Outsiders in Nursing Education: Cultural Sensitivity in Clinical Education

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Cultural competence is a stated value of nursing and nursing education. However, some institutional and traditional practices in nursing education can unintentionally impede nurses from achieving cultural competence. Both the literature and interviews with nurse educators show that despite educators' intentions to treat all students the same, nontraditional students may feel singled out and may in fact be singled out for closer scrutiny because of their difference from the demographic norms of nursing students. To ensure that the nursing profession reflects the composition of the patient population it serves, nurse educators must first acknowledge the Eurocentric culture of nursing education and, then, work to change the environment in which students are recruited, learn, and take on the role of beginning practicing nurses. (Index words: Nursing education; Clinical education; Cultural sensitivity; Pre-licensure nursing education; Clinical failure) J Prof Nurs 30:149–154, 2014.

THE PROFESSION OF nursing has made the delivery of culturally sensitive care, or cultural competence, a priority in response to the increase in diverse cultures in the United States (American Academy of Colleges of Nursing [AACN], 2011a; American Nurses Association, 1991, 1998; National League for Nursing [NLN], 2009; Southern Regional Education Board [SREB], 2002). This can be realized both by educating nursing students in cultural competence and by increasing the numbers of culturally diverse nurses in practice and academic settings. Increasing cultural competence has become a common goal in nursing education, and it is prominently featured in the AACN's Essentials of Baccalaureate, Master's and Clinical Doctorate Education in Nursing (2006, 2008, 2011b). Another way to achieve cultural competence is to produce a nursing workforce that mirrors the population being served, which means increasing the number of minority students in nursing schools (McQueen & Zimmerman, 2004; Newman & Williams, 2003, SREB, 2002). Actively recruiting culturally diverse nursing students appears on the surface to be an excellent way for all students to learn cultural competence as they become a part of the community of learners. However, neither the culturally diverse students nor the faculty who teach them may be prepared for the challenges of incorporating diversity into the homogeneous culture of nursing education.

The norms of the health care system and of nursing education are Eurocentric. Puzan's (2003) provocative paper presents a compelling case that while nurses want to increase diversity, we measure others' customs by describing how they differ from those of the White majority. In nursing education, we teach the value of science and downplay the importance of custom and nontraditional health practices. We expect nursing students to respect authority, communicate with peers and superiors in a certain established pattern, and implement health care routines that may compromise personal privacy with only a passing consideration of cultural differences in these practices. As faculty, we believe that in order to be fair in student evaluations, we must treat everyone the same, and this often means holding them to the same standards that we were held to when we were

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nursing students (Bednarz, Schim, & Doorenbos, 2010). Because nursing faculty in the United States are White and female (AACN, 2011a, b), this may mean that we are, perhaps unintentionally, holding all students to the cultural norms of White females. Diversity in nursing involves not only racial diversity but also diversity in gender, age, and physical/cognitive ability. Diverse students in all of these groups have reported challenges in nursing education (Bell-Scriber, 2008; Maheady, 1999; Marks, 2000; O'Brien, Keogh, & Neenan, 2009; O'Lynn, 2004).

While studying clinical evaluation of nursing students (DeBrew & Lewallen, in press; Lewallen & DeBrew, 2012), we found that faculty who reported struggling with the decision to pass or fail students in clinical frequently were talking about students who are often viewed as outsiders in nursing education. These outsiders, including foreign students, male students, older students, and students with physical disabilities, are often those who are successful in the classroom yet struggle with the demands of the clinical setting, for various reasons. This finding is particularly relevant in a time when demands are being placed on the profession of nursing to increase diversity and better reflect the population served. Nurse educators have an important role to play in efforts to increase diversity, and this may begin with a closer look at their own practice of evaluation.

Background

The most recent demographics available show that although there have been increases in minorities employed as registered nurses, the proportions are still far below those of the minority populations in the United States or, in other words, the consumers of health care. The U.S. Department of Health and Human Services reports that minority nurses represent only 12% of the registered nurse population, although minorities represent 30% of the total population (ftp://ftp.hrsa.gov/bhpr/rnsurvey2000/rnsurvey00.pdf). As these numbers show, the nursing profession has little racial diversity. The nursing profession also has very little gender diversity. Men comprise only 5.4% of the registered nurse population, although the number has increased by 226% since 1980 (ftp://ftp.hrsa.gov/bhpr/rnsurvey2000/rnsurvey00.pdf). Although males now make up 12.1% of the graduates from registered nursing programs (NLN, 2009), it remains evident that men are still underrepresented in the profession.

Struggles of Outsiders in Nursing

The most serious risks faced by students who are outsiders in nursing schools are failure from the program and failure of the licensure examination (National Council Licensure Examination for Registered Nurses). Nursing students who are outsiders in the nursing field in terms of race, ethnicity, gender, and disability face not being successful while in school. In part, this is because female-dominated and Eurocentric stereotypes of the typical or ideal nurse persist within nursing education and can influence educational outcomes.

Language barriers have been cited as the major reasons minority students are not successful in nursing programs (Anthony, 2004; McQueen & Zimmerman, 2004; Newman & Williams, 2003; Patterson, Osborne, & Gregory, 2004; Sanner, Wilson, & Samson, 2002). Lack of confidence in speaking publicly keeps students from asking questions during class (Sanner et al., 2002), affects their success on multiple-choice examinations (McQueen & Zimmerman, 2004), and creates problems in dealing with other health care professionals in the clinical setting (Patterson et al., 2004). The most common teaching strategy, the lecture, can be extremely difficult for students whose first language is not English. These students have difficulty taking notes in class because the content may be given to them so rapidly that they are unable to translate and take notes (Flinn, 2004). Language can also affect the ease in which students read prior to class and study for examinations (Newman & Williams, 2003). Language barriers also have implications for clinical learning, where the situation may not allow time for students to think and process in their first language and then translate into English for interpersonal communication (Starr, 2009).

Another common barrier faced by minority students is the feeling that they are being asked to discard their cultural practices in order to be accepted by the dominant culture. For example, students whose cultural norms do not allow public assertiveness are viewed as inadequate nursing students. Students felt conflict between pleasing their faculty and maintaining their own cultural identity. Students who try to meet the expectations of the dominant culture are further conflicted when they feel rejected by their families, who do not approve of the changes occurring in them (Patterson et al., 2004).

While in nursing school, minority students report an overall sense of being made to feel different from the other students (Anthony, 2004; Sanner et al., 2002; Newman & Williams, 2003; Patterson et al., 2004) through everyday occurrences such as patient assignments in the clinical setting. An example would be assigning a student of Chinese origin to a Chinese-speaking patient (Patterson et al., 2004) or assigning the obese patient that requires lifting to the male student (Anthony, 2004). Male students in nursing report differential treatment in faculty interactions because of stereotypical expectations of nurses as females. The lecture-style format of teaching has been cited by male students as a barrier to their learning (O'Lynn, 2004), as well as the textbooks used, which depict only White females as nurses and refer to all nurses in the feminine voice (Bell-Scriber, 2008; O'Lynn, 2004). Male students, as has been confirmed by their female classmates, have found that their teachers treated them differently from female students through looks, gestures, and the continual referral of nurses as "she" rather than "he" (Bell-Scriber, 2008). Some male students report also being treated differently by staff nurses on the clinical unit, particularly in areas such as obstetrics (Cude, 2004).