This is a very special occasion and time to welcome everyone to celebrate and to reflect on the tremendous achievements since the Transcultural Nursing Society was established 35 years ago.\[1\] Time passes so quickly and we often do not take time to reflect on our achievements over time and also to express our gratitude to leaders and staff in the Society. It is also important to think about our progress and reflect on the future. In this message, I will highlight some of the noteworthy accomplishments of the TCN Society the past 35 years. It is wise to reflect on the TCN Society’s impact on nursing and health care. Most of all, we need to acknowledge some of the many outstanding members and leaders with their contributions that made the TCN Society a full, active and outstanding organization. It is important to state this is not a historical account of the Society but rather some major themes that have made the TCN Society so special and important to nurses and others the past 35 years. As the founder and an active leader of transcultural nursing, I am in a unique position to reflect upon some dominant themes of importance to members, colleagues, cultures and the Society at large. Such achievements are important to recognize, not only for nurses but other health care personnel, public citizens and to many interested world citizens. It is, therefore, time to celebrate, rejoice, and reflect upon some of these many achievements and their impact on serving cultures, and helping nurses in local, regional, national and transnational areas in the world. This is a also historical event to come together to reflect upon the ways the TCN Society has contributed to the health care to many cultures for their health and well-being. The TCN Society has had a major impact with beneficial services to improve nursing and improve health care to diverse cultures in the world.

But, at the outset, I believe we need to pause and consider this important question: What might nursing and health services be like if transcultural nursing not been established as a formal area of study, research and practice in nursing and health care services, beginning in the late 1960’s?\[2\] As many of you know, the idea to establish and develop a new field of transcultural nursing was difficult when I began this challenge in the late 1950’s. It was at this time that I identified that culture and care were the missing and significant factors in nursing and health care services. Culturally-based care was not an integral part of health care services. This was a major “cultural shock” to me, and a major and serious omission in nursing and in most health care services in the early transcultural nursing era.\[3\]

At that time I had just returned from three years of field research in a non-Western culture in the Eastern Highlands of New Guinea focused on studying culture and care relationships to well-being. It was the Gadsup people who clearly revealed to me the importance of culture and health care. Culture and care were closely related to their health outcomes.\[4\] During the three-year period with the Gadsup, I realized that nurses would have a difficult time serving these people unless prepared about the culture and their care needs. I realized that nurses needed to be prepared to understand and help cultures receive care that fit their needs. So when I returned to the United States, I was determined to establish a new field I called transcultural
nursing to study and help cultures in specific ways. I took the deanship position at the University of Washington School of Nursing to give leadership to this new field and moved ahead with my ideas.

I envisioned that if one million nurses were prepared in transcultural nursing, they could make a great difference in the quality of care to cultures that were often avoided, misunderstood and neglected due to cultural negligence and related problems. This meant nurses had to be prepared about cultures and their care needs through formal courses and programs and with theory and research to guide their practices. This was a great idea but also a major challenge to me. At this time (1960-1970) there were no faculty and nursing students prepared in this area. Moreover, most nurses had not conceived or imagined such a new field. And yet, human beings were born and raised in their cultures and their health and illness states were influenced by their culture. Why had culturally-based care not been central to nursing education and practice? It was clear the faculty and students needed to be educated to teach and practice transcultural nursing. I held to my belief that if you believe in something important to human beings, that some time and in some place this goal could become a reality. With my father’s German heritage and my Irish mother’s background, I was supported by this belief. It was my father’s determination and my mother’s love of humor, music, and to remain positive if things were tough in any pursued goal. My mother taught me to sing and laugh when work became difficult, discouraging or very difficult. These virtues helped sustain me in my goal to develop transcultural nursing.

As many of you know from my books and publications, beginning with the first transcultural nursing book in 1978, I began by identifying some basic transcultural nursing concepts, principles and potential practices for the new field of nursing. These concepts and principles became the basic and fundamental ingredients of transcultural nursing helped nurses to study and come into the new field. Gradually and slowly, these ideas with many examples of potential transcultural nursing practices began to be assimilated by nurses. It was the nurses who had been in military service or missionary work, and nurses functioning in community settings with clearly different or “strange beliefs and practices” that helped nurses to grasp the idea of transcultural nursing. It was these interested nurses who came to take transcultural nursing courses at the University of Washington in the early 1970’s. As Dean at the University of Washington School of Nursing in 1969, I also helped faculty become interested in transcultural nursing and by 1978, transcultural nursing was launched in the school.

I well remember Beverly Horn as the brave and venturesome nurse to become the first nurse wanting to be prepared in transcultural nursing. Dr. Horn today is our Executive Administrator of the Global Transcultural Nursing Office and she continues to make tremendous contributions to transcultural nursing. She was also President of the TCN Society. While Dr. Horn was taking courses and completing them, she became the first nurse to do a major transcultural nursing research study of studying the Mackelshoot people in Washington State. She focused on her interest in maternal child caring. It is important to state here that Professor Dorothy Crowley, an excellent faculty member, was very interested to explore caring with me in a seminar on Human Caring as the Essence of Nursing and Health. Professor Crowley and Dr. Horn became valuable leaders to support transcultural nursing. These faculty held that culture and care were essential to nursing. I held that care was central and the essence of transcultural
nursing which I had emphasized in my beliefs, teaching, research and writing. Gradually, transcultural nursing became a reality with many community field studies and mentored clinical practices by nurses. This was most encouraging as many nurses at this time were wed to curing, medical symptoms and learning many medical diagnoses. Nurses were following the cultural norms of medicine’s beliefs and practices and only a few nurses envisioned that nursing could be a strong, powerful, and independent discipline with transcultural nursing.

By the mid 1970’s, there was a core of prepared and enthusiastic nurses who were eager to make transcultural nursing a reality and they were most helpful to help other nurses value and envision transcultural nursing. In 1974, it was time to establish the Transcultural Nursing Society. These interested nurses and others were sharing their ideas, questions, interests and experiences with each other. It was a very wise step to launch the TCN Society as nurses needed to come together to learn, share and support each other in the new field. In 1974, the first conference focused on transcultural nursing occurred in Hawaii with a large attendance, including deans, some physicians and other interested people. It was a highly successful conference. Since 1974, the attendance at the annual Transcultural Nursing Conferences has grown in number, interest and colleagueship. As the membership and interest grew with the TCN Society at annual conferences, more nurses became interested in transcultural nursing as a legitimate and important area of study, research and practice. Moreover, clients of diverse cultures were gradually receiving transcultural nursing as their first experience with transcultural nurses. Soon transcultural nursing became institutionalized in schools of nursing, hospitals, community health agencies and public health services. Transcultural nursing had become a legitimate educational reality at the University of Washington by 1975 with the support of members of the TCN Society.

By 1987 and early in the 1990’s many outstanding transcultural nurses were teaching and practicing transcultural nursing. Several faculty and their students were beginning to transform nursing and health care in community agencies and hospitals. Transcultural nursing concepts, principles and practices were becoming incorporated into care of cultures. Although I could identify many nurse leaders, teachers and mentors, one can find their names in my History of Transcultural Nursing.[5] I viewed this early period (1970-1978) as the New and Primary Transcultural Nursing Era in nursing as transcultural nursing concepts and practices were beginning to transform nursing from the past practices to the education and practice of providing culturally congruent care, the goal of transcultural nursing and health care.

This was the era when many nurses were eager to share their experiences with other nurses. The TCN Society and transcultural nursing grew in size and interest. This was the time when a number of nurses were working in other countries or “foreign” institutions. For example, Muriel Larson had been bringing nursing students to Greece and teaching these students transcultural nursing directly with the cultures in highly successful ways. Likewise, Dr. Akram Omeri and Dr. Elizabeth Cameron-Traub were teaching transcultural nursing in Australia. Carol and Carolyn Bloch were also functioning and demonstrating transcultural nursing in a large hospital in California with Hispanic clients. Many other nurses prepared in transcultural nursing were active in teaching and demonstrating transcultural nursing practices with different cultures such as Frances Wenger with the Old Order Amish, Gennie Kinney and Kay Daub with the Hawaiians and Pacific Islanders..
In 1990, the Executive Officers and Board of Trustees of the TCN Society established the Global TCN Office at Madonna University. Donna Barnes was the first Secretary and was of great help to the organization. Frances Wenger, as President of the TCN Society, had the first office in the new wing of the Global Office. This Global Office was conceived by the TCN Society. To date, it has had a significant impact to nurture and communicate with nurses worldwide. With the excellent and competent leadership of Dr. Beverly Horn, as Executive Director, and Lisa Dobson, the Administrative Officer of the Global Office, the Global Office has been most successful and effective to help nurses in the United States and many other countries to support and maintain transcultural nursing. Lisa Dobson, with her financial skills and astute administrative talents has been an outstanding Director and facilitator of the Office. Most importantly, Dr. Margaret Andrews was successful to obtain a grant from the HRSA Fund of one million dollars over a three-year period (2008-2011). This grant was supported by the TCN Society in partnership with Madonna University. It is unique and has been of tremendous help to the Global Office, the Directors, staff and many members of the Society. The members of the TCN Society are most grateful for this grant and for the outstanding leadership of Dr. Beverly Horn and Lisa Dobson. These leaders have been live and a dynamic force to make the Global TCN Office successful and effective. Indeed, the leaders and staff at the Office have been truly outstanding over the past nearly twenty years and have worked closely with the TCN Society.

Besides the TCN Society, there have been other major factors that have been important to establish and maintain transcultural nursing. These factors can only be identified briefly. First, the Journal of Transcultural Nursing was launched in 1986. It was extremely difficult to obtain a publishing company for the Journal. I contacted 20 publishing companies but none were interested because “they never heard of transcultural nursing and medicine had not approved it.” These incredible statements led me to contact Dr. Michael Carter, Dean of the University of Tennessee School of Nursing. Dr. Carter was of tremendous help to get the Journal published and I served as the first editor. Later Marty Douglas was appointed official editor and Sage Publishing Company became the publishers of the Journal. The Journal was supported by the TCN Society. It has had a tremendous impact locally, regionally, nationally and internationally to disseminate transcultural nursing research, theory, activities and practices worldwide. In addition, John Vanderlaan, a computer/internet expert, played a major role to make transcultural nursing known worldwide with frequent information about the TCN Society, members, research and news items of members. John was of great assistance to spread transcultural nursing worldwide. He supported feedback communication from nurses in transcultural nursing worldwide. Research and the work of many nurses in the Society were shared by John’s creative internet services. In 2007, John Vanderlaan received the Leininger Breakthrough Award for creating and disseminating transcultural nursing knowledge worldwide.

Another major achievement of the Society was to establish certification of transcultural nurses. This was important to assure the public, nurses, and citizens that nurses were knowledgeable and skilled to provide culturally congruent care. Most recently, certification examination and policies have been updated and refined by the TCN Society under the chairmanship of Dr. Marilyn McFarland. This work was done to make certification available worldwide and to revise the criteria for applicants. Dr. Marilyn McFarland, our first prepared and certified transcultural nurse gerontologist, has served as Chairperson of the Committee. She
has worked closely with a core of with competent TCN committee and Societal members. Currently, the new certification process is now available to nurses worldwide with electronic and reliable methods to evaluate the candidates.

The TCN Society, through support and contributions of its members, has offered several awards to help nurses pursue graduate preparation, research and theoretical preparation in transcultural nursing. These awards have markedly helped increase the number of nurses prepared in transcultural nursing and for certification and leadership roles. These awards have been of great help to nurses within the United States and from other countries to become prepared, knowledgeable and competent in transcultural nursing, and ready for certification.

The Transcultural Nursing Conferences sponsored yearly by the TCN Society the past 35 years have been a tremendous means for transcultural nurses to come together and share their research, theory and practices with each other and to often have several papers published in the Journal of Transcultural Nursing. Each year as the members come to these conferences saying how they are stimulated and refreshed by these conferences. The presenters are major leaders and all papers are generally grounded in theory, research and practices. Nurses often state that these conferences are “most uplifting and renew their interest to gain new knowledge in transcultural nursing.” Learning from other transcultural nurses is encouraged and especially from nurses caring for diverse cultures. The conference proceedings and research papers are an inspiration to the attendees. Moreover, many of the conferences are held in different countries to accommodate travelers and to stimulate global thinking and practices and encourage membership. Papers are generally focused on providing culturally congruent care. Several keynote addresses and research papers are published in the Journal of Transcultural Nursing and/or published in diverse publications or on-line. Attendees repeatedly say, “It is so rewarding to meet nurses worldwide and to learn of their teaching and practices”. Learning about transcultural nursing in diverse cultures and subcultures in the United States and in other lands has been of much interest to the attendees. New transcultural nursing relationships often occur. Transcultural nurses also learn about transcultural nursing leadership working in Western and non-Western cultures with students and colleagues. Muriel Larson, Cheryl Leuning, and many other nurses from other countries have become role models to demonstrate their leadership from countries such as in Greece, Finland, Canada, Australia, Asia, Africa and many other places. Great success stories are often shared among the attendees to help them in their teaching and research practices.

In the late 1950’s while pursuing a PhD in cultural and social anthropology at the University of Washington (Seattle) and while helping to establish PhD Nurse Scientist Programs with Dr. Fay Abdellah, I began to develop my Theory of Culture Care Diversity and Universality. This was a great challenge for me as it was the first nursing theory focused on discovering and explicating culture care phenomena and from transcultural nursing caring perspectives. By 1963-1966, the Theory of Culture Care had been well formulated and was being systematically examined by transcultural nurses in the United State and a few other countries. I had used the Culture Care Theory while conducting field research in New Guinea and with several United States cultures and subcultures. The goal of the theory was to discover ways nurses and other health care providers could provide culturally congruent care, as the goal of the theory. This phrase I coined in 1960 and is now being used at the Federal and State levels.
and in other countries. Most importantly and simultaneously, I developed the Ethnonursing Research Method which was a qualitative research method. Qualitative research methods were limitedly used in nursing. However, several qualitative methods as ethnonursing were so essential to tease out in-depth care knowledge about dominant culture care meanings and expressions in cultures. The Theory and the Ethnonursing Research Method with five enablers were unique to explicate culture care phenomena and have been used by many members of the TCN Society and by nurses worldwide the past thirty year and with other professions. The Theory and Method with five Enabler Guides and three distinct and unique modalities to guide nurses’ decisions and actions in order to provide culturally congruent care. They have been well received and used in research with cultures. Both the Theory and the Method have been major contributions supported by the TCN Society. Several grants have helped develop, affirm and establish transcultural nursing as a discipline.

Establishing transcultural nursing as a discipline has long been a major goal of the Founder. It has been a significant achievement that has been declared by many nurse leaders such as Professors Andrews, Clarke, McFarland, Wenger, and many other leaders as “the first area in nursing to have achieved discipline status.” This has been a noteworthy achievement. Transcultural nursing as a discipline has been largely achieved based on theory, research methods and findings that have had beneficial outcomes to clients of diverse cultures. The Theory has been a significant development to establish the unique discipline knowledge which have been supported by the TCN Society for transcultural nursing as a discipline. A recent article by Andrews, Clarke, Leininger and McFarland attest to this fact and transcultural nursing as a discipline. It is also important to state that the Theory and Research Method have led to many new discoveries about largely unknown cultures and nursing care knowledge as the findings are often breakthroughs in nursing and health care. Many transcultural nursing publications, transcultural nursing articles, books and reports reveal these findings and uses of findings. Since 1975, the Theory and Ethnonursing Research Method have guided many faculty, undergraduate and graduate students in their thinking and in research studies. It has been most encouraging to find transcultural nurses eager to study Western and non-Western cultures and also subcultures with the Theory. In addition, other disciplines are now discovering and using the Culture Care Theory and Ethnonursing Research Method in their professional work, such as dentists, physicians, religious groups, economists, educators, ethicists and many other groups are using the theory and the method. Some of these interdisciplinary groups have become interested and active to work with transcultural nurses and the Society.

Accordingly, TCN Society members have been active to influence interdisciplinary transcultural nursing knowledge, principles and methods since 1986 with different colleagues in regional and transnational locations. These members promote the goal of transcultural nursing and use of the Theory of Culture Care and the Ethnonursing Method to provide culturally congruent care. The latter phrase I coined in the late 1950’s as the goal of transcultural nursing and of the Culture Care Theory. Providing culturally congruent care is today commonly heard at federal meetings in the United States and many agencies and organizations as well as overseas and are often cited as a mandate to provide quality care to cultures. Transcultural nursing continues to have a significant impact in health care to provide care to diverse cultures and is influencing worldwide cultures. This is commendable and a marked change from 50 years ago before the TCN Society and the transcultural field were established.
It is also important to state that members of the TCN Society have recently written and published a Human Rights Document as a guide to help reduce world conflicts and provide social and cultural justice. It is a guide for the United Nations and that it will be adopted by the UN members. Such publications and many others of the TCN Society members have been most helpful to promote culturally congruent care and discipline status, and have helped to promote world peace, and to reduce intercultural world conflicts, stresses and wars. Such contributions have been noteworthy the past 35 years since the Society was established.

One would be remiss not to mention that there are many nurses functioning as transcultural nurses in other countries. These nurses remain active members of the Society and have promoted culturally-based care. The noteworthy leadership of Dr. Akram Omeri and Dr. Elizabeth Cameron Traub in Australia and the great leadership of Dr. Gennie Kinney and Dr. Kathryn Daub to establish transcultural nursing in Hawaii and in the Pacific Island Region have been laudatory and significant contributions. The work of nurses in the Scandinavian countries, in Japan, Taiwan, South Africa and other places has also been commendable.

As I stated at the beginning, this is not a full history of the importance and many contributions of the TCN Society, but mainly to highlight and refresh our memories of some major achievements with the TCN Society the past 35 years. These contributions help us to realize that the TCN Society and its members have been highly significant to many cultures. They are the springboard for the Society to move forward in this century and future centuries as transcultural nursing becomes fully recognized and, integrated into health care practices worldwide.

In looking into the future, one can anticipate that the TCN Society will grow in membership worldwide. The Society and the Global Office will continue to serve many nurses and health care providers in the United States and globally. One can predict that the TCN Society will remain an active organization to promote transcultural health care to many diverse cultures and subcultures and with interdiscipline colleagues worldwide. The Society will continue with theory-based research to improve, reform, modify and serve diverse and similar cultures. As the Founder of the transcultural nursing field, I anticipate that the TCN Society and its members will remain active to discover the universality (or commonalities) of transcultural nursing care and respect and will support diversities worldwide. When this occurs, the TCN Society will greatly expand its members with new Global TCN Centers to support worldwide goals. This will be an exciting global era for the TCN Society members who will remain active participants and recipients of the continued benefits of the Society. One can also anticipate many additional developments (too numerous to mention here) will occur and stimulate new and all established members to be creative and persistent leaders in transforming quality of care to cultures and world citizens. Indeed, the future seems highly promising as the TCN Society continues its active leadership to provide culturally congruent care to all cultures.

In this last section it is appropriate to express our sincere thanks and deep gratitude to all the past leaders, members, Presidents, and Board of Trustees, staff and especially our very capable and competent Executive and Administrative Officers of the TCN Society and to Madonna University for Global TCN Office and for their tremendous help. The Society has been especially grateful for the Madonna University Presidents, Deans and Officers as they have
been most supportive of transcultural nursing for the past 35 years and we are most grateful to them. We must also thank our Divine Leader, God, for His guidance and help through the years. What a special blessing. We are especially thankful that the transcultural nursing field was established and has grown through the past 50 years. As the Founder, this has been rewarding to witness in my life span and has been a privilege and honor to be a part of this important cultural movement. To witness the growth of transcultural nursing to serve people of diverse cultures has been highly rewarding. Most of all, it has been a great joy to know and work with TCN members through this 35-year span of time. I was privileged to know many of you personally, your families, your interests and your talents through special occasions and in my teaching and research. I thank God daily for your friendship, your help and commitment to know and support transcultural nursing and the TCN Society. Thank you sincerely for your contributions to the TCN Society and to make transcultural nursing a truly great and recognized discipline with the desire to serve to humankind worldwide. Let us express a powerful and loud “THANK YOU” to all contributors and let us go forward with enthusiasm to continue so that transcultural nursing will grow worldwide. We will know and experience cultures as an integral part of our world and uphold my original motto (1960): “That we will become one united world culture for unity, good health, peace and goodwill for all cultures in the world as we become one world with many cultures.”


Dr. Leininger’s recent articles may be found at: http://www.madeleine-leininger.com/resources.