physical and environmental pain and genuine compassion to assist the gang members in ameliorating their pain influenced by family, spiritual-religious factors, and the social and lifeways of the culture (Morris, 2002).
3. Theme three supporting meta-theme four: Old Order Amish worldview, social structure, anticipatory care, active participation in their care situations were expected to maintain high context relationships within their [rural] community (Wenger, 1998).

Environmental Context: Meta-pattern One for Meta-theme Four: Within the context of urban and rural environments, family, kinship, care patterns, practices, beliefs, expressions and cultural values influenced health and well-being.

Urban and rural environments influenced diverse inner city care patterns, poverty care patterns and destructive life care patterns. Adult females developed recovery care networks within their neighborhoods which left the culture in need of compassion, love and understanding (Ehrmin, 1998). Rural environments influenced diverse community care patterns, generic and professional care patterns and family and kinship care patterns.

Environmental Context: Examples of Supporting Care Patterns for Meta-pattern One
1. Care pattern one supporting meta-pattern one: Anglo and African-American retired elderly men and women living in an urban nursing home and apartments were found to view day and night within their environmental context as continuing life experiences, although major differences were discovered between living in the apartment section and nursing home setting. Protective care, watchfulness, and a sense of extending family relationships were developed within these environments (McFarland, 1995).
Supporting descriptor: “I help her here on and off the elevators….You can't live here and just be concerned with individuaity….and I have arranged for others to come and live here because I knew they needed care” (Stated by an elderly woman living in an apartment setting within a long-term care facility, McFarland, 1995).
2. Care pattern two supporting meta-pattern one: African-American adolescent urban gang members used destructive lifeways to survive in their urban environment and needed to learn healthier ways of coping with stress within their urban environment (Morris, 2004).
Supporting descriptor: “These young kids
are going to jail for the older gang leaders and even beyond...high stakes drug dealers” (Stated by a family member within the urban community of African-American adolescent gang members, Morris, 2004).

3. Care pattern three supporting meta-pattern one: The rural Amish participants discovered care patterns of community care including bonding of family members inter-generationally, and this was expressed through helping and participating in functions that brought people together (Wenger, 1998).

Supporting descriptor: “Our people belong together. Caring for each other is what keeps the community together. Helping others is a time for bringing relatives together. It is a time for visiting. It is good for people to get together. It is how we care for each other and know about each other” (Stated by an Amish person in a rural community, Wenger, 1998).

In summary, the ultimate goal of this descriptive meta-synthesis was to discover new theoretical formulations above and beyond what each individual study had to offer, resulting in substantive contribution to the discipline of nursing within the context of culture and care. It is important to note that there were multiple meta-patterns for each of the four meta-themes, but only one meta-pattern as an example per meta-theme was presented. The synthesis of themes and patterns into meta-themes and meta-patterns with a perspective tending toward universality with some diversity provided the basis for the discovery of important findings that could ultimately result in the provision of enhanced culturally congruent nursing care for people worldwide.

**Discovered Theoretical Formulations**

Historically speaking, nursing as an academic profession has strived to build a body of knowledge to guide nursing practice. According to Cross (1981), “the systematic accumulation of knowledge is essential to progress in any profession...however, theory and practice must be constantly interactive. Theory without practice is empty and practice without theory is blind” (p.110). The researchers discovered that this descriptive meta-synthesis of doctoral dissertations using the ethnonursing method and guided by the Culture Care Theory has resulted in theory building, theory development, and a higher level of abstraction of findings beyond the themes discovered in the individual studies.

In building upon Leininger’s body of work, the nurse researchers were able to move the research forward. According to Leininger (2006), “the ultimate goal of a professional nurse-scientist and humanist is to discover, know and creatively use culturally based care knowledge with its fullest meanings, expressions, symbols, and functions for healing, and to promote or maintain wellbeing (or health) with people of diverse cultures in the world” (p. 43). The nurse researchers discovered theoretical formulations within this study of 24 dissertation findings which included implications for nursing and future research. The study findings included culture care expressions, meanings, practices for diverse and similar cultures having commonalities that influence their healthcare practices and beliefs. These findings which were fleshed out from the dissertations, created a meta-synthesis of their themes, care patterns, and care action modes. The data was voluminous and the new methodological terms were formulated from themes which became meta-themes, care patterns which became meta-patterns, and modes which became meta-modes. These terms are defined by the authors below:

- **Meta**: Used in the Greek language to describe beyond, more highly organized, in succession or a transformation (Merriam-Webster.com).
- Meta-Themes: Conceptual theory building from the discovery and higher level of abstraction of numerous diverse and similar culture care themes.
- Meta-Care Patterns: Conceptualized theory building from the discovery and higher level of abstraction of numerous diverse and similar culture care patterns.
- Meta-Modes: Conceptual theory building from the discovery and higher level of abstraction of numerous diverse and similar culture care action and decision modes.
- Meta-Ethnonursing: Conceptualized theoretical framework discovered from the expansion of ethnonursing research method and supported by meta-themes, meta-patterns and meta-modes.

In summary, the voluminous amount of data within all of these dissertations provided the source for the new research method of meta-ethnonursing which facilitated overall expansion of conceptual ideas and ultimately theory building. Through this descriptive meta-synthesis, the researchers made contributions to the continued development and enhancement of the Culture Care Theory and through the findings in this study, added to the existing body of knowledge for evidence-based best practices in the provision of culturally congruent care.

The implications for nursing discovered within the study findings include the discovery of culture care expressions, meaning, practices within a cultural social structure context for diverse and similar cultures that have commonalities influencing their healthcare practices and beliefs. According to the study findings, diverse and similar cultural groups have expressed the desire for both generic and professional care. This is an important finding that can be used to provide culturally congruent care using Leininger’s culture care action and decision modes. All 24 dissertation findings included discoveries related to Leininger’s action and decision modes that are considered to be critical in providing culturally congruent care that is both safe and satisfying to cultural groups.

The use of culture care action and decision modes such as preservation and/or maintenance are essential for preserving and/or maintaining the health and well-being of diverse and similar cultures and should be implemented in nursing practice. For example, McNeil (1994) reported that healthcare professionals promoted the maintenance of Baganda women as AIDS caregivers for the preservation of a state of helping, assistance, or to face handicap or death.

The use of culture care action and decision modes such as negotiation and/or accommodation are essential for negotiating and/or accommodating unhealthy cultural practices to facilitate the health and well-being of diverse and similar cultures and should be implemented in nursing practice. For example, Morgan (1993) reported healthcare professionals facilitated and accommodated free transportation for African-American working class
women to take advantage of prenatal care. This action alleviated healthcare barriers and negotiated for an improved maternal care pattern and more favorable health outcome.

The use of culture care action and decision modes such as repatterning and/or restructuring are essential for repatterning and/or restructuring unhealthy folk and alternative healthcare practices which will promote safe and culturally congruent care for diverse and similar cultures and should be implemented in nursing practice. An exemplar of this is found in Lamp’s (1998) study that reported healthcare professionals facilitated Finnish pregnant women restructuring a shorter length of time and cooler temperatures in the sauna in an effort to promote safer maternal cultural care practice.

The use of Leininger’s culture care action and decision modes is an important theoretical finding with implications for nursing practice. These modes have the potential to guide the practice of culturally congruent nursing care that will contribute to the promotion of the health and well-being of diverse and similar cultures. In addition to nursing care, the discovery of nursing will be enhanced by the discovery of the meta-synthesis, knowledge of 24 doctoral dissertations describing diverse and similar cultural healthcare practices, beliefs and expressions. It is imperative that more cultural groups be studied to contribute to the existing body of knowledge in order to expand the construct of culturally congruent care.

Implications of this study for nursing include theory building, theory development, and a higher level of abstraction of findings beyond the themes from individual studies. Knowledge has been added to nursing’s evidence base for practice, education, consultation, research and administration (including policy making) for providing culturally congruent nursing care.

Culture care represents the synthesis of two major constructs, culture within anthropology and care within nursing (Leininger, 1991). The synthesis of these two major constructs guided the researchers to discover, explain and account for health, well-being, care expressions and other human conditions. Culture care expressions, meanings, patterns, processes and structural forms are diverse, but many commonalities exist among and between cultures. Culture care values, beliefs and practices are influenced by and embedded in the worldview, social structure factors, ethnohistorical, and environmental contexts. Every culture has generic and professional care to be discovered and used for culturally congruent care practices (Leininger, 1991; Leininger & McFarland, 2006).

In recent years, there have been an increasing number of ethnonursing studies guided by the Culture Care Theory that have been conducted within the discipline of nursing. Leininger (1991, 1995, 2002, 2006), has been a pioneer in synthesizing findings from these studies and has shared culture care patterns, themes, values, meanings and care constructs from her studies and the studies of her graduate students. In building upon Leininger’s work, the researchers are attempting to move the research forward that has been done with the Culture Care Theory and the ethnonursing research method, hoping to contribute to development of the Culture Care Theory. In addition, findings from this meta-synthesis study could be influential in healthcare policy and evidence-based best nursing practice for culturally congruent care among diverse cultural groups worldwide.

**CONCLUSION**

The voluminous amount of data contained within all 24 dissertations analyzed for this study, provided the theoretical framework for the burgeoning concept of metaethnonursing which was supported by meta-themes, meta-patterns and meta-modes, allowed for overall expansion of ideas and ultimately theory building, and contributed to the discipline and practice of nursing for providing...
culturally congruent nursing care. All cultures both diverse and similar have cultural themes, care patterns and corresponding rich descriptors which have led the researchers to the discovery of culture care meanings, expressions, beliefs, patterns, practices and values related to promoting beneficial health, well-being and lifeways. The new discovery of meta-themes, meta-patterns and meta-modes has supported the development of new meta-ethnonursing research method.

This research study has blazed a trail for future meta-ethnonursing research studies, providing an opportunity for further discovery of culturally congruent conceptual practices, beliefs, meanings, expressions and care patterns that are essential for focusing on health and well-being for diverse and similar cultures. Themes, patterns and action/decision modes discussed have contributed to the discovery of diverse and similar culture care actions and decisions to maintain beneficial lifeways. “Every human culture has generic…care knowledge and practices and usually professional care knowledge and practices which vary transculturally” (Leininger, 1991, p. 475).

Descriptive meta-synthesis methodology is gaining popularity in the qualitative research world. Beneficial use of the meta-synthesis method for future research would be to conduct methasyntheses on other research studies guided by the Culture Care Theory and using the ethnonursing research method. A recommendation for future research study might also include the continuum of knowledge building of evidence-based best practices for culturally congruent care within the framework of Leininger’s culture care action and decision modes which have been expanded and enhanced through this study. Culture care action and decision meta-modes may be used to guide culturally congruent care that contributes to the health and well-being of similar and diverse cultures within their respective environmental contexts.

The concept of care within the nursing profession is clearly fundamental and at the heart of everything nurses do and stand for; whether in the clinical, the academic/research, or the public policy-making arena. Care, oftentimes difficult to define, in reality, defines us as nurses. The concept of culture within the context of care is a conceptual duet that has been the hallmark of Leininger’s life’s work. As one ponders the two concepts of culture and care, it is obvious that they are critically important to the health and well-being of clients, but no one has devoted as much time and energy to this as Leininger. The Culture Care Theory and the ethnonursing research method, the two recurrent threads running through all the doctoral dissertations studied in this meta-ethnonursing study, were created and designed by Leininger to work in tandem. Culture and care are intimately connected, and when culturally congruent care is delivered by nurses, health outcomes are improved for individual clients and cultural groups as a whole. Leininger (1988) articulated this idea when she wrote, “the purpose of the theory is to describe, account for, interpret and predict cultural congruent care in order to attain the ultimate goal of the theory, namely, to provide quality care to clients of diverse cultures that is congruent, satisfying, and beneficial to them” (p. 155).
<table>
<thead>
<tr>
<th>Dissertation Authors</th>
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<tr>
<td>Berry, Anita</td>
<td>Pregnant Mexican-American women</td>
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<td>Ehrmin, Joann</td>
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<td>Farrell, Linda</td>
<td>Potawatomi who have experienced family violence</td>
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<td>Fox-Hill, Emily</td>
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<td>Gates, M.F.</td>
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<td>Gelazis, Rauda</td>
<td>Humor, care and well-being of Lithuanian Americans</td>
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<td>George, Tamara</td>
<td>Chronically mentally ill in a day treatment center</td>
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<td>Herp, Cheryl</td>
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<td>Higgins, Barbara</td>
<td>Puerto-Rican cultural beliefs and influences on infant feeding practices in western New York</td>
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<td>Johnson, Catherine</td>
<td>Rural immigrant Mexican women</td>
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<td>Kelsey, Beth Marie</td>
<td>Mexican-American migrant farm workers related to health promoting behaviors</td>
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<td>Lamp, Judith</td>
<td>Finnish women in childbirth</td>
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<td>Luna, Linda</td>
<td>Lebanese Muslims in an urban U.S. community</td>
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<td>MacNeil, Joan</td>
<td>Baganda women as AIDS caregivers</td>
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<td>McFarland, Marilyn</td>
<td>Anglo and African-American elderly residents within the environmental context of a long-term care institution</td>
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<td>Miller, June</td>
<td>Politics and care of Czech Americans</td>
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<td>Morgan, Marjorie</td>
<td>Prenatal care of African-American women in selected U.S.A. urban and rural cultural contexts</td>
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<td>Morris, Edith</td>
<td>Selected urban African-American adolescent gang members</td>
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<td>Prince, Lola</td>
<td>Minority women residing in a transitional home recovering from prostitution</td>
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<td>Rosenbaum, Janet</td>
<td>Older Greek Canadian widows</td>
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<td>Schumacher, Gretchen</td>
<td>Rural Dominicans in a rural village of the Dominican Republic</td>
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<td>Wehbe-Alamah, Hiba</td>
<td>Syrian Muslims living in the Midwestern United States</td>
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<td>Wekselman, Kathryn</td>
<td>Natural childbirth</td>
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<tr>
<td>Wenger, Anna</td>
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</tbody>
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Table 1: Dissertations analyzed for this meta-ethnonursing study.
REFERENCES


