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**PERCEPTIONS OF CULTURE IN THE NURSING STUDENT-  
TEACHER RELATIONSHIP.**

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**Abstract**

**This qualitative study examines the influence of culture on the teaching and learning process in an eastern Canadian college nursing program. The study reveals incongruency between the ideals of multiculturalism and teaching and learning processes. While teachers perceive they have the requisite skills to fulfill the content objectives using various pedagogical methods set out by the curriculum, they are not always able to promote successful achievement of these objectives in a multicultural student population. Moreover, students experience special learning difficulties in their interactions with teachers when the learning environment is unfamiliar to them and their own cultural identity and life values are not well understood.**

**The study concludes that the content of nursing education curricula needs to be broadened to include attention to cultural considerations. Most importantly, teachers practicing within multicultural student populations need training in cultural sensitivity and in developing culturally appropriate pedagogical approaches.**

### Résumé

Fondée sur une méthode qualitative, cette étude examine l'incidence de la culture sur les processus d'enseignement et d'apprentissage utilisés dans le cadre du programme de soins infirmiers d'un collège situé dans l'est du Canada. L'étude révèle des disparités entre les principes du multiculturalisme et les processus d'enseignement et d'apprentissage. Alors qu'ils ont l'impression de posséder les compétences requises pour satisfaire les objectifs liés au contenu en appliquant les méthodes pédagogiques énoncées dans le programme d'études, les enseignants ne sont pas toujours aptes à favoriser la réalisation de ces objectifs auprès d'une population étudiante multiculturelle. De plus, les étudiants éprouvent des difficultés d'apprentissage particulières dans leurs échanges avec les enseignants lorsque l'environnement d'apprentissage ne leur est pas familier et que leur identité culturelle et leurs valeurs humaines ne sont pas bien comprises.

En conclusion, l'étude démontre qu'il faudrait étoffer le contenu des programmes d'enseignement en soins infirmiers pour qu'ils tiennent compte des facteurs culturels. D'abord et avant tout, les enseignants qui côtoient une population étudiante multiculturelle devraient recevoir une formation qui les sensibilisera aux diverses cultures et les aidera à adopter une démarche pédagogique reflétant les différences culturelles.

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## Introduction

Canadian society has changed from an officially bicultural one composed of the two founding groups (French and English) to an officially multicultural one in which no group is awarded special status (Baum, 1996). However, traditions of privilege and predominance, increasingly difficult economic times, and the social upheaval of demographic change have erected barriers to the realization of a multicultural society in which all members participate as equal citizens. Despite the official policy promoting acceptance of diversity, there is still substantially documented evidence of racism, bigotry, segregation and assimilation (Fleras & Elliot, 1992). Social policy and laws protecting the rights of the individual regardless of their race or national or ethnic origin may not be enough to ensure full and equal participation of all individuals (Mori & Burke, 1989). It has been argued by experts in the field that the dominant culture is notorious for being blind to its own culture and biases, believing that everyone else has a culture; one which is often inferior (Babha, 1994; McLaren, 1994). Its values, beliefs and behaviours are 'the way it should be'. In Canada, the dominant culture is English, despite the efforts of the French minority and the growing number of 'others' to be recognized and valued as vital participants and contributors to Canada's social fabric (Bissoondath, 1994; D'Anglejan & De Koninck, 1990; Herberg, E., 1989; McAndrew, 1994). Public education usually reflects the dominant culture despite a growing realization that "others" have a right not only to equal access but also the right to see themselves as equal partners within the educational process (Ghosh, 1987). As the education sector reflects the greater society, it shows similar changes in the racial, ethnic and cultural mix (Ghosh, 1987).

While various legislative and social policies have been enacted in Canada to promote a change from a monocultural to a multicultural society, education is a provincial responsibility, resulting in various responses by each province to the federal government's multicultural policies (Ghosh, 1996; McAndrew, 1994). Quebec, in its efforts to protect the French language and culture, has developed policies to ensure that immigrants enter French, rather than English schools, thus ensuring their entry into the mainstream, French culture (D'Anglejan & DeKonick, 1990). Nevertheless, the community college student population contains people from various cultural communities whether that college is Anglophone or Francophone, because students have a choice in the language of instruction at the post-secondary level (Henchey & Burgess, 1987). Thus, multiculturalism has been acknowledged not only in primary and secondary education, but also in post-secondary institutions. Professional programs such as Nursing have recognized the need to include cultural theory and training in the curriculum, but there is little evidence to suggest that much progress has been made (Committee for Intercultural/Interracial Education in Professional Schools [CIIEPS], 1994; MacDonald, 1987).

### **The problem**

The study setting, henceforth referred to as Eastern College, offers a three year program in nursing education. Within the program there is close interaction between students and teachers as they work in the classroom, laboratory and clinical settings. Over the past decade the characteristics of the nursing student population has changed significantly while the composition and characteristics of the faculty remains unchanged. As a result, the students and faculty are culturally disparate. Traditionally, students in nursing have been female, young, and Canadian born (Kerr, 1988). Today, according to the

Eastern College Registrar's report of 1996, they are more likely to be over 25 years old, married, have one or more children, belong to a cultural community other than French or English and have one or more years of work experience. The majority of students are still female, but there is a notable increase in the number of male students. The composition of the Eastern College nursing faculty remains unchanged over the same period. The faculty is female and all but twenty percent is Canadian born. Thus, the student body of Eastern College is more reflective of the multiethnic, multiracial nature of Quebec society than is the faculty.

The change in student demographics of Eastern College nursing program has been accompanied by a change in teacher perceptions about the learning process. Students are seen to have more difficulty in both academic and clinical performance. According to Eastern College course reports grades tend to be lower and the failure rate for exams and courses has increased between 1994 and 1997. Teachers remark that students have difficulty reading the required texts, writing clearly and accurately, and thinking critically. Some teachers have attributed the literacy problems to the fact that more students use English as a second or third language. However, many students who attended English-language primary and secondary schools have the same problems. In clinical supervision teachers have perceived a notable lack of assertiveness, initiative and independence in many students. The nursing profession itself is undergoing a radical change. The nurse's traditional 'physician's handmaiden' role is being replaced by a practitioner who is interdependent, an equal member of the health team and capable of functioning in an increasingly complex health care system (Baumgart, 1988; George & Larsen, 1988; Kerr, 1988; MacPhail, 1988). Autonomy, defined as the ability to think and act

independently, is a valued professional characteristic (George & Larsen, 1988). It is strongly promoted as a program objective in the curriculum revisions set by the provincial Ministry of Education. It is contingent on nursing educators to meet professional standards and ministry requirements through successful socialization of potential nurses during their basic preparation (Baumgart & Larsen, 1988). Yet autonomy is understood differently in various cultural communities and teachers worry about graduates being able to meet professional expectations. Teachers struggle to find a balance between acknowledging the student's need to maintain his or her own cultural heritage and the need to produce graduates whose values are congruent with Canadian nursing professional standards.

The examination of multiculturalism in a nursing education program must, therefore, take into account the cultural aspects of being Canadian, as well as the cultural aspects of a changing and evolving profession. Consequently, there are discordant perceptions between teachers' and students' learning expectations.

### **Significance**

In spite of Canada's multicultural policy and the Charter of Rights which give people of all ethnocultural backgrounds the right to participate as equal members in our society, inequalities continue, especially in employment and schooling (Ghosh, 1996; McAndrew, 1994). There has been a shift towards reducing institutional bias and discrimination especially in education. Discrimination is a concern in the educational preparation of the "helping professions" such as nursing, social work, and medicine (CIIEPS, 1994). The Eastern College Mission Statement reflects the concern for social justice within

the institution as it includes a commitment to "Fostering appreciation and respect for the rich cultural and ethnic diversity of our students and staff" & "Encouraging all individuals and groups to participate fully in college life and to learn about and value each other" .

Despite the formal inclusion of multicultural policies at the national, provincial and local level, little is known about their implementation or the effect the policies have had on post-secondary education in general, and nursing education in particular. The Eastern College nursing program reflects some of the confusion and lack of data plaguing the bigger Canadian picture. There is an awareness on the part of Eastern College nursing teachers that the nature of the student body has changed but there is little evidence that pedagogical and personal strategies address the needs and aspirations of the people in their multicultural classrooms. Studies have been done, and theories have been proposed about how nurses should approach patients from various cultural communities (Davis et al, 1992; Grypma, 1993; Herberg, P., 1989; Leininger, 1984a, 1984b, 1993; MacDonald, 1987; Nance, 1995; Ntetu, 1994 ) but there is very little information about effective ways for nursing teachers to adapt to the changing student population. Very little information is available about the effects of traditional nursing educators' encounters with students from non-traditional backgrounds.

This investigation attempts to shed some light on the ways in which one group of nursing teachers interacted with their students in the classroom and the clinical setting. The purpose of the study is to gain a greater understanding of the cultural aspects influencing teacher and student perceptions of themselves and their interactions with each other. The emphasis is on exploration of perceived experiences of students and teachers in their

interactions with each other, rather than on measuring agreement with predetermined but plausible possibilities. Therefore, qualitative methods were used. The study is intended to serve as the base on which college nursing faculty in multicultural institutions can address the challenges encountered in adapting themselves and the curriculum to the needs of the students and the profession.

### **Overview of chapters.**

Chapter one is a literature review that examines multiculturalism and its relation to Canadian education in general and nursing education in particular. First, it looks briefly at various definitions of culture. For the purposes of this study the definition of culture will be that of Madeleine Leininger, a nurse-theorist who pioneered the theory of transcultural nursing. Second, a review of multiculturalism policies and practices in Canada are presented and then a discussion about the application of multicultural policies in the education sector. A more extensive look at multiculturalism in nursing education follows, starting at the national level and finishing with the local situation. Next, a discussion of professional culture is presented to reflect the philosophy and values espoused by the members of a group. In nursing, potential members of the profession are socialized by nursing educators to take on characteristics appropriate to the nursing profession (Baumgart, 1988; George & Larsen, 1988). The discussion clarifies the basis for nurse educators' academic and clinical expectations of students. Lastly, there is a discussion about the hidden curriculum. The hidden curriculum has been defined as "the social requirements of learning at school" that are extremely important but "are often hidden" (Marsh, 1992 p.20). In other words, learning that is expected by

teachers in their role as reproducers of cultural norms but not included in formal curriculum documents. The hidden curriculum is considered an aspect of socialization taken for granted by teachers but not articulated to the students (Marsh, 1992). Exploration of the hidden curriculum emphasizes the influence that unexamined elements such as unequal power relations between teachers and students can have on student learning (Seddon, 1983 as cited in Marsh, 1992). The study looks specifically for cultural elements that could be considered hidden from the students, but expected by teachers.

Chapter two presents the research questions and explains why qualitative methods are used to gather data about the situation. It includes the rationale for analyzing the data using principles underlying phenomenology and critical theory. The setting and the process of data-collection are also described.

Chapter three presents the perceptions of teachers and students as they interacted in the classroom and clinical setting. It shows the contrasts between students' and teachers' perceptions on the importance of cultural influences on learning. Communication and autonomy were frequently brought up by teachers and students but from differing points of view. Cultural values, student roles and gender differences are included. Teacher expectations, including their descriptions of the ideal student, are described. Finally, the students' description of the ideal teacher is presented.

Chapter four summarizes the findings drawing some conclusions about the significance of the data. Suggestions for taking advantage of the willingness of teachers to develop more expertise in cultural understanding are offered.



## **Chapter One: Literature Review**

The literature review is divided into six sections. It addresses the concept of culture and multiculturalism. The sections on multiculturalism, the focus of the study, discuss the evolution of multiculturalism in Canada, its influence on education in general and on nursing in particular. The section on nursing education includes literature from Canada and the United States. Finally, there is a section that examines the literature on the concept of the hidden curriculum as an influence that arises out of the professional culture of nursing.

### **Definition of culture**

There are many definitions of culture but they don't always reveal the complexities and implications for people from different cultures as they interact. For example, one dictionary defines culture as "the sum total of the ways of living built up by a group of human beings and transmitted from one generation to another" and "the behaviours and beliefs characteristic of a particular social, ethnic or age group (Webster's College Dictionary, 1995). This definition does not inform people that those concepts, habits and skills control our behaviour below the level of consciousness (Hall, 1959). The ways of behaving and our view of the world seem innate rather than learned, giving rise to the belief that 'our' way of seeing and doing is the only or right way (Hall, 1976). Perceptions of the world are learned in a social context starting at birth and continuing throughout life (Hall, 1976). If the social context contains only one culture, or similar cultures, relationships will be fairly simple. When other cultures are present, the possibility of misinterpretation leading to negative relationships increases enormously (Hall, 1976).

Culture has been defined by critical theorists as the way in which a society develops "signification and produces meaning" (Childers & Hentzi, 1995 p.66). This use of the term suggests that language and communication are rooted in a particular context, making it difficult for those from another context to understand the meaning and significance of words, events and symbols. Culture has been referred to as "process of translation" in which various groups develop their own interpretation of "the truth" (Bhabha, 1994). Because Canadian classrooms are becoming places in which people from many cultures interact, it is necessary for teachers to develop an awareness of the complexities of dealing with various values and ways of seeing the world (Ghosh, 1996). It is even more important for teachers of nursing to bridge the gap between cultures because they are preparing tomorrow's practitioners who will be responsible for the health and well-being of all Canadians (Canadian Nurses Association, 1982). Nurses cannot treat clients as the same and expect to meet the needs of a culturally diverse population (CIIEPS, 1994).

While the impact of cultural diversity on health has been a growing concern for the nursing profession (CIIEPS, 1994; CNA, 1982; Davis et al, 1992) the profession has neither developed a unified approach to the issue nor defined what is meant by the term (Habayeb, 1995). Nevertheless, the definition of culture most often used in nursing literature is that proposed by Leininger (1976) who said:

**Culture is patterns of learned behaviours and values which are shared among members of a designated group and are usually transmitted to others of their group through time. (p.9)**

Leininger's definition provides one way for nurses to use the concept of culture as a way of understanding different recipients of their care.

This definition may also be applied to the phenomenon of professional

culture that exists within the greater social culture. Successful completion of basic nursing education depends not only on how well graduates learn to nurse but also on demonstrating attitudes and behaviours appropriate for their role as beginning professionals (George & Larsen, 1988). Hence nursing teachers, responsible for the initial socialization, have great influence not only on individual nurses but on the evolution of the profession as a whole. Examination of cultural influences in nursing education is made more complex by the realization that two cultures operate together: Canadian culture and professional culture. The presence of students from many cultural communities increases the complexity of the cultural interactions further and makes it multicultural. Multiculturalism will be discussed in the following sections.

### **Multiculturalism: policy and practice in Canada**

Canada has been a nation of many cultures since confederation, yet for much of its history the state recognized only English and French as the founding peoples, Aboriginal or First Nations notwithstanding (Fleras & Elliot, 1992; McAndrew, 1987). Immigration policies favoured people of British and European origin (Ramcharan, 1982). Canadian culture was predominantly English with a French enclave in Quebec. Less restrictive immigration policies and the global trend in communication and commerce contributed to the change in Canadian society to a multicultural one. Multiculturalism in Canada describes a society in which many cultures, diverse in race, language, religion and country of origin, are encouraged to maintain their heritage and participate equally as citizens (Fleras & Elliot, 1992)

The 1991 Canadian Census revealed that an increasing number of people reported ethnic origins other than British and French with the biggest

increases being in people of Asian, Arab and African origin Renaud & Badets, 1993). Canada has slowly recognized the multicultural reality, turning it into a particularly Canadian characteristic by the adoption of a policy of official bilingualism within a multicultural framework. The implication is that the original bicultural nature of Canada has been replaced by one that is multicultural, with no culture being afforded special status (Baum, 1996).

However, the official policy did not lead to a society giving economic, social, and educational equality to all its citizens (Bissoondath, 1994; Cannon, 1995; Mori & Burke, 1989; Ramcharan, 1982; Paquet, 1994). Discrimination and racism became a reluctantly admitted reality. The various efforts to address these issues resulted in the Canadian Charter of Rights and Freedoms (1982) and finally, the Multiculturalism Act (1988).

There is still confusion about the meaning, goal and process of multiculturalism (Berry & Laponce, 1994; Bissoondath, 1994; Bourhis, 1994; Fleurbaey & Elliot, 1992; Wallen, 1991). According to the Multiculturalism Act of 1988 the goals are to create a society in which all citizens can participate equally in society while preserving, enhancing and sharing their cultural heritage and language, to contribute to the evolution of Canadian society while removing any barriers to those contributions, and to ensure that institutions recognize and respect Canada's multicultural character. This all should happen while strengthening the two official languages (Canada, 1988). The following section briefly discusses how the pursuit of these goals has influenced the education system in various ways.

### **Multicultural policy in education**

Education is seen as a prime agent for social and cultural change (Ghosh, 1987, 1996; Henchey & Burgess, 1987; Mori & Burke, 1989). Thus, the

federal government has formulated suggestions for educating Canadians about multiculturalism (D'Oyley & Stanley, 1990). Efforts have ranged from integrating newcomers to the dominant Anglo language and culture to supporting heritage language preservation and ethnic arts. Antidiscrimination and antiracism programs have slowly surfaced in some urban centres (Ghosh, 1996; Wallen, 1991). However, education being a provincial responsibility the federal government can only recommend educational efforts.

As a result, provincial differences are marked. Quebec, fighting to maintain its distinct culture and language, has developed policies to ensure that immigrant children enter French-language schools rather than English-language ones. Students do maintain the right to choose the language of instruction at the post-secondary level which explains how Nursing programs such as the one at Eastern College can admit new immigrants and the children of immigrants. Presently, all cultural communities are encouraged to participate in a society that promotes intergroup relationships. School boards are responsible for developing policies and programs to address these issues (D'Anglejan & DeKonick, 1990; Ghosh, 1996). They have met with varying degrees of success (Paquette, 1994; Wallen, 1991). The next section looks at the influence of multiculturalism in nursing education.

### **Multiculturalism in Nursing Education**

Social trends show up in nursing education. (Grypma, 1993; Leininger, 1984; MacDonald, 1987). Changing demographics are reflected in nursing classrooms and in the clinical practice area. Classrooms have students from many cultural communities. There are those whose families have been in Canada for generations, those who are children of immigrants and those who are immigrants themselves. In the clinical area, nursing students are learning to

care for clients from most of Canada's cultural groups. Multiculturalism is a reality that has been recognized but not particularly well addressed (MacDonald, 1987).

In the early 1980s the Canadian Nurses Association (CNA) recognized the multicultural nature of society as an important factor for the nursing profession and cites this as one justification to have the baccalaureate as the entry to practice (CNA 1982). Yet nearly a decade later a survey of professional schools revealed that few programs included significant curriculum content and training in multicultural care and found few faculty members educationally prepared to provide expertise in the subject (CIIEPS, 1994).

In 1990 the Committee for Intercultural, Interracial Education in Professional Schools (CIIEPS) was established as a national project sponsored by the Department of Canadian Heritage. Its major goal was to further investigate the state of intercultural and interracial education in health-related disciplines by conducting regional workshops to study the issue and propose recommendations. After four years of work, CIIEPS published its report Educating Professionals for Diversity and distributed it to all university and college programs that took part in the proceedings (CIIEPS, 1994). Of special interest to nursing programs was the inclusion in the report of a model for integrating cultural content into an undergraduate nursing curriculum. At present, there is little evidence to indicate how much of the report will be used by the various professional schools as the recommendations have no legal weight.

Despite Canada's formal commitment to multiculturalism, nursing curricula have not adjusted to reflect the cultural diversity of the population (MacDonald, 1987). MacDonald criticizes the way in which cross-

cultural concepts are taught claiming the effort to be too little, too late and too incidental. She claims students are not given a firm base in cultural interaction thus their awareness is "limited and superficial" (p31).

While many nursing programs have made efforts to include multicultural content and clinical experience for their students (Leininger, 1984a, 1984b; Ntetu & Fortin, 1994; Wuest, 1992) so far, there is no evidence of consistency across the country. A review of Canadian nursing texts published within the last two years reveals little attention paid to cultural factors. Many references to cultural differences are limited to the Inuit of the far north of Canada and do not address the broader needs of a multicultural population (Kerr & MacPhail, 1996).

Canadian nursing scholarship generally draws on a large body of American literature and research. It is no different when the topic is multiculturalism. There is much movement across the Canada-U.S. borders by nurse leaders, educators, researchers and graduate students. Many of the textbooks used in Canadian nursing programs are produced by American publishers and most of the nursing journals used in Canada are American. Thus, a nursing literature review would be incomplete without mentioning the American picture.

Similarities and differences exist in the ways the two nations address the issue of multiculturalism. Some branches of nursing in the United States use the term "Transcultural " nursing to mean the care given to culturally diverse people (Leininger, 1976; 1984a, 1984b). Leininger, a nurse-anthropologist, pioneered transcultural nursing as a discipline, developing a model for practice and research and initiating undergraduate and graduate programs. Much of the American literature reflects her influence. In 1992 the American Academy of

Nursing published an expert panel report on "Culturally competent health care" that identified many of the same difficulties and deficiencies that the Canadian CIIEPS found at the same time (Davis, Dumas et al, 1992). For example, educators in both countries recognized the need to adjust curriculum to include culturally appropriate content and methods for addressing the needs of patients from diverse cultural communities. However, educators themselves did not believe they had the expertise to carry them out (CIIEPS, 1994; Davis et al, 1992). Nevertheless, the four decades of work by Leininger was barely mentioned in the AAN report (Leininger, 1993). This underlines the difficulties inherent in trying to move from a monocultural to a multicultural approach.

There is more American literature about baccalaureate nursing programs and their struggles with cultural diversity. It includes such things as dealing with students to whom English is a second language (Keane, 1993; McCausland Kurz, 1993) including Native American students (Crow, 1993; Demarest & Sokoloff, 1994) and curriculum revision to improve culturally competent care (Princeton, 1993; Rooda, 1993; Smith et al, 1993). Other authors have described transcultural nursing care in hospital and community settings. They discuss such problems as ethnocentrism, prejudice, discrimination, ignorance and cultural imposition (Davis, Dumas et al, 1992; Eliason, 1993; Leininger 1976, 1984a, 1984b, 1993; Rooda, 1993; Smith, Colling et al, 1993). Still others have presented support for the work started by Leininger (Eliason, 1993; Herberg, 1989; Ntetu & Fortin, 1994).

There has been some academic challenge to the way transcultural nursing theory has been formulated. There is concern that current transcultural concepts are simplistic and recipe-like, glossing over the difficulties inherent in communicating with people from other cultures (Nance, 1995). There are other



claims that the basic concept of cultural diversity has yet to be defined in a standard way acceptable to the profession as a whole (Habayeb, 1995).

Both American and Canadian literature reflects the confusion, ambiguity and lack of development in cultural competence in the nursing profession. Not only has the theory failed to be disseminated in basic nursing education, there are few nurse-educators capable of teaching the theory and fostering its application by students in clinical practice (CIEPS, 1994; Davis, Dumas et al, 1992; Leininger 1984a, 1984b, 1993; Pope-Davis et al, 1994). Few practical guidelines exist for nurse-educators apart from that of Leininger (CIEPS, 1994; Herberg, D., 1993; Herberg, P., 1989; Nance, 1995). Furthermore, available guidelines tend to relate to the teaching of culturally competent nursing care rather than to coping with the demographic changes in the nursing student populations.

A study done in Montreal contrasted multicultural curriculum content in a university and college nursing program as perceived by both faculties and students (Marciniak, 1990). The university faculty believed multicultural content was adequate in their program although the students believed important elements were missing. College faculty and students believed many important aspects were missing from their program. All groups believed that graduates were adequately prepared to deliver culturally sensitive care that did not violate their clients' cultural values and beliefs even though few concrete teaching and learning opportunities related to culture were formally included in the clinical practice experiences. Although this study did not examine how teachers and students interact in a multicultural setting it underlines some of the difficulties inherent in implementing multicultural practices when teachers do not have the expertise to do so even though they believe in its importance.

Another study done in Montreal examined the day to day experiences of hospital professionals as they coped with the multicultural nature of their patients and colleagues (Boston, 1994). It revealed inherent weaknesses in the ways in which practitioners were trained to give care based on a predominantly western model of health care when they were also expected to deliver culturally sensitive care. The two are often mutually exclusive. As a result, professionals had to develop informal, ad hoc ways of accommodating the multicultural reality in their practices. This study emphasizes the need for a coherent approach to developing the skills needed for delivering health care in our multicultural society. It also reflects the effect that professional culture has on the everyday practice of health-care despite the multicultural policy of an institution.

The following section discusses nursing as a professional culture.

### **Professional culture**

The profession of nursing socializes new members to take on the behaviours, attitudes and ways of thinking that are considered appropriate for nurses (George & Larsen, 1988). Nursing professional culture has changed since feminism became more prominent in the 1970s (George & Larsen, 1988; Kerr & MacPhail, 1996). While nursing is still regarded mainly as women's work, the profession has been striving to gain recognition as an equal partner with other professions in the healthcare system (George & Larsen, 1988; Kerr & MacPhail, 1996). Nurse educators have been striving to instill the kinds of attitudes and standards of practice that are needed to accomplish a change from subservient followers of doctors orders to independent practitioners of nursing (George & Larsen, 1988). Nurse educators believe they are showing adherence to the values of the profession when they promote independence, assertiveness and autonomy (Kalisch & Kalisch, 1987; MacPhail, 1988; Vance,

Talbott, McBride & Mason, 1985).

Assertiveness is promoted in clinical practice as a way of ensuring equal participation in decision-making within the multidisciplinary health team. Caring is considered by many nursing leaders to be the underlying value of the nursing profession. It serves as the philosophical basis for the Code of Ethics for Nurses (CNA, 1991). There is also a great concern for the use of a scientific basis for choosing and implementing nursing interventions (George & Larsen, 1988). Nurses are greatly influenced by the mainstream medical model which emphasizes rational, objective treatment of recognized diseases and conditions. Thus, there is often a tendency to pay more attention to performing established therapies for illnesses rather than caring for the person who is not healthy (George & Larsen, 1988). Despite the emphasis on independence, cooperative and supportive relationships with clients, peers and other professionals are also highly valued (CNA, 1984).

The next section discusses the 'hidden curriculum' in education.

### **The hidden curriculum as culture**

There has been much published about the "hidden curriculum" both in mainstream education and in nursing education. The term signals those aspects of the curriculum that are socially very important but not usually articulated (Marsh, 1992). They are not usually included in written behavioural objectives. This puts students at a distinct disadvantage and puts an obviously subjective slant on teachers' evaluation of student performance. The following description of the hidden curriculum puts it firmly in a cultural mode (Seddon, 1983 as cited in Marsh, 1992).

The hidden curriculum involves the learning of attitudes, norms, beliefs, values and assumptions often expressed as rules, rituals and regulations. They are rarely questioned and are just taken for granted. The judgment about whether a hidden curriculum is positive or negative depends upon the value stance of the person

concerned. (p. 20)

The subtle messages included in the hidden curriculum have the power to devalue, exclude and discriminate those who are different from the majority (Ghosh, 1996). Those negative outcomes do not belong in a profession (nursing) that claims to have caring as its central philosophy. Even if the majority of nurse-educators are not using the hidden curriculum deliberately as an exclusionary tactic it does not relieve them of the responsibility to examine and overcome its effect.

As an antidote to the dichotomy between education and practice, Bevis, a prominent expert in nursing curriculum, collaborated with Watson, a theorist in nursing philosophy, to spearhead a curriculum "revolution" in which caring became the underlying theme of the nursing curriculum. Bevis and Watson (1989) redefined nursing curriculum from being the document of behavioural objectives guiding the teaching-learning process (Bevis, 1972) to being the

transactions and interactions that take place between students and teachers and among students with the intent that learning take place. (p. 72)

That change indicates a move away from behaviourist theory as the only framework for curriculum development and acknowledges the need to find alternatives that recognize nursing as a human science developing its own theory base. It reflects the evolution of a profession that is no longer depending on the use of the medical model as a way to gain validity as a profession (Bevis & Watson, 1989; Morse et al, 1990; Morse et al, 1991). As a welcome paradigm shift, the new pedagogy for nursing was endorsed by the National League for Nursing, an influential American organization dedicated to maintaining high standards of nursing education, research and practice.

The new definition of curriculum removes the 'hidden' element and

places the responsibility for professional acculturation on the interpersonal relationship of student and teacher. One of the crucial elements of the pedagogical revolution is that teachers interact with students as "persons of worth, dignity, intelligence and high scholarly standards" (Bevis & Watson, 1989). The caring curriculum requires self-awareness and continuing professional development by teachers (Morse et al, 1991). It also encourages teachers to become students, learning from their students and the interactions between them, formally in the classroom and clinical area, and informally in social situations no matter the location. The traditional power relationships between teachers and students are altered so the distinguishing characteristics are collaboration, collegiality and equality (Bevis & Watson, 1989). The idea of teachers as students learning from students as teachers can be directly and appropriately applied to the nursing classroom in a multicultural society.

## **Chapter Two: Methodology and questions**

There is a paucity of literature, both descriptive and theoretical, related to the cultural component in the relationship between nursing teachers and their students. Thus, very little is known about the ways in which multicultural principles are implemented and developed in community college nursing programs by teachers in their day to day interactions with their students. This study proposes to examine that process in one community college nursing program.

Teachers are experts in nursing content but it is still unclear how the teaching and learning process occurs in a multicultural classroom and society. The research questions were designed to explore that process as it occurs in one location. Is there a fit between the formal and informal aspects of nursing education as embodied in the faculty who are from the dominant culture, and the needs and aspirations of a multicultural student body? How have the nursing teachers adjusted to the multicultural nature of their classrooms? In what ways do teachers interact with students?

Thus, the following questions were formulated to guide the study.

**How have nursing teachers responded to the multicultural student body?**

**1.0 What are teachers' perceptions of cultural influences on their relationships with students?**

**1.1 What are teachers' perceptions of cultural understanding in their teaching practices?**

**1.2 How do teachers' perceive the cultural influences on students' ways of**

**learning and interacting?**

**1.3 What cultural traits in students elicit negative responses from teachers?**

**1.4 How have teachers' experiences with students changed over time?**

**1.5 How do teachers perceive the appropriateness of course objectives?**

**2.0 What are the students' perceptions of the cultural influences on their relationship with teachers?**

**2.1 What perceptions do students have about cultural influences on their way of learning and interacting?**

**2.2 What are students' perceptions of the cultural influences on teachers' ways of interacting?**

**2.3 What experiences have students had with teacher responses to students' cultural backgrounds?**

**2.4 How have students responded to those experiences?**

**2.5 What are the experiences of students with various teaching approaches?**

**2.6 What perceptions do students have of the appropriateness of course objectives?**

**3.0 What is the cultural understanding between students and teachers in the nursing program?**

**3.1 What are the commonalities between the perceptions of students and teachers regarding the cultural basis of behaviour?**

**3.2 What are the major differences in student and teacher perceptions about the cultural influence on learning and interacting?**

**3.3 What common cultural traits are perceived as difficulties for students and teachers?**

**3.4 What course objectives are perceived as problematic by both students and teachers?**

**3.5 What is the nature of the relationships between students and teachers?**

### **Methodology**

**The study followed standard tenets of qualitative methodology.**

**Qualitative research implies a direct concern with experience as it is lived or felt or undergone (Merriam, 1988; Patton, 1990; Van Manen, 1990). Unlike quantitative research which relies on subjects acting in contrived experiments qualitative research observes people as they go about their daily business (Edson, 1988). Evaluating or appraising the findings leads to an interpretation of the meanings and relationships of experiences to those involved. In other words, the participants reveal the significance of events and people to themselves as they occur in the natural setting. In order to do this, describing the context of the experiences is extremely important. Sherman & Webb (1988) put it this way:**

**Human behaviour is shaped by context and can't be understood adequately if taken out of context. (p. 5)**

**Using qualitative methods can be useful when exploring a relatively new field of enquiry. According to Patton (1990)**

**In new fields of study where little work has been done, few definitive hypotheses exist and little is known about the phenomenon, qualitative inquiry is a reasonable beginning point for research. (p131)**

**The relative absence of studies examining the cultural aspects of the relationship between teachers and students in Canadian college nursing programs indicates there is little known about this phenomenon. This study has attempted to bridge this gap in knowledge and provide further insight into**



multicultural issues in college nursing programs. The approach draws on methodological principles underlying phenomenology.

Phenomenology is the systematic exploration of perceptions formed by people as they experience their world (Cohen, 1987; Morse & Field, 1995; Van Manen, 1990). It is an approach that seeks to understand the meaning of events experienced by the participants rather than a mere description of the events themselves (Cohen, 1987). Finding the direct cause of the phenomenon is not the major goal as it is in positivist research (Maykut & Morehouse, 1996). Phenomenologists believe that events are 'mutually shaped' and thus contain "multidirectional relationships waiting to be discovered" (Maykut & Morehouse, 1996, p. 11). Thus, the many influencing factors in the study context can be examined and explored for ways in which they influence each other. As the goal of the study was to discover how culture influences the teaching and learning in a nursing program, phenomenology, with its emphasis on the complexity and interrelationships between influencing factors seemed appropriate.

Another important aspect of phenomenology is for researchers to honour the interpretation of the events according to the participants and to avoid imposing their own ideas of the significance (Maykut & Morehouse, 1996). Thus, it is important to describe the perceptions without forming preconceived assumptions about what one will find because the aim of qualitative research is "discovery that leads to new insights, not verification of predetermined ideas." (Sherman & Webb, 1988, p. 5)

Remaining faithful to the underlying principles and philosophy of qualitative research, this study asked participants to describe their experiences in their own words. Guideline questions were used to give some structure to the

stories, but were broad enough to allow individuals to respond in as detailed or concise manner as they wished.

However, the questions were only the vehicle used to facilitate the gathering of data. The real instrument was the researcher. Qualitative research does not try to exclude the researcher from the process but relies on the empathy and interest of that person to elicit rich data (Sherman & Webb, 1988). The researcher becomes part of the context being studied (Hammersley & Atkinson, 1995). I have taught in Eastern College nursing program for over twenty years. After teaching for some years I realized just how little I knew about culture. I became aware of a growing tension between my pedagogical approaches and the responses of students from increasingly diverse cultural communities. Informal discussions with other faculty members revealed similar discomfort as the familiar and previously successful teaching methods became less effective. There was a general feeling that students were not as well prepared academically. Failure rates in some semesters climbed from an expected ten percent to as much as thirty percent for one particular class. I wondered if the change in the cultural mix of the classes had led other teachers to change their approaches. If so, what were they doing, was it successful and could I do it too? However, informal discussions with teachers would show only one aspect of the situation. I needed to find out if students were going through similar difficulties adjusting to their teachers.

As a result, I have sought to reveal what nursing students and teachers experienced in a multicultural environment. The study has aimed to discover if there were commonalities or themes among students' perceptions of their relationships with teachers. It did the same with those of the teachers. It compared those themes between the two groups to reveal any common areas

of concern. The analysis was inductive arising from the experiences and perceptions of the respondents as they described them (Bandman & Bandman, 1995; Morse & Field, 1995). Patterns in the descriptions were sought without deciding what the patterns and relationships would be ahead of time (Patton, 1990). Because of the small sample size, the conclusions cannot be generalized to all nursing students and teachers (Lancy, 1993; Moore & Parker, 1989). Thus, the study was used foremost as a way to examine how the program at Eastern College has been influenced by multiculturalism and to suggest which factors could be improved.

After the initial analysis, it became clear that students were often the lesser partners in relationships of power. Teacher respondents often said how difficult it was for some students to interact with them as partners in the learning process. Thus, I decided to approach the analysis of the data using concepts and principles underlying the work of selected critical theorists. The following section discusses the major concepts of critical theory used in the study.

### **Critical theory**

Critical research can be best understood in the context of empowerment of individuals (Kincheloe & McLaren, 1994). When the original critical theorists of the Frankfurt School approached social problems (in the 1920s) they did so from a Marxist viewpoint. By the 1950s (after the traumas of the second world war) the philosophy became broader. Then, the most important aspect of critical theory in its study of social phenomena was to examine the use of power as a means to preserve the established social order through oppressive ideologies (Childers & Hentzi, 1995). Since then, critical theory has evolved in various directions. Most significant for education in societies with many cultural communities, it has been used to study inter- cultural misunderstandings

(Hammersley, 1990). Theorists such as Freire, McLaren and Giroux outline succinctly the hidden aspects of schools and pedagogy that reproduce social inequalities. Critical theorists claim that knowledge is not objective and there is a relationship between knowledge, power and domination (Giroux, 1988a, 1988b; Kanpol, 1992). They also believe that schools could be places in which to empower the powerless and transform social inequalities and injustices (McLaren, 1994, 1995). It is the idea that schools are cultural and political sites that make critical theory particularly pertinent for a study taking place in a multicultural educational setting. Even more fitting is the idea that critical theory can be used to discover the conditions that limit the full and conscious participation of individuals in society (Wells, 1995). It is appropriate to use critical theory to examine an educational setting in which teachers have remarked on a decrease in academic abilities of a multicultural student body. In Eastern College the relationship between teachers and students is influenced by such systemic forces as the need to pass exams, the expectation that students reach clinical objectives by performing in expected ways, and the working conditions of one teacher to eight students in the clinical setting. Perhaps the most important factor is teacher expectations that students take on the attitudes, values and behaviours of the profession, meaning that students do most of the adjusting and adapting. Major concepts from critical theory include the effect of difference on identity formation, oppression, ethnocentrism, prejudice, discrimination, ignorance, cultural dominance and imposition (Freire, 1970; Ghosh, 1996; Giroux, 1988a, 1988b; McLaren, 1994, 1995).

### **The setting**

The nursing program involved in the study is situated in a community college in Eastern Canada. Nursing education moved from hospital schools of

Nursing to the colleges around 1970 when the college system was inaugurated. College curricula are based on a philosophy of general education including English, French, Humanities (Philosophy) and Physical Education for all students. In addition, students follow either pre-university courses or technological ones that prepare them for the work-force. The teachers in the program are all university graduates, the majority with Master's degrees. The college itself serves a community that has become more varied over the past ten years. The cultural mix of the whole college student body and the faculty reflects the changing demographics of Canada, whereas the Nursing faculty has become less varied as teachers who have retired have not been replaced.

### **Sample**

The sampling process was purposive, meaning the researcher has significant knowledge about the characteristics of the population and thus, may handpick the cases to be included (Patton, 1990). Although both teachers and students were invited to participate, it was limited to nursing teachers and third year nursing students. All the nursing teachers at Eastern College were invited on the basis that faculty as a whole had voiced an interest in examining the ways in which changing demographics might require a change in teaching approaches. Each teacher works with students not only in the classroom and laboratories but also in the clinical (hospital) setting with groups of up to eight students at a time. Thus, teachers have many opportunities to interact closely with their students. Only students in the last semester of the six semester program were invited to participate in the study. By that point in the program, students had worked closely with a minimum of six teachers in their clinical experiences and possibly as many as twenty teachers in the laboratory or

classroom. The variety of relationships provided the students with many different learning experiences. By the final year of studies, students had also developed a stronger sense of what conditions contributed to their learning and what factors hindered it. Throughout the program students were given many opportunities to reflect on their experiences and to evaluate courses and teachers. Thus, in many ways, the study was a familiar process for them. Finally, they were no longer directly influenced by the researcher who teaches in third and fourth semester courses. Thus, students' fears of academic reprisal if they revealed negative experiences were minimized, if not eliminated.

As an added precaution to protect the rights of participants the researcher followed college procedure for conducting research on human participants. The study proposal was reviewed and accepted by the Eastern College Research Ethics Committee as well as the McGill Department of Educational Studies Research Committee who ensured that students gave informed consent to participate. Confidentiality of all participants was also protected. In order to maintain confidentiality the guideline question forms were coded by the researcher ahead of time. Participants entered that code on the consent form. Both the code sheets and the consent forms were sealed in envelopes and submitted to the Eastern College Director of Research and Development (see appendices 3 and 4). Code sheets were destroyed at the end of the study. Teachers' handwritten responses were transferred to a printed format before being seen by the researcher and the originals were destroyed, thus preventing identification of any individual. Student interviews were taped without identifying the respondents directly. They were identified by a code known by the researcher. This was to facilitate verification of data and prove authenticity if necessary. The tapes were erased after the responses were

transferred to a printed format. I had to verify some of the responses by listening to parts of the tapes because the transcriber had difficulty hearing some of them. The use of nursing 'jargon' also contributed to the problem of deciphering some passages.

### **The Data gathering process**

There were two sets of guideline questions developed by the researcher for use in this study. One was given to students to describe the cultural aspects of relationships with teachers (appendix 1). The other was given to teachers (appendix 2). This one asked for examples of culturally based experiences with students that have caused difficulties or that have promoted learning. Both guidelines asked the participants to describe their ideal of the other. The guidelines were distributed weeks before interviews were expected, leaving time for participants to formulate their replies and arrange their workload to accommodate another demand on their time. Formal, taped interviews were not used in the initial phase with teachers in order to allow the researcher to use their data more objectively. Anonymity of the authors of the responses made it easier to allow the data to speak for itself. After the initial analysis, I discussed various ideas informally with teachers who expressed an interest in "how the study was going". Again, it was purely on a voluntary basis. I used the interview format with students. Experience told me that many students prefer to express themselves orally rather than in writing. The interviews were taped and then transcribed. They were loosely structured to allow participants to describe the experiences that were most significant to them. Assessing what is important to the participants and validating perceptions are processes familiar to teachers and students in the Eastern College nursing program. Thus, they felt

comfortable participating in that way.

Inductive analysis was used to organize the data into categories that were helpful in describing the multicultural experiences of the participants. The development of descriptive categories facilitated the linking of these categories to the data from which they arose (Berg, 1989). It was vital to the qualitative nature of the study that the categories arose out of the actual data rather than being imposed by the researcher (Patton, 1990). The underlying goal of the study was to discover if there were patterns or themes that occurred in the experiences and perceptions of the participants. Thus, the events, meanings and understandings had to be accurately described by the researcher. Initially, I tried to present all the data according to the general questions asked. I wanted to establish how teachers perceived the changing demographics in the student body. Thus some of the themes (Perceived changes in teacher awareness, Culture in the curriculum, classroom and clinical setting) arose directly out of the questions. The themes The ideal student and The ideal teacher also came from the research questions. However, it soon became obvious that key concepts from critical theory arose frequently in students' responses. With such concepts as stereotype, difference, ethnocentrism and identity occurring in many student's reports it was a logical step to examine teachers' replies for similar terms. They occurred there too. Also, themes reflected both student and teacher concerns. Thus some themes, such as Changes in teachers' perceptions ' and Literacy, language and communication issues, reveal more about teacher perceptions. Students are more represented in the themes Students and their many roles and Student responses to teaching approaches. Other themes such as those related to culture in the classroom and the role of values are relatively balanced in their importance to



teachers and students. Categories remained useful as most of the data fit well. The main difficulty was in deciding which of so many similar accounts would be most illustrative of the concepts revealed. The data will be presented in such a way that the interpretation is readily acceptable and clearly supported by the data (Berg, 1989; Merriam, 1988; Patton, 1990).

I spoke first to a small group of students, asking them what they thought about the study and when would be the best time to actually get them to participate. They were receptive. One student even said "It's about time someone asked us how we feel." Another said "There have been students who have been really hurt by some of the things going on." Thus, I arranged class time to present the study, explain the consent form and distribute the description, guideline questions and consent forms. I presented the same to the faculty at a regular faculty meeting. Participation was entirely voluntary. There was no attempt to persuade anyone to participate. By the deadline, few people had replied so I made a second request to each student and teacher. Teachers said they would reply as soon as possible. I extended the deadline, putting notices up for students and teachers on the department bulletin boards. When I mentioned how few students had responded, third year teachers remarked that the class seemed to be particularly stressed by the amount of work required and by the fact that a number had failed the first sixth semester course. Failure at that point in the program was quite rare. Incidentally, that particular course was structured to include mostly small-group work, student-run seminars and presentations in order to promote collaboration and problem-solving by students. Eventually, enough students and teachers replied in writing or through interviews to allow the study to proceed. One third of the teachers submitted formal, written replies. One third of the student population

participated. Fifty per cent of those chose to be interviewed and the other half preferred to submit their perceptions in written form. I did not try to influence the choice of format for the students. Two students discussed their replies with each other but wrote them independently. In order to protect the identity of the student-participants I cannot describe individuals. However, in order to contribute to the significance of the findings and analysis I will describe pertinent characteristics of the student-participants as a whole. Ages spanned from nineteen to thirty-seven. Half were married and had from one to three children, mostly school-aged or younger. Only two had English as a first-language. For others, English was a second or third language. Three spoke four languages. All but one were able to speak enough French to be effective with francophone patients in the hospital. Only three were born in Canada. Of those, two were children of immigrants. Students or their families came from Caribbean countries, Portugal, Italy, Africa, India, Malaysia, and the Philippines. Half of the students completed high-school in Canada. For some, this was their first experience in post-secondary education. Three had other college diplomas. Two had some university education. With one exception, all of them held part-time jobs during the school year in order to support themselves or their families. The wide variation in student demographic characteristics contributed significantly to the richness of the data, despite the relatively small size of the sample. According to Patton (1990) this type of sampling leads to learning a "great deal about issues of central importance to the purpose of the research" and thus is known as 'purposeful sampling'. "The logic and power of purposeful sampling lies in selecting information-rich cases for study in depth" (Patton, 1990). As a consequence of the type of sampling, the results of the study are descriptive of the particular program only and not generalizable to any

other nursing program (Patton, 1990). However, other nursing faculty, administrators and policy makers may find the results of this study relevant to nursing program development in multicultural settings.

An interesting result of using volunteer participants (both teachers and students) was the appearance in teacher responses of comments about ways in which other teachers interacted with students. There were reports of teachers acting in culturally insensitive ways with students. Student participants related these incidents to the teacher participants who then included them in their own responses. Neither students nor teachers were aware of the other's participation in the study. This shows one of the drawbacks of using self-selection of participants. Those who volunteer for such a study are probably those who have an interest in such an issue and thus, may be more 'in tune' with students, no matter their cultural background. It is unlikely that a teacher who knowingly behaved in a culturally biased manner toward a student would reveal it in the study. Those who think they may have done so question themselves and are on the alert to avoid further episodes, or at least, to reduce the negative impact of their ignorance by enlisting the help of their students, the experts in their own culture.

#### Strengths and limitations of the study.

Because it was done by a teacher well known to most of the participants, the responses were given generously and willingly, resulting in very rich data. The voluntary nature of the study had both positive and negative outcomes. Positive in that participants were enthusiastic and interested. Negative in the fact that the small sample size will not allow generalizations to subsequent classes at Eastern College nor to other nursing programs. Consequently,

similar studies could be done at that and other sites. Because literacy was such a significant concern to the teachers, other studies should be done to determine if this is a continuing trend. The time available to do this study (given student and teacher workload and the few days students were in the college rather than the hospital) was fairly short. Future studies could be organized to allow sufficient time for follow-up interviews. Participants could then be invited to comment on the analysis. It would result in a collaborative study, more in line with the goal of multicultural education. That is, empowerment of all students, regardless of their cultural background.

I am acutely aware that the use of 'we' and 'they' could be construed as illustrating which are the powerful and which are the powerless, and that critical theorists see those terms as oppressive (Bhabha, 1994; McLaren, 1994, 1995). They can signify the included versus excluded, accepted or unaccepted, the norm or the different, typical of western polarization and dichotomy. However, given the nature of the study and the findings the terms seemed logical. It also made the grammatical contortions less strenuous. As a member of the faculty I include myself as part of the 'we' and thus must accept responsibility for the shortcomings as well as the successes described by the students. The next chapter describes the findings.

### **Chapter Three: Findings - Perceptions of Culture**

This chapter addresses the perceptions of culture from the teachers' and students' point of view. The findings are presented according to the main themes that arose out of the data. Written responses showed a lot of thought. Teachers' responses revealed their apprehensions as well as their successes. I was struck by the depth of concern of many of them. Students shared mostly their embarrassments and anger but there was also a fair amount of laughter during interviews. No-one who heard their stories could remain complacent. The analysis of the findings will start with a section titled Perceived changes in teacher awareness, a description of the changes teachers have recognized in the student body over the last five to ten years. The next section Struggling with difference reveals teachers' perceptions of their lack of cultural expertise. The section on Culture in the curriculum, classroom and clinical setting includes pertinent references to teacher-student interactions, classroom presentation, textbooks and clinical experiences. Students' and teachers' perceptions will be presented. The short section called Student responses to teaching approaches shows some of the common ways in which students respond positively and negatively to various teaching techniques. The next section will explore Literacy, language and communication issues. Although this seemed to be more of a teacher concern, there are a number of significant student experiences with communication. Perceptions of the role of cultural values is next. Among other values it includes perceptions of privacy. Students and their many roles follows. That section is followed by one on Perceptions of gender differences, reflecting not only the increased number of males in the program, but the surprising number of male participants in the study. Important teacher expectations, including their description of the ideal student follows. The

chapter finishes by describing The ideal teacher according to the students.

### **3.1. Perceived changes in teacher awareness.**

The first theme describes how teachers have responded to the change in student demographics. The student body that reflected the faculty's mainly Canadian, female, middle-class characteristics has changed to reflect the many cultural communities that now make up most Canadian cities. Teachers report some major advantages due to the increased cultural diversity among students.

#### **Advantage: learning about culture**

There is the opportunity for "sharing different viewpoints on cultural issues". Most teacher respondents commented on the usefulness of having students from many cultures in the class and clinical area. e.g.

We can have a much richer discussion of many cultural, religious, ethical issues because we have a much bigger pool to draw on from students' personal experiences.

Another claimed there could be a more "meaningful exchange of actual cultural practices related to the topics of nursing." Another teacher said the "massive influx of students from various parts of the world" results in the students becoming "remarkably tolerant of differing cultural viewpoints". They "inform one another and their teachers" about different cultural attitudes and practices related to health, illness, family functioning, the role of women, etc. As a teacher said

The change for me has been in my own sensitization to differences in beliefs and values about health from various cultures.

Another related a story about the role of the mother in the family:

A fourteen year old boy was being fed by his mother, spoon to mouth. There was no physical need for this. The student caring for this patient saw this as "normal" behaviour. His belief was obviously a cultural one, where mother tends to the needs of the family. I began to realize how our developmental landmarks are North American standards. This student thought I was off base.

**This teacher described how a young Greek student helped an Italian family:**

She was very instrumental in helping this family decide to tell this man his diagnosis, and to convince the children that the stepmother was unable to provide all of the care he required, and therefore would need to stay in hospital and not to go home. The decision not to tell this man his diagnosis and the belief that the wife could care for him, in my mind, are culturally determined. My student recognized this and differentiated from her own family values. She clearly stated,  
 "I know it's their norm, as it is in my culture. My family has changed (to a more North American view).

### **Advantage: multilingualism**

**Teachers report deliberately fostering discussions about culture to enlarge their students' understanding ( and their own) As one teacher put it:**

- **Students are able to compare the lived experience of their own cultures with the other students in the class. This has given more meaning to discussion of the stimuli of culture rather than culture as described from studies described in a reference book. The exchange has been very stimulating for discussion and enlightening for students and teacher. ....As well students seem to becoming more aware of their own cultures and values as other people speak. Perhaps listening to classmates describe beliefs, values and practices helps students to acknowledge other cultures and also stimulating introspection of self.**

**Teachers said they appreciate the ability of multilingual students to communicate with people in their own language when it is other than French and English. One even said**

**They also have a better appreciation of how disadvantaged the client who does not speak English or French is in accessing our health care system.**

**Another said:**

**Students who speak other languages often have the opportunity to care for clients who do not speak English. They share experiences in conference of how they were able to help their clients. The positive feedback they receive from the clients helps them with their self-esteem and gives them a feeling of satisfaction in assisting clients with their goals.**

**Both teachers and students reported that many students are the interpreters for their own parents at doctor and clinic appointments. Some students miss**

classes and clinical days in order to accompany a family member to such appointments. However, none of the teacher participants made any comments about such absences, they just noted that it happens.

#### Advantage: learning from students

Many teachers claimed that they (the teachers) learn a lot from students. This includes such things as customs, folk remedies, attitudes about authority, caring behaviours, philosophies about life, styles of learning and numerous other things. Revelation by a student helped this teacher recognize a cultural aspect to dealing with misfortune:

I had a Chinese student who could not understand that helping someone talk about their loss was a useful strategy. He said that in his culture when you can't change something, you are expected to move on, so talking about the loss is an ineffective behaviour.

Another teacher said that she takes time to explore cultural differences in ethical discussions:

Keeping information from the client with a poor prognosis is frequently seen with our Moroccan Jewish, Italian and Greek families. We have a lot of discussions around these issues, what is truth-telling, to whom does the nurse owe her/his primary obligation, how is the nurse-client relationship affected if the nurse is "lying", what are the implications for caring characteristics such as being honest, genuine, etc.

Attitudes to authority were revealed in a student's explanation to his teacher about the role of the teacher in his culture:

He readily spoke of his view of the teacher-student relationship. Teachers were in an elevated position he explained, and it was the student's very great privilege to be taught.

#### Ambivalence: maintaining professional standards

However, many teachers also report grappling with such things as treating students as individuals, appreciating differences but still maintaining professional standards. As one teacher put it:

I am not at all sure that there is an issue of culture so much as there is an issue of knowing the learner. There has to be room for different personalities - some of which may differ drastically from our own. The issue should be professional competency, not personality.



Another teacher who reported struggling with how to integrate new ideas about culture that she learned from her students said:

How much leeway can I give, while maintaining professional standards? How much help do I give students, knowing that they need to think independently when they finish our program?

### Students unaware of teachers' efforts

However, many student respondents stated they believed that most of their learning about other cultures was done informally, separate from the curriculum and the teachers. One student said "it just happens by the way".

Another complained that

In the clinical area, I find that black patients in particular, are hardly assigned to students. . . . However I would think that teachers would make a conscious effort to expose students from the numerous cultures (which is the reality of the scope of clinical nursing).

When another student was asked if the program as a whole had been set up to help students learn about different ethnic groups and interact effectively, he said this:

I think it's more taking advantage of it (being in a mixed class). I haven't really seen any - there's never any - I haven't seen any formal - other than - we had the transcultural nursing seminar, and really all that you mentioned in there, is that it exists. And a couple of examples. Because I mean, there's no way, we could go into all the different types of ethnicities.

On further questioning about whether he developed any of his understanding about different groups because of the nursing program he said:

I think in, in learning communication skills. Um, learning about the transcultural stuff - going into the hospitals and seeing different groups of people and having to work with these people and even just being in a class where you have people from different countries. Not everybody in our class is from Canada. .... I think what it does is, it facilitates an opportunity to take advantage of it and whether you take advantage of or not is really your own choice.

## **3.2. Struggling with difference**

This brief theme reveals the perceptions of difficulty reported by teachers as they try to adjust to their changing classroom environment. As experts in

nursing and pedagogy, teachers say they realize that they "need to take the initiative" to become "more adept in communicating cross-culturally", but many say they feel like "novices" and worry that they have not yet developed the skills needed. As one teacher put it:

When I first became a teacher, I considered myself to be culturally sensitive, but beyond that I hardly considered the impact of culture on education. Recently, I have become more aware of the politics of exclusion and have begun to note the insidiousness of exclusion.

Another said "I worry about cultural meanings that I miss, from ignorance."

Some teachers reported feelings of distress when their best efforts to help students from other cultures didn't result in success. For example:

I engaged myself to help her by gently helping her learn take-charge behaviours. She made some progress but the task was too daunting and ( she ) failed out of the program after having two academic failures. I feel that we failed in our endeavour to provide a suitable educational context.

On the other hand, there is the feeling that spending so much time helping some students with basic language skills interferes with the teaching process and the learning of other students. For example:

One of my bright, articulate students complained of the lost time in postconference because we couldn't get into depth in some real nursing issues because the language level of some peers was so low that I was spending my time repeating what students were saying in simpler language and making sure that these students were at least on board with the focus of the discussion.

Another teacher put it this way:

Students with a culture similar to the teacher's and the curriculum can follow material faster. Students who cannot comprehend the basic meaning of phenomenon need more time and explanation. Thus pacing becomes a challenge in this situation.

### **3.3. Culture in the curriculum, classroom and clinical setting.**

One of the most obvious themes to arise from the data was the way in which culture was perceived to influence the curriculum both in the classroom and the clinical setting, especially as practiced by teachers and students. Teachers were seen by students as homogeneous, representing the dominant

culture and not very sensitive to cultural issues. One student respondent said "They don't fully comprehend the multi-ethnicity of a city like Montreal." This resulted in there being "too little curriculum content about cultural influences". One student went as far as to say some teachers resented the influx of immigrants:

But I guess for some people, it's still new. They're still getting used to it. That's what I think. Ah, some people just can't get used to it- - to see other people in their land.

Other students were more specific about curriculum failures. For example, one student claimed that teachers were

Not consistent in presentation of materials with regards to trends of health problems in different cultural groups. When a disease has a higher prevalence in blacks, it is mentioned. Prevalence is not included when it affects whites more. There is a feeling of being made different. Yet, the dominant group is not aware of the ways in which this kind of approach is exclusionary.

However, a teacher respondent also mentioned an occasion when a

black student took offense to the statistics stated about immigrants from a Third World country having a higher incidence of a particular disease.

### Textbooks are biased

Students brought up the issue of textbooks. They all agreed that many of the books reflect a white, middle-class, western bias. One student said that one book stereotypes certain groups. She gave the following example:

The textbook stated that Italians scream and need to be heard by others, it's their culture. This is not true, there are Italians that scream when giving birth, but in our culture there are the ones that scream and others try not to.

She wondered "what teachers think about this." Another student stated:

Generally, texts tend to miss the mark on some aspects. Ah, the example that comes to mind is assessing skin colour for example.

This same student always spoke up to point out the omission but worried that whole classes of nursing students would be missing something vital if no-one

mentioned the exclusion.

I happen to be a Black student in a predominantly white classroom, but you can have no black students in that classroom and for that three years, no one knows to assess, for example, a black skinned client.

A student said that it isn't only texts that show bias or stereotypes:

Students tend to stereotype too, based on their (limited) personal experiences with people from those groups.

It should be noted that students participated during their final year of the program. After this particular group of student respondents finished their first year, the faculty has made an effort to be more aware of cultural issues and ensure that cultural content is included in the curriculum.

According to teacher respondents, some did mention textbook biases but others said they expect students to use the cultural information from their texts.

However, this teacher noted the exclusionary nature of some texts:

I went looking into all my books for pictures of different coloured people and this was difficult to find. To be fair, the recent version of Potter and Perry often includes racial variations.

She went on to describe how she had used that reference in class and related the following:

I don't know if it was my imagination but it seemed to me that there was a sudden pricking up of ears among students, to hear acknowledgment of a racial variation in physiological norms.

### Learning about difference

The teacher quoted above started to think about "the exclusion of minority people in our educational process" after a black student was unable to recognize significant colour changes in a white client even though this was the standard description in the textbook. This made her question how "nurses could take the standard and apply it to people of other colours". Since then,

she has made an "effort to be more inclusive" in her class presentation, bringing up "pertinent variations" as she goes along.

Exclusionary practices took other forms. Some students said the program hasn't really fostered understanding of culture. One student participant complained that teachers don't help students learn to develop cross-cultural skills by assigning clients of other cultures.

*In the clinical area, I find that black patients in particular, are hardly assigned to students. It is true that the percentage of black patients are relatively low. However, I would think that teachers would make a conscious effort to expose students from the numerous cultures (which is the reality of the scope of clinical nursing).*

This student, a woman of colour herself, had only one black client in three years even though there were always black clients on her wards. The teachers' process of selecting patient assignments was never clear to her.

In contrast to the student's experiences many of the teacher respondents claimed they make a point of assigning students to clients from different cultural communities.

*Students who speak other languages often have the opportunity to care for clients who do not speak English. They share their experiences in conference of how they were able to help their clients.*

Not only do the particular students benefit from the experience but the other members of the clinical group and the teacher learn vicariously through group discussions held to share information.

Another example in which the teacher used a situation to help students learn about difference was the following. A student who had been assigned to a family from South-East Asia was distressed by nurses' rejection of the client and family based on cultural differences. The room was very crowded with the family's belongings. The baby was on isolation precautions so the door had to be closed at all times. Family members brought meals from home for the

mother who was staying there full time. There was a distinct smell of very spicy food in the room. The student was disturbed by the way in which the nurses discussed the family and complained about the state of the room:

The nurses were talking about this particular client, the state of the room, and it was said no one wanted this patient. Of course, the patient, both the little baby and the mom, were given to the student. And I end up - when I walked in - yes, the curtains were drawn, there was a lady lying on a cot and there was the baby and it was all musty in the room and things were just not, you know, ah, in place. And I found that this lady was one of the nicest persons I met all day.

His explanation of the nurses' attitudes was the following:

I also discovered that when I looked around at the nurses who were speaking I would classify them as middle-income, well-to-do, white women. Caucasian women. The significance there is, that if you are white, probably not exposed, not sensitized to the Sri Lankan, the Tamil way of life, then no wonder they were speaking in that, in my estimation, condescending, "no one wants that patient" kind of attitude.

The incident was used by the teacher as the basis for a discussion about cultural differences and coping with bias on the part of co-workers. In contrast, another teacher asked this same student what he thought about the fact that an Inuit woman married to a white man had "given up her culture." The student replied:

And I found it was insensitive. The fact that you're married to someone of a different background, does not necessarily mean that your culture is compromised and that jarred. It jarred because I know a lot of people from my culture who are very decent people, they just happened to marry with someone from a different culture. And they're very active in their culture. They're very aware.

That example again illustrates that students can teach teachers about culture if only the teachers are open to it.

### Some students feel disadvantaged

There was a perceived bias in teacher expectations by black students especially. There was a feeling that they are treated differently, that they have to be better than others or work harder in order to pass. As one student said:

Teachers tend to have a negative perception of our culture, and we are treated as if we are not educated enough to fit in.

The feeling of injustice was described clearly by the following student's statement:

Some teachers approach students from the Black culture differently than others. There have been many problems with nursing teachers and black students particularly. For example, in the clinical area, students are usually able to recognize weak students. Although these students are presented as being weak they usually don't have problems with the teacher.

She went on to describe her own experience with this difference in treatment:

The clinical teacher asked me a question, which I answered incorrectly. She told me that I was not applying my theory. I asked the students in the group the same question, and they were not able to answer it, but yet I was the only one in the group with a problem.

Another gave an example of a classroom activity in which Jamaican people were portrayed negatively:

For example, in first year, during one of our ethics seminars, there was discussion about the various ethical components. There was different cases given based on various cultures. The one about Jamaicans given an impression of these ethnical group being all criminals.

There was often a feeling of powerlessness and injustice, a feeling of being singled out unfairly.

I find that to make it in nursing black students have to work twice as hard to prove themselves in order to pass.

As another student lamented:

Why can't I feel like a normal person - why do I always have to feel that need to be better? Based on the feeling that I'm, well, black, and have to always prove myself.

That feeling is echoed by the following student:

Another thing I hear for example interacting with people of my culture (black), other students, is that need to always work harder. It's very common, that feeling. That we need to be three and four and five times better than students - a similar student, same year, same program, of a different ethnic or cultural background.

### Stereotyping students

There were examples of being stereotyped, especially negatively. In fact,

one student was told at the last minute she was failing because "in her culture people didn't explore and communicate properly". The reason for her failure was never explained to her satisfaction. However, she made the following observation:

What made her come to that conclusion? And then I saw a pattern, in the group. And I go - it was me. It was another girl of my same nationality. And there was another boy of a different culture. All three of us failed.

She didn't appeal the failure even though she felt it was unjustified, believing that she didn't stand a chance of winning because the teachers would believe the teacher, not her.

Like, if my teacher's coming to this conclusion, why am I going to sit in front of a review board, who don't know me, and explain myself to them. They don't know whether I did that or not. It's her word against mine.

On the other hand, a number of students talked of being singled out because they didn't fit the stereotype of their culture. For example:

Many clinical teachers have said things to me like "you speak English so well. You must have been born here". What does that mean I wonder? Does it mean that the two (speaking English well and not being born here) are mutually exclusive?

A young woman of colour said:

I feel that my clinical teachers are all initially surprised that I am not shy and complacent as would befit my clinical stereotype.

Another student mentioned being surprised about teachers who wanted to know

Where did I get training from or manners from. When you ask something like that, then what I'm hearing is that you don't, you don't expect it. It's not a normal, natural occurring phenomenon.

On the other hand, a student believed she had been fairly treated because she is "assertive, knowledgeable, matured and able to display a positive first impression". She implied that other students of colour have not been so lucky.

There are other students whose culture experience didn't offer them the chance to acquire some personality. It will be helpful for teachers to recognize this and give these



individuals a chance to improve.

She also said "certain individual teachers need to be more tolerant". Another student claimed:

I feel that I have always had to prove myself to my clinical teachers, that I was a good student, "in spite of".

Many teachers say they are aware of the dangers of stereotyping students according to their cultural background. In fact, they question "what is cultural or background" and what is "personality or family influences". They also struggle with the idiomatic expressions that seem to show bias against visible minorities, trying to avoid using them eg. the use of black to imply the negative.

As one teacher confessed:

Although I feel that I am very open to various cultures and backgrounds, I am afraid of seeming to be racially prejudiced by old habit expressions popping out of my mouth eg. let's call a spade a spade, there's a black cloud hanging over my head, etc.

### Different learning styles

There was a feeling that teachers often expect students to know everything presented in class and in the text. If they don't, it is those from other cultures who are penalized the most. As one student noted:

Somehow it always happens that students from the minority groups are the ones who are picked on.

A similar sentiment was described by another young woman of colour:

Teachers expect me to know everything although they state that they do not expect us to know everything. When a black student doesn't know something, it would be used against them.

The majority of students said they like to ask teachers if they don't know something but found some would not answer and would send them to a text, or be angry that the student didn't know that because it is "in the book, or in class". How do teachers explain this? Many turn the question around and make the

student hunt for the answer because they want the student to learn not only the content, but also how to find something and "take an active part in his/her learning". As one teacher put it:

The student is in charge of her own learning and (that) it's the student's responsibility to use me as a facilitator-consultant in clinical work.

This approach is believed to make the students more independent, to help them learn how, when and where to get information. For example:

The student shows initiative by stating own ideas for solving problems encountered in clinical experience.

A similar approach to students' questions is to ask the students what they think or know. This is to promote "the ability to think critically and problem-solve". The approach reflects teachers' commitment to fostering autonomy and independent learning. It is meant to help the learning process but many students don't see it that way. As one student put it:

You know you ask something, "I did this and this. I still don't see the result, you know. What can I do?"

"Well what do you think?"

I don't know what to think, that's why I'm here. You see, it's like sarcasm. And then you know, your loss of...your self-esteem, it gets a kick. It makes you think -is it the teacher? Is it you?

Another student described both positive and negative perceptions of how teachers addressed questions from their students:

Some were approachable, and others you felt intimidated, or felt they would run to write down in their binders what question we asked, and what we did not know. Others you felt so comfortable to ask whatever you wanted. You knew you were being assessed, but you didn't feel intimidated and you felt the teacher understood, if you didn't know something, she wouldn't hold it against you.

If you would tell her, "I will get back to you with the answer," going to look for the answer in a text-book, she would understand, and comprehend that we don't know everything. Other teachers would say, you did not come prepared, and should know that.

### Students and teachers at war

Some students, primarily those of colour, described negative interactions

with teachers using terms more suitable to describing war. They occurred most often when students didn't know something or had made a mistake. For example, a student asked a question about a treatment which the teacher didn't know the client had. It was unacceptable to the teacher that the student didn't know and that she hadn't asked about it sooner. The student felt "attacked and put down." A similar experience occurred when another student asked a question about something that the teacher said was in class. She was told she "should know that information, that it shows a poor theory base and lack of preparation". After that, the student said, she was "always being quizzed by the teacher even though many of the others in the group didn't know the answer either". The student claimed that "it is akin to warfare and makes the student loose [sic] self-confidence".

Another student said she "felt attacked" when the teacher insisted she talk to a client about his diagnosis of cancer even though it was known that doctor and nurses were unsure of the diagnosis and were going to wait for proof. The student refused to go against the health-team's plan and her own better judgement despite the teacher's directive. The teacher failed her even though this incident took place at the end of the term and she had had good evaluations to that point. The teacher's explanation was that "people in your culture are reluctant to talk about death". This same student had spent two weeks caring for another client who was dying. She had spent time preparing the client and family for death, earning praise from family and staff. Failing the course was an extreme example of the power of a teacher being used against a student.

"Some teachers don't like to be challenged" according to one student. Others said that they avoid asking some teachers questions because they feel

not knowing something will be used against them. A number of students said they were not treated as students by teachers when they made a mistake or asked a question that the teacher said they should know. In fact, one student went as far as to say " They are treating us like enemies, like 'I can't wait to get you to fail'." One student even joked that a teacher thought "a revolution is coming" because she didn't understand that "the loud, energetic interaction between black students" was normal for them. She thought they were having an argument.

### Evaluation methods questioned

Unfair evaluation methods were brought up frequently. Written evaluations of students' clinical performances are kept in a common file and accumulate as the students progress through the program. All teachers have access to the files. Many teachers read the previous evaluations of each of the students in their clinical group before the beginning of the rotation (time in the clinical area). Some students believed that some teachers prejudge students through the application of stereotypes and also by using those previous clinical evaluations. "They are not willing to change their evaluations even when presented with evidence to the contrary" wrote one student. In other words, a previous teacher's negative evaluation is used as the basis of the next one, creating a situation in which the student loses because the teacher's mind is made up. As a student explained:

I heard the same thing the second time too. Because, I came to know that she read the first feedbacks from the other teacher, and she was using the same word. And I go "this is not good".

According to this student, everything positive the student does is negated and the negative things support the poor outlook. Students who believed that the

original evaluation was discriminatory said they were doubly penalized when the next teacher used it to the student's disadvantage. For example, when a student had a feeling of 'deja vu', she confronted the teacher as follows:

The next day I came to her and I said, ah, I'm assuming that you read so and so's feedback from last year, semester, she goes, "yeah, yeah." And she asked me, "what made you ask that?" I goes, "you used the same line that she used to use on me." She just - she didn't say anything but "Oh, we'll have to see then." And she gave me heck the whole rotation.

One student said she "almost failed a second course" because of this kind of situation. Another was told that even though nurses praised the student, it was the teacher who had the power to pass or fail. According to the student the teacher said:

Don't think that that's going to make you pass the course, you know. It's I who hold the last word.

On the other hand, prejudging on previous performance worked to the benefit of the students who had good marks and excellent clinical evaluations. They were encouraged to continue as before. As one student put it:

Teachers have always expected much from me, but I have always expected much from myself. I think their expectations also have a lot to do with your marks and what previous teachers have written about you.

Teachers report having had many discussions about the merits and disadvantages of becoming familiar with students' previous evaluations. Some teachers say they believe it is "helpful to know students' strengths and weaknesses" so no time is "wasted" reassessing. Teacher and students can start working immediately on improving performance. The cultural background of the student was not mentioned as a deciding factor in referring to previous evaluations. Other teachers say they "do not want to be influenced" by previous evaluations, preferring to make their own judgements. Some teachers

only refer to previous assessments if students show problems in clinical performance. They like to find out if the "problems are continuous or new." They also like to see what previous approaches have helped the students. Thus, the evaluation process is viewed by both teachers and students as an issue that is fraught with difficulties. Students perceived that it was made even more hazardous by the influence of culture.

### **3.4. Student responses to teaching approaches**

Another broad theme that emerged was that of student responses to teaching approaches. Students reacted to teaching approaches in various ways.

#### **Loss of voice**

Although less commonly reported, students sometimes responded to perceived negativity from the teacher by maintaining silence. In general, responding through silence or saying nothing was perceived as safer than trying to explain oneself. One student of colour who had been told she couldn't communicate was actually rendered speechless because nothing she said helped. As a result she believed "Silence is the better, you know, response than anything." Another, who didn't feel comfortable about something taught in class didn't speak up because of the danger of being thought "second-class".

Another woman of colour related the following:

A teacher said "I think in your culture, you people have difficulty communicating or interacting with people." We do have people in our country too, they have to know that. We don't interact with animals. Sometimes, you just want to say what you think, but you know, I just don't want that to come back to me, or make worse whatever she's trying to do to me.

#### **Birds of a feather...**

On the whole, students reported positive strategies for coping with

teaching approaches. The most common response, according to most student respondents, is for students from the same cultural groups to "hang out" together. They share experiences and support each other. Most of the time they speak in their own language whether it is socializing, studying or even working in class. When one student was asked if he had any ideas why this was so he explained:

**Linguistics.** For example if I speak a foreign language, um, Creole let's say, it probably most likely is easier for me to communicate in that language. I would feel more at ease during break.

Students say they discuss and validate their perceptions with their group members. A black student who had difficulties with a teacher "based either on my culture or my gender" discussed it with another student who said "why didn't you just call her racist?" He disagreed with the perception saying "I can say she discriminated or she treated me different".

Sometimes, students accompany each other to teachers' offices to lend support when a student is too timid to go alone. In the clinical area, they often help each other with new procedures or with anything of which they feel unsure. This is especially so if they feel wary of the teacher. Often, nurses from within their cultural group go out of their way to be helpful too.

The tendency for students from the same cultural group to form relationships was noted by many teachers. Although they recognized the positive aspects on the students themselves, many teachers mentioned that it often interfered with pedagogical techniques such as small-group work in the classroom. Teachers use this teaching technique quite a bit, monitoring the process as well as the output. Groups conducting the business in a language other than English make it very difficult for teachers to help or even ensure that

the students are on the right track with their discussion. As one teacher put it:

Sometimes small group work is affected if students are allowed to form their own groups. eg. I have had the experience that a group of Filipino students will work together, speak Tagalog together and I won't understand what is being said. It is difficult to help when you don't know the content of their discussion.

Another teacher said she discouraged students from the same cultural groups from forming exclusive language groups in the classroom because "I am excluded from overhearing the processes they use to problem solve."

One teacher commented on "women students from some cultures who don't participate much (verbally) in small group work." She implied that students who don't participate much because of language difficulties or "self-effacement" miss out on a valuable learning experience. "Active participation" in learning results in better learning claim some teachers. It supports the faculty's value of independence, autonomy and taking responsibility for one's own learning. This was a very commonly held belief. However, teachers also gave examples of very bright students who hardly say a word in class or clinical conferences, who give excellent care to patients and do very well academically. These are not people who have difficulty with language, however.

Every teacher respondent brought up language difficulties as one of the most important changes that have occurred over the years, and the one that has affected their teaching the most. Basic literacy skills, English as a second language (ESL), communication style, and critical thinking skills were mentioned as major issues affecting teaching and learning. Language is a powerful tool. Lack of literacy was perceived as a distinct disadvantage especially in a profession in which "accurate communication is a moral and legal responsibility". Many also mentioned the stresses of having to deal with limited French language skills as well, as so many of the nurses and clients in



hospitals are Francophone.

### **3.5. Language, literacy and communication**

Thus, language, literacy and communication was revealed as a major theme in the study.

#### **Lack of English proficiency a great disadvantage**

Many teachers brought up the difficulties of ESL (English as a Second Language) and literacy. ESL students often don't know the meanings of words and idiomatic expressions used in everyday English. Teachers reported feeling bound to define the words in order to help students understand the content being taught. They said they "believe this slows down their delivery time of course materiel" resulting in less being taught. Some say they worry about the effect this has on the "brighter, more literate students". Others complained that there is "not enough time left to go into the more complex issues that arise". According to teachers' reports, some students have mentioned a frustration with the repetition and lack of time for getting to the "real nursing issues". Although this was not mentioned by student respondents in the study they did report that many students have difficulty understanding English. Perhaps the pacing difficulties mentioned by teachers is reflected in students' course evaluations that describe classes as too rushed and containing too much materiel.

One teacher remembered a student whose English was so limited that she was unable to converse. On top of this she was from a culture that "put little value on psychosocial aspects of nursing". Canadian professional standards for nursing demand a competency in communication skills. In this particular situation, the student failed. Even repeating the course did not help her overcome the language and communication difficulties and she had to leave

the program. Another teacher commented that

Many students have enrolled in nursing as a way to learn English while also learning a career. In these cases, few have successfully graduated.

Informal discussions among teachers included such typical responses as the following:

Not only is the program a tremendous amount of work but students who do not read or write English well have a lot of difficulty with the class content and applying it to the clinical area.

Teachers also said that being able to use the textbooks well is very important.

Thus, they have tried for a number of years to ensure that

textbooks are written for average student reading ability while including enough content to be useful for the whole three years and, in some cases, beyond graduation.

However, ESL students or those with poor reading skills will be at a distinct disadvantage given the complexity and volume of content in each nursing course. Most teachers said they refer students with "language problems to the Learning Centre" for help that is beyond the average teacher's scope.

Most teachers remarked on the lowered literacy level of students and believe this is one of the most difficult changes with which to deal. Because of this, the first year teachers now include a class on using the Learning Centre. The coordinator of that college resource informs the students fairly early in the first semester about the services available at the centre. Many teachers refer students there, especially after the results of multiple choice exams. Frequently, students from other countries are not familiar with exams with a multiple choice format and they lack the skills to write that kind of exam. Teachers also refer students for help with using textbooks, taking notes in class, studying and writing skills. A number of teachers try to help students with any one of these things, but none feel qualified to help students in real difficulty. Many spend a

lot of time trying to help students with the major written tools that must be mastered. The most important one is the "Written Nursing Process", the written version of the standard, problem-solving approach to nursing care. Language difficulties are obvious in this format but so, too, is the inability to think logically and critically and especially, to put it in writing. Teachers report such efforts as having students discuss out loud the various steps of the process, while the teacher puts it in the approved format. One teacher gave this example:

[A student] revealed great difficulty with spelling and written expression. His first two processes were done by him talking and me writing, then he took over and tried to produce an assignment on his own.

Some teachers rewrite students' work to illustrate to the students how it could be done. Others write many comments and suggestions on the students' work which can then be used to improve the next effort. Students appreciate the practical and emotional support such help gives and develop more confidence. However, many approach the next clinical teacher with the question "How do you want it done?" as if it is teachers' personal rather than professional expectations that must be met.

One teacher, having heard a program on racism in which it was mentioned that the biggest factor in discrimination was the inability of black people to communicate in the language" tried to give a student the opportunity to discuss his own great difficulty in written work. Despite her best abilities to show her caring and sensitivity, he did not directly comment on the theory. Silence was also his response.

Teachers also mention spending much more time in the mechanics of writing in patient charts than they used to. The emphasis is now on language fluency and accuracy rather than only on content of charting. They also make a point of helping students retrieve and use information from charts. This occurs

more in the first two years of the program probably because students are less familiar with medical terms and definitions and thus, have more difficulty putting words into context. By the time students reach the third year, they have had more practice with both common and medical terms. Those who have not been able to reach the minimum level of language proficiency have usually failed at least one course; some have exceeded the two failures allowed and have been unable to return to the program. No formal statistics have been kept on this phenomenon.

#### Students' concerns about literacy

None of the student respondents commented directly on their successes or difficulties with written assignments or charting. However, they criticized some teachers for "poor pronunciation of words, terms, and names" because it prevents students from learning the class content. Students will then "avoid" subsequent "classes taught by those teachers".

Students said they do not always appreciate public announcements to students that they are having trouble with English. They are told to get help. It puts the onus squarely on the students' shoulders, which is consistent with the importance of such cultural values as self-reliance and autonomy (faculty values). On the other hand, students see this as unnecessary. They perceive it as a "lack of understanding". When asked in private, students have less difficulty in talking openly about language difficulties. If the style in which the teacher criticized the student was perceived by the student as constructive and helpful it had a positive influence on whether or not the student sought out extra language help.

A major response from most of the students is the desire to be taught and evaluated in a respectful way that preserves their dignity, allows them to be

students--to make mistakes, to learn, to improve; that they be given time and opportunity to learn. Yet, it was noted that even students who have done well will recognize and object to examples of unfair treatment to other students.

### Cultural bias in communication techniques

Students had a few things to say about the way in which communication skills are taught. They did not always suit individuals and yet they were led to believe that the teachers' way is the only way to communicate professionally, regardless of culture. As one student said,

I did not speak up to protest this approach. I just took what felt right and ignored what didn't. I believed that I would be looked at as inferior. Second class. So instead I just keep it to myself.

Adapting was the theme of another student's comments. He believed that western medicine was finally catching up with other cultures' ways of health and illness care. This extended to the ways of interacting as follows:

Black nurses often bring a semi-formal, carefree approach to client care - appealing to the emotional aspect of a person, rather than always being rational or scientific.

This student argued that nurses from a particular culture can approach clients from that culture on a different level - one that acknowledges their common background. As he put it:

I mean, I can walk in to a patient's room and I can say, um, for example if the patient is Jamaican let's say, um, ah, somebody of a similar culture can do that too - can say certain things, can do a certain thing that somebody else from a different culture wouldn't do

He went on to explain how the common cultural bond contributes to the nurse's effectiveness:

..If you were in an unfamiliar environment as a patient and all of a sudden somebody walks in who can appeal to you on that level - I mean, forget what the textbook says for right now, we're dealing with what works. And we touch souls, patient and nurse and the commonality there is our language, our slang. If I can get you to reminisce a bit, if I can get you to sing a certain song, play a certain game with the goal of course, of getting you to take the medication or to ah, not feel so much pain or discomfort, yes I think it can be boiled down to, can be boiled down to an emotional thing, as opposed to a rational thing. Things that work, especially cultural things.

Another student observed that communication skills taught and the expectation to develop an awareness of the individuality of clients doesn't always get applied when students interact with each other. He claimed that despite the classes in which they were taught to be "in tune with your client", some students will say "something completely and totally insensitive" to other students. When asked why this might be so the student answered:

Maybe it's just that they're not aware of things...We're not always aware of what we do and what we say to people, because what we may perceive as funny, may not be perceived by that person as funny.

His own description of how he felt about another student's remark was:

I just all of a sudden found myself having to - like getting on the defensive, all of a sudden. To all of a sudden to have to prove - of feeling like I'm put into a position where I have to prove that I am what I am.

Much the same could be said about teachers in their interactions with students. Although some are aware of the effect of certain communication style and content on others, many are oblivious. A further theme which evolved from the data was the role of conflicting cultural values.

### **3.6. Perceptions of the Role of Cultural Values**

The study used the understanding of the existence and effect of the hidden curriculum as a cultural influence on the ways in which teachers interact with their students. The particulars of the hidden curriculum in the nursing program depend on the values inherent in the professional culture of nursing, the culture of the institution, community and society in general. Teachers and students differed in their view of how students' cultural values affected their learning. Teachers were able to articulate on the matter while students' rare responses were indirect.

### Cultural influences on learning

Two students brought up the fact that social issues in their own lives might have an effect on their learning. They wished the teachers would understand that sometimes their families "needed to come first" so they may not be as well prepared for class or clinical as they should be. Another student claimed that experiences in a colonial society with a legacy of slavery influenced him, making him well aware of how important it is to make the right decisions in one's own life:

My mom died when I was two years old. I never knew my father. And that too is a by-product of the slave experiences. Because what you have is a ratio something like three or four women to one man. When you're born in the situation in which I was born in, you are forced at an early age to fend for yourself, so by 18 I was a man. At 18 I had certain values instilled. Hey I could have chosen a different route. I could have, ah, robbed a bank and now be in prison.

He went on to say that he had to work to support his family and that even now, his family comes first, even at the expense of school-work:

It's a roundabout way of saying it, but I was thinking how best I could answer this, you know. That my values, and, and my ways of behaving influence how I learn. Another thing I have to say about that is, I'm in a course in which, just looking at the sizes of the textbooks, shows that you have to invest a lot of time and a lot of energy into studying and, and, learning and conceptualizing. Ah, now that I'm older, I have a family, but I don't have the six and seven hours per night to study. So I've learned, by virtue of being a good time-manager for example, coming down from my life experiences that I can get a good solid hour and a half of study per night, and get a good mark on an exam. ....I'm not sure that a sixteen year old, for example, might have that skill.

He went on to say that sometimes teachers are not "flexible" about how students with families manage their time. Another student had a different idea about the effect of growing up in a colonized society. He claimed that colonization gave him "a screwed up culture" making it more difficult to adjust not only to Canadian culture but also to that of Nursing. He put it this way:

When I came here, I had to, I was still young. So, I was struggling with my own culture and then I have to come here with a new culture, and teachers start teaching us, I think, it's a different culture again.

Many students brought up such values as honesty and respect for the individual, some stating that these have helped them "assume the role of nurse and nursing student with grace and ease" and "These qualities have contributed tremendously to my success in the nursing training".

There appeared to be a common thought that life-experiences can be a help in dealing with nursing and vice-versa; that some of the things learned in nursing can be used to help in one's own life. As one student put it:

Because of the way nursing is, I learned to deal with a conflict of values. I learned because nursing, the way they teach us, they give us the tools. And I use those tools to deal with my own self, not only for my patients, but to deal also with things I am going through in my life.

....They teach us to solve problems, step by step and it helps. Though it's culturally biased, for me at times.

#### Too much respect for authority

On the other hand, teachers had a lot to say about cultural influences on learning. A number of teachers mentioned the respect for authority which sometimes borders on fear, or at least, anxious distance. Nursing teachers at Eastern College expect students to address them by their first names, just as the teachers use the students' first names. This informal approach reflects the philosophy of the department which assumes that the teacher-student relationship is one of collaboration. A teacher described one student as follows:

In the clinical area she had a subservient attitude, wore a permanent smile and called me "Miss" before my name. She had difficulty with the notion of collaboration as an equal member on the health team because she did not feel equal to anyone and she couldn't even fake it.

This put her at a distinct disadvantage in a program that expects students to learn to take an active, management role in nursing care.

Other teachers also brought up examples of students who always addressed them as Miss; a practice bound to clash with the expectation of



teacher as experienced role model to student learner in a mutually respectful, collaborative relationship. While trying to humour a student out of this awkward form of respect, a teacher eventually realized that she herself was being disrespectful. She reported the following:

A. called me "meesus" before my name. After a while I took to calling him "Mr. A." I did this in good humour to remind him to stop addressing me in this way. Later I stopped this after a friend told me that it is disrespectful. I also apologized to A. for ever having done it in the first place. He forgave me.

Another teacher said that some students called her Miss even when asked to call her by name. As a result "For me, it puts distance in interactions." Another had to acquiesce to a formal form of address because:

Some of them call me "Miss" and I was very uncomfortable with that. I tried to break them of the habit - mostly to no avail - it only interfered with their learning even more by making an issue of it.

### Autonomy and respect

The belief in student as " independent", " self-motivated" and "autonomous" comes through frequently in teacher responses. This is definitely something with which many student respondents had great difficulty. As one student put it:

In my culture, we were taught to respect teachers. Even - no matter how old we are when we see a teacher, we stand up. Even til now, when I go back home, when I see my teachers, I have to bow to them. It's sort of programmed into us.

The respect for elders sometimes interferes with students' ability to care for elderly clients adequately. A teacher related a story of a student who "did not know how to take charge/control and direct the care." Her other clients did not receive as much of her time as needed. However, the teacher was sensitive to the student's quandary and said:

My job was to recognize how respect in some cultures is expressed and help this student find a way to still keep this value yet empower themselves in the situation to complete their work.

Conversely, another student brought up the negative effect of her cultural value of respect for elders. It affected her ability to interact with teachers:

In my culture, we were brought up to respect our elders by listening to what they have to say and not be defensive or show any anger. This makes it hard to be assertive to the teacher because we feel that the teacher has the power to fail us. If a student is passive and shows the teacher that he or she is nervous, the teacher would continue to pick on them.

### **Assertiveness**

The following are excerpts from various clinical evaluation forms. They clearly illustrate typical teacher appreciation of assertiveness in student approaches to their teaching:

Very open to constructive criticism, shows assertiveness in stating own predicament.

Receptive to feedback.

Is able to realistically evaluate her own performance.

She expresses herself clearly and with confidence.

She is learning to be assertive and to present her point of view in a professional manner.

Teachers expect students to respond to criticism by accepting it and using the experience to improve their academic or clinical performance. Again, the manner in which the criticism is delivered seems to influence students' ability to accept the message. Most students wished for evaluation that helped them rather than "put them down".

Different cultural values show up especially during ethical discussions. One major example is the conflict between the different value placed on youth in the dominant culture versus the respect for age in another. A student remarked on a class exercise in which the students had to decide which of many injury victims should be saved. He discounted an elderly woman in cardiac arrest but the student playing the victim said in an incredulous voice "You made me die because I was eighty?" In western health systems it is

standard to judge according to who has the better chance of surviving (Bandman & Bandman, 1995). There is more emphasis on preserving the lives of children who have not had a chance at life than to honour the wisdom and past contributions of the old. In this situation, neither student was able to understand the other's point of view. When questioned about the role of the teacher in the exercise (Where was the teacher in all this?) the student said:

Oh, in the middle, but it was just a very fierce debate and there was a lot of strong convictions, beliefs, that was based behind what was being said.

The teacher did not take advantage of the situation to help students clarify their values, adding to the student's impression that much of the learning about culture is done "by the way" or by students "taking advantage" of being "different people from different ethnic groups" in the class.

### Spirituality and religion

Another sub-theme within the theme of the role of cultural values is the differing philosophy about the meaning of life and the role of spirituality and religion. The curriculum content of the Ethics component reflects Canada's struggle with pluralism, relying on values other than the predominately Christian ones appropriate to a monocultural society. Classroom discussions reveal that many students have a strong commitment to their religion and find it difficult to separate these values from the process of ethical analysis using secular principles taught in the program. There were reports about using the belief in God as a way of explaining the unexplainable causing some friction between one student and her clinical teacher. Another teacher described a situation in which a student responded to a client's anguished existential question about serious illness by affirming the belief that "God often guides us in ways we do not understand." Her teacher criticized her "value-laden" response, claiming

that sickness is "an accident that just happens." The teacher reporting that incident made the following interpretation:

The central issue here is a conflicting spiritual belief system between the student and the teacher. My own position is more in line with the student and we did discuss how people have differing views of the meaning of life and this comes through subtly.

Another student believed that religion had an enormous impact on the way he showed caring to clients. He put it this way:

When we care, our Christian mentality overrides us. You know, we do it out of love and sometimes we think we have to go for our break because it's 8:30 and you see a light and it's your patient, so you go to the patient and don't take a break. There's something - your conscience is talking to you, you know?

The student revealed he had been criticized by teachers and nurses both positively and negatively for putting the needs of the client first. He believed it is common among members of his cultural group to behave this way because of their religion. A common message teachers give their students is that they must care for their own health and welfare because an exhausted nurse cannot effectively care for patients.

### Perceptions of privacy

A subtheme within the theme of cultural values was that of perceptions of privacy. A common observation by teachers was that some students have difficulty assessing clients fully because the students believe it is an invasion of privacy. Nurses use questions to gather information about their patients in order to discover problems and plan care with and for the patient based on an analysis of the data. The type of questions and the sheer number of them are perceived by some students as getting too personal. A number of students also brought up this issue. They dislike the need to ask so many questions when assessing and developing a data-base. As one student said "I work hard not to ask many questions because I was taught that it is important to preserve

privacy." She adapted by "asking only what I thought was important for providing individualized care." However, one teacher told her that she was "letting her own cultural values interfere with her ability to nurse".

Among teachers there is also ambivalence about the extent of knowledge about clients that is needed for appropriate nursing care. One student commented:

Certain teachers make learning about other cultures something necessary so that you can give your client the best individualized care while others make you think you are getting nosy and getting unnecessary information about the client.

Some students keep their own lives private as well. They do not reveal to their clinical teachers events that negatively influence their academic and clinical performance. Teachers comment that "if they had only known, they would have accommodated and aided the student" thus preventing failure. Many times, the difficulties are only revealed during a Grades Review Committee hearing. The Grades Review Committee is a forum for students to appeal a failing grade. Fortunately, most students do make use of this committee. However, one student respondent believed she failed because of cultural bias and did not appeal her mark. She explained it this way:

How am I going to sit in front of a - new strangers, and explain myself? They don't know how I perform. They don't know what I know. They don't know my knowledge base. Why am I going to talk to people who don't know me?

She did not want to reveal herself or have to prove that she had, indeed, reached the course objectives. She preferred to repeat the course but was still quite emotional about the unfairness of the failure at the time of the interview.

### **3.7. Students and their many roles**

Students and teachers referred to conflicting obligations assumed by

students in their roles as students, spouses, and parents. Female students also brought up the differing gender expectations for women in some cultures. The time needed for daily maintenance of families and the time spent working in order to support themselves or family is far more extensive than most of the teachers had to expend, at least during their basic nursing education. Many, if not most teachers were self-supporting or had family obligations by the time they furthered their education. This has made them more understanding of current students' need to juggle their time, spending less than many can afford on studying and preparation for class and clinical days.

However, some teachers warned students that they were spending too much time working or pursuing extra-curricular activities. As a contrast, one student claimed she'd "rather give up nursing than skating". Many teachers did say that the ideal student is one who "shares their enthusiasm for nursing", implying the importance of the profession to the teacher.

The differing belief in the role of women in some cultures adds to the conflict between roles. Faculty belief that student priority should be school work has led to some distress for teachers when they have students who are having difficulty academically because home responsibilities prevent them from spending the time needed for preparation and study. Students hoped that teachers would be flexible if students had to miss time to care for their sick children.

Role behaviours of women in some cultures do not include assertiveness and this was mentioned by many teachers. A quick survey of clinical evaluations revealed many referrals to the lack of assertiveness which not only prevents collaboration with other health-team members but often inhibits the student from implementing care. It can go as far as reducing students' ability to

assess the client situation adequately, thus undermining the basis for problem-solving. Nevertheless, this is not something that happens only in students from cultures in which women are formally socialized into a dependent role. This may suggest the difficulty of determining whether a behaviour is cultural or personal.

### **3.8. Teacher perceptions of gender differences**

The theme of teacher perceptions of gender differences revealed that the increase in the number of male students over the last ten years has changed the dynamics of the classroom for some teachers. Unlike the greater society in which male-dominated social patterns are the norm, nursing is still predominantly a female profession (Baumgart, 1988). Nursing teachers promote professional socialization of students according to (female) gender specific expectations of what constitutes a good nurse (George & Larsen, 1988). Although the professional culture has evolved since the 1960s from one of subordination to medicine to one of collaboration within a health-team, the majority of practitioners and educators is female. Thus, the culture of the Nursing profession fosters feminine interpersonal and behavioural norms for all nurses (George & Larsen, 1988).

Most teachers said they are more aware of the need to include males by avoiding the exclusive use of the feminine pronoun in relation to the nurse. Male students often brought up this issue. One student usually reminded teachers with a loud non-verbal cue about the presence of males in the classroom! One teacher reported falling into the trap of paying more attention to males in the classroom because:

Male students do tend to interrupt me, speak out of turn and generally participate more actively. I have found them to be engaging.

It is clear that these events happen in a predominantly female classroom with the same teachers who have discussed informally how they try not to allow this to happen. Much has been written about the phenomenon in regular high-school and college classrooms but there is relatively little mentioned in Nursing education literature.

### Male-style caring

A significant sub-theme that emerged from the theme perceptions of gender differences was the male style of caring. Most teacher and student respondents mentioned the different ways of caring in males and females, and that teachers teach the female way. One male student gave an example of the difference as follows. In an emergency situation he did the instrumental tasks associated with assessment, the female nurse took care of the expressive tasks of support and reassurance. He thought that "was fine" because "everything had to get done anyway".

Another example is in the way male students use such topics as sports as a vehicle to communicate, using the interest in it as a way of developing a bond. Social discourse is as important as health-teaching because it is something the client needs, and it shows caring to spend the time. It is a way of addressing the whole person, not just the illness. As one young man put it:

It's not because I want to talk about sports, but it's because that's what the patient wants to talk about, and the caring aspect of that would be to listen to the patient.

Female teachers might consider sports-talk a way of avoiding the more important emotional work of exploring how a patient "feels about his illness". A teacher told of a male student's experience:

He modeled some of my caring behaviours and they didn't fit right with him. He sometimes felt his masculinity was being challenged in an all-female world.



Another difference was the type and amount of physical contact used between males and their clients, especially if the clients are also male. There is likely to be hand shaking but little stroking. However, one male student said "it doesn't worry me to hold someone's hand if they need it" and reported feeling secure in his own masculinity. My own experience with this is rather limited, being in a pediatric setting. I have never seen a male student having difficulty attending to the physical and emotional needs of children. Even if they have had no previous experience with small children, they manage well after they get over the initial awkwardness.

It is well known in the faculty that most male students feel quite anxious about the clinical rotation in a maternity unit. Teachers usually let them know that it is a common response and offer additional support. One student enjoyed this rotation so much because it showed him a "better" approach to childbirth and the active role of the male partner, contrary to those of his own culture. He put it this way:

Here they're pushing like the father, you know, as an early start for bonding and all that stuff with the baby; and I find it a good idea, to do with my culture - this is our culture (the father not present) but I'm accepting it and in fact I'm promoting it in my culture.

Another student told his teacher how "thrilled he was that he was accepted so well on the maternity ward". Others have not been so happy, experiencing gender bias against them by nurses and even a teacher. Perhaps this is another aspect that teachers need to discuss, with those who manage the male students easily helping those who are either unaware of the stresses or ignore them.

A number of male students mentioned that nurses have gone out of their way to let them know they are appreciated. "Out of the blue" a nurse told one student "good to see more men in this profession" and walked away without

another word. On the other hand another male student believed that his clinical teacher treated him unfairly because he was male. He preferred this explanation to one of racism. As he said:

I can't say she was racist. I can say she discriminated or she treated me different and I think it's because of my culture. In my culture men are MEN! Men are very forceful..... Whether it's a man or a woman who's giving me heck, I don't take it. And in this situation that I'm describing, I think the woman teacher in this case, just was not ready for an assertive, extroverted, talkative person willing and ready to stand up for his rights.

Similarly, another student was warned that by "refusing to refer to the hospital policy manual, he did not take directions well". As this occurred in the last semester of the program, the student questioned the "contradiction between being expected to be assertive and self-directed and doing what he was told to do". This ambivalence between independence and dependence showed up not only between male students and teachers, but also with many other students and teachers. It may reflect the major changes in the culture of the nursing profession as it moves from a subservient position to one of equal contribution in the health-system (George & Larsen, 1988; Kerr & MacPhail, 1996).

### **3.9. Important teacher expectations**

Another theme which became apparent was the importance of teacher expectations. Teachers expect students to take responsibility for their own learning. This came up many times in teachers' responses and in clinical evaluations. In fact, it is usually a formal clinical objective, included in every clinical course except the last one. So, although this is reflective of the culture of the nursing program, it is definitely not a "hidden curriculum"; it is talked and written about, and included formally as an expectation. However, it is an issue

that students have brought up many times. The messages seem to be ambivalent though. On the one hand, students are expected to be autonomous. On the other hand, many students have felt discriminated against, made to feel different and often treated unjustly. It must be argued that they cannot be autonomous and self-confident when their abilities and personal selves have not been respected and nurtured. That is expecting the powerless (students) to take control when the powerful (teachers) still control the outcome (passing the course). Thus, the expectation of independence of students in a multicultural setting needs to be examined more closely. One way to do this is to compare how teacher and student respondents described their ideal of the other.

### **3.9.1. The ideal student.**

A sub-theme arising out of the theme "important teacher expectations" was the teachers' vision of the ideal student. Although teachers described their perceptions of the ideal student, it was clear that they do not expect all of these virtues in every student. Nevertheless, the descriptions are quite revealing. There are many similarities in the lists. The descriptions by teachers could be categorized as those of the student as learner, student as person, and student as potential member of the nursing profession. Thus they reflect academic, personal and professional values that have appeared many times throughout the study.

#### **Student as learner**

The first minor theme within "The ideal student" sub-theme was that of student as learner. Without exception, teachers included variations of autonomy as an ideal characteristic. "Self-directed", "shows initiative", "takes charge of own learning" were listed, as well as such things as "ability to think critically and

problem-solve (or at least the ability to learn these skills)". Included in taking responsibility for own learning was "Provides feedback on what helps and what doesn't in the learning process". The ability to express oneself and to listen well were seen as important. Most teachers included the importance of being prepared for class and clinical days by doing the readings suggested. Many teachers said they like a smart student who can "grasp theory" well, integrate it and enjoy the challenge. Some descriptions were less commonly included. One teacher, unlike many others, said she didn't require students to be academically good as long as she could see "growth, in students whatever that may be". Other teachers brought up such things as being able to use resources, seek assistance and be on time with assignments. e.g.

Recognizes or can be assisted to recognize his/her needs and can be relied upon to use college resources.

Is willing to do the work - the pre-work, preparations, extra readings.

Is self-directed, and prepares well for class and clinical experience.

The student has an appreciation of learning needs and is able to articulate learning needs and seek assistance when necessary.

### Student as person

Here again, the value of autonomy revealed itself. Many teachers said they like a student who can be "assertive", "defend him/herself", "take a position" or offer opinions. As would be expected in a program that requires students to evaluate themselves, insight, self-reflection and self-revelation were listed by many teachers. Honesty, sensitivity, and tolerance for others were mentioned by some. One teacher said she "likes a student who can set goals and meet them". Another reported a "sense of humour" as important. There were also a few references to preferred ways of interacting with teachers. A couple of teachers mentioned that they liked a student who could "show appreciation for

help received", especially if the student benefitted from teachers efforts to give individualized attention. Another teacher supported the value of autonomy by liking a student who could "provide feedback about what helps and what doesn't" help student learning. There was an underlying current of liking students who like them, showing the importance of the nature of the teacher-student relationship.

#### Student as potential member of the Nursing profession

The third minor theme within "The ideal student" was that of student as a potential member of the nursing profession. There were fewer references to students as future nurses but all of them reflected the commitment of the teachers involved. The ideal student would show a "love of nursing" embodied in such things as being "excited", "energized" and "eager in the clinical area." The student should "show an interest" in clients and peers, and be "tolerant" of them. One teacher wished for the student to "Demonstrate a commitment to the profession - value nursing." Another would like the student to be one who "Loves nursing people and enjoys the challenge". As a balance to the teachers' expectations the next theme is how students envision the ideal teacher.

### **3.10. The ideal teacher according to the students**

I asked students this question for different reasons from those asked of the teachers about their ideal student. Because the study was done in order to serve as a base on which to examine the relationship between students and teachers I thought it would be helpful to know what characteristics students appreciate in their teachers. The results could be used by the teachers to reflect on their own pedagogical and personal approaches to students. For those who see themselves reflected in the students' description it can be an affirmation or

validation of their efforts. Those who do not recognize themselves in the students' ideal teacher could use them as a guide for ways in which to be more helpful to students.

Most of the characteristics described by student respondents showed an underlying wish for a balance of power. On the whole, students said they would like teachers to be approachable, concerned about their learning and most of all, willing to treat them with respect as individuals. All recognized the need to be evaluated but wanted the evaluator to act in a way that builds them up rather than destroying their self-esteem.

The most common attribute of an ideal teacher is to be "approachable." Students used such terms as "not intimidating", "non-judgemental", "understanding" and "supportive." Another major characteristic is giving positive as well as negative criticism in a way that shows respect and facilitates student improvement. Many said they would like teachers to assess without relying on previous evaluations. Being "sensitive, especially to cultural issues" was also a common wish. However, only one student was specific about what that meant. She asked that teachers "treat all students equally, don't segregate those who look or sound different."

The teacher's role in student learning was described as giving some independence, but more importantly, adapting to the students and how they learn. As one student pleaded

Let us progress in our own pace, because we all have different things to contribute.  
Don't expect everybody to do the same thing the same time.

It was clear that students did not object to the expectation of autonomy, but wanted it to be tempered by the knowledge that teachers would help them when and if it was necessary. One student would like teachers to realize that students

"can't always be autonomous and independent", that teachers should "offer help when they see the students need it", not only when students ask for help. Another student appreciated a teacher's help doing a complicated dressing and not being evaluated negatively for requesting help. As she said

I was not nervous because I'm so comfortable with her... And even if I did something wrong, she will come out and say, "You know, maybe if you do it this way, it would be easier for you", or something like that.

Throughout the student responses was an underlying desire to be treated as individuals and most of all, to be regarded as students. There were many references to feeling that a mistake or lack of knowledge was held against them. Thus, the ideal teacher would recognize the right of the students to make mistakes and not to have all the answers. A couple of students liked teachers who could admit to not knowing something, and who then collaborated with the student to get the answer. However, they did expect the teachers to be knowledgeable, to act as role-models and mentors. One insightful student urged teachers to avoid judging students' performance according to the teachers' level of performance. She said:

I know that you may have like 40, 50 years experience, but good - I don't. Don't expect me to be doing what you are able to do. I'm learning from you, that's why I'm on this side of the table and you are on that side of the table.

Lastly, a number of students stated they like teachers to be smiling and friendly, which goes along with being approachable. Students appreciated teachers who demanded a lot but only if they helped the students feel relaxed and thus, able to learn. One student said that students who have had "very easy" teachers "have a very hard time in third year".

Therefore, it seems that, although the expectation of autonomy is not part of the "hidden curriculum", verbal and non-verbal messages that exclude, discount, or belittle students accentuate the so-called deficiencies, resulting in a

**self-fulfilling prophecy - failure. Failure not only of a course by students, but of the teachers to support multiculturalism through caring and collaboration.**



## **Chapter Four : Summary & Conclusions**

**This study of the Eastern College nursing program has revealed incongruency between the ideals of multiculturalism and the teaching and learning processes. While teachers perceive they have the requisite skills to fulfill the content objectives using various pedagogical methods set out by the curriculum, they are not always able to promote successful achievement of these objectives in a multicultural student population. The nursing program reflects many of the cultural misunderstandings, ethnocentrism and even discrimination discussed by such critical theorists as Freire, McLaren and Giroux. The presence of students from so many cultural communities with differences in values and expectations, difficulties with language, and unfamiliar customs has caused a great feeling of discomfort on the part of the faculty. Adaptation to the changing student body has been very mixed. Lacking in multicultural expertise, many Eastern College teachers are, nevertheless, willing and eager to accept all students into the professional community. They recognize the right of students to be different and welcome the chance to learn about those differences from the students. These teachers have taken to heart the "Caring Curriculum" proposed by Bevis and Watson. They have made an effort to enter a collaborative relationship with each student, learning as well as teaching. Other teachers assume that students should adjust to the culture and curriculum\* because it is tried and true". Still others appear to be unaware of their impact on students. Students experience special learning difficulties in their interactions with teachers when the learning environment is unfamiliar to them and their own cultural identity and life values are not well understood. In**

spite of the teachers' best intentions, further steps must be taken before it can be claimed they have a truly multicultural classroom. It must be emphasized that Eastern College is not unusual in its failure to come to terms with the changing student demographics. The CIIEPS survey done in the early nineties showed a similar pattern across Canada. However, that survey did not include students' perceptions.

In the Eastern College study, teachers described positive and negative aspects of teaching students in a multicultural setting, both in the classroom and in the clinical areas. They reported that teaching such a culturally varied group was a "great challenge". Often they questioned their own abilities to interact in a culturally sensitive way, worrying about "saying and doing the appropriate thing" with students. On the whole, teachers revealed they were concerned about the curricular and pedagogical impact of what they were doing. Their greatest concerns, after their own difficulties with culture, were the language and literacy problems occurring in a great number of students. Teachers reported differences in culture as the source of values conflict between teachers and students; differences that made it difficult for some students to fulfill academic and professional expectations. Teachers cited a lack of autonomy and self-reliance, excessive respect for authority, and the belief in the subordinate role of women as common sources of difficulty. The increasing number of male students presented a change that necessitated an adjustment in teaching approaches and expectations.

While teachers questioned the role of culture in student behaviour, attitudes and values, few stated they were confident of their interpretations and responses. They said they grappled with the "difficulty of knowing whether students were acting according to culture, upbringing or personal experience".

Some teachers relied on cultural stereotypes to help them to evaluate student performance and were confused when many students did not act according to those stereotypes or teacher-anticipated norms of those cultures. In addition, there were many teacher reports about other teachers who had been "insensitive about cultural issues" in their dealings with students. Thus, participating teachers often validated students' experiences but voiced concerns about "preserving professional relationships" with colleagues.

There are many contrasting ideas about teaching and learning in a multicultural environment. The experiences of the students and teachers show that simply having people from many cultures in the classroom does not make multicultural teaching and learning a reality. Many accounts of intolerance were described, and a few examples of respect for differences. When students from various cultural backgrounds are evaluated as "different" in a negative way and the difference becomes a basis for failing students, it becomes discrimination. There were many examples of ethnocentrism on the part of teachers. However, many arose from teachers' lack of awareness, rather than from deliberate efforts to demean students. Nevertheless, ethnocentrism includes more than deliberate attempts to maintain the dominance of one's own culture. It also includes ignorance and lack of awareness of other cultures (Bhabha, 1994; Ghosh, 1996; McLaren, 1994, 1995). Ignorance of other cultures can lead to various ineffective ways of approaching people different from oneself. It can result in inappropriate beliefs such as: 'others are inferior'; 'there really is no difference between cultural groups'; 'others are to be admired for their exoticism'; 'one member of a group can be the spokesperson for the whole group' (McLaren, 1994, 1995). In most of these errors, the dominant culture is seen as the norm against which all others are evaluated (McLaren,

1994, 1995). The balance of power remains with the evaluator (Babha, 1994). Teachers as the traditional owners and dispensers of knowledge hold a privileged position, especially as students are usually younger than they are (Freire, 1970). Power as a factor in the student-teacher relationship becomes even more of an issue in a multicultural setting (Ghosh, 1996). Teachers may be experts in their discipline, but they cannot be experts in world-views, values, beliefs and perceptions of their students, especially if the students are adults and come from various cultural communities. The students themselves are the experts in difference (Ghosh, 1996). In this study, students from 'other' cultural communities were more sensitive to the impact that being different had on their progress, especially in the clinical area. Some students even described negative interactions with their teachers in terms of 'war', with themselves as losers. Some participating teachers reported they were painfully aware that they were not sure of their cultural appropriateness. They said they made a conscious effort not to stereotype. Student respondents would be glad to know that some teachers are aware of the issue of stereotyping, but it is still something that teachers need to consciously eradicate.

There is an urgent need for the faculty to actively promote the development of a relationship more in keeping with their philosophy as members of a caring profession. There were many examples from the participating teachers of caring and supportive efforts towards students, whether it was to help them with course objectives or manage stress. This indicates a great willingness to go beyond a superficial teacher-student relationship based on transferring professional content to one that fosters the development of the whole person. Teachers who respected the cultural and personal values of students and helped them "find their own comfort zone" in a sometimes alien

environment, gained the most appreciation from students. Every student wished for teachers who were respectful of their individuality and who helped them learn in a way that recognized their background, aspirations, and strengths as well as weaknesses. This was the most important finding and one that needs to be taken to heart by nursing teachers.

Religion as a cultural influence came up rarely but a teacher who did criticize a student's response to her client's spiritual anguish was largely influenced by the view that "science can explain everything". The teacher who refuses the spiritual aspect of care not only negates the program philosophy, but also devalues the suffering of the client and the responses of the student.

Teachers commented more directly about cultural influences on learning in comparison to the students. Literacy and language problems, lack of assertiveness and various cultural differences were listed as negative changes that have occurred over the last five years. Teachers listed positive changes such as learning about culture from students and the advantage of multilingualism. There were few references to course objectives but many references to student-teacher interactions.

Although teachers on the whole revealed uncertainties in their ability to interact effectively with people of many different cultures, some students believed they were able to describe what kind of skills are needed. One student said that one or two on the faculty have developed what she calls ideal characteristics:

The ideal teacher is one who is unbiased, respectful of all students, believes in one-on-one feedback system (+ or -), gives students realistic room for improvement rather than going with previous evaluations or first impressions and relatively sensitized to various cultural issues. There are a couple of these ideal teachers in the nursing faculty, so all is not negative. I realize this is not an ideal world there (but ) I would appreciate a larger percentage (80%) of the nursing teachers to have the aforementioned characteristics.

Students' responses revealed more concern with the teachers' effect on their self-esteem and progress through the nursing program. There were few complaints about course objectives but many had complaints about difficulties with teacher expectations. Many students said they felt discriminated against in various ways. Black students, especially, brought up examples of being singled out, believing they had to work harder than everyone else. These students in particular felt less sure of success because of their culture and educational background.

Students stated they were concerned with their emotional well-being at the hands of their teachers. Students relate mainly negative experiences because those are the ones that make the biggest impact, at least until they can be resolved. The students had mixed reactions to the ways in which teachers responded to culture. Most students did not recognize the inclusion of culture in the curriculum although many teachers reported they promote discussion about culture in the clinical area. Students believed they learned about culture through their own efforts, often incidentally rather than in a formal, deliberate way. This indicates that culture needs to be included as an integral part of the curriculum, supported by classroom and clinical experiences. This also indicates that teachers need to review and revise class content, objectives and teaching approaches to ensure that all students develop skills necessary for delivering culturally appropriate nursing care. However, including culture in the curriculum will not be useful unless the teachers themselves develop the skills and expertise needed to teach in a culturally inclusive way. Teachers at Eastern College are aware of their deficiencies in cultural areas and are willing to make the effort to become more expert in cultural matters.

On the whole, students were not very concerned about teaching

methods, rather, they were more concerned with the ways in which teachers approached them as individuals. An exception was the account of a student relating the lack of opportunity to develop cultural expertise through appropriate clinical experiences. It was not clear if such assignments were deliberately avoided, ignored or failed to be considered. The actual presence of patients of colour in the many clinical units used could not be determined. The process of patient selection for student learning could be an important issue for future planning of curriculum revisions.

Teacher and student perceptions about the cultural basis of behaviour centered upon communication and autonomy, although their respective views were often polarized. Teachers emphasized the role of values on students' behaviour while students were influenced tremendously by the style of teacher communication. The very strong teacher emphasis on autonomy, self-reliance and assuming responsibility for one's own learning has definite cultural implications for student learning and success. Not all cultures value the achievement of autonomy and self-reliance, especially in an educational setting. However, it could be argued that a clearly stated learning expectation for a student to become independent could go far to encourage student empowerment. In addition, it can be part of developing critical thinking. It seems evident that teachers need to coach, model and encourage students to think critically and not resent being questioned. The majority of teacher respondents claimed to enjoy interacting with students who challenged them.

Students reported that the approach used by teachers in the evaluation process makes a difference in the readiness of students to accept criticism. If teachers could make evaluation a collaborative venture the students would not feel undermined. Teachers can use the evaluation process as a teaching

approach, role modelling the behaviours expected of the student (Ghosh, 1996). However, teachers need to be very careful about evaluating students using themselves as role models in a cultural context. Apart from the obvious difference between culturally influenced communication styles, teachers have a great advantage over students because of the difference in position. Teachers are constantly evolving, gaining in experience and expertise but the students start from 'scratch' each time. Each new group is learning the basics of a particular client population and clinical unit. Students do not have the advantage of repetition and familiarity. For example, students at Eastern College spend the last semester in a complex hospital setting where they have the opportunity to integrate the theory and skills learned throughout the program. The goal is to ready the potential graduate for the "real world of nursing" and ensure competency in nursing practice. However, even in this last integration semester, students are novices. Teachers are not. The power of teachers that comes from expertise and position could go a long way toward empowering students. It should not disadvantage them.

Students were aware of the effect that teachers can have on their self-concept (identity) and frequently responded to negative feedback by becoming silent. This loss of voice is opposite to the effect that most teachers said they expect from students. Teachers say they want students to articulate clearly their understanding of teacher feedback and comments. In addition, teachers expect students to formulate a verbal response that includes students' plans to incorporate suggestions for improvement. In most situations with imbalanced power-relations, silence is perceived as a sign of powerlessness not assertiveness and strength (Freire, 1970; McLaren, 1994) . It could also be a way for the person who feels subordinate to preserve some dignity in the face of



a humiliating experience. Teachers have an effect not only on student personal identity but also on the development of professional identity. Teachers need to avoid stereotyping and to help students overcome any obstacles that prevent professional development. Stereotyping is a major source of distress to most of the student respondents. They wish to be treated as individuals.

There is some confusion about professional socialization. Professional acculturation, if it is to benefit teachers, students and the profession should promote the development of future nurses, respect them as individuals, make the most of their potential, acknowledge their right to be different, accept their differences and welcome their influence on teachers. The nature of the student-teacher relationship should be reciprocal, based on caring, dignity, respect and collaboration. When students object that asking many questions creates an invasion of privacy, is it really, as many teachers say, a cultural value of 'others'? Have students from the main culture really had less difficulty? Are there not certain subjects that 'we' have difficulty discussing? e.g. sexual practices, financial status, religious and spiritual needs? These are questions teachers could investigate to clarify their perceptions about the influence of culture on the use of questions. In order to relieve students' concerns about "asking too many questions" teachers need to make it clear to students that nurses use information about clients in order to develop a plan of care with the client, in accordance with the client's wishes and needs. Thus, information gathering techniques need to be adjusted to each client's situation. Direct questions such as those illustrated in the "Assessment Guide" used at Eastern College reflect the preferred data-gathering method of many nursing teachers. However, less intrusive techniques such as making observations about a client and then waiting for a response from the client could be more appropriate to

some people. Both teachers and students need to adjust to the needs of the clients. There is also a need for nursing teachers to examine their expectations for professional socialization, separating their own cultural norms from those necessary for professional nursing and deciding which professional cultural norms are vital to the well-being of the client population. This is an issue that should be examined in the future.

There are other broad implications for college nursing programs both for the ways in which teachers respond to multicultural student populations and in the design and development of culturally responsive nursing curriculum. There is a need to choose textbooks that address variations in cultural norms and which can be applied directly in class and the clinical area.

Teachers' awareness of stereotyping rarely extended to the analysis of textbooks and their importance in perpetuating a Eurocentric view of society.

According to Apple (1992) textbooks

signify- through their content and form - particular constructions of reality, particular ways of selecting and organizing that vast universe of possible knowledge. (p. 5)

Eastern College nursing teachers are aware of the predominance of American content in the textbooks (the majority of the books are by American authors, published in the United States) and make an effort to ensure students get the Canadian statistics, values and issues that are different. However, their Canadian picture rarely includes references to the many cultural communities involved in Canadian society, so the teachers' view is still a distorted one.

Textbooks "involve the very nature of the connections between cultural visions and differential power" (Apple, 1992 p. 7). As a result, nursing students who do not see themselves reflected in the texts that are crucial to the development of their professional knowledge will feel diminished, invisible and excluded

(Apple, 1992; Ghosh, 1996). Textbooks should be examined with more care to ensure they do not perpetuate ethnocentrism. Teachers need to seek out and adopt textbooks that more accurately reflect the society in which they are preparing future nurses. Flooding publishers with requests for such texts will create an economic push to provide what the market demands.

Further examination of the cultural content in nursing curriculum is desirable. Nursing faculty could consider adopting the approach to curriculum change suggested by CIIEPS (CIIEPS, 1994). Many Canadian professional faculties were consulted about multicultural education in their programs. Their suggestions could form a well grounded base for curriculum development. Students who have difficulty with language could be offered services within community colleges, similar to those at Eastern College (the counselling service and Learning Centre). In addition, teachers could accept the need to give students more practical support and coaching in the use of written language. Improved use of reading and writing can promote critical thinking (Bandman & Bandman, 1995; Moore & Parker, 1989) thus empowering students as they work towards academic success.

There is a substantial body of literature on Canadian multiculturalism and human rights issues. College faculties could take advantage of multicultural research in general, and in nursing education in particular by providing relevant literature on the subject and making it easily available to teachers. Administrators responsible for college libraries could be requested to provide appropriate information about Internet sites related to multiculturalism. Teachers would then have a forum for discussion of multiculturalism and human rights issues on a regular basis. Above all, teachers need to engage in reflection about the ways in which ethnocentrism affects everybody negatively

and then, with vital student input, explore concrete measures to overcome it. Focussing on the needs of the individual rather than looking for a recipe that treats members of cultural communities as homogeneous could go far in helping students maximize their potential. Students should be provided with a formal role in cultural matters within the course evaluation process. With regular student input a data-base could be established to help teachers improve the cultural content of the curriculum, including the relationship between students and teachers.

Individual efforts by teachers, while necessary, are only part of the picture. The institution itself must also contribute to the evolution of a truly multicultural setting. Institutional philosophy or Mission statements, common in many colleges, should contain commitments to accomplish the following through the education process:

Promote the full and equitable participation of individuals and communities of all origins in the continuing evolution and shaping of all aspects of Canadian society and assist them in the elimination of any barrier to that participation (Canadian Multiculturalism Act, 1988).

Administrative and academic bodies need to examine college policies and procedures to ensure that all students receive fair treatment while "respecting and valuing their diversity" (Canadian Multiculturalism Act, 1988). Hiring practices could be examined to ensure a long-term goal of creating a faculty reflective of the multicultural nature of the student body. Students could be given formal opportunities at the institutional level to contribute to the development of policies that are culturally sensitive and non-discriminatory. Administration also could ensure ongoing funding for professional development activities specifically designed to help teachers develop the intercultural skills identified as necessary for culturally appropriate communication. Through the

combined efforts of individuals (teachers, students, administrators) and collectives (faculties, committees, governing bodies) college nursing programs will evolve to promote cultural understanding between students and teachers and serve as a strong base from which nursing graduates can contribute to the well-being of all their clients no matter their cultural background.

The following quotation by Samuda (1984) echoes many of the positive efforts of the teachers at Eastern Collge:

Teachers should be aware of their personal cognitive styles and frames of emotional and value reference, alter these if necessary, and use this cultural and cognitive understanding constructively in relating to the individual needs of each pupil. Culture is connected with, but never determines, these individual needs. (p. 378)

## Appendix 1

**Guideline questions--student experiences edition**

The goal of the study is to reveal the cultural understanding between nursing students and nursing teachers in the program. Eventually, I hope it can be used to help us learn more about ourselves and our students in order to facilitate learning and professional development, no matter the cultures involved.

.....

The experiences should involve those with Nursing teachers only. Please do not include names or other information that could identify the teacher. Feel free to describe as many examples as you wish.

1. What have been your experiences with culture in the classroom?
2. What have been your experiences with culture in the clinical area?
3. How do you think teachers perceive your culture?
4. What have been your experiences with teacher expectations?
5. How have your important values, beliefs or ways of behaving influenced your ways of learning and interacting?
6. In the clinical area, what have been your experiences with clinical objectives or expectations?
7. How would you describe the ideal teacher?

**Appendix 2****Guideline questions--teacher version**

The goal of the study is to reveal the cultural understanding between nursing students and nursing teachers in the program. Eventually, I hope it can be used to help us learn more about ourselves and our students in order to facilitate learning and professional development, no matter the cultures involved.

\*\*\*\*\*

Please describe some examples of experiences you have had with students.

1. How have cultural factors influenced students' ways of learning and interacting in the classroom?
2. How have cultural factors influenced students' ways of learning and interacting in the clinical area?
3. What have been your expectations of students over the past 5 years given the cultural mix of the current student body? Can you describe any significant issues that have changed over the years?
4. How would you describe the ideal student?

In order to maintain confidentiality, your answers will be given to a typist who will enter them on a computer disk which will then be used to generate a printed copy for analysis. The researcher will not read the originals which will be destroyed after transfer to the printed copy.

## Appendix 3

**A DESCRIPTION OF CULTURAL UNDERSTANDING BETWEEN STUDENTS & TEACHERS IN A COLLEGE NURSING PROGRAM****Consent form for student participants**

**Investigator:**

**Veronica McLaughlin, McGill University, Department of Educational Studies.**

**This research project is a study of the cultural understanding between students and teachers in the Nursing program.**

**I understand that if I agree to participate in this study:**

- 1. I will answer a questionnaire about my experiences with culture in Nursing classes and clinical areas.**
- 2. I may volunteer to give verbal descriptions of any or all of the examples in a private interview with the researcher, Veronica McLaughlin.**
- 3. The interview will take place at a time and in a place in the college that is acceptable and convenient to me.**
- 4. The interview will take approximately 30-60 minutes and will be taped so that a typist can transfer what I say to a computer disc in order to create a printed copy. The tape will be coded by the researcher without revealing my name to the typist.**
- 5. The data I give in the questionnaire or in an interview will be strictly confidential, meaning I will not be identified except by a code number known only by Veronica McLaughlin. At the end of the study, the tape will be erased and the questionnaire destroyed.**
- 6. The questionnaire or the tape will be available only to the researcher and, if necessary, her thesis supervisor.**
- 7. My participation is completely voluntary. It will have no effect on my academic standing in any course present or future. No reference to my participation will be made in my file.**
- 8. While I am encouraged to answer all questions, I am not obliged to do so.**
- 9. I may withdraw from the study at any time and for any reason with no negative consequences.**



9. I may not benefit directly from participating in this study but the information collected may be useful to help the Nursing faculty plan culturally sensitive teaching and learning experiences for future Nursing students.

10. A brief report of the results of this project will be given to me if I request it.

The study and consent form have been explained to me by Veronica McLaughlin who has also satisfactorily answered any other questions I have.

Signature of participant\_\_\_\_\_

Signature of researcher\_\_\_\_\_

Date\_\_\_\_\_

## Appendix 4

**A DESCRIPTION OF CULTURAL UNDERSTANDING BETWEEN STUDENTS & TEACHERS IN A COLLEGE NURSING PROGRAM****Consent form for teacher participants**

**Investigator:**

**Veronica McLaughlin, McGill University, Department of Educational Studies.**

**This research project is a study of the cultural understanding between students and teachers in the Nursing program.**

**I understand that if I agree to participate in this study:**

- 1. I will answer a questionnaire about my experiences with culture in Nursing classes and clinical areas.**
- 2. The data I give in the questionnaire will be strictly confidential, meaning I cannot be identified because the responses will be transferred by a typist to a computer disk in order to provide a printed version. The researcher will not see the handwritten copy.**
- 3. By the end of the study the disk will be erased and the handwritten forms destroyed.**
- 4. The printed version of the questionnaire will be available only to the researcher and, if necessary, to her thesis advisor.**
- 5. My participation is completely voluntary. It will have no effect on my status as a teacher in the Nursing department. No record will be kept of my participation.**
- 6. While I am encouraged to answer all questions, I am not obliged to do so.**
- 7. I have the right to withdraw from the study at any time for any reason without negative consequences to myself.**
- 8. I will receive a brief description of the findings of the study if I request it.**
- 9. A copy of the research thesis will be available to the faculty as a whole should the department wish to have it.**

The study and the consent form have been explained to me by the researcher who has also answered any additional questions, to my satisfaction.

Signature of participant \_\_\_\_\_

Signature of researcher \_\_\_\_\_

Date \_\_\_\_\_

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