



## Utilising the Hand Model to promote a culturally safe environment for international nursing students<sup>☆</sup>

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### ABSTRACT

The rising number of international students studying outside their own country poses challenges for nursing education. Numbers are predicted to grow and economic factors are placing increasing pressure on tertiary institutions to accept these students. In adapting to a foreign learning environment international students must not only adapt to the academic culture but also to the social cultural context. The most significant acculturation issues for students are English as a second language, differences in education pedagogy and social integration and connectedness. Students studying in New Zealand need to work with Māori, the indigenous people, and assimilate and practice the unique aspects of cultural safety, which has evolved in nursing as part of the response to the principles underpinning the Treaty of Waitangi. The Hand Model offers the potential to support international nursing students in a culturally safe manner across all aspects of acculturation including those aspects of cultural safety unique to New Zealand. The model was originally developed by Lou Jurlina, a nursing teacher, to assist her to teach cultural safety and support her students in practising cultural safety in nursing. The thumb, represents 'awareness', with the other four digits signifying 'connection', 'communication', 'negotiation' and 'advocacy' respectively. Each digit is connected to the palm where the ultimate evaluation of The Hand Model in promoting cultural safety culminates in the clasping and shaking of hands: the moment of shared meaning. It promotes a sense of self worth and identity in students and a safe environment in which they can learn. © 2011 Nursing Praxis in New Zealand. This article was first published by Nursing Praxis in New Zealand: Mackay, B., Harding, T., Jurlina, L., Scobie, N., & Khan, R. (2011). Utilising the Hand Model to promote a culturally safe environment for international nursing students. *Nursing Praxis in New Zealand*, 27(1), 13–24.

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### Introduction

A new challenge for nursing education is the globalisation of the nursing workforce and the concurrent internationalisation of higher education (Allen and Ogilvie, 2004). According to the New Zealand Ministry of Education (NZMoE, 2001), international experience for tertiary students in formal education outside their own country is now common with worldwide figures possibly reaching 5 million over the next 20 years.

An international student is a foreign student who does not meet domestic student requirements of residency, New Zealand citizenship

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or exemption criteria (New Zealand Government, 2009). They do not affect the Government cap on student numbers at each institution and must usually pay full fees. The recruitment of such students has become an important component of the strategic planning of many tertiary institutions. International students already contribute significantly to the New Zealand economy (NZMoE, 2008) and in Australia the reduction of government funding for tertiary education institutions has prompted Australian nursing schools to actively recruit international students (Kilstoff and Baker, 2006). In light of the possible decrease in funding signalled by the Tertiary Education Commission, there is every likelihood that there will be pressure on Schools of Nursing to increase the numbers of international students.

If international students are to succeed then the learning environment must facilitate their acculturation into both the New Zealand academic and social cultural milieu. A "Hand Model" of cultural safety was developed by a nursing teacher to assist her to teach cultural safety and her students to practice cultural safety in

nursing (Jurlina, 1995). In this paper we explore the potential of this model in providing a framework for creating a culturally safe environment for international students. The most significant issues for international nursing students studying in a foreign culture are briefly outlined, cultural safety in the New Zealand nursing context is explored and linked to its relevance for international students. Following discussion of the application of The Hand Model, implications for education and practice are considered.

The literature for this paper was generated from a variety of electronic databases including CINAHL and EBSCO and an internet search using Google Scholar. A variety of related search terms were used: 'nurse education', 'international students', 'cultural safety', 'acculturation' and the concepts associated with The Hand Model (awareness, connection, communication, negotiation and advocacy). The papers retrieved were scrutinized for recurring themes.

### International nursing student experience

Although, to date, there has been little research conducted in New Zealand into the experience of international nursing students, there is a wealth of international literature describing the challenges for students studying in a foreign culture. Three significant themes that emerge are: difficulties with English language for non-English-speaking background (NESB) students; differences in education style; and, social integration and connectedness.

For NESB students the most salient challenge is English fluency. Poor fluency creates problems academically with a direct link between poor English acculturation and poor academic performance (Salamanson et al., 2008). In the social context, poor fluency creates communication difficulties (Seibold et al., 2007; Xu and Davidhizar, 2005) and feelings of social isolation (Sanner et al., 2002). It impacts on the student nurse's clinical experience (Rogan et al., 2006) and accented English creates communication problems between students and Registered Nurses (Shakya and Horsfall, 2000).

There are significant cultural differences in Eastern and Western pedagogy. For students acculturated in Confucian philosophy, the Western education system can negatively influence student engagement (Seibold et al., 2007; Wang et al., 2008; Xu et al., 2005). A Confucian pedagogy values a strong work ethic, respect for the teacher and a practical focus in learning. Western pedagogy, on the other hand, promotes a climate of inquiry in the attainment of new knowledge and ways of thinking (Tweed and Lehman, 2002). Although there are differences between Asian groups there are shared characteristics which can facilitate Western teachers understanding from a cultural context (Xu and Davidhizar, 2005). Xu and Davidhizar (2005) reviewed the research literature on cultural variability and intercultural communication in nursing education finding that personal and cultural factors influenced communication between Asian students and American teachers. Communication was hindered by the need to 'save face', indirect communication styles and wanting to avoid conflict, with some teacher bias towards Asian students also being an issue. For Asian students personal factors such as poor English ability are exacerbated by anxiety brought on by lack of confidence (Xu and Davidhizar, 2005; Yeh and Inose, 2003). Study pressure, a drive for perfection and highly developed self-consciousness and sensitivity were also issues influencing effective communication with teachers (Xu and Davidhizar, 2005).

Social integration and connectedness are also significant problems for international students. Relocation to a foreign environment requires learning about the local culture(s) and functioning within that society. Alongside understanding the cultural norms, expectations, beliefs and communication styles, the hitherto taken-for-granted everyday aspects of life such as food, shopping and transport may be considerably different. Thus, the international

student has to develop competency in everyday living requirements (Poyrazli and Grahame, 2007).

The ability to develop social connectedness within the dominant culture was an issue that appeared in many studies about international students (Evans, 2006; Poyrazli and Grahame, 2007; Sanner et al., 2002). Yeh and Inose (2003) examined predictors of stress in acculturation, including social support satisfaction and social connectedness. Both were found to be significant in predicting acculturation distress, especially for Asian students who have a highly developed need for interdependence and close connections, as the emphasis on independence in the majority of Western cultures was a foreign concept to them.

### Cultural safety in New Zealand nursing education

In New Zealand there is a strong focus on cultural safety in education and practice. It is required as a Registered Nurse competency and in the nursing education curriculum (Nursing Council of New Zealand [NCNZ], 2009). In the early stages of theory development (1988–1991), cultural safety had a strong bicultural focus. This arose from the view that student nurses needed to recognise the importance of Te Tiriti o Waitangi/the Treaty of Waitangi, and the impact of colonisation on Māori to be able to practice in a culturally safe manner with Māori. The Treaty was signed between the Crown and Māori, the Indigenous people of New Zealand, in 1840.

In the decade following, the concept was refined further and subjected to political and public scrutiny as it became embedded in education and practice (Ramsden, 2002). Following on from the seminal work of Irihapiti Ramsden, the concept has evolved from its initial bicultural focus (Māori and Non-Māori) to incorporate a wider multicultural focus (Richardson and Carryer, 2005), which is reflected in the current Nursing Council of New Zealand definition:

The effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socio-economic status; ethnic origin or migrant experience; religious or spiritual belief; and disability (NCNZ, 2009, p. 4).

The outcome of cultural safety is to enable "safe service to be defined by those who receive the service" (NCNZ, 2009, p. 5); however, it is the nurse who has become the focus of cultural safety, not the client (Ramsden, 2002). According to the Nursing Council of New Zealand (2009) the achievement of being culturally safe first requires movement through the steps of cultural awareness and cultural sensitivity. A significant part of this process is self-awareness, understanding one's own culture and acceptance of differences between one's own and other cultures, including the political status and historical circumstances of different groups in society, and recognising and minimizing power imbalances between service providers and service recipients.

It is arguable that nursing education, even given its commitment to the principles of the Treaty of Waitangi and to the teaching of cultural safety, has been able to create an environment that supports Māori students adequately. Māori students with poor cultural identity struggle to succeed in tertiary education (Bennett, 2002) and many are disadvantaged if the education system is not congruent with Māori cultural values (Simon, 2006). Therefore, it can be questioned whether international students, especially those from non-European backgrounds, are placed at cultural risk in New Zealand nursing programmes. There is not the same historical imperative to address this issue as with Māori nursing students. However; notwithstanding moral considerations, there is a mandated duty as outlined in the Code of Practice for the pastoral care of international

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