

**PERCEPTIONS OF MULTICULTURALISM IN NURSING PROGRAMS IN
MONTREAL: A COMPARISON OF UNIVERSITY AND CEGEP TRAINING**

by

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Abstract

The objective of this study was to examine the perceptions of students and faculty regarding the concept of multiculturalism and its relevance in nursing education in two Montreal English nursing programs. A 40 item questionnaire and interview tool were developed for students and faculty, respectively, to elicit data concerning demographic information, general perceptions regarding multiculturalism and its relevance in nursing education and perceptions about cultural concepts within their respective nursing curricula. It was concluded that students and faculties believed that multicultural concepts are relevant to nursing education in order for nurses to provide holistic health care in a non-discriminatory way to a culturally diverse society. However, the extent of multicultural content varied in the nursing programs with several relevant areas lacking in both, including exploration of personal biases.

Résumé

Le but de cette étude était d'examiner les perceptions des professeurs et des étudiants de deux programmes anglophones en nursing à Montréal concernant le concept du multiculturalisme et de sa pertinence dans un tel programme d'études. Nous avons développé un questionnaire en 40 points, ainsi qu'un protocole d'entrevue destinés respectivement aux étudiants et à leurs professeurs afin d'obtenir des données sur l'information démographique, sur la perception générale au sujet du multiculturalisme et la pertinence de sa présence dans l'enseignement du nursing ainsi que sur leurs perceptions des concepts culturels au sein de leurs programmes respectifs. Nous avons conclu que les étudiants aussi bien que leurs professeurs croient en l'importance d'utiliser des concepts multiculturels dans le programme d'études afin que des soins de santé holistiques puissent être fournis sans discrimination dans une société culturellement diversifiée. Cependant la proportion du contenu multiculturel est variable dans ces programmes de nursing, et on y note l'absence de plusieurs éléments importants, dont les préjugés personnels dans ce domaine.

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Table of Contents

Abstract	II
Résumé	III
Acknowledgments	IV
CHAPTER I	1
1 0 Problem Statement	1
1 1 <u>Introduction</u>	1
1 2 <u>Objectives</u>	2
1 3 <u>Research Questions</u>	2
1 4 <u>Significance</u>	3
1 5 <u>Definition Of Terms</u>	4
CHAPTER II	6
2 0 Literature Review	6
2 1 <u>Concept of Multiculturalism</u>	6
2 2 <u>History of Multiculturalism</u>	7
2 3 <u>Multiculturalism and Health Care</u>	8
2 4 <u>Multiculturalism and Nursing Biases</u>	12
2 5 <u>Multiculturalism and Nursing Education</u>	14
CHAPTER III	19
3 0 Study Design	19
3 1 <u>Samples</u>	19
3 2 <u>Instrumentation</u>	20
3 3 <u>Administering of questionnaires</u>	22
3 3 1 University students	22
3 3.2 CEGEP Students	23
3.3 3 University faculty	24
3 3 4 CEGEP faculty	24
3 4 <u>Analysis of the Data</u>	25
3 5 <u>Limitations of the Study</u>	25

CHAPTER IV	26
4 0 Analysis of the Data	26
4 1 <u>Description of the Samples</u>	26
4 2 <u>The Meaning Of the Term Multiculturalism</u>	29
4 2 1 Students perceptions	30
4 2 2 Faculty perceptions	30
4 2 3 Student versus faculty perceptions	32
4 3 <u>Montreal Society As Multicultural</u>	32
4 3 1 Student perceptions	33
4 3 2 Faculty perceptions	33
4 3 3 Student and faculty perceptions	35
4 4 <u>The Multicultural Concept And Its Relevance In Nursing Education</u>	35
4 4 1 Student perceptions	36
4 4 2 Faculty perceptions	40
4 4 3 Student versus faculty perceptions	43
4 5 <u>Perceived Multicultural Content In The Nursing Programs</u>	44
4 5 1 Student perceptions	44
4 5 2 Faculty perceptions	49
4 5 3 Students versus faculty perceptions	53
4 6 <u>Personal Biases Dealt With In These Nursing Programs</u>	55
4 6 1 Student perceptions	57
4 6 2 Faculty perceptions	58
4 6 3 Student versus faculty perceptions	60
4 7 <u>Changes Needed In The Multicultural Content</u>	60
4 7 1 Student perceptions	61
4 7 2 Faculty perceptions	65
4 7 3 Student versus faculty perceptions	67
4 8 <u>Perceived Relevant Government Legislation Or Health Care Goals</u>	68
4 9 <u>Institutional Philosophy And Objectives</u>	70
4 10 <u>Dealing With Cultural Diversity And Discriminatory Issues</u>	71
4 11 <u>Problems When Students Are Not Sensitized To Discriminatory Issues</u>	72
4 12 <u>Summary of Information</u>	73
4 12 1 Students perceptions	73
4 12 2 Faculty perceptions	74
4 12 3 Student and faculty perceptions	75

12 University and CEGEP Faculty Suggestions for Cultural Content
Changes

65

List of Figures

1 Ethnic profile in Montreal based upon ancestral origin	9
2 Ethnic origins	10
3 Ethnic Origins of the University and CEGEP Nursing Programs	28
4 "Total Other" Specific Origins	29

CHAPTER I

1.0 Problem Statement

1.1 Introduction

The Canadian population has changed significantly since 1967 when racial exclusion was eliminated from Canadian immigration. As of 1986, 25% of Canadians are of other than British or French origin (Sheridan, 1988). There has been a proportionate decline in European born immigrants, while those of Asian origin have increased (Statistics Canada 93-109, 1986). In view of Canada's increasing diversity, federal and provincial legislations have tried to address the issues of discrimination, racism, equal rights and equal opportunity in a multicultural society. Legislation includes the Canadian Bill of Rights (1960), the Canadian Human Rights Act (1977), the Canadian Charter of Rights and Freedoms (1982), provincial human rights charters such as the Quebec Charter of Rights and Freedoms (1982), as well as Bill C-93 (1988) on multiculturalism.

Although nurses may often be unaware of their biases, the profession has a strong history of prejudice and discrimination (Branch, 1982). As a result of societal changes, the nursing profession works with a far more diverse clientele which challenges their personal and professional health beliefs and practices. Some people in the profession feel that through multicultural education, nurses will be better prepared to care for their diverse patient population and that with the reduced fear of the unknown, there will be a decrease in discrimination (Burrows, 1983). This will help to ensure a more comprehensive approach to health care.

In order to adequately and effectively meet the needs of Canada's changing population, multicultural content is essential in the education of teachers, nurses, counsellors and administrators who work with a clientele (Fast, 1984). It is necessary to sensitize them of the cultural differences and similarities between people as well as increase the awareness of their own value system that influences their response to varied ethnic groups.

The interrelationship between Canada's increasing cultural diversity, holistic health care and the attitudes of nurses towards these issues have implications on nursing education. The literature indicates that solid multicultural content in university nursing curricula is lacking, yet it is essential in the preparation of Canadian nurses (Gregory, 1988). Research in the area of nursing education and multiculturalism has been minimal. Only one American doctoral thesis has examined cultural concepts in nursing education through the perceptions of university administration and faculty (Glynn, 1984). However, nothing similar has been found in the Canadian literature.

Ninety-two percent of Quebec student nurses were registered in coll ge d'enseignement g n ral et professionnel (CEGEP) programs for '88-'89. In Montreal, these programs had 82% of the English sector and 79% of the French sector nursing students.

(OIIQ, 1989) Although Burrows (1983), Dawes (1986), Glynn (1984) and Gregory (1988) speak to multiculturalism and university nursing education, college programs, from which most nurses graduate, are not extensively addressed. If nurses from both types of programs are to care for the same population, then both groups need to be adequately prepared for their culturally diverse clientele.

1.2 Objectives

This study does not intend to make a case for multicultural content in nursing education. It is based on the premise that to be effective, nursing education should recognize the multicultural reality of the society it serves. Given that, the overall objective of this research is to examine the general perceptions of faculty and students in Montreal nursing programs at both levels in the English sector regarding multiculturalism and its relevance in nursing education. Since much of the literature is based in axiology rather than on empirical validation, which should inform curriculum development, there is therefore need for inquiry in this field. Specifically, the purpose of this study is to examine

- 1 The perceptions of nursing students regarding the concept of multiculturalism and its relevance in nursing education,
- 2 The perceptions of the nurse educators regarding the concept of multiculturalism and its relevance in nursing education,
- 3 The perceptions of nursing students about the multicultural content in their nursing program,
- 4 The perceptions of the nurse educators about multicultural content in their nursing program

1.3 Research Questions

The following questions helped to guide this study in examining the perceptions of faculty and students in Montreal nursing programs regarding multiculturalism and its relevance in nursing education as established by the previously mentioned objectives:

- 1.0 What are the perceptions of the nursing students regarding multiculturalism and its content in nursing programs?
- 1.1 Student general perceptions regarding multiculturalism
 - A What does the term multiculturalism mean to nursing students?
 - B Do the nursing students recognize society as being multicultural/pluralistic?
 - C What are their perceptions about the multicultural concept and its relevance in nursing education?

1.2 Student perceptions of their program regarding multicultural content

- A What multicultural content do the nursing students perceive as being taught?
- B Do nursing students perceive their personal biases are dealt with in the program and if so, in which courses?
- C What changes would the students like to see in the multicultural content that would better meet their needs?

2.0 What are the perceptions of the nurse educators regarding the concept of multiculturalism and its content in the nursing curriculum?

2.1 Faculty general perceptions regarding multiculturalism

- A What does the term multiculturalism mean to nurse educators?
- B Do nurse educators recognize society as being multicultural/pluralistic?
- C What are the perceptions of nurse educators regarding the multicultural concept and its relevance in nursing education?

2.2 Faculty perceptions regarding the multiculturalism in their own institution

- A Are nurse educators aware of any government legislation or health care goals that indicate a need to address cultural issues in nursing education?
- B Do nurse educators perceive that their institutional philosophy and objectives support a commitment to teaching multicultural concepts?
- C What multicultural content do the nurse educators perceive the students are being taught?
- D Do nurse educators perceive that student personal biases are dealt with in the program and if so, in which courses?
- E Do nurse educators perceive there to be a need to deal with cultural diversity and discriminatory issues in nursing education and why?
- F What problems do they see if students are not sensitized to discriminatory issues?
- G What changes do the nurse educators perceive to be needed in the cultural content of their program to make it more effective?

1.4 Significance

The increasingly diverse ethnic population in Canada and the development of government policies regarding multicultural issues indicate a need for change in the curriculum of service oriented educational programs, such as teaching and nursing, so that people are aware of their own prejudices towards different ethnic groups they serve and are better prepared to meet the needs of the changing population. The scarcity of multicultural content in the Canadian literature on Canadian nursing programs denotes an urgent need for

investigation in this area. This research makes a small contribution to the development of multicultural training programs for nurses.

This study gathered data from 44 university students, 125 CEGEP students, 5 university faculty and 11 CEGEP faculty, in two Montreal nursing programs. A 40 item questionnaire and interview tool were developed for the students and faculty, respectively, to obtain data regarding demographic information, general perceptions of multiculturalism and its relevance in nursing education as well as perceptions about cultural content within their respective nursing programs. Analysis of the data was done by frequency distributions of percentages and developed typologies. A sophisticated statistical analysis was not possible due to the large differences in sample size between students and faculty.

1.5 Definition Of Terms

Some of the relevant terms mentioned in this document are defined here. They are:

1. Culture: "The complex processes of human social interaction and symbolic communication. It is dynamic, creative, and continuous process, including behaviours, values and substances learned and shared by people that guides them in their struggle for survival and gives meaning to their lives" according to Arvizue, Snyder, and Espinosa (Hernández, 1989)

2. Cultural accomodation: Sensitivity to the particular cultural values held, and practice exercised by the patient.

3. Cultural pluralism: "A state of society in which members of diverse ethnic, racial, religious, or social groups maintain an autonomous participation in and development of their traditional culture or special interest within the confines of a common civilization" (Webster's New Collegiate Dictionary, 1981, p. 878).

4. Ethnic or cultural group: Refers to the "roots" or ancestral origin of the population (Statistics Canada, 93-154, 1989).

5. Multicultural education: It is "a perspective that recognizes (a) the political, social and economic realities that individuals experience in culturally diverse and complex human encounters; and (b) the importance of culture, race, sexuality and gender, ethnicity, religion, socioeconomic status and exceptionalities in the educational process" (Hernández, 1989, p.4).

6. Multicultural health: A dynamic, constantly evolving body of cross-cultural knowledge used within the health care system to render holistic, culture-specific, and cultural universal therapeutic care. It is focused on a comparative analysis of cultures and subcultures as regards diverse health-illness values, beliefs and practices (Leininger, 1981)

7. Nursing faculty: Those professional nurses on the teaching staff of the participating university and CEGEP programs whose primary responsibilities are within the teaching and curricular domain

8. Perception: "The integration of sensory impressions of events in the external

world by a conscious organism especially as a function of nonconscious expectations derived from past experience and serving as a basis for or verified by further meaningful motivated action " (Webster's Third New International Dictionary, 1981, p 1675)

9 Discrimination This refers to the act of granting or denying members of particular groups fundamental human rights and freedoms, including equal access to societal opportunities, because of past or present categorical assumptions about their assumed physical, cultural and/or behavioral characteristics

10 Prejudice A negative emotional, rigid attitude, based on unsubstantiated opinion about a particular group of people (Hernández, 1989, Kallen, 1981)

11. Ethnocentrism: "The belief that one's cultural ways are not only valid and superior to those of others but also universally applicable in evaluating and judging human behavior" (Hernández, 1989, p. 25)

12. Sexism: "An arbitrary stereotyping of males and females on the basis of their gender" (The American Heritage Dictionary Of The English Language, 1976, p 1187)

13. Racism Belief that the inherited physical attributes of a racial group strongly influence social behavior as well as psychological and intellectual characteristics which results in some groups being inherently superior than others (Hernández, 1989).

14 Stereotyping: It is to overgeneralize and standardize a group's image that elaborating selected physical, cultural and/or behavioral characteristics and disregarding others (Kallen, 1981)

15. Human rights This refers to "the right of every human being to participate in the shaping of decisions affecting one's own life and that of one's society; reasonable access to resources that make that participation possible; and affirmation of the essential worth and dignity of every human individual, regardless of social classification" (Kallen, 1981, p 19)

This study is presented in five chapters This chapter introduces the problem, the purpose, pertinent terminology and the significance of the study. The second chapter reviews the current literature on the concept of multiculturalism, its history, as well as its relation to health care, nursing biases and nursing education. Chapter 3 contains a description of the methodology used, including sample selection, instrumentation, data collection and procedures used in the analysis of the data. Chapter 4 includes the presentation, the analysis and the interpretation of the data collected. Discussion, conclusions, implications and suggested recommendations based on the findings of the investigation are presented in Chapter 5

CHAPTER II

2.0 Literature Review

The literature review is divided into five sections. They are the concept of multiculturalism, the history of multiculturalism, as well as its relation to health care, the nursing profession, and nursing education

2.1 Concept of Multiculturalism

Canada has been a culturally diverse country since before the sixteenth century. Today, Canada is made up of Amerindians, French, English and a large variety of allophones. Multiculturalism is a "Canadian creation" that encompasses this heritage (Canada, 1987a; Karam, 1987a, b). According to the Canadian government, it is "the recognition of the diverse cultures of a plural society based on three principles: we all have an ethnic origin (equality); all our cultures deserve respect (dignity); and cultural pluralism needs official support (community)" (Canada, 1987b, p.87).

It is a concept that allows for majority and minority groups to coexist, with the right to equal opportunity and recognition regardless of race, creed or colour (MacDonald, Thompson, & DeSouza, 1988; Moodley, 1983; Piper, 1988). The three principles of equality, dignity and community encourage all people, no matter what their origin, to retain their heritage, have equal opportunity to participate in the political, social and economic areas of their lives, as well eliminate discrimination towards them. The concept tries to alter attitudes and values by the establishment of this new framework (Canada, 1987a, Ghosh, 1978)

Despite much support for this concept, there is opposition (Magsino, 1985). Some Canadians find it opportunistic and paternalistic by giving natives and allophones only marginal political weight. Many also feel that immigrants who choose to come to Canada must be ready to assimilate into the culture, customs and values of their new homeland. In so doing, a "melting pot" effect would occur as people eliminate their original characteristics.

Multiculturalism promotes integration of the minority groups into society, helps them to maintain their distinctive characteristics and supports the cultural mosaic for which Canada is known (Canada, 1984; Karam, 1987b). It must be noted that the terms "minorities", "ethnics" or "cultural minorities" do not refer only to "immigrants". There are many native born Canadians who belong to minority ethnic groups. Each Canadian has his/her own distinctive cultural origins. The concept of multiculturalism is an approach to the protection of equality not withstanding individual cultures.

In summary, the concept of multiculturalism is subject to varying interpretations. This often leads to dissatisfaction as well as conflict about the ideology. However, the threads that continue to surface as important values are the three principles of equality, dignity and community. In following these principles, integration, cultural retention and development,

social adaptation and social cohesion are made possible within a context of cultural diversity (Canada, 1987b)

2.2 History of Multiculturalism

Canada has long been a culturally diverse society. Legislative documents for all levels of government have been developed over time that reflect the pluralistic vision of the country. It also permeates many disciplines, like health care, nursing and education.

Canada has been known internationally as a country committed to human rights, as well as committed to the fight against racism and discrimination of ethnic minorities, women, children and the disabled. One of the first landmarks was the signing of the Universal Declaration of Human Rights in 1948, which combined the ideologies of "natural rights" from the west with duties and responsibilities from the east (Canada, 1988, Fast, 1984).

Nationally, in 1960, Prime Minister Diefenbaker established the Canadian Bill of Rights, which was an elaboration of the 1867 British North America Act. They affirmed the pluralistic vision of Canada (Canada, 1987a, Fast, 1984). In 1971, Prime Minister Trudeau proclaimed Canada officially multicultural in his policy of "Multiculturalism within a Bilingual Framework". This policy mandated equal status for all ethnic groups, a Canadian identity, lifestyle choices protected from discrimination and stereotyping, as well as broad civil and human rights (Canada, 1987a; Ghosh, 1990; McLeod, 1983; Sheridan, 1988).

The Canadian Human Rights Act of 1977 and the Charter of Rights and Freedoms in 1982 recognize and protect the fundamental rights and freedoms of all Canadians. The Canadian Human Rights Act of 1977 protects all citizens from "discriminatory practices based on race, national or ethnic origin, colour, religion, age, sex, marital status, family status, disability or conviction for an offense which a pardon has been granted" (Canada, 1985, p.1). The 1982 Charter of Rights and Freedoms entitles all Canadians to fundamental freedoms of conscience, religion, thought, belief, opinion, expression, assembly and association without discrimination based on issues similar to the 1977 Act (Canada, 1982). This charter was meant to preserve and enhance the multicultural heritage of Canadians and is unique to the Canadian Constitution (Leal, 1983).

To preserve and enhance Canada's pluralistic society, Bill C-93 was passed in 1988. As a result, directions have been planned for race relations, cross cultural understanding, heritage cultures and languages, community support and participation, as well as a cross-government commitment. Through these, the principles of equality, dignity and community will be supported (Canada, 1988).

Quebec affirms itself to be a French society but is also aware of intercultural exchange and pluralism as essential to promoting cultural diversity. The provincial government rejects the principles behind the multicultural policy, for they are thought to dissociate culture from language. This contradicts the mandate of the Royal Commission on Bilingualism and

Biculturalism (Canada, 1967, Quebec, 1978) Quebec has chosen the term intercultural education which is believed to reflect the true diversity of the Quebec society and to unite culture and language (Moisset, 1987) According to Sheridan (1988), the Ministère des Communautés culturelles et de l'immigration tries to achieve equality for all, encourage Quebec's cultural diversity and increase community tolerance The Quebec Human Rights Charter (1982) ensures the dignity and value of all human beings as well as legislates that everyone has equal access to rights and freedoms without discrimination Despite this evidence of support for cultural diversity, the Quebec government has also mandated to protect the French culture in North America. This is specifically dealt with in the province of Quebec through official language legislation since 1977, which promotes the French language and limits the use of others The concept of equality of all cultures contradicts Quebec's focus on French culture

When crossing disciplines, two areas that have legislation which address equal rights, discrimination and cultural diversity are provincial education and health care The Loi sur le conseil des universités stipulates in section three that university directors could study the needs of a university education within the context of culture, scientific, social and economic needs of Quebec (Quebec, 1987a). In terms of health, the Loi sur les services de santé et les services sociaux ensures that everyone receives personalized care that is socially, humanly, and scientifically sound. It also enforces against discrimination base on race, colour, sex, religion, language, nationality, social origin and political convictions (Quebec, 1989b).

In summary, it is evident that multicultural ideals have permeated international and national government levels, while intercultural concepts are held in the province of Quebec. Concepts of cultural diversity also pervades many disciplines, including health care and education.

2.3 Multiculturalism and Health Care

Canadian and Quebec populations are becoming increasingly diverse. These changes have an impact on health care and its effectiveness. Nursing within this health care system will also be influenced by these demographic changes.

The 1986 national census showed that 7 million members of the Canadian population are of mixed ethnic origin. Today, 70% are non-European born (Statistics Canada 93-109, 93-155, 1989). The demographic changes in Quebec over the past 20 years indicates an increase of immigrants to 13% of Canada's immigrant population The ethnic composition has also changed with more people whose origins are from Haiti, Vietnam, Asia, Lebanon, Chile, and Central America as opposed to Italy, Portugal, Greece, Egypt and the Antilles. Montreal has an increasingly ethnic population (defined as those persons of other than British or French origin) since 1981, up 7% to 30.1% in 1986 (Figure 2.1) The largest ethnic groups in the city are Italian, Jewish, Black, Chinese, and German as seen in Figure 2.2 (Statistics Canada 94-

Figure 2.1

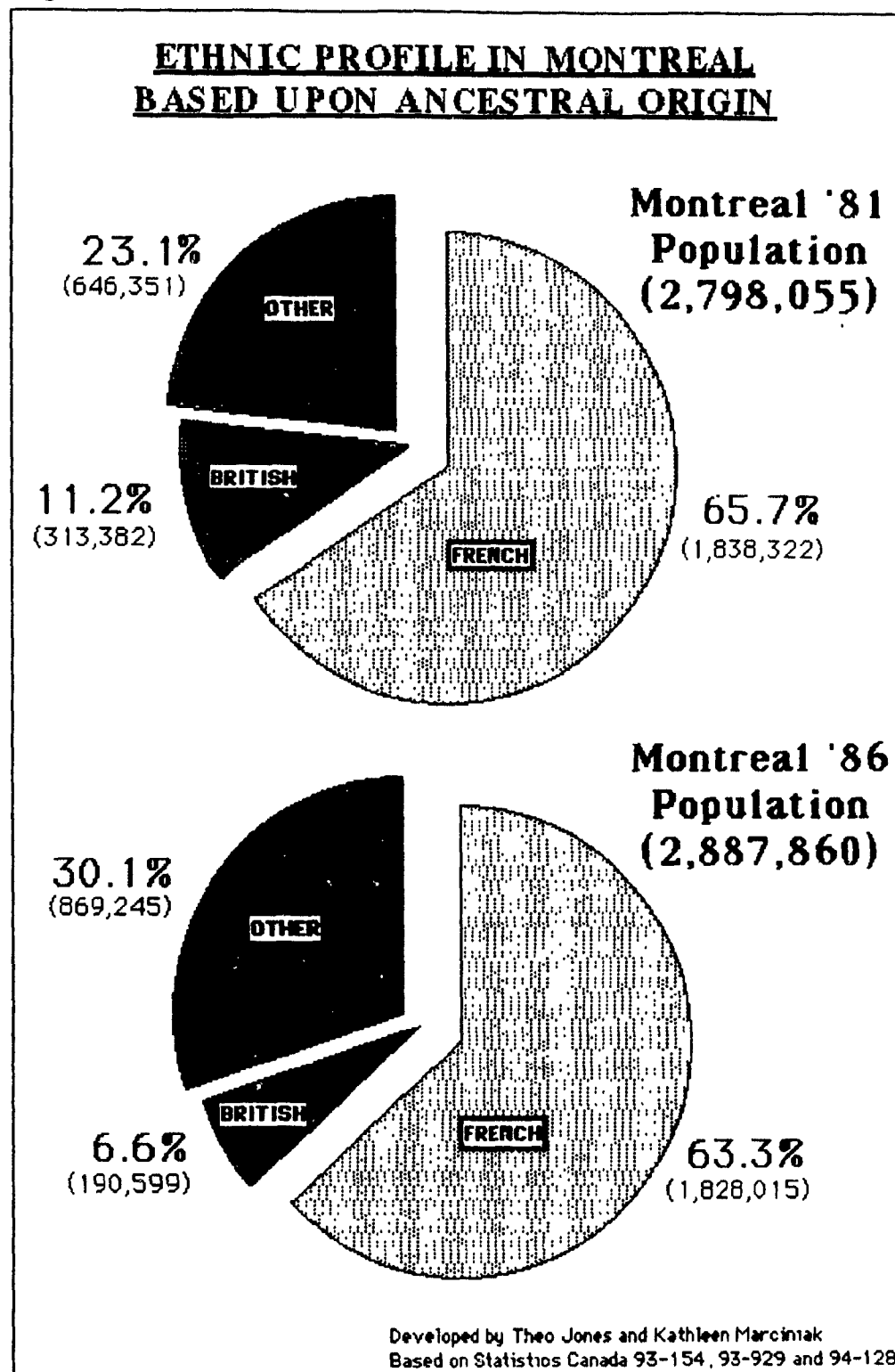
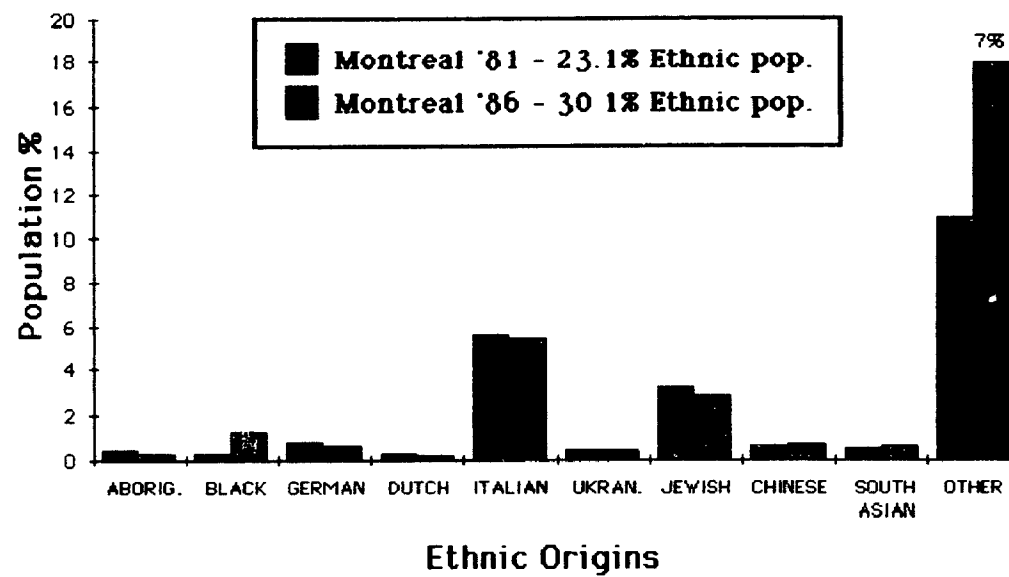


Figure 2.2



Developed by Theo Jones and Kathleen Marciniak
Based on Statistics Canada 93-154, 93-929 and 94-128

128, 1988, 93-109, 1989) It is also notable that the "other" category has also increased by 7% or 222,895 people and is the largest classification of all, with many fractured ethnic groupings This only reinforces how multicultural Montreal really is

All of these demographic changes have an impact on the health care system if it is to meet the needs of all Canadians Values, beliefs and practices have been shown to last for generations The World Health Organization (WHO) set itself a goal in 1978 of "health for all by the year 2000" They felt that health was the right of all and the responsibility of everyone (WHO, 1978) However, a Toronto study showed that many immigrant groups were not adequately serviced by education, health, recreation and social agencies due to lack of adequately trained staff (Davies & Yoshida, 1981) In 1986, Canada's health minister indicated in a document that present policies and practices were not sufficient to ensure that Canadians of all ages, genders and backgrounds had an equitable chance at achieving health There were serious inequities for women, the poor, seniors and immigrants (Epp, 1986) Despite demographic changes and the decentralization of social services in the 1970's in an attempt to ensure better and more direct user access, organizations are not adapting to meet the needs of an ethnocultural province (Chan, 1987, Quebec, 1987b) Despite their right, many Canadians are excluded from proper health care.

Most interventions are based on Canadian middle class norms, values and actions rather than culturally sensitive choices (Baker & Mayer, 1982; MacDonald et al, 1988, Masi, 1985) This leads to failure in many cases, since people will not easily forfeit their own cultural values for temporary professional ones (Dougherty, 1972, Leininger, 1970a) More often, cultural groups expect North Americans to be knowledgeable regarding their cultural beliefs, background and values They demand to be cared for with respect and without the imposition of professional values Health care providers, in essence, are required to know, understand, respond and interact favorably with a pluralistic clientele in order to meet professional obligations.

As minorities exert their assertiveness for equal access to and rights for health care, an increasingly confrontational situation may be anticipated in the absence of culturally sensitive health care professionals (Glynn, 1984, Leininger 1978a, 1982, 1984) There is a link between health, social well-being and an individual's or group's quality of life Without health, they are unable to realize their aspirations, satisfy their needs or cope with their environment (Kickbusch, 1986). Cultural beliefs and practices influence health seeking, maintenance and illness coping patterns (Leininger, 1967; MacDonald et al, 1988) There is increased effectiveness of health care solutions when the beliefs and values of all parties are considered All Canadians have the right to health care information that is relevant to their needs (Harwood, 1985, Masi, 1984) As one of the largest health care groups, nurses are not excluded from this critical situation The nursing profession is a cornerstone in the primary care of patients (Hickman & Gobble, 1987, Sternberg, 1989) The roles of nurses today

include educator, learner, advocate, change agent, soother and assistant to policy makers in all health care settings (Doucette, 1989, Koshi, 1976, Mattson, 1987) Cultural sensitivity must be integrated into nursing care in order to ensure equality and democracy in health care (Carpio, 1981)

Awareness of culturally different behaviors helps nurses to meet the needs of their patients, families and communities, so that their optimal well-being may be achieved (McKenna, 1984) The multicultural society expects and demands well educated humanistic nurses, not simple, intuitive interpretations by those who are mainly of the dominant culture (Murillo-Rohde, 1978, Tuck, 1984)

Multiculturalism is part of the Canadian identity There needs to be an increase in cultural understanding, appreciation and cooperation through respect and the development of new attitudes Health care professionals must be able to apply culturally sensitive practices (Fast, 1984, Tripp-Reimer, Brink & Saunders, 1984)

2.4 Multiculturalism and Nursing Biases

Racial prejudice and discrimination exist in Canada (Fast, 1984) France, Mah & Harvey (1986) found that 15% of Canadians exhibit blatantly racist attitudes while 20-25% have racist tendencies. Prejudice has been found among Canadian university students (Ross & Nagy, 1987) Buckner (1987) found in his study that people in Montreal and Vancouver had an increasingly negative attitude toward the Jewish population. Even health professionals can be prejudiced towards patients and colleagues of ethnic minorities, which may lead to explicitly or implicitly discriminatory actions. (Branch, 1982; Canada 1984; Moodley, 1983) A better understanding of similarities and differences between cultures can lessen fear and distrust. This in turn can reduce biases and improve adaptation (Carpio, 1981) Unfortunately, self-examination of intolerance is unusual (Ellis, 1978).

Terms frequently used when referring to racial or ethnic bias are discrimination, prejudice, racism or ethnocentrism Discrimination is "the conscious act of dealing with a person or persons on the basis of prejudicial attitudes and beliefs rather than on the basis of individual merit" (Canada, 1984, p 143) Discrimination is active, unlike prejudice, which represents a state of mind. Racism is a form of discrimination based on racial/national/ethnic origin or colour Ethnocentrism is a cultural egotism that suggests that one's own culture is the true one (Harwood, 1985) The complexity of dealing with ethnic groups can lead to prejudices, irritation and over-sympathy at the cost of professional quality. This terminology makes it clear that inequalities of treatment can occur both through actions of omission and commission (Dawes, 1986).

Given that racism and prejudice are present in the general population, it seems possible that nurses too are burdened by myths and biases, such as a unicultural orientation, the right to cultural imposition and ethnocentrism It has been argued that they work from an

implicit norm of giving equal consideration to all patients and not from the view of equality of health care to all. Often cultural differences are seen as pathological (Tuck, 1984). They may resist interacting with a "strange" social group as a result of inadequate preparation in dealing with varied cultures (Johnson, 1965, MacDonald, 1987).

In research of biases, LaFargue's (1972) study found 77.7% of the white nurses had little or no prejudice; they had a greater ability to sympathize than female college students and younger nurses were less prejudiced. This latter point is in conflict with Bonaparte (1979), who found that the older experienced nurses were more open-minded, with a more positive attitude about cultural differences. Ruiz's (1981) research indicates that baccalaureate nursing faculty rated each patient group differently depending on the ethnic origin. Faculty who were more open-minded also had more positive attitudes towards different cultures, which supports Bonaparte's study.

The implication of these studies is that there are nurses with different ethnic group biases. Close-minded people may resist teaching or learning about cultural differences and convey a negative attitude. A nurse who is ignorant of cultural differences may view a patient as uncooperative, resistant, non-compliant, withdrawn, difficult, stubborn or disruptive. These views may stem from the nurse being unable to care for the patient in a culturally-sensitive way that meets the patient's needs. As a result, staff may isolate the person and reduce efforts to understand them (Johnson, 1965, Leininger, 1967, 1978a, b, MacGregor, 1976, Ruiz, 1981, Sternberg et al., 1989). Patients may attribute this behavior to discrimination rather than lack of cultural understanding by the professional (Hodgson, 1980). A nurse with a receptive attitude could gain insight regarding indigenous health systems, avoid interpersonal conflicts and help design effective health care programs (Leininger, 1967).

The concept of cultural diversity in nursing not only addresses the knowledge of cultural differences that impact on practice but also the discrimination that exists in the health care delivery system and the educational system against ethnic minority group members (Crawford & Olinger, 1988). According to Branch (1992), only about 3% of the U.S. nursing population consisted of minority group nurses during the last decade. Although ethnic minority nurses are evident in many institutions and agencies, there are no statistics to date of the Canadian nursing profession's ethnic makeup. This may be due to the sensitivity of the issue and legislation that protects individuals from being asked about their religious beliefs and nationality.

Some feel that there is an under representation of ethnic groups in the health profession in general and that those already present face many conflicts (Crawford et al., 1988). As a way of coping, some ethnic minority group health professionals become acculturated into the Canadian health care system and nursing subculture. These areas are unicultural in their values and beliefs which promote ethnocentrism (Yoshida & Davies, 1985).

Those who do not assimilate must deal with the negative attitudes and stereotypes regarding their abilities and aspirations held by other nurses in the profession. This latter situation has often been the case for the Northern Canadian Indian (Mardiros, 1986).

Attitudes are the result of parental and group influences as well as innate personality characteristics. However, they are manifested within one's cultural limits (Bonaparte, 1979). According to some, these attitudes are developed by age 10, while others maintain that a larger attitude change occurs between 11 and 20. Stereotypes, which are fixed images attributing certain characteristics to a specific ethnic group, become more defined with increasing age (Bonaparte, 1979, Canada, 1984).

Several studies have examined the changeability of attitudes. Some research in American teacher training programs found that a variety of strategies impacted positively on an individual pre-service teacher's cognitive and psychomotor domains but not on the affective area where changes in deeply ingrained values and attitudes were sought (Milligan, 1990). With regards to nursing, Fenkel, Greden, Robinson, Guyden & Miller (1980) found that direct nurse-patient contact did change the racial perceptions of student nurses. Johnson's (1965) study showed that baccalaureate nursing students manifested attitude changes toward minority groups and their treatment after cross-cultural materials were used in lectures. Therefore, attitudes may be changed with culturally relevant material and early contact experiences.

According to the International Council of Nurses (ICN), nursing is universal and unrestricted by nationality, race, creed, colour, age, sex, political or social system, yet ethnic minorities do suffer racial prejudice and discrimination by this profession (Burrows, 1983). In order to provide "bias-free" nursing care that meets the needs of all cultures and to work effectively with their cohorts, nurses must begin to look at themselves, their motives and the depths of their racism (Dawes, 1986, Ellis, 1978). Nurses must understand the dynamics of their prejudice and the effects of their behavior (LaFargue, 1972). It is very important for nurses to appreciate cultural backgrounds when planning, implementing and evaluating health programs in order to provide safe, effective and quality nursing care to everyone (Koshi, 1976, MacDonald, 1987, Mattson, 1987).

2.5 Multiculturalism and Nursing Education

There is a call for better preparation of health care workers, educators and counsellors in the awareness of cultural diversity and human rights (Canada, 1984, 1987a; WHO, 1978). Health professionals play a major role in achieving optimal health for all. However, a majority of nurses are not adequately prepared to deal with the need for change in cultural and structural factors in nursing education models and practices (Baumgart, 1981). Their curriculum must be made relevant to meet the current needs and expectations of the public, the profession and the nursing students (Yuen, 1987).

Multicultural education is a structured process to foster understanding, acceptance, respect and constructive relations among people of diverse cultures. It builds an awareness of one's own culture and an understanding that no one culture is superior to another. It assists with skills in analysis and communication that help to effectively function in multicultural environments. It also demonstrates the similarities and differences within and between groups (Hoopes & Pusch, 1979).

Although Young (1979) feels that multicultural education has no single meaning, it has been defined by Ramsey (1987) as an education that encompasses culture, race, occupation, socioeconomic states, age, gender, sexual orientation, physical traits and needs, it is relevant even in homogeneous settings, and extends its beliefs and attitudes around the world. It also facilitates the analysis of stereotypes (Ghosh, 1978).

Leininger (1978a) pioneered "transcultural nursing" in the 1960's when she realized that the needs of all people were not being met due to cultural differences. Her definition of this nursing subfield is that

which focuses upon a comparative study and analysis of different cultures and subcultures in the world with respect to their caring behavior, nursing care, and health-illness values, beliefs, and patterns of behavior with the goal of developing a scientific and humanistic body of knowledge in order to provide culture-specific and culture-universal nursing care practices (p 8)

Her efforts have gone into establishing culturally diverse nursing programs, nursing curriculum and nursing research (Leininger, 1967, 1970b, 1982).

Although ethnic and cultural diversity are not new concepts, they are only now being considered in nursing education (Branch, 1982). Education must provide knowledge, experience and awareness about different ways of life in order to systematically assess other than one's own culture and to increase the effectiveness of health care delivery (Amin, 1984).

To have an effective culturally diverse nursing program, staff qualified in this area are necessary. However, many faculty were trained when this concept did not exist (Glynn & Bishop, 1986). A faculty survey showed that 52.2% had no experience at all in cultural diversity (Fulton, 1985). Some also feel that it isn't a substantial part of faculty development programs (Glynn, 1984). Nursing professors take few steps away from unicultural and ethnocultural education and practice (Leininger, 1978a, 1982). Failure to incorporate multiculturalism into nursing education is the result of a number of factors. There are concerns that diverse cultural education may encourage stereotyping and ethnocentrism, while others feel overloaded or that multiculturalism is already being taught (Baker et al, 1982, Fulton, 1985). However, a survey showed that a majority of nursing administrators and faculty agreed with the concept of multiculturalism as important and relevant to nursing and that cultural concepts in nursing curricula should be an integral part of the baccalaureate program (Glynn, 1984). It should be remembered that nursing students learn how to practice their

profession from the attitudes, beliefs and values that are transmitted by the faculty (Ruiz, 1981)

The teaching of multiculturalism is also dependent on the philosophy and objectives of the institution. These help to determine the commitment and direction of the program (Burrows, 1983, Fulton, 1985, MacDonald, 1987). However, many objectives and guidelines are too broad to determine a specific course of action (Leininger, 1978b).

The curriculum may offer multicultural content in numerous ways. It may be fully integrated within all courses, scattered throughout the program, or offered through an anthropological perspective or in a single concentrated course at some point in the program. One point of view is that multicultural content must be integrated into the education and training in order for nurses to be therapeutic in a multicultural setting (Burrows, 1983; Leininger, 1970a, MacDonald, 1987; Murillo-Rohde, 1978, Spratlen, 1976). Weaving certain cross-cultural concepts through the curriculum is not an adequately planned approach. Decisions must be made as to compulsory courses, innovative teaching methods, practicums, discussion groups and the involvement of community people, with resulting inconsistency in the treatment of the concept (MacDonald, 1987). Leininger (1967, 1970b, 1982) is a strong advocate of an anthropological perspective, since it includes the dynamics and functions of cultural health and illness beliefs, norms, values and practices. The single course approach most often deals with what is "strange", a "social pathological" perspective rather than viewing the similarities and differences between cultures and the implications of this towards health care (MacDonald, 1987, Moody, 1986).

Cultural curriculum needs to provide a good knowledge base, personal contact and opportunities to observe. It must address the idea of culture, discrimination and stereotyping of ethnic groups, and include non-western beliefs, practices and folk medicine. Improper nursing assessments, interventions or malpractice may occur if the curriculum does not carefully address multiculturalism (Glynn, 1984). It has even been suggested that administrators and faculty could possibly be held liable for negligence if cultural diversity is not included and unsafe, ineffective nursing care is given (Murillo-Rohde, 1978).

The point at which cultural diversity should enter into the nursing program is not clear. Some feel cultural topics and race relations should start as early as possible, while others believe these topics are necessary in the masters' program core curriculum but make no mention of it at the college or undergraduate levels (Burrows, 1983, Dawes, 1986; Hickman et al., 1987).

Glynn (1984) developed a questionnaire that examined faculty perceptions about the relevance of cultural concepts in baccalaureate nursing school curriculum. The following points were addressed: In it, she asked about the concept of cultural pluralism requiring recognition of cultural diversity, culture influencing learned behavior and affecting lifestyle; specific cultures giving rise to specific problem methods; and culture being universal to mankind as well

as unique due to locality. She investigated if faculties thought that understanding one's own culture guaranteed understanding another's, that knowledge of cultural factors enhances the quality of health care rendered; if holistic health care requires a shift from a unicultural approach to a multicultural one, if cultural accommodation is a necessary part of the "nursing process", and if health care givers should be familiar with patient behaviours influenced by cultural differences. Glynn also inquired as to whether cultural diversity affects goal attainment in therapeutic relationships. With regard to nursing programs, she asked if the philosophy of a bachelor's nursing program should include a commitment to teaching about diverse cultures and their health-illness values, beliefs and practices, whether a curriculum committed to holistic care should include multicultural health content and process, and whether teaching strategies and instructional materials should promote and enhance varied cultural health concepts. She also investigated if faculties felt that nursing curricula should be designed to include diverse cultural threads throughout the entire curriculum or as separate units.

There are a variety of models being used for the inclusion of multicultural content in nursing curricula. The Murillo-Rohde (1978) model is thought to be one of the most comprehensive. By following these guidelines, she feels that a program could achieve the desired level of quality and safety in the care of ethnic minorities. In order to develop a viable and effective cultural diversity program, the curriculum must include overviews of the historical background of various ethnic minorities, as well as diverse ethnic physical characteristics and ethnic life styles. Information must be provided about various communication styles, cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness, and treatment; as well as family relationships and networks of ethnic minorities and their influence on the members' lives. There must be opportunity to conceptualize the areas inhabited by ethnic minorities and evaluate life in these settings. The students must examine the role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages. It is essential that there be exploration of societal and institutional barriers for the ethnic minorities, as well as of faculty and student attitudinal patterns toward the various ethnic groups and their rationale. Basic to the safe nursing care of consumers is the need for the student to develop an understanding, an appreciation, and a respect for physical and cultural diversity as normal and healthy variations of the human condition. They must also learn how to design nursing intervention that does not violate cultural values and beliefs, when these are not dysfunctional to the individual or in conflict with health maintenance.

In summary, although multiculturalism seems like a new outlook on the Canadian population, the grassroots of its conception have a long history. Canada was built by immigrants. The key difference is that the immigrant of today is of a more visible minority group than those of the past, as people of very different cultures come to make their home in

Canada There are also many who have been here for generations and maintain many of their traditional attitudes and customs. These cultural differences impact on the health care system. Obviously, multicultural content is not uniform in nursing education programs (Spratlen, 1976). However, it needs to be incorporated within the curriculum in order to meet the needs of a pluralistic society if everyone is to have equal access and opportunities (Burrows, 1983, Forum, 1982). Today, a nurse must be able to systematically study the values, beliefs and health practices of various cultures in order to provide comprehensive, holistic, quality health care. Otherwise, cultural minorities will continue to receive unequal treatment and have their lives endangered.

CHAPTER III

3.0 Study Design

As mentioned in Chapter 1, this research was conducted to examine the general perceptions of faculty and students regarding multiculturalism and its relevance in nursing education. This chapter will explain how the study was conducted. It will describe the selection of institutions, students and faculties, the development of instruments and breakdown of the questions, and the administering of questionnaires, i.e. how the institutions, students and faculties were elicited to participate in the study as well as how the questionnaires were administered in both institutions.

3.1 Samples

One inner-city English university (institution A) and one inner-city English CEGEP (institution B) which met the established criterion of having a nursing program in Montreal were chosen for this study. The students in the university program have completed a two year health science diploma of collegial studies (DEC) in Quebec or grade 12 outside of the province with a completed pre-calculus course, and at least two courses in grade 12 level biology, chemistry or physics. The CEGEP students have obtained a Quebec diploma of secondary studies or equivalent which included a high school level chemistry and physics course. Both programs are three years in length. The university students are awarded a bachelor of science degree in nursing, while the CEGEP students obtain a diploma of collegial studies on completion of their program. Both sets of students then write a provincial licensing exam to become registered nurses. The institutions access most of the same hospitals for training their students. Therefore, it was assumed that the students and faculty also dealt with similar patient populations.

At the time of this study, the total student population in the university program was 95. Of this total, 87 questionnaires were distributed (discussed later in this chapter). The difference of eight students was due to absenteeism or students choosing not to participate in the study. The rate of response was 18 first year, 9 second year and 17 third year students, for a total of 44 returned. Of these, 3 second year and 1 third year responses were discarded, since they already were registered nurses (R.N.). It was felt that previous nursing education and work experience could influence their responses. All eligible responses were used for analyses.

Due to the small faculty sample, total faculty participation was sought. Of the seven contacted by phone, five accepted and two declined. One of the five who had agreed to an interview, decided to complete the questionnaire independently. However despite agreeing to participate, the faculty member did not return the response sheet even after two follow-up phone calls. One other response was obtained for this sample from the CEGEP, because the

respondent had just recently left this university and was more familiar with their curriculum. Therefore, the total sample size was five.

The CEGEP had a population of 208, of which 130 received questionnaires. Some (78) did not receive them due to absenteeism or choosing not to participate. The breakdown of the 125 returned are 38 from first year, 48 from second year and 39 from third year. One second year class of 15 was not surveyed, since they followed a different program from the other students of that year and consistency was sought within the sample of each year.

The CEGEP faculty size was 29, including part-time staff. Initial sample selection for this institution was left open. Due to the heavy work load of the full-time faculty, it was questionable as to how many would be willing to participate. All 12 of the staff contacted were willing to participate, 11 of whom were full-time faculty. Due to the small size of the university institution and the need for consistency, the responses of one part-time faculty member were not used.

Further discussion of these samples will be presented in the next chapter on analysis of the data.

3.2 Instrumentation

For the purpose of this study, the researcher developed the Perceptions on Cultural Diversity in Nursing Education Student Questionnaire and the Perceptions on Cultural Diversity in Nursing Education Faculty Interview tools (see Appendices A and D). The objective of the student questionnaire was to determine the perceptions of nursing students regarding a) the concept of multiculturalism and its relevance in nursing education and b) how their program was preparing them to provide holistic health care in a pluralistic society. The purpose of the faculty interview-questionnaire was to examine the perceptions of nurse educators regarding a) the concept of multiculturalism and its relevance in nursing education and b) multicultural content in their nursing curriculum.

There were three sections in the questionnaire. One section was to elicit general perceptions about multiculturalism and its relevance in nursing education; a second section was to measure perceptions on the curricula of their respective institutions, and a third was to obtain demographic data. The questionnaire consisted of a total of 40 questions or statements. Thirty-one were of a scaled format with a four choices: strongly disagree, disagree, agree, and strongly agree, numbered one to four respectively. A fifth choice, such as "No opinion/Don't know", was omitted in order to encourage participants to make a choice. "One reason for not allowing a middle choice, such as "just right the way things are," is that respondents may take this choice far too often as an easy way out" (Scheaffer, Mendenhall & Ott, 1986, p. 33). Participants were asked to respond to these statements by placing a check-mark under the column that best suited their response. Four other questions were of a short answer format and six were multiple-choice.

The first three statements (questionnaire items 1 to 3) were developed by the researcher. Items 1 and 2 were designed to elicit respondents' perceptions of current and anticipated trends in the Montreal society. The third item was to investigate their understanding of the term multiculturalism. The remaining 15 statements (items 4 to 18) were previously developed by Glynn (1984). They were used to determine perceptions towards general cultural concepts and their relevance in nursing education curricula.

The next 13 statements (items 19 to 31) were those of Murillo-Rhodes' (1978) model on a cultural diversity program, while the subsequent three short answer and one multiple-choice questions (items 32 to 35) were developed by the researcher. These were created to obtain data on nursing students' perceptions regarding preparedness to deal with ethnically diverse people, the multicultural content in their program and the changes needed in diverse cultural content that would more effectively meet the students' needs. In one of the questions, the course content was indicated by selecting "Yes" or "No". If "Yes" was chosen, then the course(s) that addressed the indicated topic, i.e. sexism, racism, stereotyping, discrimination, prejudice or human rights, was to be written in the space provided. These questions were meant to provide data for a second objective, that of examining the students' perceptions about how their program was preparing them to provide holistic health care in a pluralistic society.

The last four questions (items 36 to 39) were included to provide demographic information on age, ethnic group, level of program, and gender. Item 40 asked respondents to indicate whether or not they had already earned an R.N. diploma. This question was used to eliminate these students from the sample as discussed in section 3.1. A response was indicated for item 36 to 40 by checking off the appropriate answer (except for item 37, which required the respondents to indicate their appropriate ethnic group in writing).

The faculty interview-questionnaire also had three sections. The first section was designed to elicit data about nurse educators' perceptions on multiculturalism and its relevance in nursing education; the second portion was used to obtain information on faculty perceptions of multicultural content in the nursing curriculum of their respective institutions, the final section was intended to acquire faculty demographic data. The interview-questionnaire also consisted of 40 questions or statements, of these, twenty-eight statements with scales and two short-answer questions were identical or very similar to the students' questionnaires.

The 15 statements used in the student questionnaire to obtain information on their perceptions regarding multiculturalism and its relevance in nursing education were also utilized to explore faculty perceptions towards these issues. However, three open-ended short answer questions developed by the researcher (items 29 to 31), were given to sample faculty perceptions of the term multiculturalism, the changes in Quebec society, and government or agency influence in multicultural issues and health care.

In examining the perceptions of the nurse educators regarding multicultural content in their nursing curricula, which is one of the research objectives, the 13 Murillo-Rohde statements and one short answer question were used as in the student questionnaire. To elicit further information in this area, four open-ended questions (items 32 and 34 to 36), that were created by the investigator, were given. They examined the educators' perceptions of their institutional philosophy and objectives, the need to deal with cultural diversity and discriminatory issues in nursing education, the problems faculty foresaw occurring if students were not sensitized to issues of personal biases, as well as the changes needed in the cultural content of their institution's program to make it more effective.

Items 37 to 40 were developed to examine the demographics of the nurse educators. They were intended to elicit data on participation in curriculum content decisions, faculty position, teaching level in the program, and faculty ethnic background. The first three questions were answered by selecting the appropriate response while the last question, regarding ethnic background, was structured in the same manner as in the student questionnaire.

Identical operational definitions of specific words referred to within the tools were provided in the student letter and on a separate page for the educators. The words defined were cultural pluralism, cultural accommodation, multicultural health and ethnic or cultural group (see Appendix A and D).

Research studies in the areas of multicultural health care and education provided the background for the development of these research tools. In order to ensure clarity, suitability and appropriateness of the statements and questions, especially those newly developed by the researcher, colleagues and faculty from the areas of education and nursing were used to establish content validity. Recommendations offered were included in the finalization of the instruments.

3.3 Administering of questionnaires

This section will discuss how the student questionnaires and faculty interviews were conducted at each institution. The faculty tool was originally developed as a questionnaire, however, it was decided that face to face interviews would elicit more responses. All taped interviews were transcribed by the researcher.

3.3.1 University students

To invoke the participation of the institutions, different approaches were used. At the university, a meeting was held between the researcher and the director of the school of nursing to discuss the study. Following this, a letter of request with sample copies of the faculty and student packages were submitted, so that the director could present it at a departmental meeting (see Appendices A and D). The researcher was notified by telephone of the faculty's agreement to participate in the study. With the CEGEP, a phone contact was

made with the chairperson of the nursing department, who offered the examiner the opportunity to present the research proposal at a curriculum meeting. After presenting the same information and packages to 11 teachers who attended the meeting, their acceptance was obtained.

The investigation of students was carried out differently in the two institutions. A phone contact was made to a faculty member for each of the three years to establish a mutually agreeable date for the researcher to meet each class. Two of the three instructors agreed to this immediately, while the third asked the class for their consent first. All three classes were met with in the same week. Information and instructions were presented consistently by the investigator using a developed instruction sheet (see Appendix A). Duplicate information was enclosed in an accompanying letter in the student package (see Appendix A). All students were ensured that this was not an exam and would not reflect on their school work. All students were encouraged to participate due to the limited sample size, and French copies were provided to those who preferred it. Therefore, the total student package contained a cover letter that discussed the objective of the study, instructions and operational definitions, a consent form indicating that they voluntarily participated in this study, the questionnaire and an extra envelope in order to submit the questionnaire and consent forms separately and maintain anonymity.

After the presentation, the packages were distributed. They had one week in which to return it to the box at the department secretary's office. During the week, a flyer was posted on several bulletin boards that the students would frequently access in the nursing department. It drew attention to undergraduate nursing students and reminded them to participate, as well as where and when to submit their questionnaires.

After the indicated deadline, the response rate was 39 completed questionnaires out of 87, with only 6 returned of the 22 for second year students. A follow-up thank you letter (see Appendix B) was sent one and a half weeks after the questionnaire was distributed with the return rate breakdown. This was read to the students approximately four weeks after the distribution time. After the next three weeks, five more responses were obtained for a total of 44 during the seven week period.

3.3.2 CEGEP Students

The meetings with seven of nine classes at the CEGEP institution were arranged over the phone with the appropriate lecturer. The remaining two meetings were arranged in person.

The same information was given to the students as in the university setting. However, the method for participation was different except for one class. Opportunity was given in eight classes by faculty members and students to complete the questionnaire in the class with the researcher present. It was made clear by the researcher and the consent form that participation was voluntary. Questionnaires and consents were returned in separate

groups with one of them enclosed in an envelope in order to maintain anonymity. Due to a scheduling problem with the ninth class, explanation and questionnaires were given to the teacher who had a good understanding of the research project and students had one week to return them. They submitted their responses in a box in their clinical room. Because 124 of the 131 questionnaires distributed were returned, no follow-up flyer was necessary. A thank you letter was sent out on completion of the study at the institution (see Appendix C).

3.3.3 University faculty

Once permission was obtained from the associate dean to carry out the study within the undergraduate nursing program, telephone contact was made to all of the eligible seven faculty members for interviews of which two declined and five consented to participate. As mentioned in the sample section, an eighth potential participant was a faculty member from the CEGEP who responded for the university sample, because they had just recently changed nursing programs and felt more knowledgeable about the university's program.

Consistent information was given to all subjects as directed by the developed instructions (see Appendix D) regarding the purpose and objectives of the research, as well as the nature of the interview. All participants chose to complete the scaled statements of the interview-questionnaire by themselves with the researcher present. Questions were asked as necessary by the subjects. Of the six, two chose to carry out the taped interviews, while the others chose to respond in writing. Two did so in the researcher's presence, while the remainder returned the consent form and decided to complete the questionnaire at another time. Of these, only one was received, and was returned to the researcher in person. All those who participated received a thank you letter for participating (Appendix E). The researcher allowed this flexibility in response approaches so that the participants felt comfortable with the survey method. Reasons for the varied approaches included relative facility with written versus oral response and perceived survey time efficiency. This remained consistent with the CEGEP teachers.

3.3.4 CEGEP faculty

At the CEGEP curriculum meeting, a sign-up list was circulated to obtain volunteers to participate in the faculty survey. A faculty list was also obtained so that during the week following the meeting, attempts were made to contact all 29 faculty members. A total of 12 faculty participated. Appointments were scheduled by phone in 10 cases, while two were met in person.

As with the university, the same information was given to all participants. Each completed the consent form and all completed the scaled statements of the questionnaire themselves. Of the 12 respondents, one completed the entire form on their own time and reviewed the responses with the researcher when returning it, another completed the entire form in front of the investigator. One survey was conducted as an interview, but the responses were hand written by the researcher due to the noisy surroundings of the meeting.

Nine responses were in the form of taped interviews (with the exception of the scaled statements) Upon completion of the interviews, all faculty received thank you letters for having participated in the study

3.4 Analysis of the Data

The cumulative data, collected from the Perceptions on Cultural Diversity in Nursing Education Questionnaire and Interview Tool, served the general purpose of identifying perceptions of the relevance of cultural concepts in nursing school curricula and their inclusion within a program to help ensure holistic health care to all as viewed by students and nurse educators from a university and a CEGEP nursing program. Frequency distributions and means were calculated for appropriate items, such as the scaled statements The frequency distribution provided a visual analysis of the results of the measurements made as well as a computational structure which helped to interpret the mean. The mean produced a balance point in the distribution of scores. Due to rounding off, the percentage distributions did not always total 100%

Demographic data were compiled to determine a profile of the student samples in relation to age, ethnic group, level of year in the program and gender, while faculty profiles were examined in terms of participation in curriculum content decisions, faculty position, program level of teaching and ethnic group Descriptive data gathered by open-ended questions were analyzed by the use of typologies that were developed by the researcher These frameworks were tested with the help of three reviewers, who were graduate students in the same field This helped to ensure the relevance of the categories as well as the appropriateness of the data distribution

3.5 Limitations of the Study

This study was limited due the specific samples who participated, i.e. Montreal English nursing programs Due to the distinctive nature of Quebec society within Canada and the potential perceptive differences between those in French and English nursing education programs, the results should be generalized to other areas with caution The study was also limited by the type of data that were obtained, which were basically subjective in nature, and the possible introduction of bias into the results due to the use of different techniques with faculty and students

CHAPTER IV

4.0 Analysis of the Data

In this chapter, the data gathered from the questionnaires and interviews of students and faculty from a university and a CEGEP nursing program is analyzed in relation to perceptions regarding multiculturalism and its relevance in nursing education. The presentation of the data is reported in 11 parts. The first seven sections address the responses of nursing students and faculties as follows: description of the samples (section 4.1), respondents' understanding of the term multiculturalism (section 4.2); recognition of a multicultural society (section 4.3), respondents' perceptions about the multicultural concept and its relevance in nursing education (section 4.4), the multicultural content that is perceived to be taught in the nursing programs (section 4.5); respondents' perceptions of what personal biases are dealt with in the program (section 4.6), and the changes needed in order to make the programs more multiculturally effective (section 4.7). Comparative analyses are made between students and faculties of both institutions as well as between the students and the faculty within the same institution. These investigations are based on the frequency distribution of the responses and occasionally, on developed typologies. The last four segments examine the responses from faculty members only, and their responses about known government legislation that indicate a need to consider cultural issues in nursing (section 4.8), discuss whether institutional philosophy and objectives support a commitment to teaching multicultural concepts (section 4.9); view their perceptions as to the need to deal with cultural diversity and discriminatory issues in nursing education (section 4.10); and look at the problems that may occur if students are not sensitized to these issues (section 4.11). A comparison is made between the faculties in a descriptive manner, often based on developed typologies.

4.1 Description of the Samples

This section will present data about the age, program level and gender of the students. Faculty data will provide information about participation in curriculum content decisions, faculty position and teaching level within the nursing program. Both samples also provided information about the respondents' ethnic origin.

In the university sample, 39 of the 40 student participants indicated their age group. Thirty-six (92%) of them were between the ages of 19 to 29 years old, while only three (8%) were between 30 and 39. For the CEGEP sample, 116 of 125 answered. Four (3%) were less than 19 years old; 76 (66%) were between 19 and 29; 30 (26%) were between 30 and 39, and six (5%) were over 40 years of age.

With regard to the level of the program attended by the students at the time of this study, 39 of the university students responded to this question. An equal proportion (44%)

were in the first and third year of the university program, while five (13%) were attending the second year. In the CEGEP program, among the 125 who answered, the distribution was quite balanced across the three years with 38 (30%) in their first year, 48 (38%) in their second and 39 (31%) in their third.

Women constituted the largest proportion of the student sample from both programs, with 38 (97%) of the 39 responses from the university and 108 (93%) of the 116 replies from the CEGEP. Therefore, males represent a small minority in both samples.

All faculty indicated that they participated in curriculum content decisions. Of the five university respondents, two were classified as assistant professors and three were lecturers. All 11 of the CEGEP faculty members, where there is no rank, indicated that they were full-time teachers.

At institution A, there were two members teaching first year, two teaching second year and one teaching in the third year of the program. Of the 11 CEGEP faculty members, two taught the first year, five taught the second and four taught the third year.

Figure 4.1 depicts the general ethnic breakdown of the university and CEGEP students and faculties into "British", "French", "other" and "miscellaneous" origins. Except for the last category, this breakdown and the categorical definitions were based on those done by Statistics Canada (1988, 94-128, 1989, 93-109 & 93-155). The subcategories within these are the responses made by the individual participants to the open-ended question. "British" origins includes those who indicated Scottish, Scottish-Canadian, Irish-Scottish, Irish-Dutch, Irish-Filipino, Irish-German, English-French, English-Canadian, white Anglosaxon, WASP, Protestant, Anglo-Protestant, Anglo-Catholic, and white English-Canadian. "French" origins consists of French-Canadian, Québécois, French, French-Italian, and French Canadian-Italian-Belgian. "Other" origins includes the following groups: German, Italian, Italian Canadian, Portuguese, Astro-Hungarian, Spanish-Arabic, Italian-Jamaican-German, Eastern European, Romanian Canadian, Czechoslovakian, Slovak, Polish, Polish-Canadian, Polish-Ukrainian, Iranian, Goan Indian, Indian (India), Chinese, Filipino, Filipino-Canadian, Vietnamese, Fijian-American, Fijian Indian, Haitian, Jamaican, West Indian, West Indian-African, Black Afro-American, Black, Jewish, South American, and European. The "miscellaneous" category involves those who indicated Canadian, Montreal Canadian, white Canadian, Catholic, white Catholic and minority.

Thirty-eight of the 40 university students participated in this question. Most of the university students perceived themselves as belonging to "French" ancestry or "other" ethnic origin, as indicated by response rates of 40% and 42%, respectively. Within "other", the largest group was Southern European with four responses. Three (8%) indicated that they were of "British" origin, while four (11%) were of the "miscellaneous" group. Of the 106 responses, the CEGEP students were largely of the "other" group with 61 (57.5%). The largest subgroup within it was those of East/South East Asian origin with 11 responses. The

"French" origin category represented the smallest group with eight (7.5%). The "British" and "miscellaneous" sections comprised 18% and 17%, respectively, of the CEGEP student sample. In both samples, the ethnic background for the majority of the students was "other"

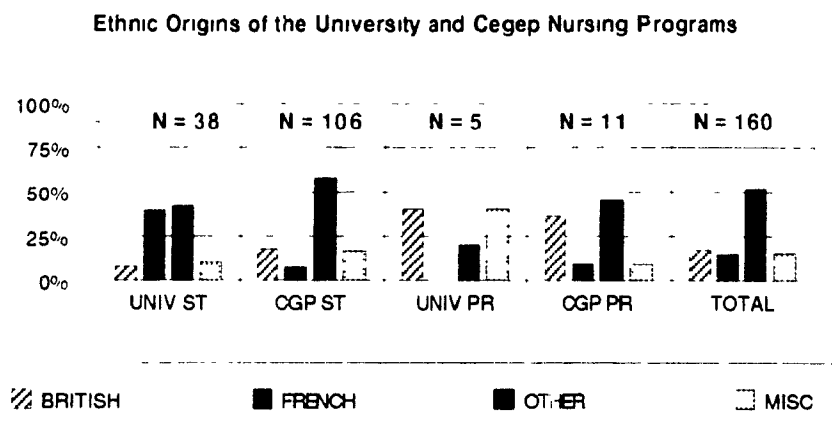


Figure 4.1

With regard to faculty, as Figure 4.1 depicts, two (40%) of the university faculty perceived themselves to be of "British" origin, one (20%) of "other" origin and two (40%) responses fit the "miscellaneous" category. None were of "French" ancestry. The CEGEP faculty indicated that they were largely of "British" and "other" backgrounds with 4 (36%) and 5 (46%) respondents, respectively. The largest sub-grouping of "other" was Eastern European with two responses. Only one response was indicated for each of the categories of "French" and "miscellaneous".

The total breakdown of all the samples together depict the varied cultural ancestries that this population of nurses and nursing students represent. The category for "other" ethnic origins indicates that a large percentage (52%) come from ethnic roots that are other than "British" or "French". These two groups are only represented by 18% and 15%, respectively, of the total samples. Those of the "miscellaneous" category consist of 16%.

Figure 4.2 depicts the analysis of the total "other" origins. The categories contain the listings of the origins previously mentioned. The dominant origins of the total samples include Southern European with 12%, East-South East Asian and Caribbean with each 9%, and Eastern European and Black, each with 6%. Western European, European, West Asian, South

Asian, Pacific Islands, Jewish and Latin, Central and South America are each less than 2.5% of the total sample.

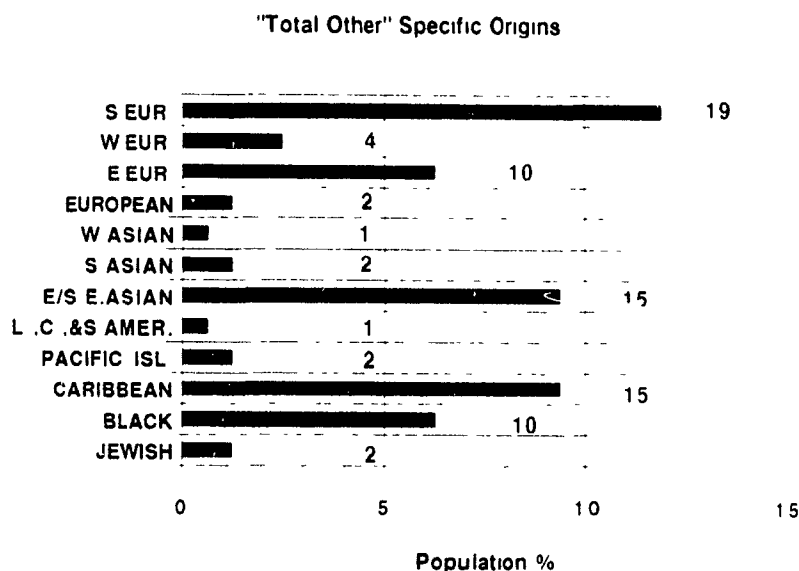


Figure 4.2

Within the "miscellaneous" section, those who perceived themselves as only Canadian comprised 10% (16) of the total responses. The other five groups, i.e. Montreal Canadian, white Canadian, Catholic, white Catholic and minority were each less than 2.5% of the total sample.

From these data, it is evident that the student samples of both institutions are dominated by females between the ages of 19 to 29 years. The distribution of student information from all three years is balanced in institution B, while the sample from institution A has limited second year student input. The faculty sample sizes are small, but all of them participated in curriculum content decisions and provided reasonable representation for input about their programs from all three levels. Except in the case of university faculty, "other" ethnic backgrounds contained the majority of responses, which indicates the extensive multicultural composition of this sample of nurses, especially of those in training.

4.2 The Meaning Of the Term Multiculturalism

In this section, the students' and the faculties' responses about their understanding of

the term multiculturalism will be presented. The frequency distribution for the student responses of the four-point scale "strongly disagree", "disagree", "agree" and "strongly agree" are depicted in Table 4.1, questionnaire item 3. Since the responses from the faculties were based on an open-ended question, the data presented will be based on a typology that was developed by the researcher to more effectively handle the descriptive information.

4.2.1 Students' perceptions

Table 4.1 provides the student responses of their understanding about the term multiculturalism. The majority (95%) of the university students perceived the term multiculturalism as "the recognition of the diverse cultures of a plural society based on equality, dignity, and the support of community" (item 3). Of these, 52.5% "strongly agreed". Of the CEGEP students, 51.6% "strongly agreed" and 37.9% "agreed" with the same definition. Generally, the majority of students from the two institutions understood the meaning of multiculturalism to be the same.

Table 4.1

University and CEGEP Students' Understanding of the Term Multiculturalism

1= Strongly Disagree

2= Disagree

3= Agree

4= Strongly Agree

<u>Questionnaire item</u>	<u>N</u>	<u>Percentage</u>				<u>Mean</u>
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
3 Multiculturalism is the recognition of the diverse cultures of a plural society based on equality, dignity, and the support of community						
University Students	40	0.0	5.0	42.5	52.5	3.48
CEGEP Students	124	4.0	6.5	37.9	51.6	3.37

4.2.2 Faculty perceptions

The faculties' responses to their understanding of the term multiculturalism will be analyzed according to the typology developed, which like the students' responses was based on the federal government definition of multiculturalism (see section 2.1). This definition, for the purposes of the typology, was split into four pieces: part 1, the "recognition of diverse cultures of a plural society"; part 2, "we all have an ethnic origin (equality)"; part 3, "all cultures deserve respect (dignity)"; and part four, "cultural pluralism needs official support (community)". Responses that qualified as having elements of part 1 of the definition were determined by words or phrases in the respondent's definition, such as "mosaic", "various cultures", "diverse cultural groups", and "community of many different cultures". Answers

that suggested the idea of "equality" (part 2) included expressions as "a community of many different cultures with their own values, mores, beliefs and practices", "people of various ethnic or cultural background live according to their customs and traditions yet coexist with other diverse groups", "different cultures with a region that mix", and "an approach of a society to include and accept differences". Replies that implied cultural respect (part 3) were such statements as "knowledge, attitude and conditions that consider and value varied cultures", "appreciation", "respect their differences, freedom of expression", "different ethnic groups living together. peacefully with some understanding of each other", and "an approach of a society to include and accept differences". Lastly, responses that proposed "community" (part four) were represented by such phrases as "in the context of their community", "conditions that consider and value varied cultures", "variety of cultures living together", "different cultures within a region or area" and "approach of a society to include, accept and promote differences".

The following Table 4.2 provides the faculty responses according to the above mentioned typology

Table 4.2

Faculty Perceptions of the Term Multiculturalism

	<u>Un.Fa</u> (n=5)	<u>Cgp.Fa</u> (n=11)
<u>Government Definition</u>		
1. Recognition of diverse cultures of a plural society	5	11
2 We all have an ethnic origin (equality)	1	3
3. All cultures deserve respect (dignity)	1	4
4 Cultural pluralism needs official support (community).	2	3

Within the university faculty sample, all five had replies that included the "recognition of diverse cultures of a plural society" (part 1). The concepts of "equality" (part 2) and "dignity" (part 3) were mentioned by one participant each. Two faculty members included the sense of "community" (part 4). No one defined their understanding of the term multiculturalism using all four components. One defined it in three of the parts, omitting the issue of "equality". Two of them defined it within two of the terms, of which both remarked about the first ingredient, and one referred to "equality" while the other mentioned the

element of "community" Two of the five respondents perceived multiculturalism only in terms of part one In summary, the term multiculturalism was definitely perceived by the university faculty as "the recognition of diverse cultures of a plural society," while significantly fewer of them included the notions of "equality", "dignity", and "community".

The CEGEP faculty were unanimous in including part 1 in their understanding of multiculturalism. Three of the 11 involved the idea of "equality" and "community", while four incorporated "dignity" Only one viewed multiculturalism as incorporating all four parts of the definition, while five of the participants exclusively indicated part 1 within their responses According to the overall replies of the CEGEP faculty, the term multiculturalism is defined by "the recognition of diverse cultures of a plural society " and is less often seen to include the notion of "equality", "dignity" and "community"

Both samples overwhelmingly perceived multiculturalism to provide a sense of the diverse cultures of a plural society Institution B had a slightly higher proportion than institution A of faculty who included "equality" and "dignity" as inherent in the concept However, the university faculty had a stronger sense of "community" in their perceptions The CEGEP sample had a least one person who indicated all four aspects compared to none from the university. Despite this, the two samples are overall quite similar in their understanding of the term multiculturalism

4.2.3 Student versus faculty perceptions

The format of the question regarding the understanding of the term multiculturalism was different for students and faculties. The students were given the government definition and their responses were based on a four point scale ranging from "strongly disagree" to "strongly agree". So as to elicit further elaboration during their interviews, the latter group were asked an open-ended question and their responses were also analyzed by use of a typology based on the components of the government definition, as discussed in section 4.2.2

The university students overwhelmingly perceived the term to mean "the recognition of the diverse cultures of a plural society based on equality, dignity, and the support of community" The university faculty, in their statements, did not provide as complete an explanation Their responses generally did not refer to the concepts of "equality" and "dignity" Similar results were seen when comparing the CEGEP students to their faculty.

4.3 Montreal Society As Multicultural

This section presents the perceptions of students and faculty with regard to Montreal or Quebec as a multicultural society. Table 4.3 depicts the students' responses as "strongly disagree", "disagree", "agree", and "strongly agree" towards two statements, questionnaire items one and two The faculty responded to an open-ended question; a typology was developed for the analysis of their responses.

4.3.1 Student perceptions

The data of the students' views on Montreal's cultural diversity (based on questionnaire items 1 and 2) is presented in Table 4.3. Item 1 stated that "Montreal is already experiencing an influx of persons from diverse cultural backgrounds." The university students unanimously agreed with this statement, as 75% "strongly agreed" and 25% "agreed." The CEGEP students also believed in this strongly (92%), with the majority "strongly agreed." Although the majority of both groups supported the notion, the university students did so more strongly.

Of the students surveyed, a total of 85% of institution A and 70.5% of institution B believed that "Montreal is anticipating an influx of persons from diverse cultural backgrounds" (item 2). However, 15% of the university students and 25.4% of the CEGEP students "disagreed." Although the majority of institution A and B believed in this statement, the university students were much stronger in this opinion. A considerable proportion from each group did not support this belief, with the CEGEP students stronger in their disagreement.

Table 4.3

University and CEGEP Students' Responses On Society As Multicultural

- 1= Strongly Disagree
2= Disagree
3= Agree
4= Strongly Agree

Questionnaire item	N	Percentage				Mean
		1	2	3	4	
1 Montreal is already experiencing an influx of persons from diverse cultural backgrounds						
University Students	40	0.0	0.0	25.0	75.0	3.75
CEGEP Students	124	2.4	5.6	34.7	57.3	3.47
2 Montreal is anticipating an influx of persons from diverse cultural backgrounds						
University Students	40	0.0	15.0	57.5	27.5	3.13
CEGEP Students	124	4.1	25.4	50.0	20.5	2.87

As a whole, the student samples from both nursing programs perceived Montreal as a multicultural society.

4.3.2 Faculty perceptions

The faculty responses were analyzed by first determining if they felt that Quebec

society was changing and second by defining how it was altering. For the latter part, a typology was developed based on responses that alluded to issues about "culture", "immigrants", "intolerance" and "others" (Table 4.4)

The faculties of both institutions unanimously felt that Quebec society is changing. However, there were a variety of views on how it was evolving. Often, more than one reason was given.

All five of the university faculty mentioned issues related to "culture" and "immigrants". They felt that Quebec is increasingly multicultural with "more immigrants coming from a greater variety of cultures than in the past," and that along with this, there is "more immigrant investment of money in Montreal", finally, there is a "changing French culture with respect to seeking their own autonomy politically ..". Only one person mentioned that "there are symptoms of intolerance, at times, by the 'founding fathers' who feel their language or culture is threatened", despite Quebec becoming more multicultural. One of the respondents mentioned "other" reasons for Quebec's changing society, such as the presence of more diverse religious groups, more single people, an older population and an increasing cultural mixture as a result of "intermarriages across cultural groups".

Table 4.4

Faculty Perceptions of How Quebec Society is Changing

<u>Response Categories</u>	<u>Un. Fa.</u> (n=5)	<u>Cgp. Fa.</u> (n=11)
1. Cultures	5	10
2. Immigrants	5	9
3. Intolerance	1	7
4. Other	1	2

With regard to the CEGEP faculty, 10 mentioned issues of "culture" and nine referred to "immigrants". In all cases but one, culture is mentioned or alluded to in reference to immigration. The one situation where this did not occur, it was discussed in terms of "cultural struggles". The remaining ones felt that there is an increase in the different ethnic populations which results from more flexible immigration laws and a decreased anglophone group. There were seven references to "intolerance". The following are some examples: "seems to be becoming more ethnocentric than previously"; that there is "a tendency to ghettoize" immigrants so that "they feel isolated and discriminated against". Nationalism sentiments are high in many French speaking people who manifest intolerance towards people

of different ethnic background, many fear and fight for their rights", one respondent felt that because of the declining birth rate, the Quebec government is allowing more immigrants to enter. When this happens, in their opinion, the newcomers bring their cultures and beliefs, which if not recognized by Quebec, always leads to conflict, and "often immigrants are looked upon as second-class citizens". Two respondents mentioned "other" reasons for the changing Quebec society. One suggested that the Quebec society had always immigrants but the way they integrate has possibly changed with Bill 101, which forces new-comers to be schooled in French. "This does not mean that they are made welcome or that their traditions are respected". Another person suggested that "Quebec has difficulty assimilating into the whole 'English culture'. there is a lot of resistance there and that causes a lot of friction".

Both faculties felt that Quebec society is changing. All or most of them mentioned issues related to "culture" as well as "immigrants" by indicating that there is increasing ethnic diversity and a greater influx of immigrants from a more varied background than previously has occurred. A similar percentage from the two programs provided "other" responses which implicated more diverse religious groups, single people, an aging population, more cultural mixtures due to intermarriages, changes in the integration process, as well as the difficulty for the French to assimilate into the English culture. A key difference was that a considerably smaller proportion of institution A mentioned "intolerance" than those of institution B.

4.3.3 Student and faculty perceptions

As previously mentioned, the format for questioning students and faculty regarding Quebec's changing society was different. Therefore, they can only be analyzed for comparison in very broad terms.

For the university samples, both groups were unanimously in agreement that Montreal and/or Quebec are experiencing an influx of persons from diverse cultural backgrounds. As to the anticipation of an influx of persons, fewer students thought this will happen or that there is no need to anticipate its occurrence, since it is already being experienced, while at least one faculty member didn't "know if it will change anymore". The CEGEP students were not unanimously in agreement with the idea that Montreal is already experiencing an influx of different ethnic groups and a modest proportion didn't anticipate an influx, while the faculty were much stronger in their beliefs of a more culturally diverse movement presently occurring in Quebec. One faculty member did not foresee an end to this change in the immediate future.

Almost everyone felt that Quebec, or at the very least Montreal, is in a cultural transition due to immigration. However, their perceptions of future trends are less clear.

4.4 The Multicultural Concept And Its Relevance In Nursing Education

Questionnaire items 4 to 18 of the student questionnaire and items 1 to 15 of the faculty questionnaire were used in order to investigate student and faculty perceptions regarding the multicultural concept and its relevance in nursing education. This segment

analyzes the students' and faculties' responses to these statements, based on a four point scale of "strongly disagree", "disagree", "agree" and "strongly agree" The complete data can be found in Table 4 5 for the students' responses and Table 4 6 for the faculties' responses Students and faculties will be compared between institutions as well as within institutions

4.4.1 Student perceptions

The following is Table 4 5 with the students perceptions of multicultural concepts and its relevance in nursing education

Table 4.5

University and CEGEP Students' Perceptions to Multicultural Concepts and Their Relevance in Nursing Education

1= Strongly Disagree

2= Disagree

3= Agree

4= Strongly Agree

Questionnaire item	N	Percentage				Mean
		1	2	3	4	
4 The concept of <u>cultural pluralism</u> requires recognition of cultural diversity						
University Students	40	0 0	2 5	35 0	62 5	3 60
CEGEP Students	122	0.8	9 0	52 5	37 7	3.27
5 Culture influences learned behavior and affects lifestyle						
University Students	40	0.0	2 5	22 5	75 0	3.73
CEGEP Students	125	0.0	5 6	40 8	53 6	3 48
6 Specific cultures give rise to specific problem solving methods						
University Students	39	0.0	7 7	51 3	41.0	3.33
CEGEP Students	122	2 5	10 7	50 8	36.1	3.21
7 Although culture is universal to mankind, it is also unique due to region and locality						
University Students	40	2 5	7 5	47 5	42 5	3 30
CEGEP Students	125	1 6	7 2	48 8	42 4	3.32
8 Understanding one's own culture does not guarantee understanding another's.						
University Students	40	2.5	2.5	47 5	47 5	3 40
CEGEP Students	123	1.6	7.3	33.3	57.7	3 47

- 9 Knowledge of cultural factors enhances the quality of health care rendered

University Students	40	0 0	0 0	25 0	75 0	3 75
CEGEP Students	124	1 6	5 6	33 1	59 7	3 51

- 10 Holistic health care requires a shift from a unicultural approach to a multicultural one

University Students	40	0 0	2 5	37 5	60 0	3 58
CEGEP Students	124	1 6	8 9	43 5	46 0	3 34

- 11 Cultural accommodation is a necessary part of the "nursing process"

University Students	40	0 0	0 0	35 0	65 0	3 65
CEGEP Students	123	3 3	4 1	45 5	47 2	3 37

12. Health care givers should be familiar with patient behaviors influenced by cultural differences.

University Students	40	0 0	0 0	40 0	60 0	3 60
CEGEP Students	125	0 8	1 6	49 6	48 0	3 45

- 13 Cultural diversity affects goal attainment in therapeutic relationships

University Students	40	2 5	7 5	57 5	32 5	3 20
CEGEP Students	121	5 8	16 5	61 2	16 5	2 88

- 14 The philosophy of a nursing program should include a commitment to teaching about diverse cultures and their health-illness values, beliefs and practices.

University Students	40	0 0	2 5	62 5	35 0	3 33
CEGEP Students	123	0 8	13 0	52 0	34 1	3 20

- 15 A curriculum committed to holistic care should include multicultural health content and process

University Students	40	0 0	2 5	67 5	30 0	3 28
CEGEP Students	123	1 6	8 9	54 5	35 0	3 23

- 16 Nursing curricula should be designed to include separate units dealing with cultural issues and how to render culture-specific therapeutic care

University Students	40	0 0	17 5	65 0	17 5	3 00
CEGEP Students	122	4 9	22 1	54 9	18 0	2 86

- 17 Nursing curricula should be designed to include diverse cultural threads throughout the entire curriculum

University Students	39	0 0	5 1	66 7	28 2	3 23
CEGEP Students	122	4 9	29 5	51 6	13 9	2 75

- 18 Teaching strategies and instructional materials should promote and enhance varied cultural health concepts

University Students	40	0 0	5 0	77 5	17 5	3 13
CEGEP Students	121	2 5	15 7	64.5	17 4	2 97

A large majority of students from institution A (97.5%) as well as institution B (90.2%) supported the notion that "the concept of cultural pluralism requires recognition of cultural diversity" (item 4). The latter sample had a proportion of 9.8% who did not support this statement compared to the former sample of 2.5%. These results indicate some substantial differences between the two groups, with the university sector believing more strongly in this idea.

Of the respondents surveyed, a total of 97.5% of the university students and 94.4% of the CEGEP students felt that "culture influences learned behavior and affects lifestyle" (item 5). The majority of both samples "strongly agreed" with this statement (75% of the university sample and 53.6% of the CEGEP sample). However, the university students supported this notion more strongly.

A portion of 92.3% of the university students and 86.9% of the CEGEP students thought that "specific cultures give rise to specific problem solving methods" (item 6). The university sample had 7.7% who "disagreed", while 10.7% of the CEGEP sample indicated the same. In this case, institution A believed more strongly in this idea.

Item 7 states that "although culture is universal to mankind, it is also unique due to region and locality". A total of 90% of the university students and 91.2% of the CEGEP students supported this concept, while the other members of their samples did not. In this instance, the CEGEP students felt slightly more strongly in favour of the idea than did the university students.

A total of 95% of the university students and 91% of the CEGEP students felt that "understanding one's own culture does not guarantee understanding another's" (item 8). The university sample was evenly divided between "agreed" and "strongly agreed", while the majority of the CEGEP sample (57.7%) "strongly agreed". A total of 5% of the former group and 8.9% of the latter group did not support this statement. Although both samples supported item 8, the university group agreed more often than the CEGEP students.

A total of 100% of the university students and 92.8% of the CEGEP students felt

that "knowledge of cultural factors enhances the quality of health care rendered" (item 9), most of whom "strongly agreed" Overall, the university students supported this idea somewhat more strongly than the CEGEP students, although clearly both groups felt this statement to be correct

A majority of the students surveyed from institution A (total of 97.5%) and from institution B (total of 89.5%) believed that "holistic health care requires a shift from a unicultural approach to a multicultural one" (item 10) Most of the university sample (60%) "strongly agreed" with statement Therefore, the university students supported this issue somewhat more strongly than the CEGEP students

All of the university students felt that "cultural accommodation is a necessary part of the 'nursing process'" (item 11), most of whom (65%) "strongly agreed" Overall, 92.7% of the CEGEP students supported this statement However, the university students were stronger in their support of this idea.

Item 12 states that "health care givers should be familiar with patient behaviors influenced by cultural differences " Of the two student groups, 100% of institution A and 97.6% of institution B believed this idea The majority of university students (60%) "strongly agreed" while most of the CEGEP students (49.6%) "agreed" Although both groups supported this notion, the university students did so somewhat more strongly

Most members of both student samples (90% of the university students and 77% of the CEGEP students) supported the notion that "cultural diversity affects goal attainment in therapeutic relationships" (item 13) Although both samples had a portion who did not support this statement, the university students overall believed in this statement to a greater extent than the CEGEP students

A total of 97.5% of the students sampled from institution A and 86.1% from institution B felt that "the philosophy of a nursing program should include a commitment to teaching about diverse cultures and their health-illness values, beliefs and practices" (item 14) The majority of both samples "agreed" with this Evidently, the university students were more positive about this nursing philosophy than the CEGEP students.

Of the respondents surveyed, the majority of university students (67.5%) and of CEGEP student (54.5%) "agreed" that "a curriculum committed to holistic care should include multicultural health content and process" (item 15) However, a total of 10.5% of the latter group did not support this statement in contrast to 2.5% of the former group Overall, the university students were more favourably disposed towards this item than the CEGEP students

Item 16 states that "nursing curricula should be designed to include separate units dealing with cultural issues and how to render culture-specific therapeutic care " A total of 82.5% of the university sample and 72.9% of the CEGEP sample supported this idea Considerable portions of the university students and the CEGEP students did not support

this statement. Thus, though the sentiments of both samples were varied, overall there was support for this idea, particularly from the university students.

A total of 94.9 % of the university students and 65.5% of the CEGEP students supported the notion that "nursing curricula should be designed to include diverse cultural threads throughout the entire curriculum" (item 17). Clearly, there was substantial difference in the views of these two samples. The university students supported item 17 much more strongly than the CEGEP students.

A total of 95% of institution A and 81.9% of institution B felt that "teaching strategies and instructional materials should promote and enhance varied cultural health concepts" (item 18). The university students more strongly perceived this idea to be important than the CEGEP students.

The majority of respondents in both institutions perceived that multicultural concepts were relevant in nursing education. However, the university students were notably stronger in these feelings than the CEGEP students. The former sample agreed proportionally more in all of the statements, except for item seven ("although culture is universal to mankind, it is also unique due to region and locality"). In this case, the CEGEP students were distinct in their support.

4.4.2 Faculty perceptions

In the case of faculty perceptions about multicultural concepts and their relevance in nursing education (Table 4.6), there was 100% support for all statements, with the majority of the respondents from both nursing programs "strongly agreed". The exceptions to this were items 3,7,8,13 and 14.

Table 4.6

University and CEGEP Faculty Perceptions to Multicultural Concepts and Their Relevance in Nursing Education

1= Strongly Disagree

2= Disagree

3= Agree

4= Strongly Agree

Questionnaire item	N	Count				Mean
		1	2	3	4	
1 The concept of <u>cultural pluralism</u> requires recognition of cultural diversity						
University Faculty	5	0	0	0	5	4.00
CEGEP Faculty	11	0	0	2	9	3.82

2 Culture influences learned behavior and affects lifestyle

University Faculty	5	0	0	1	4	3 80
CEGEP Faculty	11	0	0	2	9	3 82

3 Specific cultures give rise to specific problem solving methods

University Faculty	5	0	2	1	2	3 00
CEGEP Faculty	11	0	0	6	5	3 46

4. Although culture is universal to mankind, it is also unique due to region and locality

University Faculty	5	0	0	1	4	3 80
CEGEP Faculty	11	0	0	4	7	3 64

5 Understanding one's own culture does not guarantee understanding another's

University Faculty	5	0	0	1	4	3 80
CEGEP Faculty	11	0	0	3	8	3 73

6 Knowledge of cultural factors enhances the quality of health care rendered

University Faculty	5	0	0	2	3	3 60
CEGEP Faculty	11	0	0	3	8	3 73

7 Holistic health care requires a shift from a unicultural approach to a multicultural one

University Faculty	5	1	0	0	4	3 40
CEGEP Faculty	11	0	0	3	8	3 73

8 Cultural accommodation is a necessary part of the "nursing process "

University Faculty	5	1	0	0	4	3 40
CEGEP Faculty	11	0	0	3	8	3 73

9 Health care givers should be familiar with patient behaviors influenced by cultural differences

University Faculty	5	0	0	0	5	4 00
CEGEP Faculty	11	0	0	3	8	3 73

- 10 Cultural diversity affects goal attainment in therapeutic relationships

University Faculty	4	0	0	3	1	3 25
CEGEP Faculty	11	0	0	4	7	3 64

- 11 The philosophy of a nursing program should include a commitment to teaching about diverse cultures and their health-illness values, beliefs and practices

University Faculty	5	0	0	0	5	4 00
CEGEP Faculty	11	0	0	4	7	3 64

- 12 A curriculum committed to holistic care should include multicultural health content and process

University Faculty	5	0	0	0	5	4 00
CEGEP Faculty	11	0	0	3	8	3 73

- 13 Nursing curricula should be designed to include separate units dealing with cultural issues and how to render culture-specific therapeutic care

University Faculty	5	1	2	1	1	2 40
CEGEP Faculty	11	1	1	7	2	2 91

- 14 Nursing curricula should be designed to include diverse cultural threads throughout the entire curriculum.

University Faculty	5	0	0	1	4	3 80
CEGEP Faculty	11	0	1	6	4	3 27

- 15 Teaching strategies and instructional materials should promote and enhance varied cultural health concepts

University Faculty	5	0	0	1	4	3 80
CEGEP Faculty	11	0	0	6	5	3 46

Item 3 stated that "specific cultures give rise to specific problem solving methods " A total of 100% (11) of the CEGEP faculty compared to 60% (3) of the university faculty supported this idea. However, the university sample also had two who "disagreed". Of the two samples, the CEGEP faculty more emphatically supported this view.

All of the CEGEP faculty felt that "holistic health care requires a shift from a unicultural approach to a multicultural one" (item 7). Four of the university faculty and eight of

the CEGEP faculty "strongly agreed" with this. However, one university faculty member "strongly disagreed". This same pattern was identically repeated for item 8 which stated that "cultural accommodation is a necessary part of the "nursing process". Although in each case, both samples supported the ideas, the CEGEP faculty were slightly stronger in favour.

Only two (40%) of the university faculty compared to nine (82%) of the CEGEP faculty supported the idea that "nursing curricula should be designed to include separate units dealing with cultural issues and how to render culture-specific therapeutic care" (item 13). Of the remaining participants, three (60%) of the university faculty and two (18%) of the CEGEP faculty were in disagreement with it. Of the two institutions, only the CEGEP faculty really supported this approach.

Of the respondents surveyed, 100% of the university faculty and 10 (91%) of the CEGEP faculty felt that "nursing curricula should be designed to include diverse cultural threads throughout the entire curriculum" (item 14). No one opposed the idea in the former group while one "disagreed" in the latter group. Although both faculties supported this concept, the university professors did so more strongly.

Both faculties supported all 15 statements. They perceived that multicultural concepts were relevant in nursing education. Although there were some differences between the institutions in the strength of the faculties' beliefs, one of the most outstanding differences was about nursing curricula. The university faculty more strongly felt that it should be designed to include diverse cultural threads throughout the entire curriculum. Despite the CEGEP faculty believing in this too, they also strongly supported nursing curricula designed to include separate units dealing with cultural issues.

4.4.3 Student versus faculty perceptions

For the purpose of simplification, the comparison of student and faculty responses will be based on the questionnaire item numbering of the faculty table (Table 4.6). The analysis is also based on percentage frequency distributions of the data, previously discussed in sections 4.4.1 and 4.4.2.

The university students and the university faculty supported all of the statements (items 1 to 15). They perceived multicultural concepts to be relevant in nursing education. However, for the most part, the faculty supported this more ardently, as is evident by the relative responses to most of the questionnaire items. The students felt more strongly that specific cultures give rise to specific problem solving methods, holistic health care requires a shift from a unicultural approach to a multicultural one, cultural accommodation is a necessary part of the "nursing process"; and nursing curricula should be designed to include separate units dealing with cultural issues and how to render culture-specific therapeutic care.

The CEGEP students and the CEGEP faculty supported all 15 items, but in all cases, the latter more strongly so. The faculty were unanimous in their agreement with all items except for numbers 13 and 14 (which stated that nursing curricula should be designed to

include separate units dealing with cultural issues and how to render culture-specific therapeutic care, and that nursing curricula should be designed to include diverse cultural threads throughout the entire curriculum, respectively). For item 13, 18% of the faculty were in disagreement, while for item 14, 9% felt this way. Regarding both of these statements, the students had a higher proportion than the faculty who disagreed.

In summary, both CEGEP samples perceived that multicultural concepts are relevant in nursing education. Although both favoured the 15 items, the students were less strong in this perception than the CEGEP faculty, who unanimously supported all but two items pertaining to this concept.

4.5 Perceived Multicultural Content In The Nursing Programs

This section will present the findings of the four samples with regard to 13 statements rated on a four point scale from "strongly disagree" to "strongly agree". Students and faculties will be compared between institutions as well as within institutions. The results to these questionnaire items will help to determine what multicultural content the students and the faculties perceive to be in their nursing program.

4.5.1 Student perceptions

The frequency distributions of the students' responses to questionnaire items 19 to 31 are presented in the following Table 4.7.

Table 4.7

University and CEGEP Students' Perceptions about the Areas Included in Their Nursing Program

1= Strongly Disagree

2= Disagree

3= Agree

4= Strongly Agree

Questionnaire item	N	Percentage				Mean
		1	2	3	4	
19. Overviews of the historical background of various ethnic minorities						
University Students	40	22.5	40.0	32.5	5.0	2.20
CEGEP Students	123	9.8	43.9	39.0	7.3	2.44
20. Ethnic physical characteristics and diversity.						
University Students	40	10.0	45.0	45.0	0.0	2.35
CEGEP Students	124	6.5	41.9	46.0	5.6	2.51

21 Ethnic lifestyles

University Students	40	7 5	27 5	62 5	2 5	2 60
CEGEP Students	124	8 9	38 7	46 0	6 5	2 50

22 Various communication styles - language barriers and problems

University Students	40	2 5	15 0	67 5	15 0	2 95
CEGEP Students	124	4 0	23 4	50 8	21 8	2 90

23 Cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness, and treatment

University Students	40	2 5	27 5	52 5	17 5	2 85
CEGEP Students	124	4 8	29 0	46 0	20 2	2 82

24 Conceptualization of the areas inhabited by ethnic minorities, i.e. "ghettos", deprived and isolated rural areas, and evaluation of life in these settings

University Students	40	22 5	35 0	40 0	2 5	2 23
CEGEP Students	122	9 8	40 2	41 0	9 0	2 49

25 Family relationships and networks of ethnic minorities and their influence on the members' lives.

University Students	40	5 0	17 5	57 5	20 0	2 93
CEGEP Students	123	8 1	34 1	46 3	11 4	2 61

26 Role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages

University Students	40	15 0	60 0	22 5	2 5	2 13
CEGEP Students	123	11 4	48 0	34 1	6 5	2 36

27 Exploration of societal and institutional barriers for the ethnic minorities

University Students	38	18 4	34 2	39 5	7 9	2 37
CEGEP Students	119	5 9	53 8	32 8	7 6	2 42

28 Exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale

University Students	39	25 6	46 2	25 6	2 6	2 05
CEGEP Students	123	8 9	47 2	38 2	5 7	2 41

- 29 Basic to the safe nursing care of consumers is the need to develop an understanding, an appreciation, and a respect for physical and cultural diversity as normal and healthy variations of the human condition

University Students	40	0 0	5 0	55.0	40 0	3 35
CEGEP Students	123	2 4	8 9	53 7	35 0	3.21

- 30 How to design nursing intervention that does not violate cultural values and beliefs, when these are not dysfunctional to the individual or in conflict with health maintenance

University Students	40	0 0	30 0	50 0	20.0	2 90
CEGEP Students	124	2 4	20 2	60.5	16 9	2 92

- 31 On completion of this program, I will be sufficiently prepared to deal with people of different ethnic backgrounds without discriminating, as well as design for them nursing interventions that do not violate their cultural values and beliefs

University Students	39	0.0	41.0	48 7	10.3	2 69
CEGEP Students	122	4 1	26 2	41 8	27 9	2 93

Of the respondents surveyed, a total of 37.5% of the university students and 46.3% of the CEGEP students felt that "overviews of the historical background of various ethnic minorities" (item 19) were included in their nursing program. A substantial portion of the students surveyed from institution A (22.5%) "strongly disagreed" with this item. A majority of both samples did not perceive this aspect to be in their program, with the university students sensing the lack of it more strongly.

A total of 45% of the students surveyed from institution A and 51.6% from institution B believed that "ethnic physical characteristics and diversity" (item 20) was included in their program content. The concentration of responses from both groups centered on "agree" and "disagree". Both sets of students are mixed on their perceptions of the presence of this element in their programs.

Item 21, refers to teachings of "ethnic lifestyles", which most of the university students (65%) and the CEGEP students (52.5%) felt were dealt with. Although the majority of the university students felt that ethnic lifestyles were addressed in their program, there was a considerable portion who did not feel this way. Of the CEGEP students, the margin between those who agreed and those who didn't was small. Between both samples, the university students felt more strongly that it was dealt with in their program.

Regarding "various communication styles - language barriers and problems" (item 22), a total of 82.5% of the university students and 72.6% of the CEGEP students thought that it was addressed. The students felt that various communication styles were taught, although the university sample agreed with this more strongly.

Of the respondents surveyed, a total of 70% of the former sample and 66.2% of the latter sample felt that "cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness, and treatment" (item 23) were dealt with in their programs. A substantial number from both programs were also in disagreement with this item. Both groups moderately believed that this was taught and the university students sensed this the strongest.

A total of 42.5% of the university students and 50% of the CEGEP students felt that the "conceptualization of the areas inhabited by ethnic minorities . and the evaluation of life in these settings" (item 24) were taught in their respective nursing programs. However, a majority (57.5%) of the former sample and 50% of the latter sample did not agree with this. A considerable number of the university group (22.5%) "strongly disagreed". While the CEGEP sample was divided, the university group tended more to disagree that this element was covered.

Regarding "family relationships and networks of ethnic minorities and their influence on the members' lives" (item 25), most of the students surveyed from institution A (77.5%) and from institution B (57.7%) felt that these were explored. Although in general, both groups felt this topic was covered in their programs, the university students were significantly more decisive about it.

With item 26, a total of 25% of the university students and 40.6% of the CEGEP students perceived that the "role and effectiveness of 'cultural and folk medicine' in the lives of the various ethnic groups through the ages" (item 26) was dealt with in their programs. However, a majority of institution A (60%) and of institution B (48%) "disagreed" with this, while the remainder "strongly disagreed". Neither sample sensed that this was taught in their program but the university students felt this to a greater extent.

Of the respondents surveyed, only 47.4% of the university sample and 40.4% of the CEGEP sample perceived that "exploration of societal and institutional barriers for the ethnic minorities" (item 27) were addressed. Of the remainder who were in disagreement with this, a considerable number of the university students (18.4%) "strongly disagreed" and 53.8% of the CEGEP students "disagreed". Both groups felt that institutional barriers for ethnic minorities were not explored in their respective programs.

A total of only 28.2% of the university students and 43.9% of the CEGEP students felt that there was "exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale" (item 28). Neither party felt that this was dealt with in their nursing program, but the university sample was considerably stronger in this view.

Regarding item 29, a total of 95% of the university students and 88.7% of the CEGEP students thought that the concept of "basic to safe nursing care of consumers is the need to develop an understanding, an appreciation, and a respect for physical and cultural diversity as normal and healthy variations of the human condition" was addressed in their program. A large proportion of students from both programs perceived this to be examined, although the university students felt it more strongly.

Of the respondents surveyed, 70% of the university students and 77.4% of the CEGEP students, with the majority "agreed", that they were taught "how to design nursing intervention that does not violate cultural values and beliefs, when these are not dysfunctional to the individual or in conflict with health maintenance" (item 30). Both groups felt this approach was being taught. However, the CEGEP students were slightly more in agreement with this than the university sample.

A total of 59% of the students surveyed from institution A and 69.7% from institution B believed that on completion of their program, they would be "sufficiently prepared to deal with people of different ethnic backgrounds without discriminating, as well as design for them nursing interventions that do not violate their cultural values and beliefs" (item 31). This leaves a considerable portion of the university students (41%) and of the CEGEP students (30.3%) who did not feel this way. Overall, both samples marginally believed that they will be sufficiently prepared to deal with people of varied ethnic backgrounds.

The students felt that their respective nursing programs addressed ethnic lifestyles and various communication styles. They explored cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness and treatment, as well as family relationships and networks of ethnic minorities and their influence on the members' lives. The students acquired an understanding, an appreciation, and a respect for physical and cultural diversity as normal and healthy variations of the human condition. They also learned how to design nursing intervention that does not violate cultural values and beliefs. The CEGEP students also felt that ethnic physical characteristics and diversity were addressed in their program. Most of the time, the university students felt more strongly that these areas were contained in their program than the CEGEP students.

Both samples felt that overviews of the historical background of various ethnic minorities, the role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages, exploration of societal and institutional barriers for the ethnic minorities; and exploration of faculty and student attitudinal patterns toward the various ethnic groups were lacking in their programs. The university sample also felt that ethnic physical characteristics and diversity, as well as conceptualization of the areas inhabited by ethnic minorities and evaluation of life in these settings were insufficiently dealt with in their program. The CEGEP students were undecided about this latter item. More often, the

university students believed more strongly that these items were lacking in their program. However, despite these weaknesses, both samples felt that they would be sufficiently prepared to deal with people of different ethnic backgrounds without discriminating, as well as design for them nursing interventions that do not violate their cultural values and beliefs.

4.5.2 Faculty perceptions

The frequency distributions of the faculty responses to questionnaire items 16 to 28 are presented in the following Table 4.8

Table 4.8

University and CEGEP Faculty Perceptions about the Areas Included in Their Nursing Program

1= Strongly Disagree

2= Disagree

3= Agree

4= Strongly Agree

<u>Questionnaire item</u>	<u>N</u>	<u>Count</u>				<u>Mean</u>
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
16. Overviews of the historical background of various ethnic minorities						
University Faculty	5	0	1	2	2	3.20
CEGEP Faculty	11	2	4	4	1	2.36
17. Ethnic physical characteristics and diversity						
University Faculty	5	0	2	1	2	3.00
CEGEP Faculty	11	1	6	3	1	2.36
18. Ethnic life styles						
University Faculty	5	0	1	2	2	3.20
CEGEP Faculty	11	1	3	6	1	2.64
19. Various communication styles - language barriers and problems.						
University Faculty	5	0	0	3	2	3.40
CEGEP Faculty	11	0	2	6	3	3.09
20. Cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness, and treatment.						
University Faculty	5	0	0	3	2	3.40
CEGEP Faculty	11	0	2	7	2	3.00

- 21 Conceptualization of the areas inhabited by ethnic minorities, i.e. "ghettos", deprived and isolated rural areas, and evaluation of life in these settings

University Faculty	5	0	1	3	1	3 00
CEGEP Faculty	11	1	6	4	0	2 27

- 22 Family relationships and networks of ethnic minorities and their influence on the members' lives

University Faculty	5	0	0	2	3	3 60
CEGEP Faculty	11	0	2	8	1	2 91

- 23 Role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages

University Faculty	5	0	2	2	1	2 80
CEGEP Faculty	11	2	7	1	0	1 90

- 24 Exploration of societal and institutional barriers for the ethnic minorities.

University Faculty	5	0	2	1	2	3 00
CEGEP Faculty	10	1	6	3	0	2 20

- 25 Exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale

University Faculty	5	0	1	2	2	3 20
CEGEP Faculty	10	2	5	2	1	2 20

- 26 Basic to the safe nursing care of consumers is the need to develop an understanding, an appreciation, and a respect for physical and cultural diversity as normal and healthy variations of the human condition.

University Faculty	5	0	0	0	5	4 00
CEGEP Faculty	11	0	0	8	3	3 27

- 27 How to design nursing intervention that does not violate cultural values and beliefs, when these are not dysfunctional to the individual or in conflict with health maintenance

University Faculty	5	0	0	1	4	3 80
CEGEP Faculty	11	0	3	5	3	3 00

- 28 Students who complete this program are able to deal with people of different ethnic backgrounds without discriminating, as well as design for them nursing interventions that do not violate their cultural values and beliefs

University Faculty	5	0	0	1	4	3 80
CEGEP Faculty	10	0	3	4	3	3 00

Of the respondents surveyed, four of the university faculty and five of the CEGEP faculty felt that "overviews of the historical background of various ethnic minorities" (item 16) were dealt with in their programs. Only two of the former sample compared to six of the latter sample did not believe this was addressed. Two of the CEGEP faculty even "strongly disagreed" with this. The majority of the university sample believed that this item was in their program while the majority of the CEGEP sample believed that it was absent.

A total of three of the faculty surveyed from institution A and four from institution B believed that "ethnic physical characteristics and diversity" (item 17) were addressed in their nursing programs, compared to two from the former sample and seven from the latter sample who were in disagreement with this. A sizable proportion of institution A believed that ethnic physical characteristics and diversity were discussed, while a considerable portion of institution B felt that it was not.

Regarding item 18, four of the university faculty and seven of the CEGEP faculty felt that "ethnic lifestyles" were explored. Only one of the from institution A "disagreed" compared to three from institution B. Although the majority in both cases indicated that this topic was in the curriculum, the university faculty were stronger in their convictions.

Of the respondents surveyed, all of the university sample and nine of the CEGEP sample felt that "various communication styles - language barriers and problems" were included in their respective nursing programs. Only two of the CEGEP faculty "disagreed" with this. Both samples felt that they addressed this element, however the university sample were unanimous in their opinions.

The university and CEGEP responses to item 20 were identical to the previous one, except for one CEGEP participant who "agreed" that "cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness, and treatment" were dealt with as opposed to "strongly agreed". The university sample believed more strongly (100%) than the CEGEP sample (82%) that this was addressed.

A total of four from each sample believed that the "conceptualization of the areas inhabited by ethnic minorities and the evaluation of life in these settings" (item 21) were spoken to in their program content. However, one of the former sample and a majority of the latter sample (six) "disagreed" with this. The total majority of institution A stated that

this item was included in their nursing program, but the total majority of institution B felt that it was lacking in their's

Regarding item 22, all of the university faculty and nine of the CEGEP faculty felt that "family relationships and networks of ethnic minorities and their influence on the members' lives" were addressed in their curriculum. Only two of the latter sample "disagreed" with this. Although the majority of both groups felt that this element was taught in their program, the university faculty were stronger in their views

Of the respondents surveyed, three of the faculty members surveyed from institution A and only one from institution B felt that the "role and effectiveness of 'cultural and folk medicine' in the lives of the various ethnic groups through the ages" (item 23) was dealt with in their program. Two of the former sample and a majority of this latter sample (nine) "disagreed" or "strongly disagreed" that it was present. There was a substantial difference between the two samples, with 60% of institution A who felt that this aspect was explored compared to 82% of institution B who thought it was scarce in their 's

A total of three faculty members from each institution believed that there was "exploration of societal and institutional barriers for the ethnic minorities" (item 24) in their nursing programs. Two of the university sample and a majority of the CEGEP faculty (six) "disagreed" with this, as well as one of the CEGEP sample who "strongly disagreed". Therefore, the majority of the university faculty (60%) believed that this issue was explored while the majority of the CEGEP faculty (70%) felt it was deficient in their program.

Regarding item 25, a total majority of four of the university faculty and only three of the CEGEP faculty indicated that there was "exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale". Only one of the former sample but a majority of the latter sample (seven) did not feel that this occurred. A majority of the university group (80%) perceived that attitudinal patterns were addressed, while 70% of the CEGEP group thought it was lacking in their program.

Of the respondents surveyed, a total of 100% from both institutions perceived that their students were taught the notion that "basic to the safe nursing care of consumers is the need to develop an understanding, an appreciation, and a respect for physical and cultural diversity as normal and healthy variations of the human condition" (item 26). All of the university faculty members "strongly agreed" with this, while eight of the CEGEP faculty members "agreed". Therefore, it is evident that the university sample believed more strongly that was addressed in their program compared to the CEGEP sample.

All of the university faculty and eight of the CEGEP faculty perceived that their respective programs trained their students on "how to design nursing intervention that does not violate cultural values and beliefs, when these are not dysfunctional to the individual or in conflict with health maintenance" (item 27). Although the majority of both segments indicated that it was in their nursing programs, the university group were more "strongly

agreed"

The university faculty distribution of responses for item 28 was identical to the previous item. The majority of the CEGEP faculty (7) felt also that "students who complete this program are able to deal with people of different ethnic backgrounds without discriminating, as well as design for them nursing interventions that do not violate their cultural values and beliefs". Despite the majority of both groups perceiving this to be true, the university sample were more definite in their opinions since the majority (four) "strongly agreed".

The university faculty indicated in the survey that all items were present in their nursing program. However, the CEGEP faculty felt that they only addressed ethnic lifestyles, various communication styles, cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness and treatment, and family relationships and networks of ethnic minorities. They instilled in their students an understanding, an appreciation and a respect for physical and cultural diversity as normal and healthy variations of the human condition, as well as taught them to design nursing intervention that does not violate cultural values and beliefs. Of the questionnaire items which both samples commonly supported, the university faculty indicated all of them more strongly than the CEGEP faculty.

The CEGEP faculty felt that their program lacked an examination of the historical background of various ethnic minorities, ethnic physical characteristics and diversity, the areas inhabited by ethnic minorities and evaluation of life in these settings, the role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages, societal and institutional barriers for the ethnic minorities, and faculty and student attitudinal patterns toward the various ethnic groups.

Both faculties believed that students who complete their respective program are able to deal with people of different ethnic backgrounds without discriminating, and design for them nursing interventions that do not violate their cultural values and beliefs.

4.5.3 Students versus faculty perceptions

Due to the large sample size differences between the students and the faculties, the presentation of findings will be done in percentages that are based on the frequency distributions of the data previously presented in sections 4.5.1 and 4.5.2. The numbering of the questionnaire items will also follow the faculties' format shown in Table 4.8.

The university faculty supported all of the 13 questionnaire items. However, the university students felt that only ethnic lifestyles, various communication styles, cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness and treatment, and family relationships and networks of ethnic minorities were dealt with. They agreed that they developed an understanding, an appreciation and a respect for physical and cultural diversity as normal and healthy variations of the human condition, as

well as learned how to design nursing intervention that does not violate cultural values and beliefs

The university students also perceived that overviews of the historical background of various ethnic minorities; ethnic physical characteristics and diversity, conceptualization of the area inhabited by ethnic minorities and evaluation of life in these settings, the role and effectiveness of "cultural and folk medicine" in the lives of the diverse cultural groups, exploration of societal and institutional barriers for the ethnic minorities, and exploration of faculty and student attitudinal patterns toward the various ethnic groups was lacking in their nursing program

Both university samples felt that students who complete their respective program are able to deal with people of different ethnic backgrounds without discriminating, as well as design for them nursing interventions that do not violate their cultural values and beliefs. The faculty supported this notion more strongly than the students.

Both the CEGEP samples felt that their nursing program addressed ethnic lifestyles; various communication styles, cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness and treatment; and family relationships and networks of ethnic minorities. They both agreed that the students acquired an understanding, an appreciation and a respect for physical and cultural diversity as normal and healthy variations of the human condition, as well as learned how to design nursing intervention that does not violate cultural values and beliefs. The CEGEP faculty felt more strongly that these areas were dealt with, except for the last one which the students believed more firmly.

The CEGEP students and faculty maintained that their nursing program lacked in examining the historical background of various ethnic minorities, the role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups, societal and institutional barriers for the ethnic minorities, and faculty and student attitudinal patterns toward the various ethnic groups. Of these areas, the faculty felt more strongly about most of them. The CEGEP faculty also felt that ethnic physical characteristics and diversity as well as the conceptualization of the area inhabited by ethnic minorities and evaluation of life in these settings were lacking in their CEGEP nursing program, while the students were evenly divided about them. Both believed that students who complete their respective program are able to deal with people of different ethnic backgrounds without discriminating, as well as design for them nursing interventions that do not violate their cultural values and beliefs.

In summary, both programs were perceived by students and faculties to have some aspects of Murillo-Rohde's (1978) program content for a viable and effective cultural diversity program. However, there were several instances in both institutions where the students and faculty were in conflict with their opinions as to what items were addressed and which ones were lacking. This was especially the situation with the university samples. Except for the

university faculty, all of the samples commonly felt that overviews of the historical background of various ethnic minorities, conceptualization of the areas inhabited by ethnic minorities and evaluation of life in these settings, role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages, exploration of societal and institutional barriers for the ethnic minorities, and exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale were lacking in their programs

4.6 Personal Biases Dealt With In These Nursing Programs

This section will present the findings regarding the students' and faculties' responses to whether or not the issues of "sexism", "racism", "stereotyping", "discrimination", "prejudice", and "human rights" were dealt with in their nursing programs (Table 4.9)

Table 4.9

Issues of Bias Addressed in Both Nursing Programs as Perceived by Students and Faculty

Question Item	Yes %			
	Un St (n=37)	Cgp St (n=116)	Un Fa (n=5)	Cgp Fa (n=11)
Issues dealt with				
A Sexism	83 8	65 7	80 0	90 0
B Racism	54 1	51 4	80 0	70 0
C Stereotyping	89 5	74 8	80 0	81 8
D Discrimination	66 7	73 0	80 0	80 0
E Prejudice	58 3	68 0	80 0	90 0
F Human Rights	72 2	89 7	80 0	90 0
G Other Issues	93 5	72 6	N A	N A

They were also asked to substantiate their "yes" responses with course suggestions (Table 4.10). In many instances, the participants provided more than one answer. The students' responses as to what courses addressed "other" issues related to minority groups, ethnicity and diverse cultures was also analyzed. Students and faculties are compared between institutions as well as within institutions. The highlighted portions of Table 4.10 indicate response rates of equal to or greater than 50%, which we take to mean that an issue is substantially addressed within a particular discipline of courses.

The number of students who responded to these questions was usually 37 from the university and 116 from the CEGEP, except for the "other" issues, where the CEGEP student sample size was 84. There were also five university faculty members as well as 10 CEGEP faculty members (except for the "stereotyping" issue, where there were 11) who

Table 4 10

Courses Which Address Issues of Bias as Perceived by the Students and Faculty of Both Institutions

<u>Course Disciplines</u>	<u>N</u>	<u>Sexism</u> (%)	<u>Racism</u> (%)	<u>Stereotyping</u> (%)	<u>Discrimination</u> (%)	<u>Prejudice</u> (%)	<u>Human Rights</u> (%)	<u>Other</u> (%)
Nursing								
University Students	37	10	10	23	9	12	53	9
Cegep Students	116	22	23	36	34	30	54	10
University Faculty	5	4	33	50	44	72	50	N A
Cegep Faculty	11	33	18	40	42	43	40	N A
Sociology								
University Students		31	13	19	20	14	4	30
Cegep Students		45	33	26	30	30	23	49
University Faculty		30	22	10	22	6	10	N A
Cegep Faculty		27	46	33	33	29	27	N A
Psychology								
University Students		58	78	58	71	74	42	57
Cegep Students		18	10	24	14	16	7	8
University Faculty		30	44	40	3	22	40	N A
Cegep Faculty		33	27	20	17	14	13	N A
Humanities								
University Students		0	0	0	0	0	0	0
Cegep Students		9	27	8	16	20	13	20
University Faculty		0	0	0	0	0	0	N A
Cegep Faculty		7	9	7	8	7	13	N A
Other								
University Students		0	0	0	0	0	0	5
Cegep Students		6	7	6	6	4	3	13
University Faculty		0	0	0	0	0	0	N A
Cegep Faculty		0	0	0	0	7	7	N A

Note: Bold print percentages represent courses designated as substantially addressing particular issues ($\geq 50\%$)

participated

4.6.1 Student perceptions

A majority of students at the university (83.8%) and at the CEGEP (65.7%) felt that the issue of "sexism" was addressed in their respective programs. As to which courses discussed this issue, 10% of all the university responses indicated nursing courses, 31% sociology courses and 58% psychology courses. The CEGEP students showed 22% nursing courses, 45% sociology courses, 18% psychology courses, 9% humanities courses, and 6% others (which included English, religion and philosophy). Within both these programs, "sexism" was substantially presented only in the university psychology courses.

A total of 54.1% of the university students and 51.4% of the CEGEP students felt that "racism" was addressed. However, substantial numbers in both institutions did not feel that this issue was dealt with in their program. Only 10% of the university responses indicated that nursing courses discussed the issue, 13% said that sociology courses did, and 78% indicated psychology courses. For the CEGEP students, 23% felt that nursing courses did, 33% responded with sociology courses; 10% indicated psychology courses, 27% showed humanity courses; and 7% said other courses, such as English and religion. In this case, none of the indicated disciplines extensively discussed the issue of "racism".

A large majority of the university students (89.5%) and of the CEGEP students (74.8%) indicated that "stereotyping" was addressed in their nursing programs. Of the respondents, 23% of the university sample indicated nursing courses, 19% sociology courses, and 78% psychology courses, while the CEGEP students had 36% show nursing courses, 26% sociology courses, 24% psychology courses, 8% humanity courses and 6% other courses, such as English and religion. Contrary to the large majority who felt that "stereotyping" was addressed, only the university psychology courses substantially dealt with it.

A total of 66.7% of the university sample and 73% of the CEGEP sample perceived "discrimination" to be dealt with in their program. The university students indicated "discrimination" was dealt with in the following courses: nursing (9%), sociology (20%), and psychology (71%) while the CEGEP students specified nursing (34%), sociology (30%), psychology (14%), humanities (16%) and other (6%). This last category included English, religion and philosophy. Although the CEGEP students felt that this issue was addressed more than did the university students, the university psychology courses substantially explored "discrimination".

Of the respondents surveyed, 58.3% of the university students and 68% of the CEGEP students felt that "prejudice" was dealt with in their program. The university group indicated that it was addressed in nursing courses (12%), sociology courses (14%), and psychology courses (74%). The CEGEP group mentioned nursing courses (30%), sociology courses (30%), psychology courses (16%), humanity courses (20%) and other courses (4%),

which were English and religion. The results show that psychology courses in the university program substantially addressed "prejudice", while none of the CEGEP disciplines notably dealt with it.

A majority of institution A (72.2%) as well as institution B (89.7%) indicated that "human rights" were addressed. The courses which dealt with this issue, according to the university students, were nursing (53%), sociology (4%) and psychology (42%). According to the CEGEP students, nursing courses (54%), sociology courses (23%), psychology courses (7%), humanity courses (13%) and other courses (3%), such as English and religion, dealt with "human rights". The samples from both institutions felt that their nursing courses extensively dealt with "human rights" issues.

Of all the participants, 93.5% of the university students and 72.6% of the CEGEP students perceived that "other issues" were dealt with in relation to minority groups. Of the courses that explored "other issues", there were nursing courses (9%), sociology courses (30%), psychology courses (57%) and other courses (5%), such as Spanish and physiology, according to the university students. The CEGEP students indicated nursing courses (10%), sociology courses (49%), psychology courses (8%), humanity courses (20%) and other courses (13%), which included English, religion, anthropology, French, microbiology and history. The results showed that psychology courses in the university program presented a substantial amount of information about other minority group issues, while the CEGEP students felt that their sociology courses modestly discussed it.

The students indicated that all the issues of bias were dealt with in their respective programs, with "racism" being the weakest. However, in only eight instances did the courses substantially address issues of bias, with seven of them indicated by the university students. According to them, the psychology courses dealt with all issues most extensively except for "human rights", which was mainly addressed by nursing. The CEGEP students also felt that their nursing courses dealt considerably with human rights.

4.6.2 Faculty perceptions

With regard to the issue of "sexism", four of the university faculty and nine of the CEGEP faculty perceived it to be addressed in the program. Forty percent of the former responses indicated that the issue was dealt with in nursing courses, 30% in sociology courses and 30% in psychology courses. The issue of "sexism", according to the latter, is examined in the following courses: nursing courses (33%), sociology courses (27%), psychology courses (33%) and humanity courses (7%). Although both samples strongly felt that this issue was examined in their programs, no particular disciplines were strongly indicated.

Four of the university faculty and seven of the CEGEP faculty felt that the issue of "racism" was dealt with in program. The university sample felt this issue was dealt with in the following courses: nursing courses (33%), sociology courses (22%) and psychology courses

(44%), while the CEGEP sample indicated nursing courses (18%), sociology courses (46%), psychology courses (27%) and humanity courses (9%). None of the disciplines designated by the faculty substantially dealt with the topic in either nursing program.

Of the respondents surveyed, four of the university sample and nine of the CEGEP sample felt that "stereotyping" was explored in their respective programs. Fifty percent of the responses from the former sample indicated that it was dealt with in the nursing courses, 10% in sociology courses and 40% in the psychology courses. Of the CEGEP responses, the following courses were mentioned: nursing courses (40%), sociology courses (33%), psychology courses (20) and humanity courses (7%). The only courses that extensively dealt with the issue of "stereotyping" were nursing courses in the university program, according to the faculty sample.

The issue of "discrimination" was addressed according to four of the university faculty and eight of the CEGEP faculty. Forty-four percent of the former sample specified nursing courses, 22% sociology courses and 33% psychology courses as disciplines that explored "discrimination", while the latter sample mentioned nursing courses (42%), sociology courses (33%), psychology courses (17%) and humanity courses (8%). Although both samples felt equally that the issue of "discrimination" was dealt with in their programs, none of the courses seemed to extensively address this issue.

Four of the university faculty and eight of the CEGEP faculty believed that issues of "prejudice" were examined within their programs. The university responses indicated the following courses: nursing courses (72%), sociology courses (6%) and psychology courses (14%) dealt with this issue. With regards to the CEGEP program, the faculty members highlighted nursing courses (43%), sociology courses (29%), psychology courses (14%), humanity courses (7%) and other courses (7%), such as English. Only the university nursing courses extensively dealt with the issue of "prejudice", according to the university faculty.

With regard to "human rights", four of the university faculty and nine of the CEGEP faculty believed that it was examined within their respective programs. The university sample indicated nursing courses (50%), sociology courses (10%) and psychology courses (40%). For the CEGEP program, faculty indicated nursing courses (40%), sociology courses (27%), psychology courses (13%), humanity courses (13%) and other courses (7%), such as English. The only discipline that substantially dealt with "human rights" issues, as indicated by these data, were the university nursing courses.

Although a large majority of both faculties felt that all six issues were dealt with in their nursing programs, there were only a few course areas identified that considerably explored these topics and these were mentioned only by the university faculty. According to these results, the university nursing courses substantially examined issues about "stereotyping", "prejudice" and "human rights".

4.6.3 Student versus faculty perceptions

Comparisons of students and faculty within the two institutions will be based on the data previously presented in sections 4.6.1 and 4.6.2

The university students and their faculty believed that all the issues of bias were dealt with. However, the students less frequently indicated the topics of "racism", "discrimination", "prejudice" and "human rights" and more often signified matters of "sexism" and "stereotyping". The students indicated that the psychology courses substantially dealt with all of these topics, except for "human rights" which were extensively explored by their nursing courses. The faculty identified "stereotyping", "prejudice" and "human rights" as issues that were thoroughly examined through nursing courses.

With "sexism", "racism", "stereotyping", "discrimination" and "prejudice", the proportion of CEGEP faculty who thought these topics were explored was greater than indicated by the CEGEP students. The one exception was the issue of "human rights" where the two samples were almost identical. The only identified course area that substantially addressed an issue was nursing, according to the student responses. They felt that their nursing courses extensively dealt with "human rights".

It is evident in both institutional comparisons, that although the students and faculties believed that issues of "sexism", "racism", "stereotyping", "discrimination", "prejudice" and human rights were explored, they were in fact minimally addressed. This is apparent, since out of 35 possibilities (Table 4.10), there were only 11 areas deemed to be substantially dealt with.

4.7 Changes Needed In The Multicultural Content

This section will present the findings of the students' and faculties' perceptions of whether there is "too much", "about right" or "not enough" multicultural content in their programs, and what changes are needed in the multicultural content of their nursing programs that would more effectively meet the needs of the students. Students and faculties will be compared between institutions as well as within institutions. The data for the latter section are analyzed based on a developed typology that examined their responses in terms of courses or lectures and teaching methods against seven of the points mentioned in the Murillo-Rhode (1978) model. These include ethnic lifestyles, cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness and treatment, family relationships and networks of ethnic minorities and their influence on the members' lives, role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages, exploration of societal and institutional barriers for the ethnic minorities, exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale, as well as how to design nursing intervention that does not violate cultural values and beliefs, when these are not dysfunctional to the individual or in conflict with health maintenance. Since the categorization of the responses was subjective,

all results were evaluated and sorted by three other reviewers to ensure accuracy and reliability of the analysis

4.7.1 Student perceptions

As seen in Table 4.11, the majority of students from both programs (69%) felt that there was not enough diverse cultural content in their respective programs. However, of the students surveyed, a total of 34 of the university sample and only 64 of the 125 CEGEP sample made suggestions of changes in the cultural content that would more effectively meet their needs. On occasion, more than one suggestion was made.

Table 4.11

University and CEGEP Student Suggestions for Cultural Content Changes

PROGRAM CONTENT	SUGGESTED AREAS			
	Courses/Lectures		Teaching Methods	
	Un St (n=33, %)	Cgp St (n=68, %)	Un St (%)	Cgp St (%)
1 Ethnic life styles	16	31	3	5
2 Cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness, and treatment	38	27	3	2
3 Family relationships and networks of ethnic minorities and their influence on the members' lives	6	3	0	0
4 Role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages	3	6	0	0
5 Exploration of societal and institutional barriers for the ethnic minorities	6	5	0	0
6 Exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale	3	5	3	2
7 How to design nursing intervention that does not violate cultural values and beliefs, when these are not dysfunctional to the individual or in conflict with health maintenance	19	14	0	2

Regarding ethnic lifestyles, 19% of the university students and 31% of the CEGEP students felt this type of content could be improved using courses and lectures. Some of the university students wanted a nursing perspective of diverse cultural content rather than a general overview as provided by sociology, while others requested a sociology course that addressed multiculturalism. Some simply wanted more information, which they felt would help them to provide better patient care, whereas others requested information on the French and English cultures in Quebec. Some of the university students also wanted to know "how cultural groups felt about living in Quebec and interacting with other cultures". Some CEGEP students wanted more details on groups in Montreal and Canada regarding diet and religion, while others requested information on specific cultural groups, such as Europeans, Italians, Greeks, Indians, Inuits, Asians, Latin Americans and Middle Easterners. One student felt that cultural content was very important but unrealistic considering the already heavy course load, unless it replaced another course such as English or humanities. Others wanted it taught in a sociology or humanities course. Some wanted a one semester course "on the cultural aspects of society" or to compare and contrast different cultures to the Canadian culture.

Three percent of the university students and 5% of the CEGEP students sought changes in teaching methods related to ethnic lifestyles. The university students suggested "more discussion of ethnic variations as opposed to simply mentioning the possibility of variation in passing". CEGEP suggestions included reading materials that would enable them to expand their knowledge on different cultures as well as "classes aimed at clarifying, revealing and discussing" cultural diversity.

In terms of cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness and treatment, 38% of the university students and 27% of the CEGEP students made recommendations in the area of courses and lectures. The university students proposed "greater insight of nursing or medicine in other countries", an overview of important cultural and religious beliefs in general as well as specific to Canada and the Montreal area, and the concept of 'health' as it relates to different cultures and religions. "A more indepth curricula focusing on culture and health could be useful" according to one student, as well as "a course specifically designed around ethnicity, health needs and values, including reflection on the present health system" according to another. The CEGEP students recommended exploring different cultures in general as well as those specific to Montreal and how they define health, sickness and health promotion. Others wanted to study how culturally diverse people cope with illness and hospitalization, focus on what factors play important roles in their caregiving, and understand how different cultures view nursing.

One university student and one CEGEP student made recommendations about cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness and treatment in the area of teaching methods. The university

student wanted more information on values, beliefs, attitudes, nutrition and lifestyles of various cultures. The CEGEP student suggested that short, non-stereotypical explanations be given on different cultural values.

In relation to family relationships and networks of ethnic minorities and their influence on the members' lives, 6% of the university group and 3% of the CEGEP group made suggestions about courses and lectures. The former wanted to explore family strengths of different cultures, roles of family members, social status of the sexes, as well as child rearing differences of varying cultures and religions. The latter wanted to learn more about family dynamics of different ethnic groups in general, as well as the role of other family members and their relative importance to the "ill" person. There were no suggestions by either group regarding teaching methods in this area.

Three percent of the university students and 6% of the CEGEP students made proposals with regard to content on the role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages. The university sample wanted to generally know about "folk" remedies used in different cultures and religions. The CEGEP sample wanted a better understanding of exactly what was stated in item four, so that modern medicine would not be pushed on everyone, if there was another culturally acceptable way to treat the problem. They also suggested a separate course on culture and folk medicine as well as a brief introduction to diverse methods of medical attention around the world. There were no recommendations made in this category regarding teaching methods.

Suggestions surrounding the exploration of societal and institutional barriers for ethnic minorities were made in 6% of the university students' and 5% of the CEGEP students' recommendations. The former suggested that issues such as sexism, racism, stereotyping, discrimination, prejudice and human rights be dealt with more concretely and purposefully so as to clarify the relationship between nursing and different cultures. The latter wanted more focus on patient biases and how to deal with them as well as several lectures on the above mentioned personal biases. No suggestions were made by either sample regarding teaching methods.

The exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale was recommended by 3% of the university respondents and 5% of the CEGEP responses. The university students suggested "a course or series of lectures which demands of students that they identify their own racist, prejudice or discriminatory attitudes and give guidelines to deal with these." The CEGEP students' responses encouraged respecting the rights of others to their own cultural beliefs, the need for more information to familiarize people of different cultures with the culture of each other which they felt would facilitate integration, as well as more teachings about self actualization so that once happy with themselves, they could accept others and their cultural values.

The students in both programs also made recommendations in this category with regard to teaching methods. One of the university responses suggested that faculty from a more diverse ethnic background would improve the program, since the students are ethnically diverse but most of the faculty are anglo-saxon. One of the CEGEP students recommended that "clinical instructors put aside their prejudice thoughts about their students and give them a fair chance."

The last category involved recommendations about how to design nursing intervention that does not violate cultural values and beliefs, when these are not dysfunctional to the individual or in conflict with health maintenance. Nineteen percent of the university students and 14% of the CEGEP students made suggestions in this classification about courses and lectures. The former group mentioned to not only "recognize the influx of persons from diverse cultural backgrounds but to start right away including courses that would help the students to give optimal health care to these people, in the hospital or at their homes." They also felt that more time was needed on "cultural values and beliefs as related to violation of beliefs by medical care", that "specific nursing interventions related to culture" would be helpful, and that it was necessary to focus on ethnic groups which are presently entering North America and how to relate to them without imposing North American values concerning health, as well as allow them to maintain their cultural identity while learning new ways of health promotion. The CEGEP students suggested that there be a realistic look at cultural differences and their influence on how much nurses can really move within these boundaries, that there be a focus on various cultures, how they generally act, what may be different from the North American culture and how to incorporate differences into a "nursing process", that there be a more indepth view of various cultural beliefs and potential problems related to nursing care, and that there be "more details as to what type of care each culture expects and/or requires, in order to help patients meet their needs".

Only one of the CEGEP students addressed teaching methods in this category. The recommendation made was for the nursing program to provide specific direction as well as specific courses in this area.

In summary, 82.5% of the university students and 54.4% of the CEGEP students responded to this question. A total of 32 suggestions were received from the university group and 64 from the CEGEP group. For both samples, 91% of their recommendations referred to courses and lectures, while only 9% referred to teaching methods. Most of the suggestions by the university sample pertained to ethnic lifestyles (19%), cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness, and treatment (47%), and how to design nursing interventions that do not violate cultural values and beliefs, when these are not dysfunctional to the individual or in conflict with health maintenance (19%). The CEGEP sample indicated the same in proportions of

36%, 28% and 16%, respectively

4.7.2 Faculty perceptions

The faculties of both institutions responded to this question. Three of the university faculty members and 10 of the CEGEP faculty members felt that there were areas in need of improvement within their respective nursing programs, while two of the former group and one of the latter group felt that their programs required no adjustments. The data can be seen in Table 4.12. Occasionally, more than one recommendation was made by a respondent.

Table 4.12

University and CEGEP Faculty Suggestions for Cultural Content Changes

PROGRAM CONTENT	SUGGESTED AREAS			
	Courses/Lectures		Teaching Methods	
	Un Fa (n=5, %)	Cgp Fa (n=11, %)	Un Fa (%)	Cgp Fa (%)
1 Ethnic life styles	2	3	1	5
2 Cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness, and treatment	0	1	1	2
3 Exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale	0	0	0	1
4 How to design nursing intervention that does not violate cultural values and beliefs, when these are not dysfunctional to the individual or in conflict with health maintenance	0	1	1	1

In terms of ethnic lifestyles, two of the university and three of the CEGEP faculty made some suggestions. The former recommended "more specific lectures about the various cultural, religious, ethnic social and religious groups that students are likely to encounter in a cosmopolitan city like Montreal" or a course that examines "cultures more commonly seen in Canada." The latter suggested that a lot more basic knowledge in the area of cultural diversity be provided, and that a formalized compulsory course in the nursing curricula be given, so that the students would learn about the predominant cultures in Montreal, such as French, English, Italians, Portuguese and Haitians, and have a better understanding. It was

also noted, by one respondent, that this course would not have to be provided within the nursing discipline

One of the university faculty and five of the CEGEP faculty made suggestions in this category regarding teaching methods. The former respondent wanted "increased specificity and variety of cultures addressed." Several CEGEP respondents specifically recommended that cultural diversity content be integrated or threaded throughout the program and felt that this would not be overwhelming, because it would be worked along with all the other data that the students have to analyze. Another recommendation was for the faculty to encourage students to take certain courses offered within the CEGEP, but that this would have to be limited, since it goes against the whole philosophy of the CEGEP education. Lastly, one faculty member just wanted to see more emphasis in this area.

Only one response was made within the CEGEP sample in relation to cultural beliefs, values, customs and mores of various ethnic groups and their influence on health, illness and treatment regarding courses and lectures. It was suggested that there be some information about different cultures that is more than perfunctory.

In relation to the above item and teaching methods, there was one recommendation from the university sample and two from the CEGEP sample. The latter one suggested that more research be done in specific cultures since it is becoming such an ongoing reality in our society. From this would come needed articles that would provide nurses with more examples of what to look for in patients. The CEGEP faculty recommended clinical placement in culturally diverse agencies, such as French, Italian or Chinese hospitals, as well as post-clinical conferences that would allow students to ventilate their feelings and clarify misconceptions or qualms about cultural issues.

There were no recommendations made by either group about cultural content relating to family relationships, "cultural and folk medicine" and societal and institutional barriers for ethnic minorities. With regards to the exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale, the only suggestion from either sample came from the CEGEP faculty in relation to teaching methods. The respondent felt the greatest need was directed toward more faculty awareness of the students and their needs rather than the cultural needs of the patients. Many of their students are in a particular life situation that is the result of their cultural background. They felt that the faculty could be less rigid when dealing with this.

None of the responses from the university sample made suggestions about designing nursing interventions that do not violate cultural values and beliefs, when these are not dysfunctional to the individual or in conflict with health maintenance. The CEGEP sample wanted cultural content that would help the students describe their patient by more than the name, age and diagnosis as well as help them to anticipate in ways, other than directly.

through language, what their patient's needs might be

With regard to this category and teaching methods, an idea was offered by each faculty. The university faculty member suggested more specific information in order to better customize the patient's care in such a way that it would better meet their needs. The recommendation from the CEGEP faculty member was that cultural content be taught by an anthropologist or a sociologist in order for it to be done well and for nursing to link it with practice so that students will be better able to develop nursing interventions that do not violate cultural values and beliefs.

In summary, a total of five suggestions were received from the university faculty and 14 from the CEGEP faculty. Forty percent of the university sample and 36% of the CEGEP recommendations referred to courses and lectures, while 60% of the first group and 64% of the second group were aimed at teaching methods. All of the suggestions on course or lectures by the university faculty pertained to ethnic lifestyles (40%). The CEGEP faculty's recommendations were predominately in the same category (21%). However, they also had 7% of their responses were also around cultural beliefs, values, customs and mores of various ethnic groups and their influence on health, illness and treatment and how to design nursing intervention that does not violate cultural values and beliefs. Of the teaching methods, the university sample equally distributed their 60% of suggestions between the first, second and last response items. The CEGEP sample contained 36% teaching method responses about ethnic lifestyles, 14% about cultural beliefs and their influence on health, illness and treatment, 7% about exploration of faculty and student attitudinal patterns toward the various ethnic groups, and 7% on designing nursing interventions that do not violate cultural values.

4.7.3 Student versus faculty perceptions

Comparisons of students and faculty within the two institutions will be based on the data previously presented in sections 4.7.1 and 4.7.2.

Both the university students (69%) and the university faculty (60%) felt that changes could be made in their program that would be more effective in meeting the needs of the students. A total of 82.5% of the students and 80% of the faculty made suggestions. Ninety-one percent of the university students' recommendations referred to courses and lectures, compared to 40% of the faculty's, while 9% of the former and 36% of the latter suggested changes in teaching methods. There was a total of 32 student recommendations and five faculty suggestions.

Most of the university students and all of the university faculty made suggestions which pertained to program content in ethnic lifestyles; cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness, and treatment, and how to design nursing interventions that do not violate cultural values and beliefs. However, only the university students made suggestions about family relationships.

and networks of ethnic minorities and their influence on the members' lives, role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages, exploration of societal and institutional barriers for the ethnic minorities, and exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale

The CEGEP students (69%) and the CEGEP faculty (90%) felt that there was not enough multicultural content in their program. Some of the former (54.4%) and all of the latter made recommendations that they felt would better meet the student's needs. Ninety-one percent of the CEGEP students' recommendations referred to courses and lectures, compared to 36% of the CEGEP faculty, and 9% of the former versus 64% of the latter suggested changes in teaching methods. There was a total of 64 student recommendations and 14 faculty suggestions.

Both CEGEP samples suggested changes in the program content of ethnic lifestyles, cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness and treatment, exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale, and how to design nursing intervention that does not violate cultural values and beliefs. The CEGEP students only mentioned ideas regarding family relationships and networks of ethnic minorities and their influence on the members' lives, role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages, and exploration of societal and institutional barriers for the ethnic minorities.

In summary, the two university samples and the two CEGEP samples made numerous recommendations for their nursing programs. The university recommendations range from general information about varied ethnic groups to more specific information about the relevant cultural groups in Montreal or Canada. They also suggest more discussion rather than "lip service", research about different ethnic groups, provide courses early in the nursing program about cultural diversity, and help in learning more about developing nursing interventions that support the clients cultural background. For the CEGEP nursing program, ideas ranged from general information about culturally diverse groups to more detailed information. They also made suggestions for specific courses, full program integration, more reading materials, student placement in culturally diverse clinical agencies, post-clinical conferences, and more student support, given their own multicultural backgrounds. In both programs recommendations referred to courses or lectures as well as teaching methods.

4.8 Perceived Relevant Government Legislation Or Health Care Goals

This and the subsequent sections were only addressed by the faculty of the two nursing programs. This part presents the faculty data regarding their perceptions of any

government legislation or health care goals that indicate a need to address cultural issues in nursing education. Their responses were examined in terms of a developed typology of the following categories of the "federal government and health care", the "provincial government and health care", "other health care items", "other federal government items" and "other provincial government items".

The university sample made five suggestions and the CEGEP sample made 17 suggestions of government legislation or health care goals that they felt indicated a need to deal with multiculturalism in nursing education.

One of the university faculty members and four of the CEGEP faculty members' responses addressed the "federal government and health care" category. The university group mentioned the Lalonde report and the Jake Epp report on health care in Canada. The CEGEP group remarked about the "Northern Quebec Module", the "Multiculturalism Program" at the Montreal Children's Hospital, and the federal government's examination of ethnicity and aging.

Three responses from the university sample and five from the CEGEP sample remarked about the "provincial government and health care". The university group mentioned that there are some current legislative changes to Bill 65, which started the Centre local de Services Communautaires (CLSC) in Quebec in the 1960's. They were aware that "government legislation insures health care that is accessible and equal in quality to all its citizens" through the Code of Ethics for nurses and the health care professionals' mandates for those working in health care to provide relevant and individualized care. It was felt that both of these influence awareness of culture as key to delivering such mandates. The "Northern Quebec Module" and the "Multiculturalism Program", mentioned by the CEGEP group, is also counted in this category since both governments provide funding for the projects. This sample also mentioned that in Quebec, there is access for everyone to the health care system and incorporated into this is the concept of human rights. They also mentioned the legislative changes in health care related to nursing, such as with "le nouveau projet" are the new requirements for nursing students that takes into account cultural issues.

The third category of "other health care items" was addressed by three of the CEGEP faculty. They mentioned the two following items: the International Council of Nurses (ICN) and the World Health Organization (WHO).

One of the CEGEP responses referred to "other federal government items" in terms of reporting that immigration policies indicate a need to teach about cultural diversity in nursing education.

There was one university response and six CEGEP responses concerning "other provincial government items". The former said that "some recent laws appear to discriminate against minorities in Quebec" and that "so far, these laws do not include the health care

system, but the possibility is there " The latter ones mentioned Bill 101 and 178 regarding language restrictions, providing a "fear for the loss of English institutions to serve the needs of its population. If all have a right to health, it should be in respect of their sociocultural background and in their language of choice "

Although many suggestions were made by both institutions, none mentioned the Multicultural Act (1988). Many were able to indicate legislation that in fact threatened the cultural mixture of the Quebec society and equal access to health care by the language legislation and the "notwithstanding clause" of the Canadian constitution. As a CEGEP faculty member said, "we see a lot of multiculturalism in our everyday workings of it and certainly a real variety of patients in the hospitals, but I can't say that I've seen a lot other than posting signs over patients' beds saying they can't speak English and I've not seen it as a policy anywhere "

4.9 Institutional Philosophy And Objectives

This section presents the data from the faculties' perceptions of whether their institutional philosophy and objectives address the concept of a pluralistic society and ethnic rights to equality. The information was broken down into responses regarding the institution as well as the nursing program. Some participants gave information on one or both of these aspects. The other categories in which the data were analyzed were "education access for all", "support student cultural groups", "integration in the nursing program" and "effective health care for all".

One of the university responses and six of the CEGEP responses about their institutional philosophy and objectives were in reference to education access to all. The university reply showed that the institution "does not discriminate with respect to the candidates cultural background," instead it is based on academic preparation and abilities. It encourages foreign student recruiting as well as research in underdeveloped countries. The CEGEP faculty felt that there was a focus on ethnic rights to equality, although some qualified this by saying that the CEGEP curriculum addresses the issue briefly, that their mission statement supported this concept through a philosophy which encourages all backgrounds and ethnic origins, that attempts are made to recognize the diverse needs of the student body through the various courses as well as have mechanisms within the college to make sure that they are not violated in terms of their ethnic rights or student rights, and that people opt for learning about different groups in staff development courses.

One university response and five CEGEP responses referred to supporting student cultural groups. The former felt that "the institution supports and provides a forum for varied cultural groups to meet and sustain activities ". According to the CEGEP faculty, their institution allows for specific student groups, such as Black and Third World, and Hillel

Comments about "integration in the nursing program" pertain to their respective nursing programs. There were two responses from the university sample and two from the CEGEP sample. The university faculty mentioned that in order for the students to be situationally responsive as nurses, they must be aware of cultural differences, which is integrated throughout the program in many different ways. It is also an "integral part of every course" at the undergraduate level. The CEGEP faculty remarked that it is a part of the nursing program, since they deal with the bio-psycho-social aspects of man and aim towards a holistic approach to nursing care.

There were three comments from the university and five from the CEGEP regarding effective health care for all. The university faculty believed that their philosophy and objectives encourage students to explore and collect data regarding their clients' health beliefs, practices and values as well as be non-judgmental in their approach in order to nurse their culturally varied clientele effectively. The CEGEP faculty felt that their philosophy includes teaching students that their patient as a psycho-social-biological being has rights to health care.

All the comments made by both samples regarding their respective institutions referred to "education access for all" and "support student cultural groups". All statements about their nursing programs were regarding "integration in the nursing program" and "support health care". All the university faculty members were quite united in their perceptions of the philosophy and objectives of their nursing program. Only one of them commented on the university as a whole. Although several of the CEGEP faculty felt that their institutional and program philosophies and objectives supported the concept of a pluralistic society and ethnic rights to equality, two of them commented that these were carried out in a "backhanded" and nonformalized way. Much of what was taught in their nursing program was dependent on the individual instructor. Two others remarked that these concepts were not addressed at all in the CEGEP system nor the nursing program despite the multicultural student and patient populations, but all felt that it should be dealt with by both the institution and the nursing program.

4.10 Dealing With Cultural Diversity And Discriminatory Issues

The faculties from both institutions were unanimous about the need to deal with cultural diversity and discriminatory issues in nursing education. Their responses broke down to reasons related to client values, student values and faculty values.

Three of the university responses and 11 of the CEGEP responses were regarding client values. The former felt that it was important to address these issues, because "effective nursing has to take into account a variety of client characteristics, including culture, in order to best promote health in an individualized fashion for the client" as well as to provide holistic

care. The latter group mentioned that these issues were important because nurses care for all "walks of life". "It is part of the nurse's role as patient's advocate to have an awareness of these issues and help clients deal with them." It is also important that they know what are not deviant behaviours, but are behaviours normal to particular cultures in order to provide optimum patient care.

Three of the university responses and 10 of the CEGEP's mentioned reasons related to student values. The university sample felt that the students need to come to terms with their diversity and some of the practices that they may engage in which might be unacceptable or uncomfortable for them when working with such a culturally diverse population. There is a lot of examination of their personal views, since it "is a very strong part of our program" according to one faculty member. The CEGEP sample commented that it was important for the students to deal with cultural diversity and discriminatory issues since nurses, not only look after all walks of life, but come from a varied background themselves. "Nurses must look at themselves before accepting others." It was believed that discrimination is not only a very sensitive issue but is going to continue to exist within such a culturally diverse city, and that there is a lot of carry over of this attitude in the general population to those of the students. However, as one respondent noted, the students do not examine their own attitudes on a formal basis.

Five of the CEGEP faculty made references in terms of faculty values. The reasons they gave involved the varied learning styles which result from a culturally diverse student population. Instructors have examined how they teach in an attempt to prevent educational discrimination. They need to be aware of how students of different cultures behave towards an instructor so as not to misinterpret their actions as defiance. They must be attentive to the differences between the students as well as between the faculty and the students.

Both faculties felt it was essential to deal with cultural diversity and discriminatory issues in nursing education. All of them gave reasons related to client values and student values. Only the CEGEP faculty offered reasons regarding faculty values.

4.11 Problems When Students Are Not Sensitized To Discriminatory Issues

All faculty members in each institution knew of problems that could arise if students are not sensitized to discriminatory issues. These problems were broken down into a typology of the following categories: liability problems, decreased effectiveness, insensitivity and other.

Each faculty sample had one response with reference to liability problems. The university group said that nurses wouldn't be "situationally responsive in terms of their accountability to their profession and to the consumer of health care." The CEGEP group commented that in the most extreme situation, they would lose their license.

The university faculty had three and the CEGEP faculty had six responses in which

decreased effectiveness was mentioned. The former felt that the nursing care would be more ineffective, since they would incorrectly try to identify the person's needs without exploring the cultural influences, inadvertently plan care which violates their cultural values and then fail to gain "compliance". The CEGEP faculty commented that if nursing students are not sensitized to discriminatory issues, their assessment skills will be less effective, which will result in poor nursing care.

Four of the university responses and eight of the CEGEP responses referred to insensitivity. The university faculty mentioned that the nurse's own biases would interfere with his/her approach to care, since their practice would be stereotyped in nature and nonreflective of the individual needs of the client. When the nursing plans fail, the nurses would not understand the client's rationale for not complying. The CEGEP faculty commented that the students would be insensitive to the patient's or staff's needs as well as rigid in their problem solving techniques. Their decreased "communication and listening skills" could result in conflicts as a result of the nurse's insensitivities. It may even cause those who are black nurses as well as women to accept stereotyping and discrimination towards themselves, so that they will be more at risk of being victims.

Two of the responses from the CEGEP faculty fell into the category of "other". They mentioned such problems as "cultural shock", for a nurse unaware of cultural differences, as well as nurses leaving the field due to dissatisfaction or "burnout" which resulted from ineffectively dealing with a cultural diverse clientele.

4.12 Summary of Information

This section summarizes the data from the students and the faculties surveyed about their perceptions regarding the concept of multiculturalism and its content in nursing programs.

4.12.1 Students perceptions

The data gathered about the students showed that a large majority of the university students (92%) and most of the CEGEP students (66%) were between 19 to 29 years of age, with the latter sample having the an older average age than the former group. The university participants were mainly from the first and third years of their program, while the CEGEP students were well distributed throughout all three years. In both programs, women constituted an overwhelming majority of the samples. Regarding ethnic background, the category of "other" had the largest cluster of students from both institutions, indicating that most of them were of neither "British" nor "French" origins.

Although a small proportion from both samples did not agree with the provided definition of multiculturalism, an overwhelming majority perceived it to be "the recognition of the diverse cultures of a plural society based on equality, dignity and the support of

community " Most students in both samples recognized that Montreal is a multicultural society. The majority of all respondents were supportive of multicultural concepts and felt they were relevant in nursing education by supporting all 18 statements presented. With regard to the multicultural content in their respective nursing programs, both the university students and the CEGEP students believed that not all the areas suggested (as per the Murillo-Rohde) model were present. The exploration of personal biases was not substantially dealt with in either program, with such issues as sexism, racism, stereotyping, discrimination and prejudice only extensively dealt with in the psychology courses of the university program, and human rights substantially addressed by the nursing courses of both institutions. The majority of the university students and the CEGEP students also believed there was not enough diverse cultural content in their programs. Despite these perceptions, both student samples felt that they would be sufficiently prepared to deal with people of different ethnic backgrounds without discriminating, as well as design for them nursing interventions that do not violate their cultural values and beliefs. The CEGEP students perceived this more strongly than the university students.

4.12.2 Faculty perceptions

The faculties of both institutions participated in curriculum content decisions, and there was faculty representation of all three years in both samples. The university sample was mainly of "British" origin and under the miscellaneous category (Canadian, Montreal Canadian, white Canadian, Catholic, white Catholic or minority), while the CEGEP faculty was mostly of other than British or French, which indicated that the latter was of a more diverse background than the former.

Both samples perceived multiculturalism to provide a sense of the diverse cultures of a plural society. The university faculty had a stronger sense of "community", while the CEGEP faculty perceived "equality" and "dignity" more often. Only one member of the CEGEP sample and no one from the university sample included the concepts of equality, dignity and community in their definitions. The university faculty and the CEGEP faculty perceived that Quebec society is changing in terms of issues related to "culture", "immigrants", "intolerance" and "others", such as more diverse religious groups, more single people, an older population and an increasing cultural mixture as a result of cross cultural marriages. In general, all of the faculty members from both nursing programs perceived that multicultural concepts are relevant in nursing education, since both samples supported all statements. The university faculty perceived that the multicultural content of their nursing program was very complete with all of the areas of the Murillo-Rohde (1978) model being present. The CEGEP faculty, however, felt that slightly more than half of the items were included in their nursing program, while the remainder were minimally addressed or not at all. Although both faculties believed that personal biases were explored with in their nursing programs, only three issues

(stereotyping, prejudice and human rights) were substantially dealt with in the university nursing courses and none were addressed in the CEGEP courses, as identified by the faculties. Most of the faculty members from both institutions thought some changes could be made to improve the multicultural content of their programs in order to make them more effective. Despite the lack of multicultural content, the majority of both faculties believed that their programs sufficiently prepared students to deal with people of different ethnic backgrounds without discriminating, as well as design for them nursing interventions that do not violate their cultural values and beliefs.

Many of the educators from both institutions mentioned legislation and health care goals which they perceived indicated a need to address cultural issues in nursing education. Several of them mentioned legislation that threatened the cultural mixture of Quebec and equal access to health care, such as by language legislation, but none reported the Multicultural Act (1988). Whether from the institutional or the departmental view, most faculty believed that the philosophies and objectives supported a commitment to teaching multicultural concepts. Both faculties believed it necessary to deal with cultural diversity and discriminatory issues in nursing education and felt that problems could arise if students are not sensitized to such issues.

4.12.3 Student and faculty perceptions

In general, the university students and their faculty perceived the Montreal and Quebec society as culturally diverse. They differed in their understanding of the term multiculturalism, with the faculty not as complete in their explanations. The style of question used differed between the students and the faculties, which may be an influencing factor on these differences. They both felt that multicultural concepts are relevant to nursing education. The faculty believed that all areas of the Murillo-Rohde model existed in their program, compared to the students who felt that the nursing program was not that complete. Although both parties believed that personal biases were dealt with, the university students indicated that their psychology courses substantially dealt with many of them, while the faculty identified nursing courses. Both samples also had several recommendations to improve the diverse cultural content so that it was more effective in meeting student needs. They suggested that more information be given about ethnic lifestyles, while the students also recommended a more indepth focus on culture and health, illness and treatment, discussion about the family relationships and networks of ethnic minorities, and some details about cultural and folk medicine. They also suggested exploration of societal and institutional barriers for ethnic minorities, as well as evaluation of personal attitudinal patterns towards various ethnic groups. The university students also wanted more information on designing nursing intervention that does not violate cultural values. The university students and the university faculty felt that students who complete this program are sufficiently prepared to

deal with people of different ethnic backgrounds without discriminating, as well as design for them nursing interventions that do not violate their cultural values and beliefs. The faculty felt more confident about this than the students.

The CEGEP students and the CEGEP faculty felt that their society was culturally pluralistic. They differed in their understanding of the term multiculturalism, in which the results were similar to the university comparison. Both CEGEP samples believed that multicultural concepts are relevant in nursing education. However, the students felt this to a lesser extent than did the faculty. Both groups indicated similar perceptions about the cultural content of their program. Neither one felt that all of the content areas mentioned in the model were present in their nursing curriculum. The students and the faculty felt that there was need for some changes in the cultural content of their program for which they had several recommendations, similar to the university samples. Both samples indicated that personal biases were addressed in the CEGEP nursing program. However, only the faculty identified human rights as being extensively addressed in their nursing courses. Although CEGEP students and faculty felt that students who complete their program are adequately prepared to deal with people of varied ethnic backgrounds and design for them nursing interventions that do not violate their cultural values and beliefs, the students had more confidence in this notion than did the faculty members.

CHAPTER V

5.0 Discussion, Conclusion and Recommendations

The objectives of this study are to examine the perceptions of the nursing students and their educators regarding multicultural concepts and content in nursing education. The Perceptions on Cultural Diversity in Nursing Education Questionnaire and Interview Tool were designed to collect data from students and faculty in a Montreal university and a CEGEP nursing program in the English sector. There was a response rate of 50.5% from the university students, 96% from the CEGEP students, 62.5% from the university faculty and 100% of the full-time CEGEP faculty representing 38% of the CEGEP teaching staff.

This chapter will provide some discussion about the results obtained from the students and faculty of both institutions and conclude with recommendations towards preparing nursing students to provide holistic health care without discrimination in a pluralistic society.

5.1 Discussion

This section will present some discussion in relation to the demographic data and the four established objectives of this study:

1. to examine the perceptions of the nursing students regarding multicultural concepts and their relevance in nursing education,
2. to examine the perceptions of nurse educators regarding multicultural concepts and its relevance in nursing education,
3. to examine nursing students' perceptions towards the multicultural content of their nursing program,
4. to examine nurse educators' perceptions towards the multicultural content of their nursing program.

5.1.1 Multicultural concepts and their relevance in nursing education

The students from both institutions understood the term multiculturalism as the recognition of the diverse cultures of a plural society based on the three principles of equality, dignity and community, which are the key concepts of the term. They also perceived society as culturally pluralistic. These are important facts in understanding their views about cultural diversity and nursing education. Consistent with these views, they also perceived that multicultural concepts were relevant in nursing education so that the profession could provide holistic health care in a non-discriminatory way.

Of the 15 relevant statements about multiculturalism and nursing education, the students agreed the least with the following views: cultural diversity affects goal attainment in therapeutic relationships, nursing curricula should be designed to include separate units

dealing with cultural issues and how to render culture-specific therapeutic care, and nursing curricula should be designed to include diverse cultural threads throughout the entire curriculum. The first idea was very positively supported by the university students but less so by the CEGEP students. The latter may have felt that goal attainment is based on available resources and not culture, as one professor suggested. However, the literature (Dougherty, 1972, Leininger, 1970a) strongly supported the university students' rationale, which may have been that when cultural diversity is ignored, there are many failures, since people will not easily relinquish their cultural values for the professional ones that are usually based on Canadian middle class norms.

Of the other two statements related to curriculum, the university students strongly believed that diverse cultural threads should be included throughout the entire curriculum and less strongly that it should be dealt with in separate units. The CEGEP students narrowly supported the first method and modestly believed in the second. As a whole, they were not as certain about what is the best nursing curricular approach for cultural content. Like the literature, there is no consensus on the best way to deal with it.

The obvious differences of opinion between the two samples, with the university students supporting the integrated version and the CEGEP students generally believing in separate units, may be due to their own nursing program experiences. The university program is mainly coordinated and directed by the department's faculty and allows for only one elective course during the entire three years of the program. This approach may give the students a sense that certain themes or ideas are planned, so that they are dealt with throughout most of their courses. The CEGEP program is mainly determined by the provincial government which defines the elements which must be included, and the faculty decide on how to implement it. According to some CEGEP faculty, the educators are also limited by the institutional philosophy in advising students on which English, humanity or complementary (elective) courses to take. Therefore, it does not appear possible in this type of program to ensure a constant thread throughout the curriculum. Although integrated cultural content is often the preferred curriculum in the literature, there is no "right way" to address cultural diversity content in nursing programs. The fact is that according to the students, it must be addressed, but the most effective method is dependent on how the nursing program is managed within its academic institution.

The faculty of both institutions unanimously perceived that the term multiculturalism dealt with the recognition of a culturally diverse society. However, most of them neglected to mention the three key issues of equality, dignity and community. Only one CEGEP professor indicated all four aspects. Similar results were obtained in a recent study of university teacher trainers, where almost 24% did not go beyond the literal meaning of the term, i.e. a culturally pluralistic society, and only 14% identified the issues of equality, commonality and tolerance.

(Milligan, 1990)

The question which arises is that if the establishment of this new framework as defined by the Canadian federal government, is to alter attitudes and values as suggested by the federal standing committee on multiculturalism (Canada, 1987b) and Ghosh (1978), how does this occur when our educators don't have a full grasp of the concept? They usually determine what the students will explore. Without their complete understanding of this concept, issues such as sexism, racism, stereotyping, discrimination, prejudice and human rights will not be dealt with in the educational system in a way that would help nurses to deal with their biases and those of others in an attempt to provide equality of health care to all.

Canadian legislation has recognized and the census has indicated that society is multicultural. Both faculties recognized this. Unfortunately, this was evident to some through negative signs, such as increased intolerance and changes in the integration of immigrants by provincial legislation in such areas as the educational system, where there were language regulations and threats of educational segregation.

In accord with their societal views, the faculty believed that multicultural concepts are relevant in nursing education. The university sample unanimously believed that nursing curricula should be designed to include diverse cultural threads throughout the entire curriculum and disagreed that it should be designed to include separate units dealing with cultural issues and how to render culture-specific therapeutic care. The CEGEP faculty supported both ideas strongly. Once again, these views are due to the type of nursing program with which each faculty is associated. The CEGEP faculty evidently found the former method (91%) more ideal but accepted the latter one (82%) as well, because it could be implemented within their institutional framework.

The multicultural composition of each sample was largely of other than British or French origin, except for the university faculty. This exemplifies not only the cultural diversity within the nursing programs, but the potential diversity within the nursing profession. These results provide evidence for the literature that encourages multicultural education as a method of encouraging tolerance, understanding and acceptance of not only patients but of coworkers too.

Within each institution, both the students and the faculty had an understanding of the term multiculturalism, with the faculty being less complete than the students. These differences were dependent on the type of question asked to each group. Had an open-ended question been asked to the students, their responses would have been quite different and more likely, similar to the faculty. The students and faculties within each program had similar perceptions regarding society and the relevance of multicultural concepts in nursing education. However, both of the university samples supported integrated cultural content, while the CEGEP students opposed their faculty view and favoured separate units. Once

again these views could have been due to educational experiences

5.1.2 Multicultural content of specific nursing programs

In this section, there will be a discussion about the students and the faculty perceptions from the university and the CEGEP towards the multicultural content of their nursing programs

The university students and the CEGEP students did not perceive that their respective programs fully met the established criteria by Murillo-Rohde for a viable and effective cultural diversity program. The categories indicated as lacking in both curriculum included the following: overviews of the historical background of various ethnic minorities, conceptualization of the areas inhabited by ethnic minorities and the evaluation of life in these settings, role and effectiveness of 'cultural and folk medicine' in the lives of the various ethnic groups through the ages, exploration of societal and institutional barriers for the ethnic minorities, and exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale. The university students indicated that the surveying of ethnic physical characteristics and diversity was lacking in their program. The CEGEP students felt that cultural beliefs, value system, customs and mores of the various ethnic groups and their influence on health, illness and treatment were addressed in a limited fashion.

Based on the concept of multiculturalism, in order to provide care in a non-discriminatory way, the multicultural content of the nursing program must contain an examination of student attitudinal patterns towards various ethnic groups. However, the students perceived this to be lacking in their programs. This is supported by the substantial proportion of students who felt that they would not be able to deal with people of different ethnic backgrounds without discrimination or violation of their cultural values and beliefs. These results may be interpreted to mean that the students had some apprehension about being able to care for people of diverse ethnic origins in a non-judgmental way.

As mentioned above, the areas of societal and institutional barriers as well as faculty and student attitudinal patterns were deficient in these two nursing programs. The lack of examining personal biases was only reinforced when students were asked to indicate courses which discuss such issues as sexism, racism, stereotyping, discrimination, prejudice, and human rights. In only eight instances was it demonstrated that an issue of bias was addressed substantially in their courses. Only one of the eight was indicated by the CEGEP students regarding their program.

There were several qualifying comments from the students with regard to these issues of bias. Both samples felt that their course "Sociology of the Family" was limited in dealing with these issues, focussing mainly on the 'Canadian family' and addressing the family of diverse cultures only "in passing". The university students felt that nursing courses dealt with stereotyping only in relation to nurses and that the topics of bias were minimally dealt with.

These issues were "not a significant section of any course " The CEGEP students commented that such issues were "kept under the covers but should be looked at", that all issues were addressed in complementary psychology courses, and that in sociology, "the instructor was hesitant in discussing such problems, so focussed on women's liberation as opposed to minority rights"

The clusters of courses which substantially address such issues are evidence that whether or not they were dealt with was dependent on the particular instructor and not the course curriculum, as mentioned by several faculty in both institutions. This, in turn, supports the idea of the sensitivity of these topics to individuals, i.e. educators. However, the lack of discussion in these areas must limit the students' full understanding of themselves, each other and their patients

The topic of ethnic physical characteristics and diversity may be perceived and addressed more in the CEGEP program than the university program, because of the access to culturally diverse groups in the classroom. The ethnic origin of most CEGEP students was of other than British or French (57.5%), with the largest group being of East/South East Asian origin. In comparison, the university students were divided between French and other than British, with their largest other group being Southern European. Of the two groups, the CEGEP sample tends to be more of a visible minority mix than the university sample. With this in mind, the CEGEP faculty have the students examine the different ethnic physical characteristics between each other

A substantial proportion of each student sample (69%) felt that there was an insufficient amount of multicultural content in their respective programs. The university students qualified this by commenting, "it is stated that we should pay attention to respecting ethnic minorities. However, when examples are given, they are humorous in nature and tend to further stereotypes rather than deal with methods of working with a variety of backgrounds ". They also indicated "that the nursing faculty only address a cultural issue when examples arise from clinical data ". The CEGEP students felt that "the college barely goes over any ethnic topics. We, as nurses, simply learn as we go along!"

Only 51.2% of the CEGEP students provided suggestions on improving their program so that it more effectively met their needs. After discussing this situation with one of their faculty, it was concluded that these students rarely answered open-ended questions but were most willing to complete multiple-choice questions. Although the administration of the questionnaire differed between the two institutions, the CEGEP students did have sufficient time to complete it in class and had the option of returning it at a later time if this was necessary. No one chose this last option.

The suggestions from both student samples indicated the need for more discussion about ethnic variations that are more than stereotypical explanations: the need for faculty and

students to examine personal biases in such a way that it will help them to deal with their own views, those of their patients towards them (especially if the nurse is of a visible minority group) and toward each other as colleagues. This latter suggestion indicates that the university students and the CEGEP students are ready to explore their personal views. The students from both institutions suggested that cultural curriculum must address the idea of culture, discrimination and stereotyping of ethnic groups and include non-western beliefs, practices and folk medicine in order to more effectively meet their needs, so that they could provide holistic health care to varied ethnic origins without discriminating.

There were a couple of responses that indicated some different views on dealing with multicultural concepts in their program. From the university institution, a student commented that no more time should be spent on diverse cultural content, "since this is a nursing program, not sociology, not social work." Given the university student's view, one wonders how the cultural content is actually presented. However, it does give further insight into how little cultural content is actually dealt with in the nursing courses, where often there is a link between the theoretical aspect and the practical application of it. If it had been made clear, this student would probably not have felt this way. Another view was that nurses must have the knowledge to effectively nurse new-comers (immigrants) to Canada, but that they must "make an effort to understand and enjoy some of our Canadian customs, since they have come to join us." This comment indicates a fear that immigrants will be excused of all responsibility to adapt to Canadian life, if "we", i.e. nurses and other professionals, accommodate too much. This view has been reflected in the literature. However, it does not seem clear to some that culture is dynamic. The immigrants have and will continue to change with time, but so will the Canadian culture, as one impacts upon the other.

A few CEGEP students responded that although "cultural content was very important, it was unrealistic considering the already heavy course load, unless it replaced another course." This remark is a common one, especially with educators. However, it is argued in the literature that if cultural content is fully integrated, it would not increase the burden on the instructors and their students. They feel that this could be done by using culturally diverse examples rather than strictly North American ones. The student's comment also reinforces the extent to which students view their program as separate units rather than as a whole. Several others felt that their nursing program was just fine the way it was, because they saw a lot clinically and learned about multiculturalism from the clients themselves; there were several other areas of nursing, other than cultural content, which the program needed to explore more extensively, and that they didn't feel "culture was important when saving or treating people." This latter comment is similar to the previously mentioned university statement. It makes one wonder how the cultural content is presented and how little cultural content is actually dealt with in the nursing courses.

In order to more fully investigate the faculty perceptions of the multicultural content of their respective program curriculum, they were asked about their perceptions regarding their institutional philosophy and government legislation, which often influences the curriculum of an academic program

According to the literature, the teaching of multiculturalism is dependent on the philosophy and objectives of the institution which help to determine the commitment and direction of the program. The university faculty and the CEGEP faculty felt that there was support in their institutional philosophy and objectives to address the concept of a pluralistic society and ethnic rights to equality. Both samples had responses that related to the areas of education access for all and of support for student cultural groups when referring to the larger institution. Some addressed the philosophy and objectives regarding their particular department or nursing school, and indicated that there was support in the integration of cultural content in the nursing program and for effective health care for all. A university professor commented that cultural content is "an integral part of every course" in the undergraduate level, while the CEGEP faculty indicated that they deal with the "bio-psycho-social aspect of man and aim towards a holistic approach to nursing care."

However, there was some disagreement in the CEGEP sample. The cultural content of the program was considered to be carried out in a "backhanded", non-formalized way. Some felt that the larger institution, i.e. CEGEP philosophy, as well as the nursing department did not address multicultural concepts at all. With reference to the latter, it was said that the faculty "have a very WASPish approach, in terms of what we think of when we think of the nurse. Some of us talk about it in class, but we don't talk about ethnic diversity and rights to equal access. We just assume that everybody seeks health care in the same way, at the same time, and we respond to it in the same way. So it's not discrimination by active intent but by default."

With some further investigation, a CEGEP mission statement was found in the CEGEP calendar for 1989-90, which stated that

As a college in the province of Quebec, aware of its responsibility to contribute to the intellectual, economic and social development of our society, _____ believes that it is equally important to prepare students for further academic education and for immediate employment. Therefore, the Mission of _____ College is

- to value the ethnic and cultural diversity of our College and to celebrate this diversity within the context of an English education

In an attempt to "value the ethnic and cultural diversity" within the CEGEP, according to a professor and some of the courses mentioned by the students, there are English, humanity and other complementary courses within the institution that address different multicultural issues. Contrary to a previously mentioned comment made by a CEGEP faculty

member, the philosophy could be interpreted to mean that faculty do have the freedom to "advise" students on taking particular courses that relate to multicultural concepts, so that they will be better prepared to deal with the social reality of life's culturally diverse situations. This would increase the prospect of diverse cultural content in a nursing student's curriculum. Until the multicultural content of the nursing curriculum is planned and formalized, it is very important for faculty to be aware of what their school is offering each semester and to ensure that their students know about the courses which address multicultural concepts as well as the implications of this in their future nursing profession.

Both nursing programs have a nursing model which is meant to guide their program. The university program follows a broad-based model that the nursing school has developed. It is based on the premise of the Canadian universal health care plan that "health care services be available, accessible and responsive to the needs of all Canadians" (Gottlieb & Rowat, 1987, p 52). The nurse is the primary promoter and facilitator of family health and helps the consumers take responsibility for their health and lifestyles. Implicit in this model is the inclusion of people from diverse ethnic origins. The CEGEP program uses Orem's nursing model as a guide to their program development. It directs nurses to help the individual to assume responsibility for their own self-care and to assist where the individual has limitations. The focus in this model is the individual compared to the family with the university model (Rosenbaum, 1986). The cultural aspect is included in the Orem's guideline of the patient profile. However, no one from either institution spoke directly about their respective model, which makes one wonder about the clarity of the guidelines. They take a self-directed, self-reliant approach when examining cultures where paternalistic, authoritarian structures may be the norm. According to Dougherty (1972) and Leininger (1970a), these differences can lead to failure in many cases if the client is not considered within his/her cultural context. In order for the philosophy and objectives of a program to be helpful, they must be specific enough to direct as well as be fully understood and supported by the faculty, who are to implement it. This does not seem to be the situation with either institution.

In general, the faculty from both institutions perceived there to be political incentive to include cultural diversity in nursing education. However, none of them mentioned the federal government Multicultural Act (1988) as one of the legislative catalysts. Once again, the Multicultural Act is a concept that allows for majority and minority groups to coexist, with the right to equal opportunity and recognition regardless of race, creed or color. Since it attempts to alter attitudes and values, then it is essential for educators to be aware and understand the concept, so that they may work on developing students who will be globally conscious. It is evident that in order for this to happen the governments must sincerely promote multiculturalism and inform organizations, like academic institutions and health care facilities about the concept. It has been well documented that organizations are still not

adapting to meet the needs of an ethnocultural society and, according to the students surveyed, it was not being well addressed in their curriculum

Each faculty sample also perceived at least one threat to equity in health care by legislative impact from other ministries. The university faculty alluded to this by mentioning "recent laws that appear to discriminate against minorities in Quebec". They felt that thus far these laws do not include health care but could in the future. The CEGEP faculty remarked about the official language laws, Bill 101 and Bill 178, which restrict the use of English in Quebec society under certain conditions and the potential risk this could pose towards equal access to health care. They also referred to the "notwithstanding clause" of the Canadian Constitution, which leaves them feeling vulnerable and "human rights" unpredictable. From these perceptions, it is very important that the government be aware of what the impact that laws passed in one ministry can have in other areas of society. For example, language laws can have an adverse effect on health care. In order for appropriate care and treatment of medical, psychological and social problems, it is essential that communication between clients and health professionals be as clear as possible.

Some of the faculty questioned the commitment of the provincial government to health care and especially the nursing profession and one did not see that there was any local legislation which they were aware of that helped to promote the cultural needs of the individual. As a result of these negative legislative aspects and so much doubt, some of the faculty seemed unmotivated to make changes in their present curriculum that would improve the multicultural content, since they perceived the provincial government as unpredictable with regard to human rights. The CEGEP faculty in particular felt this way, since they have just implemented a new program over the last two years that was directed by the Quebec government called "le nouveau projet". Most of the faculty found that there was little or no support for multicultural concepts in their content guidelines.

Although neither nursing institution would claim to provide a specialized multicultural nursing program as their key mandate, the university faculty indicated that all of the items necessary for a viable and effective cultural diversity program were present and that they had total confidence that their students would cope well with a culturally diverse clientele. However, their nursing students did not concur with all of this, both in the area of program content and in their confidence of being sufficiently prepared to deal with a pluralistic society without discriminating.

The CEGEP faculty felt that their program was lacking in overviews of the historical background of the various ethnic minorities, ethnic physical characteristics and diversity, conceptualization of the areas inhabited by ethnic minorities and the evaluation of life in these settings, the role and effectiveness of 'cultural and folk medicine' in the lives of the various ethnic groups through the ages, exploration of societal and institutional barriers for the

ethnic minorities and exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale. They also had some reservations about their students being able to manage well with a multicultural patient population. All of these were reiterated by the CEGEP students, except for ethnic physical characteristics and diversity, which the students felt were in their program.

There may be a few reasons for this contrast in perceptions of the two faculty samples. Milligan (1990) suggested from his study that when the multicultural component is overestimated in faculty perceptions, this could be due to wishful thinking. However, in these cases, it could also be due to the control they perceive to have over their curriculum. The university faculty have control or input over most of their program, including courses other than nursing, because of the administrative structure of their institution. They have also developed their own unique philosophy over time to help guide their program. Evidently, their stake in the program has precluded a completely critical evaluation.

The CEGEP faculty were more directly influenced by the provincial government and the CEGEP administration. Although all of them participated in curriculum content decisions and much of their time and effort went into planning the implementation of the specific government guidelines, they felt that their voice was minimal. As one professor put it, "the government dictates what is required in the program. We only vote on how these requirements are to be implemented." Another hoped that the results of this study would be sent to the provincial government, so that when another revision of the CEGEP program is attempted, the government might include multicultural content in the nursing curriculum. With the perception of having less control over their situation than the university faculty, the CEGEP faculty more critically examined their program. In fact, at times, they were more faultfinding than their students.

All faculty felt that it was essential to deal with cultural diversity and discriminatory issues. The reasons given were related to respecting client values; students must come to terms with their own biases, and faculty must be aware of varied learning styles or else educational discrimination may occur by the teaching methods used. They were all aware of problems that could arise if the students are not sensitized to discriminatory issues. Examples that were given related to liability problems, decreased effectiveness, insensitivities or intolerance and others such as cultural shock and departure from the profession due to burnout.

However, a university professor didn't believe that there was much discrimination in Quebec yet felt that the people were more used to it. By this comment, it is evident that some like to keep issues of discrimination at a subconscious level. The need to minimize these issues was also evident when no suggestions were made with regard to exploring faculty and student attitudinal patterns as a way to improve their nursing program so that it more

effectively meets the needs of the students

A CEGEP professor stated, "I can't imagine they wouldn't be sensitized to it (cultural diversity and discriminatory issues) because they come sensitized before we even start interacting with them." Once again, the only reference concerning improvements to the program regarding attitudinal patterns was with reference to faculty awareness about student needs and their personal life situations

The literature has documented that prejudice and discrimination does exist in Canada and that health professionals can be prejudiced towards ethnic minority patients and colleagues, which may lead to explicit or implicit discriminatory actions. People who choose to become nurses are not innately non-judgmental as some think. They come with their own myths and biases. It is expected that the educational system will examine these areas with their students, so that they are sensitized to them when entering their practice. Although not conclusive, there is research (Fenkel et al, 1980; Johnson, 1965) to support the validity of culturally relevant material and early contact experiences to help alter attitudes and values of nursing students towards diverse cultures. Misinterpreting a patient's actions as pathological, and resisting interaction with a "strange" social group are a few of the implications for nurses who are unaware of their biases and have a very limited knowledge about diverse cultures

The faculty from both institutions felt that the issues of sexism, racism, stereotyping, discrimination, prejudice and human rights were dealt with in their respective programs. The university faculty course suggestions indicated that stereotyping, prejudice and human rights were extensively addressed in nursing courses and commented that examining personal views is a very strong part of their program. However, according to the students responses previously discussed, it was in fact a very weak section

The CEGEP faculty course suggestions demonstrated that none of the issues were substantially discussed, which was supported by their feelings that exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale were lacking in their program. Some remarked that despite the discrimination in society having a large carry over into the nursing students, "the students do not examine their own attitudes on a formal basis." All of this was supported by their students' perceptions

Although both faculties perceived there to be a need to address discriminatory issues and knew that problems can occur if they are not dealt with, neither program examined personal attitudes and biases. The perceptions of both faculties in relation to these issues of bias were similar to the findings of teacher trainer perceptions (Milligan, 1990). Although an awareness of these issues and their importance in nursing training and practice was indicated, these areas were not addressed substantially in the classroom or clinical situation, nor were suggestions made to explore faculty and student attitudinal patterns towards various ethnic groups and their rationale. In both cases, the students were ready to scrutinize their view

points, but the faculty were not

The reasons for avoiding such subjects include a feeling of inadequacy in teaching about cultural diversity issues because of lack of experience and knowledge in the area. One CEGEP professor indicated that they never have had inservice training about how to address multicultural issues. They learn by experience and count on the students and their varied backgrounds to help and share information. Another reason could be that exploring personal biases is a very sensitive issue, which may be threatening to particular individuals. By helping students examine their own views, educators must examine and sometimes express their attitudes, which makes them vulnerable before the students.

According to Ghosh (1990) and Milligan (1990), multicultural education in Canada has emphasized the issue of culture and language rather than discrimination, and the results of this study indicate a similar process occurs in nursing education at these two institutions. Not substantially addressing issues of personal bias has important implications with regard to health care practice. It needs to be remembered that nursing students learn how to practice their profession in part from the attitudes, beliefs and values that are transmitted by their faculty both intentionally and inadvertently. A lack of understanding of multicultural concepts can lead to the isolation of patients through misunderstanding and inadequate communication. The public certainly expects health care professionals to know, understand, respond and interact favourably with a culturally pluralistic clientele so that their health, social well-being and quality of life are maximized.

5.2 Conclusion

The conclusions, relative to the objectives of this study as presented in Chapter I, are as follows:

1. The students and faculties believe that multicultural concepts are relevant to nursing education in order for nurses to provide holistic health care in a non-discriminatory way. Given the fact that they recognize Canada as an increasingly culturally pluralistic society, the need for multicultural nursing education is imperative.
2. Although both nursing programs have philosophies and objectives to guide them, it does not appear that the faculties are very knowledgeable about them nor are the philosophies and objectives sufficiently specific to provide direction regarding multicultural content.
3. In general, the faculty from both institutions perceive political incentives to include multicultural concepts in nursing education. However, none of them mention the federal government's Multicultural Act (1988). They also perceived the provincial government as a threat to equity in health care by such legislation as the official language acts, and the "not withstanding" clause in the Canadian constitution. Quebec is in a unique situation in the face

of multiculturalism, with a government that is also trying to protect a culture. This conflict results in laws that have health care professionals, like nurse educators, distrusting the government and sometimes unmotivated to make changes in their curriculum.

4. The extent of multicultural content varies in the nursing programs. In the university program, there is a gap between the faculty objectives and what they are apparently achieving with the students. The faculty believes that all areas indicated in the Murillo-Rohde model were present. However, the students felt that there were several items lacking, such as overviews of the historical background of various ethnic minorities; ethnic physical characteristics and diversity; conceptualization of the areas inhabited by ethnic minorities and evaluation of life in these settings; role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages; exploration of societal and institutional barriers for the ethnic minorities; and exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale.

The perceptions of the CEGEP students and the faculty regarding the multicultural content of their program were very similar. Although most of the items were addressed, both samples felt that the following ones were lacking: overviews of the historical background of various ethnic minorities; conceptualization of the areas inhabited by ethnic minorities and evaluation of life in these settings; role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages; exploration of societal and institutional barriers for the ethnic minorities; and exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale. The faculty also believed that the examination of ethnic physical characteristics and diversity was deficient in their program.

5. Despite both faculties believing that cultural diversity and discriminatory issues must be addressed in nursing education, and that problems could arise if these issues are not examined, major aspects of these issues concerning societal and institutional barriers and personal biases were lacking in both nursing programs. It was indicated that the examination of these items and other cultural content was dependent on the individual instructor. We suggest that this avoidance is due to feelings of inadequacy about teaching cultural diversity issues, as a result of insufficient experience and knowledge in these areas. Particular individuals may also find this process threatening, since they would be forced to examine and sometimes express their attitudes, placing themselves in a vulnerable position.

6. It is suggested, based on the findings on the cultural content of the university and CEGEP programs, that the extent to which faculties could critically examine their programs was dependent on their perceived control over their curriculum. The university faculty perceived themselves to be in command of their cultural diversity content. As a result of this, they had a stake in their program that precluded a completely critical evaluation. The CEGEP faculty perceived the main locus of control to be in the hands of the provincial government.

and the CEGEP administration. Therefore, they were better able to critically examine their program

In summary, students and faculty of the university and CEGEP programs supported multicultural concepts as relevant in nursing education. However, each institution had several aspects of the Murillo-Rohde model lacking, some of which were vital to the key issues of equality, dignity and community. Within this context, it is difficult to fully prepare nursing students to cope with a culturally pluralistic society and ensure equal access to health care for all.

5.3 Recommendations

The following recommendations are offered based on the findings previously discussed:

1. Replication of this study is recommended with a randomly selected sample of nursing students and nurse educators from French Montreal nursing programs. The results of such a study could then be compared with this one to ascertain whether significant differences exist in the various nursing populations

2. Each faculty needs to examine their existing philosophy and objectives in order to determine if multicultural concepts are indeed appreciated, and if they provide specific enough direction in order to better guide culturally diverse curriculum content. Based on this, a plan may be developed to formally implement multicultural concepts into the nursing programs that will more effectively meet the students' needs.

3. A faculty committee should be formed in each institution to investigate the faculty's perceptions regarding their competence in teaching multicultural issues in their respective nursing programs. Subsequently, relevant faculty development programs in the area of multiculturalism should be designed.

4. An evaluation must be done of the most appropriate method to incorporate multicultural content into training programs guaranteeing a link between theory and practice, in order to ensure that multiculturalism is addressed and that students/nurses know how to deal with this issue in their practice.

5. A study should be conducted of employed registered nurses in a variety of health care facilities to examine their perceptions of multiculturalism, their competencies in dealing with a culturally diverse clientele and the availability of professional development opportunities in this area. Such an investigation would broaden the perspective of the relevance of multicultural concepts in nursing education, as well as help to assess the importance of professional development for staff, who were not likely to be exposed to multicultural concepts during their training.

APPENDIX A
Student Package

INSTRUCTIONS FOR STUDENTS

The objective of this research is to examine the general perceptions of faculty and students in Montreal nursing programs regarding cultural diversity and its relevance in nursing education. This questionnaire is one aspect of the study which looks at the perceptions of nursing students towards diverse cultural content in nursing education, as well as how you perceive your own program in relation to this aspect. Since little research has been done on this topic pertaining to Canadian nursing education, with your help, this study will provide a contribution to the development of cultural diversity in Canadian nursing education.

The questionnaire comprises of 40 questions. All but four are of Likert format or multiple-choice. The other three are short answer questions. It should take no longer than 15 minutes to complete.

Please sign the consent form enclosed in your package and seal it in one of the enclosed envelopes. Then deposit this with your completed and enclosed questionnaire into a marked box at the nursing secretary's office. You have one week to submit your responses. Your participation is very important to the success of this study.

Please answer the questions openly and honestly. **Do not** put your name on the survey. The results of this study will be handled in a manner which guarantees individual confidentiality and anonymity.

Should you have further questions, do not hesitate to contact me at the number enclosed in your package. Once again, thank you for your participation in this research.

Kathleen Marciniak

Student Letter

Dear Student,

The objective of this research is to examine the general perceptions of faculty and students in Montreal nursing programs regarding cultural diversity and its relevance in nursing education. This questionnaire is one aspect of the study which looks at the perceptions of nursing students towards diverse cultural content in nursing education, as well as how you perceive your own program in relation to this aspect. Since little research has been done on this topic pertaining to Canadian nursing education, with your help, this study will provide a contribution to the development of cultural diversity in Canadian nursing programs.

Please sign the consent form enclosed in your package and seal it in one of the enclosed envelopes. Then deposit this with your completed and enclosed questionnaire into a marked box at the nursing secretary's office. You have one week to submit your responses. Your participation is very important to the success of this study.

Please answer the questions openly and honestly. Do not put your name on the survey. The results of this study will be handled in a manner which guarantees individual confidentiality and anonymity.

The following definitions may assist you in understanding the intent of the questions which follow.

Cultural Pluralism: "A state of society in which member of diverse ethnic, racial, religious, or social groups maintain an autonomous participation in and development their traditional culture or special interest within the confines of a common civilization" (Webster's New Collegiate Dictionary, 1981, p. 878).

Cultural Accommodation: Sensitivity to the particular cultural values held, and practice exercised by the patient.

Multicultural Health: A dynamic, constantly evolving body of cross-cultural knowledge used within the health care system to render holistic, culture-specific, and cultural universal therapeutic care. It is focused on a comparative analysis of cultures and subcultures as regards diverse health-illness values, beliefs and practices (Leininger, 1981).

Ethnic or Cultural Group: Refers to the "roots" or ancestral origin of the population (Statistics Canada, 93-154,1989).

Should you have further questions, don't hesitate to contact me at 398-6746. Once again, thank you for your participation in this research.

Kathleen Marciniak

**SUBJECT CONSENT FORM
QUESTIONNAIRE**

I hereby consent to complete a questionnaire for Kathleen Marciniak, graduate student in McGill Administration and Policy Studies.

The nature of the questionnaire and the objective of the study have been explained to me and I had a chance to raise questions about the study.

I reserve the right:

- (1) to refuse to answer any questions which I regard to be an invasion of my right to privacy of information;
and
- (2) to terminate the completion of the questionnaire at any time should I feel uncomfortable with any of the questions.

I understand that all information obtained from me through the questionnaire will be kept strictly confidential and that my name or address will not be mentioned in any written or oral report that is developed as a part of the study.

I voluntarily consent to complete the questionnaire.

Signature _____

Name _____

PERCEPTIONS ON CULTURAL DIVERSITY
IN NURSING EDUCATION
STUDENT QUESTIONNAIRE

Please read the following statements carefully. Then, in the spaces provided at the right, place a check-mark under the column that best suits your response.

To what extent do you DISAGREE or AGREE with the statements stated below?

1= Strongly Disagree

2= Disagree

3= Agree

4= Strongly Agree

	1	2	3	4
1. Montreal is already experiencing an influx of persons from diverse cultural backgrounds.	---	---	---	---
2. Montreal is anticipating an influx of persons from diverse cultural backgrounds.	---	---	---	---
3. Multiculturalism is the recognition of the diverse cultures of a plural society based on equality, dignity, and the support of community.	---	---	---	---
4. The concept of <u>cultural pluralism</u> requires recognition of cultural diversity.	---	---	---	---
5. Culture influences learned behavior and affects lifestyle.	---	---	---	---
6. Specific cultures give rise to specific problem solving methods.	---	---	---	---
7. Although culture is universal to mankind, it is also unique due to region and locality.	---	---	---	---
8. Understanding one's own culture does not guarantee understanding another's.	---	---	---	---
9. Knowledge of cultural factors enhances the quality of health care rendered.	---	---	---	---
10. Holistic health care requires a shift from a unicultural approach to a multicultural one.	---	---	---	---

	1	2	3	4
11. <u>Cultural accommodation</u> is a necessary part of the "nursing process."	---	---	---	---
12. Health care givers should be familiar with patient behaviors influenced by cultural differences.	---	---	---	---
13. Cultural diversity affects goal attainment in therapeutic relationships.	---	---	---	---
14. The philosophy of a nursing program should include a commitment to teaching about diverse cultures and their health-illness values, beliefs and practices.	---	---	---	---
15. A curriculum committed to holistic care should include <u>multicultural health</u> content and process.	---	---	---	---
16. Nursing curricula should be designed to include separate units dealing with cultural issues and how to render culture-specific therapeutic care.	---	---	---	---
17. Nursing curricula should be designed to include diverse cultural threads throughout the entire curriculum.	---	---	---	---
18. Teaching strategies and instructional materials should promote and enhance varied cultural health concepts.	---	---	---	---
The following areas are included in this nursing program:				
19. Overviews of the historical background of various ethnic minorities.	---	---	---	---
20. Ethnic physical characteristics and diversity.	---	---	---	---
21. Ethnic lifestyles.	---	---	---	---
22. Various communication styles - language barriers and problems.	---	---	---	---
23. Cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness, and treatment.	---	---	---	---

	1	2	3	4
24. Conceptualization of the areas inhabited by ethnic minorities, i.e. "ghettos", deprived and isolated rural areas, and evaluation of life in these settings.	---	---	---	---
25. Family relationships and networks of ethnic minorities and their influence on the members' lives.	---	---	---	---
26. Role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages.	---	---	---	---
27. Exploration of societal and institutional barriers for the ethnic minorities.	---	---	---	---
28. Exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale.	---	---	---	---
29. Basic to the safe nursing care of consumers is the need to develop an understanding, an appreciation, and a respect for physical and cultural diversity as normal and healthy variations of the human condition.	---	---	---	---
30. How to design nursing intervention that does not violate cultural values and beliefs, when these are not dysfunctional to the individual or in conflict with health maintenance.	---	---	---	---
31. On completion of this program, I will be sufficiently prepared to deal with people of different ethnic backgrounds without discriminating, as well as design for them nursing interventions that do not violate their cultural values and beliefs.	---	---	---	---

32. Are the following issues dealt with in the program? Which courses?

	YES	NO	COURSE(S)
a) Sexism	---	---	_____
b) Racism	---	---	_____
c) Stereotyping	---	---	_____
d) Discrimination	---	---	_____
e) Prejudice	---	---	_____
f) Human rights	---	---	_____

33. What courses have you taken this year that address other issues related to minority groups, ethnicity, or diverse cultures? (Please give course title if possible)

34. The diverse cultural content in the nursing program is:

Too much	_____
About right	_____
Not enough	_____

35. What changes would you like to see in the diverse cultural content that would more effectively meet your needs?

36. To what age group do you belong?

Under 19 years	_____
19-29 years	_____
30-39 years	_____
40 or over	_____

37. To what ethnic or cultural group do you belong?

38. What level of the program are you in?

Year 1	_____
Year 2	_____
Year 3	_____

39. What gender are you?

Female	_____
Male	_____

40. Are you already a diploma R.N.?

Yes

No

APPENDIX B

University Students' Thank You Letter

February 23, 1990

Dear Students,

Thank you to all those who participated in my research study on perceptions about cultural diversity and nursing education. Although I do not have any compiled results as yet, the comments made by many of you were very interesting and will contribute significantly in the research results.

To date, I have received 42 responses out of 87 questionnaires. First year students have returned 17 out of 37; second year students have returned 6 out of 22; third year students have returned 18 out of 28; and one did not answer this demographic question. My goal was for at least 55 responses. Should any of you still wish to participate, you may do so by turning in your questionnaire at the second floor nursing office or by contacting me at the number provided in the package.

Once again, thank you for your help. The best of luck to you all on the completion of this year and your future nursing endeavors.

Sincerely,

Kathleen Marciniak

APPENDIX C

CEGEP Students' Thank You Letter

March 12, 1990

Dear Students,

Thank you to all those who participated in my research study on perceptions about cultural diversity and nursing education. Although I do not have any compiled results as yet, the comments made by many of you were very interesting and will contribute significantly in the research results.

The best of luck to you all on the completion of this year and your future nursing endeavors.

Sincerely,

Kathleen Marciniak

APPENDIX D

Faculty Package

INSTRUCTIONS FOR FACULTY

The objective of this research is to examine the general perceptions of faculty and students in Montreal nursing programs regarding cultural diversity and its relevance in nursing education. This interview is one aspect of the study which looks at the perceptions of faculty towards diverse cultural content in nursing education, as well as how you perceive your program in relation to this aspect. Since little research has been done on this topic pertaining to Canadian nursing education, with your help, this study will provide a contribution to the development of cultural diversity in Canadian nursing education.

The nature of this interview will consist of 15 Likert questions about your general perceptions on cultural diversity and nursing education, 12 more Likert and 8 short answer questions address your perceptions about your program, followed by 5 "demographic" questions. The total process should take about 45 minutes, and the recording of this information will be done by tape recorder to ensure accuracy of the data collection.

Your participation is very important to the success of this study. Please answer the questions openly and honestly and **do not** hesitate to ask for clarifications if necessary. The results of this study will be handled in a manner which guarantees individual as well as institutional confidentiality and anonymity.

Please sign the consent form provided and once again, thank you for your participation in this research. Do you have any questions?

SUBJECT CONSENT FORM**INTERVIEW**

I hereby consent to complete an interview with Kathleen Marciniak, graduate student in McGill Administration and Policy Studies and permit the recording of this by tape recorder for accuracy of the research.

The nature of the interview and the objective of the study have been explained to me, and I had a chance to raise questions about the study.

I reserve the right:

- (1) to refuse to answer any questions which I regard to be an invasion of my right to privacy of information;
- and
- (2) to terminate the completion of the questionnaire at any time should I feel uncomfortable with any of the questions.

I understand that all information obtained from me through the questionnaire will be kept strictly confidential and that my name or address will not be mentioned in any written or oral report that is developed as a part of the study.

I voluntarily consent to complete the interview.

Signature _____

Name _____

**PERCEPTIONS ON CULTURAL DIVERSITY
IN NURSING EDUCATION
FACULTY INTERVIEW**

The following definitions may assist you in understanding the intent of the questions which follow.

Cultural Pluralism: " A state of society in which members of diverse ethnic, racial, religious, or social groups maintain an autonomous participation in and development of their traditional culture or special interest within the confines of a common civilization" (Webster's New Collegiate Dictionary, 1981, p. 878).

Cultural Accommodation: Sensitivity to the particular cultural values held, and practice exercised by the patient.

Multicultural Health: A dynamic, constantly evolving body of cross-cultural knowledge used within the health care system to render holistic, culture-specific, and cultural universal therapeutic care. It is focused on a comparative analysis of cultures and subcultures as regards diverse health-illness values, beliefs and practices (Leininger, 1981).

Ethnic or Cultural Group: Refers to the "roots" or ancestral origin of the population (Statistics Canada, 93-154, 1989).

PERCEPTIONS ON CULTURAL DIVERSITY
IN NURSING EDUCATION
FACULTY INTERVIEW

To what extent do you DISAGREE or AGREE with the statements stated below?

1= Strongly Disagree

2= Disagree

3= Agree

4= Strongly Agree

	1	2	3	4
1. The concept of <u>cultural pluralism</u> requires recognition of cultural diversity.	---	---	---	---
2. Culture influences learned behavior and affects lifestyle.	---	---	---	---
3. Specific cultures give rise to specific problem solving methods.	---	---	---	---
4. Although culture is universal to mankind, it is also unique due to region and locality.	---	---	---	---
5. Understanding one's own culture does not guarantee understanding another's.	---	---	---	---
6. Knowledge of cultural factors enhances the quality of health care rendered.	---	---	---	---
7. Holistic health care requires a shift from a unicultural approach to a multicultural one.	---	---	---	---
8. <u>Cultural accommodation</u> is a necessary part of the "nursing process."	---	---	---	---
9. Health care givers should be familiar with patient behaviors influenced by cultural differences.	---	---	---	---
10. Cultural diversity affects goal attainment in therapeutic relationships.	---	---	---	---
11. The philosophy of a nursing program should include a commitment to teaching about diverse cultures and their health-illness values, beliefs and practices.	---	---	---	---

	1	2	3	4
12. A curriculum committed to holistic care should include <u>multicultural health</u> content and process.	---	---	---	---
13. Nursing curricula should be designed to include separate units dealing with cultural issues and how to render culture-specific therapeutic care.	---	---	---	---
14. Nursing curricula should be designed to include diverse cultural threads throughout the entire curriculum.	---	---	---	---
15. Teaching strategies and instructional materials should promote and enhance varied cultural health concepts.	---	---	---	---
The following areas are included in this nursing program:				
16. Overviews of the historical background of various ethnic minorities.	---	---	---	---
17. Ethnic physical characteristics and diversity.	---	---	---	---
18. Ethnic lifestyles.	---	---	---	---
19. Various communication styles - language barriers and problems.	---	---	---	---
20. Cultural beliefs, value systems, customs and mores of the various ethnic groups and their influence on health, illness, and treatment.	---	---	---	---
21. Conceptualization of the areas inhabited by ethnic minorities, i.e. "ghettos", deprived and isolated rural areas, and evaluation of life in these settings.	---	---	---	---
22. Family relationships and networks of ethnic minorities and their influence on the members' lives.	---	---	---	---
23. Role and effectiveness of "cultural and folk medicine" in the lives of the various ethnic groups through the ages.	---	---	---	---
24. Exploration of societal and institutional barriers for the ethnic minorities.	---	---	---	---

- | | 1 | 2 | 3 | 4 |
|---|-----|-----|-----|-----|
| 25. Exploration of faculty and student attitudinal patterns toward the various ethnic groups and their rationale. | --- | --- | --- | --- |
| 26. Basic to the safe nursing care of consumers is the need to develop an understanding, an appreciation, and a respect for physical and cultural diversity as normal and healthy variations of the human condition. | --- | --- | --- | --- |
| 27. How to design nursing intervention that does not violate cultural values and beliefs, when these are not dysfunctional to the individual or in conflict with health maintenance. | --- | --- | --- | --- |
| 28. Students who complete this program are able to deal with people of different ethnic backgrounds without discriminating, as well as design for them nursing interventions that do not violate their cultural values and beliefs. | --- | --- | --- | --- |

29. What is your understanding of the term multiculturalism?

30. Do you think that the Quebec society is changing and how?

31. What government legislation or health care goals indicate a need to consider cultural issues in nursing?

32. How do the philosophy and objectives of your institution address the concept of a pluralistic society and ethnic rights to equality?

33. Are the following issues dealt with in the program? Which courses?

	YES	NO	COURSE(S)
a) Sexism	___	___	_____
b) Racism	___	___	_____
c) Stereotyping	___	___	_____
d) Discrimination	___	___	_____
e) Prejudice	___	___	_____
f) Human rights	___	___	_____

34. Is there a need to deal with cultural diversity and discriminatory issues in nursing education? Why?

35. What problems do you see occurring if students are not sensitized to these issues?

36. What changes would you like to see in the cultural content to make it more effective?

37. Do you participate in curriculum content decisions?

Yes

No

38. What is your faculty position?

Full Professor

Assistant Professor

Associate Professor

Teacher : Full time

Part time

Other, Please Specify

39. What level in the program do you teach?

Year 1

Year 2

Year 3

40. To what ethnic or cultural group do you belong?

APPENDIX E

Faculty Thank You Letter

March 12, 1990

Dear _____,

I want to thank you for taking the time out of your busy schedule to participate in my study on cultural diversity and nursing education. Your input is a valuable part of my data collection. I also want to thank you for allowing me the opportunity to meet with the students. All of your efforts are greatly appreciated.

I also enclose a letter to the students to thank them for their participation. I would appreciate it if you could find the time to read it to them. On completion of my work, a copy will be sent of the results on faculty and student perceptions.

Sincerely,

Kathleen Marciniak

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