

Tradition Meets Technology

Building Caring Community Online

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Community has historically provided an essential psycho-spiritual framework for nursing. Changes in communication technology pose challenges for nurses internationally who create communities across borders. This article discusses *The Bamboo Bridge* online community, a project responding to the global call for nursing education about the complementarity of nursing and healing traditions. The project explores how technologies such as Centra and Ning promote community building and encourage belonging in members from 5 continents and 10 countries. This article includes detailed accounts of the project design, examples of cultural diplomacy as the emerging theoretical framework, and an African member's perspective of online community. **Key words:** *community building, complementarity, cultural diplomacy, healing traditions, international nursing, online education, technology*

FOR CENTURIES, caring community has provided an essential psycho-spiritual framework for the development of the discipline of nursing as an art and science. History demonstrates that nursing communities have traditionally provided a creative platform that has often crossed national boundaries while

generating scientific and technological innovation. For example, from the 17th until the 19th centuries French Daughters of Charity followed by their American counterparts, the Sisters of Charity of St. Vincent de Paul, garnered strength and support from their communities to fashion a nursing practice that was considered the expert professional care of their time. The Sisters of Charity, whose nursing care was described by their medical colleagues as an “enlightened an universal charity,” drew upon financial and educational resources of the larger Catholic community as well as personnel from their “Central House” in Maryland to create their own psychiatric hospital in which they pioneered a new form of care known as “moral treatment.”¹

In another example of early community, American Shaker nurses' work was based in their community infirmaries where they invented their own caring “instruments” such as the adult rocking cradle that helped patients to sleep. The infirmaries also served as the laboratory where they tested herbal remedies that they and their communities made such as the famous Corbett's Sarsaparilla Syrup that healed and cured their community members of ailments from migraine to pneumonia. The nurses created a healing network

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Dedication: We dedicate this article to Dr Beverly McElmurry whose spirit and memory endures throughout the global health community.

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between community infirmaries that was sustained by frequent communication through the mail and face-to-face (FTF) visits. These networks existed because of a mutual need to share resources, health information, and ideas. A curious form of evidence of the connections Shaker nurses experienced in community building can be found in the recipe books of healing remedies called “receipts”. Sharing receipts was done for the exchange of knowledge about nursing care or remedies. Nurses also participated in the community ritual as a way of engaging each other socially, emotionally, and spiritually. One receipt for a Shaker herbal elixir is signed, “With this little receipt receive a great portion of our best love. Janette and Caroline.” Another receipt for “Sarsaparilla Mead” is signed, “Dear Sister Leah, be kind as to accept with this my best love. From your Sister Deborah.”²

Throughout history, nurses such as the aforementioned Sisters and Shakers have mentored, supported, engaged, educated, cared for, and even loved each other within the circle of community. Nurses’ healing networks have been instrumental in the organization and development of practice in hospitals and community venues. Gathering in caring community has supported the growth of scientific and healing traditions in nursing.³ Community was the power base for the works of early nurses. It also continues to be important in contemporary nursing culture though the foundation for this historic tradition of community building, this essential in nursing, has undergone change.

Nursing communities in earlier history were affiliated with religious organizations. “Traditionalists” according to historian Barbara Melosh defined the expert nurse’s skills as “moral and religious rather than technical.”⁴ In industrialized countries, technology has become a fundamental part of practice. Yet as the movement toward “globalization” and international partnerships in nursing education, practice, and research grows, nurses trained in industrialized nations are often obligated to explore traditional healing that remains prominent in developing na-

tions just as nurses in developing nations may be expected to become more technology savvy.

In addition, whereas early nurses used travel, postal services, and telephone as the communication framework for their communities, nurses today have the additional opportunity and challenge of building caring community online. This historical sketch of early nursing community provides the backdrop for this article, which describes an online community-building project called *The Bamboo Bridge* (www.BambooBridge.org) (BB). The BB was implemented in 2005 in an effort to promote the nursing tradition of building caring community and to encourage a greater sense of belonging among nurses who were interested in a specific topic of interest— healing traditions. The ongoing purpose of the BB community is to create a social network where opportunities for improving the complementarity of contemporary, biomedical technology-based nursing practice and traditional health beliefs, systems, and practices can be explored. The BB promotes the inclusion of historical, traditional, conventional, and biomedical paradigms and practices in the public’s health care decision making and in nursing care as the definition of complementarity in practice. Nobel prize-winning physicist, Niels Bohr applied the concept of complementarity in quantum physics to mean, “A general principle to permit mutual understanding and respect among diverse cultures and allowing for the unity of human knowledge.”⁵ The focus of the project has been the question of, whether or not, as well as how, technology might be utilized to create nursing community and potentially promote a greater sense of belonging between persons with similar interests in the complementarity of nursing and healing traditions when engaging others in an online environment.

For the past 5 years, the BB community has been exploring the feasibility of sustaining an international online community of interest in nursing. The use of a technological platform for the community revises the history of

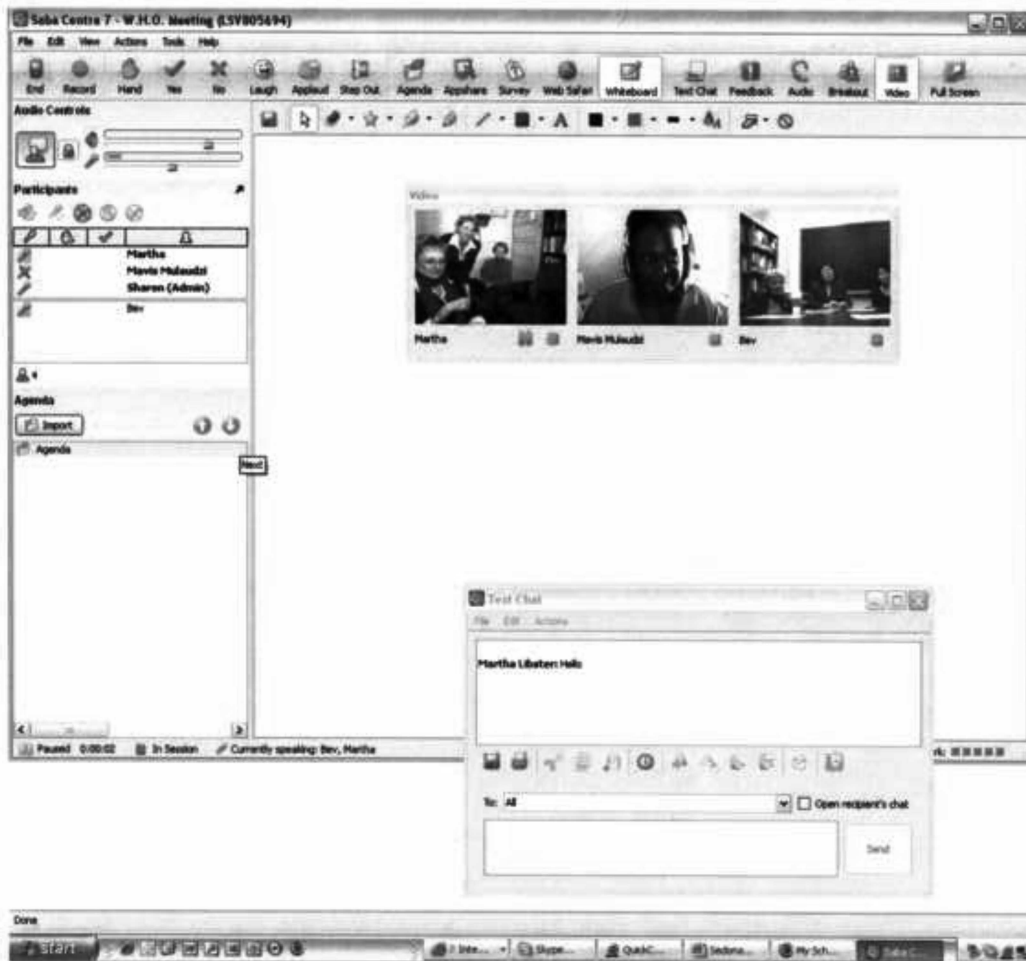


Figure 1. Computer screen capture of BB/W.H.O. meeting on Centra.

community building in nursing to include the online work that has become prevalent. The outcomes of the project to date presented here include: descriptions of the focus of the community, the design of the technological platform developed for building the community and conducting work, the achievements in education provided by community leaders and members within the community as well as for global audiences online and FTE. The lessons learned from the implementation of the BB project such as the growing expertise in community building, complementarity in terms of the community's topics of interest, cultural diplomacy among members,

and a reflection by a member from Africa are included (Figure 1).

THE FOCUS OF THE COMMUNITY

The BB is an international, online community of nurses, novices to experts, interested in educational support, resources, and information for increasing the complementarity of their work with the healing traditions found within a variety of socio-cultural contexts. The concept of healing traditions includes those interventions and beliefs demonstrated in nursing throughout its history. The online community-building endeavor was launched

in response to the report of the international Arista conferences conducted by Sigma Theta Tau International (STTI) published in 2004.⁶ Participants in these conferences identified a global need for strategic action that would address the future of health care and nurses' roles in achieving those goals. "Differing cultures, values, and beliefs requiring balance and integration of Western medicine and health care principles with more traditional approaches"^{6 (p8)} was among the most frequently cited "unique challenges" nurses would face to be able to meet global health needs of the future.

The BB seeks to build community, that is, improve communication and relationships, between traditional healers and nurses, and improve the integration of healing traditions and nursing in society. According to a study conducted for the World Health Organization, 80% of the world's population continues to use their traditional methods of healing, including the use of medicinal plants.⁷ The World Health Organization defines "traditional" medicine or healing as the "ways of protecting and restoring health that existed before the arrival of modern medicine. . . approaches that have been handed down from generation to generation. . . and have met the needs of communities for centuries."^{8 (p1)} "Modern" medicine, also referred to as "western" or "biomedicine" is, historically speaking, a much younger system of health care and yet it has come to dominate the health care cultures of industrialized nations such as Germany, the United Kingdom, and the United States. However, the people of these nations continue, just as in developing nations, to utilize their nation's, town's, and family's remedies for healing just as they explore newer emerging diagnostic technologies, drugs, and biomedical therapeutics. Sociological studies in the United States and in the United Kingdom have historically demonstrated high levels of self-care by the public in which traditional methods of healing are employed.⁹

Nurses in the United States and around the globe often receive their education in ur-

ban areas and/or facilities closely aligned with medical centers focused on the biomedical paradigm of health care. The professional culture of nurses has steadily become associated with the values, health beliefs, and practices of biomedicine. Historically, however, nurses have worked in rural communities and facilities that support people's use of traditional methods of healing such as herbal remedies, hydrotherapies, and spiritual ritual in complement with emerging biomedical interventions. Historical research shows that nurses, because of their societal roles, have often served as "cultural diplomats"³ for the public who are seeking health education, resources, and healing remedies from biomedical and traditional sources for themselves and their families. Nurses are often well-positioned in community to support a pluralistic approach to health care in which many resources for healing are explored.

Nurses demonstrate complementarity in patient care when an integrative, pluralistic approach to the implementation of health care resources, from traditional evidence to contemporary research, is utilized. In its focus to promote the complementarity and integration of healing traditions and nursing practice, the community established topics of interest under the leadership of BB founding director and 5 facilitators. The original topics of interest identified through community dialog and survey were: herbal remedies, spirituality, vision and meditation, and global health policy. A "with women" initiative was added in 2009 because a number of the people in the community are doulas or are interacting with traditional birth attendants in their countries. The international membership from 5 continents and 10 countries holds its discussions about the BB topics of interest and the possibilities of complementarity in practice, education, and research *online*.

THE DESIGN OF THE TECHNOLOGICAL PLATFORM

It is often people who are the central focus of a FTF community. The primary focus

of any gathering is the connection among the people. Location for a meeting is important and is chosen carefully, but it is often secondary in the process of planning. If a problem occurs with a venue, community members move their meeting to a new location. Depending upon community size, changes in location can be more or less of a challenge. Community building begins with the gathering. In the FTF community, gathering occurs regardless of changes in venue. The process associated with gathering in community involves many of the same issues when a community chooses to meet online. However, the gathering center for an online community is the technological platform. Gathering in an online community is challenging. Therefore, the design of an online technological platform, that is, cost effective and easy to navigate for international users and administrators is paramount to starting the process at all.

The construction of the online platform for the BB began with the establishment of a common meeting place. The Web site URL "bamboo-bridge.org" was purchased as the community's meeting place and information center. The Web site was designed by the director with the assistance of 1 information technology (IT) staff member. DotNetNuke, (<http://www.dotnetnuke.com>), a Web content management system, was used initially to create the Web site for the BB. Photos and biographical sketches of the director and the facilitators were added to the Web site to provide a more personable "human" interface. Once the basic home page was created, setting up the online membership option was the next "gathering" project.

Like the early religious communities, BB membership has been free. This differs from professional nursing organizations that typically focus much of their efforts on membership development for financial support to implement organizational objectives and increase the powerbase of the organization. A community-building focus suggests a different emphasis. The BB community exists as a reflection of its members, but is not dependent on numbers of paying members.

Some additional differences between a community and a professional organization will be described later in this article. Wufoo, (<http://wufoo.com>), a Web application for building surveys was chosen for creating the membership list because it is free. Free products were very helpful because the community had no start up funds.

When new members filled out their application survey to become part of the community they were actually filling out the survey in Wufoo. Membership reports were generated in Wufoo until 2009 when the process became too cumbersome. After each member joined, they still needed to be entered into the e-mail database so that they could be notified of events and meetings. The free Wufoo program was not set up to "talk" with the other parts of the BB technology platform. For the first 3 years, each member's name and e-mail address had to be entered manually into any lists managed by the director. The welcome letter explaining the technical platform for attending meetings online was also sent out manually. Recently, social networking technology has become available for a nominal fee that has eliminated the need for manual work. The changes are described below.

During the first 2 years, online community-building meetings were held nearly every month. A technology platform called "Centra" was chosen for the BB online meetings. Centra is a Web conferencing learning program that provides a virtual classroom and/or meeting space using live and recorded sessions. The Centra program is typically used in online education but was used in the creation of the BB community because of its ability to host an infinite number of online attendees in a secured environment. The Centra environment enables people to attend "live" on computers in the comfort of their homes and/or workplaces. If a member is not able to make a meeting, they have the option of watching a replay of the recorded meeting. Centra is accessed using a Web browser and enables attendees to see and hear the presenter and other attendees as well as respond to questions using audio chat, just like a

normal class or meeting. Attendees had to supply their own headset with a microphone to participate in audio chat. If they did not have a headset they could use the text chat feature in Centra. Because meetings are conducted in English, some members asked for clarification on certain words being used in dialog. At 1 of the meetings, members noticed that some of the Asian members found text chat quite helpful in following the discussion. One member then offered to type in the progress of the gathering as if taking minutes so that the members could follow text as well as audio speech. This caught on and 1 member at every monthly gathering offered to write the text notes in Centra. Members also had the option of using a webcam. Webcams allowed the community to see as well as hear the speaker thereby increasing the access to important nonverbal communications. Members were setup to have voice and video communication so that everyone could potentially use a camera and microphone. One limitation of the use of Centra is that while all attendees can use their microphones and headsets, only 4 attendees using webcams can be seen on the Centra screen at one time because of the bandwidth (ie, web traffic space) it takes to view more videos. Too many videos would have caused the session to shut down.

East Carolina University (ECU), the host university, held a license for the use of Centra technology. Therefore, there was no fee for the BB members to download the software that would allow them to attend events. All BB members were given their own usernames and passwords to access ECU's Centra Web site. All of the BB meetings using Centra were automatically recorded and stored on the ECU server. The benefit to the university in hosting the Centra access was the opportunity for faculty and students to attend BB education events and for staff to develop global online community-building skills. The ECU Centra administrators were very interested in testing Centra's use internationally as a platform for the development of the BB community. The BB director and the Centra technology team worked together to test the

system as a platform for community building. The Centra team already had expertise in international online education and coaching students and faculties in the use of online technologies. Their communication skills were extraordinary and became very important to the project. The technology team members were informal yet invaluable "facilitators" of the BB community. They had indirect contact with every member. Names and e-mail addresses of new members were sent to the Centra team by the director so that usernames and passwords used in accessing Centra could be generated. The Centra team managed the database of BB members. They also scheduled all Centra events. Each time an event was held in Centra the computer system sent an announcement to the member's e-mail. The e-mail list had to be updated and checked for accuracy before announcing any event. Once announcements were sent out, the Centra team also assisted members in downloading the software and logging in to the online gatherings.

The first challenge in conducting online gatherings for international community-building purposes is scheduling the event and choosing a time. An e-mail survey was used to poll the membership about their preferences. The decision to hold online meetings at 10:00 AM Eastern Time was made based upon member demographics and the e-mail survey. The next challenge was for each member to download the Centra software. After members logged in to the ECU Centra Web site, they were instructed to perform a system check on their computer and audio equipment. The first year, a few members left the community because Centra was not compatible with their MAC computers. During the system check, the Centra software is downloaded automatically from the ECU server to the member's computer. Members had to meet certain Internet speed requirements. This was not found to be a problem in Africa, Asia, North America, Europe, or Australia. However, downloading the free software associated with the use of Centra has been a challenge especially for members who

are faculty in university settings outside the United States. Universities typically have extensive firewall protection and nursing faculty are often not aware of the technological changes that need to be requested from a support team to be able to open their computer in a way that enables it to download a software program from the Internet. Some members only had to temporarily disable their firewalls for a few minutes while downloading. This extra step may have been the reason that some members never did attend or replay a Centra session. Those who were able to join Centra meetings either handled the technological hurdles themselves or requested support from the BB director and Centra technology team.

Once a member attended a Centra session, they often commented that the audio and video added depth to their online community-building experience—something that is typically missing in chat rooms and blogs. Once the member became familiar with the Centra technology, they were able to explore the possibilities for a greater connection with others in the community and thereby, increase their sense of belonging created through an online, multimedia opportunity that closely approximated meeting FTE. Through the inclusion of sound and visual images, Centra added dimension to communication in the online community experience.

E-mail support for members, especially when they were urgently trying to attend their first meeting, was also a key element of the community-building process. Because of the time lag in sending e-mail and the time differences between countries, phone was often a better platform for troubleshooting Centra problems. This was especially true when communicating with members outside the United States. Traditional phone service charges from the United States to countries such as Swaziland and Thailand were prohibitive for the community director. Skype, (<http://www.skype.com>), was an excellent solution to some of the communication needs because phone-like services were available to the community at no cost. Skype, an interna-

tional calling service based in Luxembourg, is easily accessible and free around the world. BB members were encouraged to set up Skype accounts and contact the director before a meeting using Skype if they had problems logging into the Centra site. Like Centra, Skype also requires the use of a computer and headset with microphone as well as an optional webcam. Signing up for Skype takes minutes and availability is immediate. Skype was used effectively many times to coach members and their technical advisors in setting up Centra access. Dr Mavis Mulaudzi of South Africa, one of the BB facilitators, was one of the first BB members to set up a Skype account to help establish Centra access for her computer at her university.

PERCEPTIONS OF A MEMBER FROM THE AFRICAN CONTINENT

Communication is foundational to community building. In an online community, IT and communication go hand in hand. IT has been of great assistance to the world of business and more recently in other sectors seeking greater participation in global community building. Advancements in IT have made global communication more easily accessible. In the past, interactions among people from different parts of the world were very expensive and did not occur often enough. For example, if a person in South Africa wanted to communicate with a colleague in Saudi Arabia or Asia, they would have to spend a lot of money on a phone call or purchase an expensive airline ticket to fly halfway across the globe. Connection with one's international community of interest demanded a powerful sense of personal and professional mission.

With the advancements in web technology today, chatting with a colleague is only an instant message away because of free services such as Google Talk and Skype. These applications allow one to use a variety of interactive modes such as text chat, audio communication with headsets and microphones, and

video viewing through webcams. Through communities such as MySpace, Facebook, and Flickr people are now able to have “pen pals” the technological way.

Conference calls and virtual meetings have opened up opportunities for professionals in different countries to communicate with one another and to share information in new ways. Internet services allow swift connections among nurses. Large scale communication has also prompted health care, nursing, and the research world to explore ways in which knowledge sharing and synergy among researchers might be expanded internationally. In 2007, I met Dr Martha Libster while on a trip I had made to Baltimore to attend a STTI conference. We were both actively working on the relationship between traditional healing and nursing. We decided then that we would start a working relationship and that the BB community would serve as a focal point for our work through which we would share information about traditional methods of healing. I, Dr Mavis Mulaudzi, joined the BB in 2007 and at the invitation of Dr Libster became a facilitator of discussions about research and indigenous knowledge systems. The goal has been to help to expand the international BB network through which we might gain knowledge from nurses and healers in different countries and their understanding of traditional knowledge development, and its relationship with research methodologies.

When I returned to South Africa I joined the Skype network. Needless to say I was not very “clued up” as I am somewhat technologically “challenged.” Luckily my daughters were able to assist me with the initial setup! I purchased a headset and a microphone and Dr Libster sent me a webcam so that we could both see each other during Centra and Skype meetings. We had to use Centra for our meetings; that was a challenge. I learned that my university had “pop up block” enabled for certain programmes. In addition they also had firewalls that blocked me from entering certain online sites. My technology helpers and I had to be granted permission to open fire-

walls that allowed me to access and download Centra. We worked with the technology help at ECU using Skype to finish the setup. Then we scheduled a test session before the next community meeting. I was able to participate and lead discussions with members of the BB community from my office in South Africa. Now, Dr Libster and I use Skype on a regular basis to share knowledge with one another.

I cannot imagine what we would have done if we had not had these technological advancements to assist us in building our relationship as “techie pen pals.” We would not be as far along in the growth of the community as we are right now. We would not have access to one another as often as we would have liked and the progress of our scholarship would have been radically slowed. Information technologies and communication not only go hand-in-hand; they might as well be one and the same.

The experience of becoming a member of the BB has broken barriers in communication for me. During the process I developed more online technical and community-building skills. I also learned a lot about healing traditions. I have experienced knowledge sharing, empowerment, and the development of support groups that have enabled me to reach my goals. Nursing is a humanitarian profession that emphasizes the care of patients and also caring for each other. In this BB project, a space is created to communicate with each other. In our quest to seek knowledge, we also reach out to one another and form a solid network that breeds a home-like atmosphere. A sense of belonging is nurtured and enhanced.

CHANGES TO THE PLATFORM

Creating an online platform for caring community that would in fact nurture and enhance a sense of belonging in members by facilitating easy member-to-member communication was a challenge. Although members’ Wufoo surveys seemed to indicate member

interest in the community topics that were the emphasis of online discussions and events scheduled during the community meetings, only about 10% of the members ever attended regularly. E-mail inquiries were sent out to assess if the international membership found the online meeting platform user friendly or in some way a deterrent to online participation. Those who did respond said that they found the technology manageable with the instructions and technology support provided. But the community director continued to work with facilitators, members, and the technology teams to make the online platform easier to access and to navigate.

In addition to setting up the original Web site, the DotNetNuke template was used initially to create a site (referred to here as “the exchange”) for ongoing online discussions and document sharing separate from the monthly Centra meetings. Although access to the exchange was free and members were given a demonstration in the use of the site during Centra meetings, few of the members took the steps to enter the exchange to interact with each other in the online discussion boards. Members did express some concerns about the difficulties they had in getting to the exchange site. The exchange was also difficult to read especially for those for whom English was a second language. After 4 years of working out many of the international technology issues, the community is just beginning to discuss inclusion of languages other than English such as Spanish and Mandarin, on the Web site and during events.

Using the exchange demanded a fairly sophisticated level of Web site navigation experience. In addition, the exchange required an additional password. Because of certain safety precautions ECU needed to put in place a password protection on the exchange to safeguard its other operations. Entering the exchange site required the BB director’s approval, a confirmation that the person attempting to use the exchange was in fact a BB member. This required additional administrative time for the direc-

tor and the college’s assigned technical person. When the team became aware of Ning, (<http://www.ning.com>), an inexpensive online “social platform” created in 2004 in California, United States of America, specifically for supporting global community building, the exchange was deleted and plans changed to move the community into a Ning platform.

Moving to Ning allowed for the dissolution of all connections with DotNetNuke, Wufoo, and the exchange. Ning had all of the functions built into it that had been handled by the other platforms. In addition, Ning provided 1 community-building feature, *member-directed* activities, that the others did not have and which was critical to the BB community. Communities are built by members with leaders as guides. The exchange site was so cumbersome in terms of the need for protective measures that the director or the facilitators were required to lead any online discussion boards. The Ning platform allowed all community members the freedom to create discussion boards, e-mail other members, post announcements, photos, and videos whenever they desired. Therefore, in 2009, community members agreed to move the community platform to Ning. All members were notified by e-mail that they had to rejoin the community by accessing the new Ning site. Members were guided to the BB homepage where a new link for Ning site had been created. Each member answered the same brief set of survey questions that they had been asked before in Wufoo. After they submitted their registration, an e-mail request was sent to the community director. Because the Web site was open and available on the Web, the director was able through the initial screening process to evaluate potential members for congruence with community interests. The ECU e-mail account was no longer needed because all community announcements could be sent much more easily via Ning. Ning currently handles the membership lists and has also become the technical vehicle for the BB community’s important educational outreach.

ACHIEVEMENTS IN NURSING AND COMMUNITY EDUCATION

Over the course of these first years of field work in community building, a defining purpose and theoretical framework for the BB community has emerged. The BB community-building experience prepares nurses in “cultural diplomacy” so that they can participate in creating and leading innovative health care and educational programs in their local and national areas that are pluralistic in their approach to the utilization of health care resources specifically the complementarity of healing traditions with nursing care. Cultural diplomacy is defined by the BB as “compassionate action with intent to negotiate transcultural relationships and exchange”. These first years of the BB project have focused on contacting and connecting nurses globally who seek education described in the STTI Arista reports related to healing traditions. Participation in BB activities has helped to determine the feasibility of establishing a sustainable community of scholars and practitioners passionate about BB topics of interest that could then participate in international and local programs and also contribute potentially to the development of an international curriculum on cultural diplomacy.

As of March 2010, BB members have conducted numerous educational programs that they have shared with each other during Centra sessions and also at international meetings. For example, members from Africa, Taiwan, and the United States presented a “special session”, a one and half hour educational program, during the STTI Biennial (FTF) conference in Indiana, United States, called “The Global Tea House.” Two years of online meetings were required to formulate the idea and plan the event. The Global Tea House BB initiative is an educational event in which the ancient healing ritual of serving and receiving tea provides a welcoming environment for those who wish to learn about BB topics of interest such as cultural diplomacy, herbal remedies, and indigenous knowledge systems.

In producing the Global Tea House, BB members were challenged to communicate, participate in, and plan an event without the benefit of nonverbal communication and FTF feedback. The Global Tea House initiative allowed the BB to expand its community reach. Partnerships were established with local STTI chapters such as Beta Nu that provided financial support for the tea service during the event. Herbal tea was served to over 100 attendees during the session. The teas were donated by an American tea company. Although it is hard to imagine that online communication could ever fully replicate or replace the joy experienced in human-to-human, FTF relationships, the excitement of meeting together FTF for the first time at the Global Tea House event after months and years of online interactions was tremendous!

After the Global Tea House, the BB facilitators held a free, international webinar (online seminar) for the members and the public on the BB topics of interest. Ning and Centra were used as the technology platforms and Skype was used for communication between international speakers during the conference. Skype was not used for the webinar itself because, in Skype, the number of participants was limited and there was no way to record the conference. When there were technical difficulties—and there were some minor ones—the director who was on the East Coast in the United States communicated quickly and easily via Skype with the speakers in Japan, Africa, and the Western United States of America.

People attended the webinar by logging into a separate Ning social network/Web site created for the event. The Ning administrator worked with the BB leaders to customize the new site created for the webinar. The colors that were chosen for the webinar were harmonious with the main BB site to provide a familiar visual cue for participants. Short videos were recorded by the Instructional Technology and BB leadership for the event. The video greetings from BB leadership and sponsors were created to make the introduction to the webinar experience more personable.

The videos were embedded right into the webinar's Ning homepage. Registration was also handled via the Ning site. Once an attendee registered, they had access to participation in preconference discussion boards. BB leaders wrote 4 questions that were posted in the discussion board section to stimulate dialog. The purpose of preconference discussion was twofold: It served to focus conferees on the topics of interest and to help attendees to become more comfortable with the use of the technology.

Sending out announcements to registered attendees was simple in Ning. Just as with the BB community Web site, all names and information was stored. E-mails could be generated by community leadership right from the Ning Web site. E-mail and phone numbers for the supporting technology team was posted on the site. A social "chat" area called "Coffee/Tea Shop" was also created in discussion board on the Ning site for attendee-to-attendee opportunities to "meet and greet" in community. This was accessible at any time. All webinar resources and information were also sent via an introductory e-mail to the registered attendees.

Because the BB community wanted to record the content for eventual publication, the event was actually broadcast and recorded in Centra rather than Ning. A link was developed by the technology team between the 2 platforms so that when an attendee used their password to log into the Ning webinar site they went automatically into Centra. As mentioned previously, because Centra typically required password protection, the technology team had to create a "work around" for the event.

The webinar began with the broadcast of a musical welcome by a local North Carolina Intertribal group of Native American drummer-singers. This was followed by the playing of the video welcome from the dean of the sponsoring university and 6 scholarly presentations by BB leaders. After the 5-hour event the Centra session, a large file, was uploaded to a video software called "Camtasia" to allow for the editing of the video property. The goal of

this stage of work was to save the webinar for the possibility of producing a publication in the future from the recording. There are other Ning features for web conferencing that could be utilized in future programs that enhance social networking. For example, interactive poster presentations using discussion boards in Ning could be used to make poster presentation highly dynamic and inviting for presenters and participants.

The webinar was conducted using BB community and university sponsor resources. Faculty and staff time was the only expense because Ning was a free service in 2009. All university personnel involved in the webinar benefitted from the experience of producing their first international webinar using the technologies discussed. It was a groundbreaking experience in many ways. The first BB webinar met its goals of providing a continuing education and community-building opportunity for BB members and the wider international community while testing the technological capabilities for holding online webinars. All in attendance in the recording room and online agreed that the event was a high-quality event. Although health and nursing organization list serves were sent information about the event via e-mail, attendance at the webinar, like the monthly community online gatherings, was fairly small.

The "numbers" issue is a common theme discussed during community meetings. Are the numbers of community members or attendees at events a measure of a community's "success?" Some members say "yes" and others "no." Members acknowledge that community building can be a rich experience in human connection. The experiences of BB members seem to indicate that measuring success may not be the point of creating community. It is also challenging to measure or quantify a community-building experience, let alone define its success. M. Scott Peck writes that community is a "phenomenon" like goodness or consciousness that is, "inherently mysterious, miraculous, and unfathomable" making it difficult to define.¹⁰ There are *qualities* about communities and

community building that makes the experience, in this case the project, meaningful and perhaps even successful. According to Peck, genuine communities are inclusive and reflective. Members resist the desire to “convert” others to their own personal ideology; a common pitfall in community building.^{10(p96)} The BB community has shown evidence of these traits.

Communities are different than organizations. They often seek consensus rather than a majority vote when making decisions. Where organizations thrive on structure, communities can subsist on the *process* of community building that enables them to work through stages of unproductive chaos and seeming disconnection. In an online international community, feelings of disconnect and chaos may be felt frequently because of the intensity associated with such new life experiences as the transitioning to online interaction where nonverbal feedback is not as available and sociocultural boundaries are defined by technology rather than geography. One of the ways that the BB members have dealt with the sense of chaos and disconnect has been through the planning of public educational events such as the Global Tea House and the annual webinar. Through the directed process of planning and implementing events, members have found opportunities to nurture a sense of belonging in every member and participant. It is “belonging” that often attracts people to community in the first place.

CONCLUSIONS

Throughout history, nursing communities such as the BB, the Daughters and Sisters of Charity, and the Shakers have served as places where nurses have been able to find nurturance, a sense of belonging, and support for the exploration of topics of interest that demonstrate their entrepreneurial and scientific spirit. BB members, Sisters, and Shakers alike have sought connection with each other as well as with patients. Early nurses living together in community worked carefully

and consciously at nurturing the community that was the source of strength and protection for their work. They expressed feelings of concern, respect, and caring especially in the mentoring of novice nurses. Experienced Sisters of Charity, for example, were instructed in their spiritual teachings to be deeply respectful of the young nurses whom they mentored as to the rigors of the “blessed art” of nursing. When sent on missions, the Sister Servant, or the most experienced, referred to the young Sister-nurses as “companions.”¹¹ The community’s culture of companionship and respect is evidenced in the instruction that a Sister Servant not reprimand a sister companion “while she is in an emotional state” so that a new sister-nurse would learn from her mistakes and not “feel shame.”^{11(p36)} The bonds formed in early training continued throughout the mission and beyond.

In contemporary nursing, nurses are typically prepared in schools and colleges of nursing either in hospital or educational settings rather than in religious communities. Any sense of belonging that is created during education must then be transferred to the workplace and the continuation of connection accomplished through alumna associations. Nurses must create new relationships every time they move to a new work community. Unlike nurses in religious communities whose sense of belonging was tied to spiritual belief and commitment, contemporary nurses may not have the opportunity to establish relationships at work that would provide foundation for the development of a strong sense of belonging. They may in fact start the construction of a new sense of belonging with each position unless the institution for which they are employed has some connection with their previous job. Typically, there is little to no connection between workplaces and therefore, little continuity between professional communities. Nurses’ workplace communities may even be competitors for health care dollars. Therefore, participating in community building and creating a culture of belonging can be in some ways more challenging today than for those nurses in earlier

times. Yet, despite the challenges and the fact that professional community structures may be different today than in earlier centuries, the importance nurses place on belonging has not waned.

In 2004, Dr Dan Pesut, who at that time was the President of STTI, identified the “Work of Belonging” as social interaction and intellectual exchange in a community of scholars that “enhances critical thinking, care for others and personal and professional development.”¹² The literature in nursing practice and education also reflects nurses’ understanding of the need for belonging.^{13,14} Nurses acknowledge the human motivation to belong and the consequences of deprivation of belongingness such as the positive influences on health that have been identified in the psychology literature for decades.¹⁵ Interestingly, it was *caring* that was noted in these studies as the “only bond” that offered satisfaction of the need for belonging.^{15 (p513)}

Although nursing science is grounded in caring, the professional community is also currently acknowledging some challenges to its historic roots in creating caring community. There are an increasing number of nursing publications and research studies identifying concerns about growing levels of personal and professional intolerance, manifest in such acts as relational aggression, horizontal violence, bullying, incivility, and “nurses eating their young.”^{16–18} Intolerance is antithetical to building caring communities and creating a sense of belonging in the global community of nurses. It is in essence “anticommunity”. In community, nurses share responsibility for facing such challenges and for the creation of solutions that can have an impact on the evolution of emerging areas of nursing art and science as can occur in communities of interest such as the BB.

Community has proved essential for nurses engaged in the BB project. It provides support to nurses whose professional interests in the complementarity of healing and nursing traditions may be marginalized. Just as early religious communities provided support for those members whose healing beliefs and

nursing practices were questioned by the dominant culture, the BB community of interest has provided opportunities for the development of cultural diplomacy, communication, and relational skills necessary to model greater tolerance while forwarding professional ideas about the complementarity of nursing and healing traditions in social and professional situations where these ideas and the nurses who espouse them may not be welcome.

BB members have also applied their skill in cultural diplomacy in the use of technology for international community building. Simple things such as setting up a meeting time are opportunities for the expression of diplomacy and tolerance. Although technology may accelerate the timing of international connection and communication, BB members find ways to manage the pace of interaction so that relationships are carefully constructed and the fabric of the social network is woven in a way that promotes community endurance. However, success of a community is also not measured by its endurance or longevity. Communities like the people who participate in them can die.

As a normal part of community life, the BB leadership routinely assess the tenor of the community and members’ desire to continue. The fellowship formed when participating in events such as the Global Tea House and the sense of belonging that members receive from community gatherings where healing recipes are shared just as they have been throughout the centuries, seems to be enough of a reason for the members of the BB community to continue, at least for now. Nurses who seek more organizational structure or academic focus typically stop participating in the community. It is a common response for members to wrestle with the participatory rather than didactic experience encountered in the “phenomenon” of community building. Community building does include planning however.

The BB community is planning future community education events both online and FTE. There are no plans to do research as a

community; though some community members do research related to the BB topics of interest as part of their own professional work. The BB simply continues to be a community where nurses connect online with other nurses and healers from different cul-

tures. The BB is a place where a centuries-old tradition in community building meets technology to create a caring community dedicated to the diplomatic exploration of the complementarity of nursing and healing traditions.

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