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**The Impact of Nursing Culture on the
Development and Utilization of Nursing
Knowledge**

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Knowledge.....

“ a product of human reflection and experience that is dependent on context.”

“ knowledge results in increased capacity for decision making”

Knowledge types

1. Human – what individuals know or know how to do
2. Social – developed as a result of working as a group; largely tacit
3. Structural – Explicit and rules based; embedded in organization systems and routines

Culture

“the set of shared, taken-for-granted implicit assumptions that a group holds and determines how it perceives, thinks about and reacts to its various environments.”

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“Culture is a little like dropping an Alka-Seltzer into a glass - you don't see it, but somehow it does something.”

Hans Magnus Enzensberger

Some other relevant terms...

1. Enculturation – the developmental process by which the novice is introduced to the knowledge, practices, and values of the cultural group they wish to join.
2. Acculturation – occurs when groups from different cultures come into continuous contact, with subsequent changes in the cultural patterns of either or both groups.

Culture and Knowledge....

- ✓ Kramer (1974) – Reality Shock : Why nurses leave nursing
 - ✓ Skills Mastery
 - ✓ Social Integration
 - ✓ Moral Outrage
 - ✓ Conflict Resolution
- ✓ Kitson et al (1998) - Conceptual framework for the implementation of evidenced based practice

Knowledge capital

“ knowledge now constitutes the major source of *competitive advantage* for organizations.”

Linking Culture and Knowledge

1. Culture shapes assumptions about which knowledge is important.
2. Culture mediates the relationships between levels of knowledge.
3. Culture creates a context for social interactions.
4. Culture shapes creation and adoption of new knowledge.

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Culture shapes assumptions about which knowledge is important.

1. Foundation of nursing knowledge
2. Cultural artifacts of education programs : mission statements, course descriptions, types of assignments, clinical experiences
3. Congruence between espoused professional values and actual practices

(Wuest, 1994; Clare, 1993)



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Culture mediates the relationships between levels of knowledge.

1. Shared learning – development of tacit knowledge that is vital to ongoing development. (Benner 1984)
2. Horizontal violence – intimidation, public humiliation, hoarding of information, blocking opportunities for learning, ridiculed for asking questions / offering alternatives.

(McKenna, B., Smith, N., Poole, S. & Coverdale, J.) (2003).

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Culture creates a context for social interactions.

1. Social integration – getting along with peers; access to information through interactions with peers (Kramer, 1974)
2. Marginalized – limited access to the central group; being on the periphery; limiting access to information.

(Duchscher, JEB & Cowin, L. 2004).

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Culture shapes creation and adoption of new knowledge.

1. Moral Outrage – differences in what is taught and what is expected and/or feasible in practice setting. (Kramer, 1974)
2. Implementation of best practices / practice changes
 - Role of local opinion leaders (Stetler, 2001; Harvey, et al, 2002).

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Strategies to mitigate the effects of culture.....??

1. Curriculum and ongoing education (i.e. culture & subcultures)
2. Mechanisms of support for those experiencing oppression from colleagues.
3. Provision of skills for dealing with oppressive behavior (i.e. cognitive rehearsal)
4. Opportunities for reflection and dialogue

Anticipatory Socialization

Phase 1 : Presentation of examples of scenarios

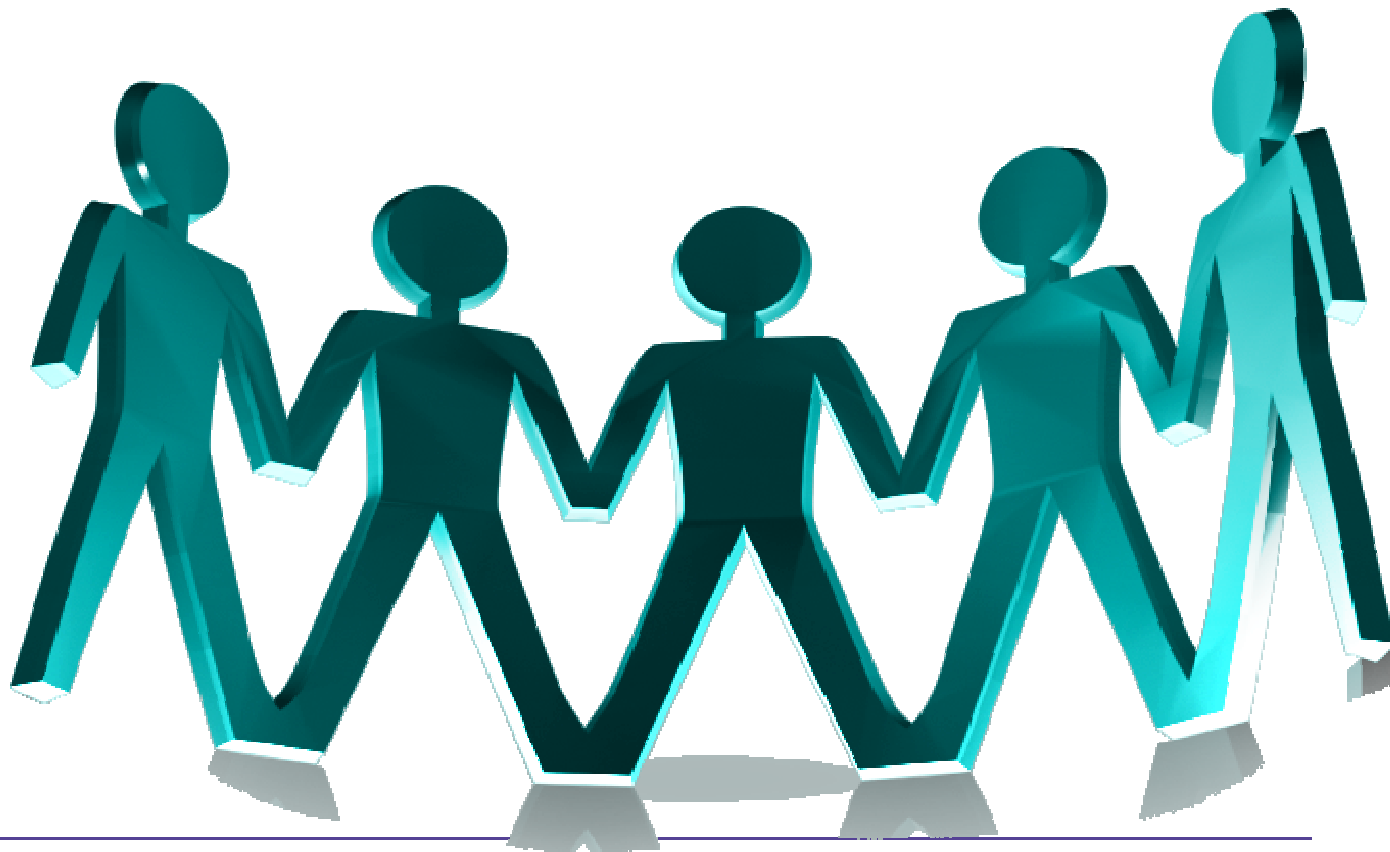
Phase 2: Consider possible solutions

Phase 3: Exposure to the expectations of others

Phase 4: Skills for conflict resolution

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*“A culture is made or destroyed by
its articulate voices”* (Ayn Rand)



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