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Expertise Areas:

Transcultural Topics

- Homelessness
- Traditional Indian Medicine in Western Healthcare
- Application of Culture Care Theory in Conflict Resolution

Cultural Groups

- Native Americans
- Urban Homeless
- Nurse Managers/Administrators
- Inter-professional teams

Research Methodology

- Ethnonursing research

Languages spoken, read/write\*

- English

Select Publications

Hubbert, A.O. (2008). A partnership of a Catholic faith-based health system, nursing and traditional American Indian medicine practitioners, *Contemporary Nurse*, 28 (1-2), 64-73.

Early, M. A. & Hubbert, A.O. (2006). Violence in the emergency department: A culture care perspective. *Theoria, Journal of Nursing Theory*, 15, (3), 3-10.

Hubbert, A.O. (2005). An Ethnonursing Study: Homeless Adults Residing in an Urban Midwestern Shelter, *Journal of Transcultural Nursing*, 16, (2), 236-244.

Hubbert, A. O. & Harris, G. A. (2003). Transcultural Culture Care Theory Applied to Medical Education. *Annals of Behavioral Science and Medical Education*, 9, (2), 114-117.

Hubbert, A. O. (2006). Application of Culture Care Theory for Nurse Administrators and Managers. pp. 349-364. In: *Culture Care Diversity and Universality: A Worldwide Nursing Theory (2<sup>nd</sup> edition)* Editors: Leininger, M.. & McFarland, M. Publisher: Jones and Bartlett: Sudbury, MA.

### **1. What Sparked my Interest in Transcultural Nursing**

I was a nursing administrator in a southwestern hospital system in the 1980s, when I was approached by an Apache RN who asked if we could have a staff development session focused on caring for the patients who were Native Americans. What began quietly as a way to bring sensitive, culturally specific care to patients, was becoming a way for hospital employees and conference attendees to learn “the way of living” of Traditional Indian Medicine (TIM) philosophy, a spiritual way of living. One day workshops quickly became 7 day conferences, which by 1990, were attended by over 6000 people from 16 countries and over 45 tribes from the United States and Canada. As St. Mary’s staff learned Traditional Indian Medicine philosophy, many changes in providing care emerged including: language boards with pictures and symbols meaningful to the clients, native dialect audio tapes describing the hospital rooms and routines, Indian music tapes were available on all units, the translators made daily rounds of all Indian clients and were allowed into any area of the hospital, and information was relayed back to families without phones and transportation through the translators’ ” network” on the reservations. A large expansion of care became the “welcome” St. Mary’s gave to any medicine people to come to the hospital, and their ceremonies were recognized as part of the care patients needed. I had the honor to study with Dr. Leininger in my doctoral work, and as I participated in her first seminar, I experienced a true excitement of “coming home”.....the theory was what pulled together the work I had done in the past, and offered direction for the future!

### **2. Present/Future Directions**

I know that transcultural nursing can be a lifelong education, passion, and work for me! I will always continue to work with the cultures that have truly become a part of my way of life. The universal care values as shown by ethnonursing research have been an integral part of my administrative behaviors and attitudes since the 1980s, and I believe I have used my leadership skills to advance transcultural nursing knowledge and practice within a large health care system, and internationally through the Traditional Indian Medicine conferences, “Spirituality in Healing” taught by Native medicine people. Through this work, I was sponsored as a Comanche.

### **3. Favorite Transcultural Story**

While completing my doctoral studies at the University of Nebraska Medical Center, I was privileged to work directly with Dr. Leininger on my ethnonursing research being conducted with a homeless shelter. One day, she asked me if she could bring guests from Norway to visit the shelter. The shelter staff were excited to have this visit and provided a tour. When we were in the family center, the staff and visitors were actively engaged in a discussion but I noticed that Dr. Leininger was not in our group. I found her across the area sitting on the floor with a 5 year old boy. Both of them had toy cars in their hands and were “driving their cars” around and around on a circle rug complete with sounds of “Varoom.” As I watched, Dr. Leininger began to say, “Varoom, what is it like here? Varoom, how did you come here? Varoom, etc, etc, as a true ethnonursing assessment was beginning with a 5 year old resident in the homeless shelter! Slowly others from the group joined me to watch and I saw the social worker with tears streaming down her face. She said, “He has not spoken a word since his family arrived here and we have all been so worried. He is talking and having fun!” Dr. Leininger truly “walked her talk” and I saw “caring in action” from her behaviors exhibiting the Transcultural Care Constructs of Respect, Attention, and Presence. Everyone who witnessed this was humbled and I was so proud of my teacher and mentor, Dr. Madeleine Leininger! Thank you, Dr. Leininger!!