

Symposium D4: Culture, Context and Policy: Nurses in Action

The Context of Policy: Overview of Influences in a Culture of Care

Peggy Shipley, PhD(c), RN, CSN, Pennsylvania State University, University Park, PA ~ Judith Hupcey, EdD, CRNP, Pennsylvania State University, Hershey, PA ~ Susan Loeb, PhD, RN, Pennsylvania State University, University Park, PA ~ Janice Penrod, PhD, RN, Pennsylvania State University, University Park, PA

Purpose: To highlight variation in five inter-related spheres of cultural influence that is influenced by organizational policy

Background: Formal care settings are socio-cultural organizations with a closed and coherent system of meaning that is communicated directly and indirectly among members. Shared beliefs and values are emulated in day-to-day operations and ultimately in utility outcomes for patients. Policies within these organizations guide decisions that are reflected in the culture of care.

Methods: Ethnographic methods were used. Researchers were immersed in specialty clinics serving people advanced chronic illnesses. Over 450 patient visits were observed, supplemented by interviews with key informants and observations of general clinic milieu. A team of senior researchers and research assistants used item level analysis and pattern analysis in an iterative analytic process.

Results: Five interdependent, co-occurring spheres of influence were identified in the formal care settings: Role/interaction of formal caregivers, perception of patient system, continuum of care across the trajectory, context of the illness experience, focus of the visit across the trajectory. Organizational policies influenced spheres, creating different constellations of a dominant culture of care, including: Interdisciplinary; Network Cooperative; and Provider Dominant models.

Conclusions and Implications: The culture of care in these clinics is influenced by policies of the organizational unit as well as the policies of the organization at large. Policies of the organizational unit should reflect the culture of care that best serves the patient system. Unless policies are in tune with the local clinics and patients, the effect on producing desirable utility outcomes is limited.