

CONCEPTS OF CULTURE, DIVERSITY AND CULTURAL CARE AMONG
UNDERGRADUATE NURSING STUDENTS: A NURSING EDUCATION
PERSPECTIVE

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Abstract

Concepts of Culture, Diversity and Cultural Care Among Undergraduate Nursing
Students: A Nursing Education Perspective

Culture, diversity and cultural care have become important concepts for nurses professionals. However, little is known about how nursing students come to understand these complex concepts. The purpose of this study was to explore what nursing students learn and understand about diversity, culture and cultural encounters from a nursing education perspective. A qualitative approach utilizing the focused ethnography method guided this research study. The study population was first and fourth year undergraduate nursing students enrolled in a Western Canadian university. Findings revealed that the majority of first and fourth year students supported expanded essentialist views of culture. Although students demonstrated increased knowledge of nursing practice, the overall understanding of culture care changed very little between first and fourth year students. This study may be an important step to help nurses improve their understanding of culture, diversity and cultural care. Recommendations are provided for students, educators, program leaders and researchers.

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Introduction

This thesis is comprised of six chapters. Chapter One provides a background for the study, including definitions, research questions and study significance. Chapter Two consists of a summary of the current literature related to nursing student perceptions of culture, diversity and cultural care. Chapter Three contains methodological information, including philosophical stance, personal perspectives of the researcher, method, ethical issues and dissemination strategies. In Chapter Four, study findings are presented including first and fourth year demographic information and findings specific to student observations and focus groups. Chapter Five includes a discussion of the findings in relation to the current literature. Finally, Chapter Six offers recommendations for students, nurse educators and nursing programs related to the education and socialization of student nurses about culture, diversity and cultural care.

Chapter One

Background to Concepts of Culture, Diversity and Cultural Care Among Undergraduate Nursing Students

Culture, diversity and cultural care have become increasingly important topics for the nursing profession. In the following section, actions and events influencing the inclusion of cultural perspectives within the nursing profession at provincial and national levels will be discussed. These factors have had an immense effect on the incorporation of cultural education into the agendas of nursing organizations, workplaces and educational institutions. Prior to this discussion, culture, diversity and cultural care will be discussed and defined. These definitions are important to consider because they demonstrate the variability of cultural perspectives present in Canada, nursing education and anthropology. Although student nurses are required to learn about culture, diversity and cultural care, little is known about the knowledge or perspectives students gain from educational experiences.

Definitions

Culture

There are many different definitions of culture that influence the education of nursing students. Common definitions present in Canada, nursing and anthropology will be provided in this section.

Culture and Canada. The Canadian government offers information about Canadian views and policies related to culture through the Culture, Heritage and Recreation website (Government of Canada, 2008). Although the website does not

provide a specific definition of culture, it does offer information about Canadian values related to *cultural diversity* and *multiculturalism* (Canadian Heritage, 2004, 2006).

According to Canadian Heritage (2006), *cultural diversity* relates to Canada's cultural, ethnic and linguistic composition. The website also relates cultural diversity to Canada's immigrant population. The site claims that Canadians have a reputation for being open, welcoming newcomers and valuing diversity. These values have often been related to beliefs and policies related to multiculturalism (Canadian Heritage, 2006).

The Multicultural Act, adopted in 1988, officially supported multiculturalism in Canadian society (Department of Justice Canada, 1985). *Multiculturalism* is defined by the Canadian government as:

Fundamental to our belief that all citizens are equal. Multiculturalism ensures that all citizens can keep their identities, can take pride in their ancestry and have a sense of belonging. Acceptance gives Canadians a feeling of security and self-confidence, making them more open to, and accepting of, diverse cultures. The Canadian experience has shown that multiculturalism encourages racial and ethnic harmony and cross-cultural understanding, and discourages ghettoization, hatred, discrimination and violence.

Through multiculturalism, Canada recognizes the potential of all Canadians, encouraging them to integrate into their society and take an active part in its social, cultural, economic and political affairs. (Canadian Heritage, 2006, ¶ 1)

Though ideas of 'multiculturalism' attempt to be accepting and inclusive they also equate culture with diversity, ethnicity, heritage and language. This association is reflected in

definitions of culture currently present in nursing (Canadian Nurses Association [CNA], 2004b).

Culture and nursing. There are many different interpretations of the term ‘culture’ in nursing. Culture has been traditionally defined as, “Society’s way of life,” (Green-Hernandez, Quinn, Denman-Vitale, Falkenstern & Judge-Ellis, 2004, p. 215) or, “Shared patterns of learned behaviours and values that are transmitted over time” (CNA, 2004b, p. 2). These traditional definitions tend to be aligned with essentialist philosophies because they assume that groups and group behaviours can be objectively categorized, defined and learned (Anderson, et al., 2003; Dreher & MacNaughton, 2002; Gray & Thomas, 2006). Students and practicing nurses are encouraged to study the beliefs, traditions and values of groups in order to work effectively with individuals and groups identified as diverse.

Although traditional definitions of culture have helped many nurses recognize differences in worldviews, these definitions do not recognize that cultural differences are impacted by those who describe them (Gray & Thomas, 2006). Traditional cultural categories are laced with values and beliefs that often disenfranchise those defined as “different.” Nursing researchers have only very recently begun to recognize the pitfalls of traditional definitions of culture (Anderson et al., 2003; Gray & Thomas, 2006; Lynam, Browne, Reimer Kirkham & Anderson, 2007; Reimer Kirkham & Anderson, 2002). As the disadvantages of current definitions become apparent to nursing scholars, culture has begun to be defined in new ways.

One definition beginning to be utilized encourages nurses to view culture as the way an individual understands, behaves or interacts in the world (CNA, 2000; College of

Nurses of Ontario [CNO], 2005). This view implies that all people have complex and dynamic understandings of their health and need individualized, patient-centred, holistic care. This view of culture tends to be supported by constructivist philosophies because it implies that each person's behaviours, values and actions are continually constructed by both society and individual experiences (Gray & Thomas, 2006).

Recently, nursing scholars have begun to explore constructivist and critical definitions that characterize culture as a dynamic and complex, rather than objective and constant (Bourdieu, 1990; Lynam et al., 2007). Critical views of culture have been particularly important because they recognize the role of power in the construction of culture. Culture from a critical perspective is embodied, experienced and made meaningful by the actions of individuals within particular contexts (Bourdieu, 1990; Lynam et al., 2007). Essentialist, constructivist and critical views of culture will be discussed in greater detail in Chapter Two.

Culture and anthropology. The concept of culture has been explored and defined in many disciplines. The field of anthropology is probably the most synonymous with the study of culture. A range of definitions exist within this field, but only a few will be explored in this thesis.

Tylor (1903) is well-known as being one of the first anthropologists to define the concept of culture. According to Tylor, "Culture...is that complex whole which includes knowledge, beliefs, arts, morals, law, custom, and any other capabilities and habits acquired by man as a member of society" (p. 1). This definition was formed in response to a movement attempting to equate culture with 'European civilization.' Tylor's definition recognized that all people, including 'primitive' people have culture. The

definition is similar to essentialist definitions of culture because it associates culture with lists or categories of traits. It also is related to constructivist views of culture because it suggests culture is acquired through socialization.

Although Tylor's (1903) definition was important in its time, it labelled culture as something acquired and static. As anthropologists began to understand 'culture' as more complex than lists of attributes and traits, new definitions emerged.

Geertz (1973) defined culture as, "The fabric of meaning in terms of which human beings interpret their experience and guide their action" (p. 145). In other words, culture is all encompassing and made meaningful by understanding the interpretations of human behaviours and actions. To differentiate this view from traditional definitions Geertz believed:

Man is an animal suspended in webs of significance he himself has spun, I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law, but an interpretive one in search of meaning. (p. 5)

This view encourages researchers to explore 'meaningful actions' or interpretations of the actions which guide and influence human behaviour. Although this view related the concept of culture to human 'meaning-making,' it has been criticized for failing to draw attention to the role of power in the ever-changing nature of culture.

Authors like Fox (1990) and Bourdieu (1990) provide definitions of culture that acknowledge the complex nature of culture in relation to societies' power structures. Fox defines culture as, "A set of understandings and a consciousness under active construction by which individuals interpret the world around them...or a tool kit or set of scenarios that individuals use to implement or to stage their daily life (p. 10). Fox

believes that culture is a fluid process, rather than a state of being, related to power structures in particular contexts. Culture shapes relationships, social positioning and access to resources (Lynam et al., 2007). This and Bourdieu's definition of culture inform some of the critical views of culture that are currently emerging in nursing research and scholarship (Lynam et al., 2007).

Diversity

There are several definitions or views of diversity that influence the education of student nurses. Perspectives of diversity from society, nursing and anthropology will be discussed in this section.

Diversity and society. In 2001, Statistics Canada reported that approximately 18.4% of Canada's population was born outside of Canada. The number of immigrants in Canada has increased by 7.7% between 1981 and 2001 (DesMeules et al., 2005; Statistics Canada, 2001). Before 1980, the majority of immigrants entering Canada were from Europe (DesMeules et al., 2005; Statistics Canada, 2001). In recent years, the majority of Canada's new immigrants come from countries in Asia (Statistics Canada, 2001). Although the general public tend to think of this shift in immigration trends has resulted in increased diversity, these trends actually resulted in increased *recognition* of diversity, rather than an increase in diversity itself. As nurses have increasingly worked with *visible* ethnic groups, they have increasingly recognized the importance of incorporating client beliefs into nursing care (Xu, Shelton, Polifroni & Anderson, 2006). This recognition of diversity has resulted in an abundance of theories and literature discussing diversity, culture and cultural care.

Globalization has also led to an increased awareness of diversity. Many technologies (e.g., television, telephone, Internet, airplanes, etc.) have resulted in increased economic, social, and political contact between nations, social groups and individuals (Waters, 2001). Globalization has also had a significant influence on health. According to Vorster, Bourne, Venter and Oosthuizen (1999) shared international health concerns have replaced unique national health concerns (e.g., a global increase in the amount of diabetes or cancer – or at least an increase in the global ability to confirm these illnesses). This shift in international health concerns has been described as the ‘Global Health Trend’ or ‘Epidemiologic Transition’ (Vorster et al., 1999). Shared international health concerns have resulted in collective efforts to understand these concerns. As nurses increasingly recognize diversity, both in personal and professional interactions, efforts have been made to recognize the importance of culture in nursing care and education.

Diversity and nursing. In nursing, diversity is a term that is often used interchangeably or in conjunction with the term culture. However, diversity is distinct because it refers to perceived differences. Traditionally diversity has been defined in Canada as different from the ‘traditional majority’ (i.e., white middle-class). These differences may include religious, cultural, spiritual, biological, social, economical, educational, political, sexual, ethnic and gender differences (Cook, 2003; Gray & Thomas, 2006; Registered Nurses’ Association of Ontario [RNAO], 2007). Again, these traditional definitions can be vague or can cause people to be inappropriately grouped or devalued. In response to these traditional definitions, diversity was redefined as, “Any attribute that happens to be salient to an individual that makes him/her perceive that

he/she is different from another individual” (Friday & Friday, 2003, p. 863). This definition may be preferred for nurses working with individuals because it is more inclusive and recognizes that each person has unique perceptions of difference.

National diversity initiatives in nursing. While the exact ethno-cultural profile of Canadian nurses is unknown, it has been suggested that this profile is not consistent with the general population (Etowa, Foster, Vukic, Wittstock & Youden, 2005). Several researchers and nursing organizations have suggested that a diversified workforce is essential for quality nursing care (Canadian Nurses Association [CNA], 2004a, 2004b; Etowa et al., 2005; Hassouneh-Phillips & Beckett, 2003; Lancellotti, 2008; RNAO, 2007). Thus, the CNA (2004a, 2004b) has increased efforts to encourage schools of nursing to support and promote a ‘diverse’ array of individuals to enter the nursing workforce.

Marked categories and diversity. The field of anthropology offers some insight into a new understanding of diversity. Williams (1989) believes that people utilize the concept of ‘ethnicity’ as a way for societies to establish social borders without using unfavourable terms like ‘race.’ Williams argues that terms related to ethnicity are ‘marked’ with particular social meanings. For example, the terms ‘American or Canadian’ are often marked with the meaning ‘white, middle-class people.’ The term diversity is similarly ‘marked.’ For example, nurses often say, ‘There is a lack of diversity in nursing.’ What they really imply is that there is a lack of nurses from ‘visible minorities’ in the nursing profession. These marked categories will be identified and explored throughout this thesis.

Cultural Care

Nursing is influenced by many models and theories of cultural care. The following section includes examples of these models and also provides examples of provincial and national support for cultural care in nursing.

Cultural care and nursing. There are several different theories and models of cultural care that influence nursing research, practice and education. Examples include Leininger's (1978) Grand Theory of Cultural Care Diversity and Universality, Purnell and Paulanka's (1998) Model for Cultural Competence, Giger and Davidhizar's (2004) Transcultural Assessment Model, and Campinha-Bacote's (1998) Model of Cultural Competence. Cultural care itself has also been discussed under a number of different titles such as 'Cultural Competence,' 'Transcultural Nursing,' 'Culturally Sensitive Care,' or 'Cultural Safety.' With so much variety in the way cultural care is labelled, there is also a great deal of controversy about the way that cultural care should be defined.

Models or theories of cultural care that are based on more essentialist philosophies may support the use of 'cultural knowledge' as a way to interact with individual clients (Gray & Thomas, 2006). For example, many student nurses are encouraged to use general cultural knowledge about particular ethnic or racial groups as a means to learn about their individual clients and families (Gray & Thomas, 2006). Although students and educators may have the best intentions, making incorrect assumptions about client beliefs, actions and behaviours can further alienate clients 'marked' as diverse. However, general knowledge gathered about particular groups may be useful for nurses working with populations (Dreher & MacNaughton, 2002).

There are now many other models of cultural care that insist health care practitioners focus their efforts on self-change and self-awareness about the construction of personal beliefs and values, rather than viewing or treating clients as ‘exotic’ (Gray & Thomas, 2006; Mohammed, 2006). These models of cultural care tend to be more closely aligned with constructivist or critical views of culture (Gray & Thomas, 2006). These new models also encourage nurses to examine the structure of power not only in nurse-client relationships, but also in the current health care system and society as a whole (Gray & Thomas, 2006; Lynam et al, 2007). Despite the differences in the ways that cultural care is enacted, it has become an important part of the education of nursing students. Events, documents and actions at the provincial and national levels influence the inclusion of culture with nursing education; these aspects will be addressed next.

Provincial developments. The College and Association of Registered Nurses of Alberta (CARNA) does not have a specific document discussing cultural care. However, CARNA (2005) does recommend that nurses, ‘Take into account the biological, psychological, social, cultural and spiritual needs of persons in health care’ in their Nursing Practice Standards (p.14). The Calgary Health Region has also taken steps to include information about diversity and cultural care. They have created a website designated as ‘Healthy Diverse Populations’ (Calgary Health Region, 2008). This website includes a survey to allow individuals and programs to assess their abilities to meet the needs of diverse individuals and families. The website also includes diversity/cultural resources, translation/interpretation services, diversity conferences/workshops, and other information to help health care professionals learn to be inclusive, decrease discrimination and increase access to health services.

Although these initiatives may be a starting point to encourage nurses to consider cultural issues in nursing, little information is given about what nurses should learn about culture. Moreover, little information is available about how educational institutions in Western Canada incorporate culture into curricula and the impact this education has on student views about culture, diversity and cultural care.

National developments. The Canadian Nurses Association provides two documents addressing the inclusion of culture and cultural care into nursing practice (CNA, 2000, 2004b). The intent of these documents is to encourage nurses to become culturally competent, decrease racism, promote acceptance and increase the ‘diversity’ of nurses employed in Canadian health care settings.

Both of the documents endorsed by the CNA promote an expanded essentialist view of culture and cultural care. The CNA (2004b) defines culture ‘broadly’ to include differences such as ethnicity, religion, socio-economic status, sexual orientation and gender. Despite this ‘broad’ view of culture, the majority ‘cultural initiatives’ still relate culture to visible ethnic or racial minorities. Although the CNA attempts to be sensitive to these ‘cultural groups,’ they fail to encourage nurses to examine the societal forces and power structures that have maintained the relationship between cultural labels and particular groups of people (Gray & Thomas, 2006). It may be even more difficult for nurses to examine these forces when health care settings strongly support assimilation and conformity of care (Gray & Thomas, 2006).

The documents endorsed by the CNA (2000, 2004b) also encourage all nursing students to learn about culture and cultural care. However, little information is provided about the way nursing programs should teach students about these topics. There is also

little known about the outcomes of current educational initiatives regarding culture, diversity or cultural encounters in nursing. Further research is needed to understand how nursing students understand culture, diversity and cultural care.

Problem Statement

Though there is institutional, provincial, and national support for nurses to understand culture, diversity and cultural care, little is known about what nursing students understand or are taught about culture, diversity and cultural encounters.

Research Questions

The research questions that guided this research study are:

- What do undergraduate nursing students understand about culture, diversity and cultural care?
- What are undergraduate nursing students taught about culture, diversity and cultural care?
- How are undergraduate nursing students educationally socialized in their learning about culture, diversity and cultural care?

Significance

Although the results of this study will not apply to all contexts, this study will offer an initial look into students' knowledge of culture, diversity and cultural care. Understanding student views may encourage other researchers to explore these important concepts. The study may also help nursing educators become aware of the results of current cultural education. Moreover, nurse educators may have a chance to compare current student views of culture with the range of definitions present in nursing and other disciplines. Program leaders may have the opportunity to change or positively influence

current student views of culture, diversity and cultural care. This in turn may improve the interactions of nursing students with clients 'marked' or labelled 'diverse.'

Summary

In the past twenty years, the nursing profession has increased efforts to encourage nurses to learn about culture, diversity and cultural care. However, there is much debate as to how these terms should be defined and incorporated into provincial and national health and nursing organizations. Nursing students in North America have been expected to learn about these topics to increase 'cultural competence.' Nevertheless there is little known about how nursing students perceive, learn or are educationally socialized to understand culture, diversity and cultural care. This qualitative study provides an excellent way to begin to explore and document student knowledge about these topics.

Chapter Two

Literature Review

Culture and Nursing Education

The purposes of this chapter are to present existing literature regarding the meaning and application of culture, cultural competence and cultural safety in nursing and nursing education. To introduce this topic, culture is defined from an essentialist framework to illustrate that this view of culture, although beneficial, is often limited. Similarly, the relationship between the essentialist view of culture and cultural competence is explored. Studies of student experiences in relation to culture and cultural competence will further illuminate the limitations of the essentialist view of culture. In response to these limitations alternative constructivist and critical views of culture are offered. Studies addressing cultural safety will be explored to expose the advantages of critical views of culture. The rationale for my thesis research project is revealed as I present a case to explore how nursing students understand culture and cultural encounters.

Foreword

I have chosen to discuss the concept of culture in nursing from essentialist, constructivist and critical views, rather than choosing one nursing theory, to be inclusive of the majority of cultural perspectives that exist within nursing. There are many other views of culture that exist inside and outside of nursing, but for the purposes of this thesis study, they cannot be addressed.

The reader may think of cultural perspectives on a continuum with essentialist views on one end of the spectrum and critical views on the other end of the spectrum (see

Figure 1). Traditionally, the majority of cultural nursing theories lean towards the essentialist side, while others are somewhere in the middle of the continuum. Using only one nursing theory may be restrictive; Conversely, utilizing broad philosophical views will allow for the freedom to discuss a broad range of views presented by participants and allow the researcher to achieve a more critical ‘outsider’ view during the data analysis.

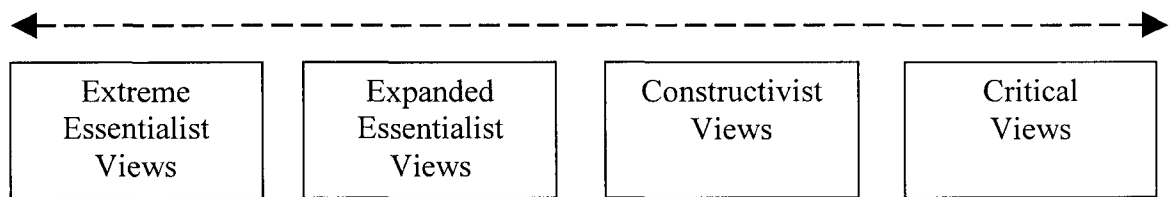


Figure 1. Continuum of cultural views in nursing

Culture from an Essentialist View

The dominant view of culture in nursing in both Canada and the United States is based on an essentialist point of view (Gray & Thomas, 2006). The essentialist view suggests that culture is clear, objective and measurable (Gray & Thomas, 2006). Corresponding with an empirical/positivist view of science, culture is described by grouping and categorizing the observable beliefs and values of a given group (Gray & Thomas, 2006). In nursing, there are several textbooks that categorize people based upon ethnicity, race, religion, or geographic origin (Gray & Thomas, 2006; Sanders & Ewart, 2005). For example, Giger and Davidhizar (2004) discuss the beliefs of Chinese Americans, Navajos, Filipino Americans, Jewish Americans, and many others. Each chapter provides generalizations about the communication styles, health beliefs and practices of each group (Giger & Davidhizar, 2004). These texts have often been used to assist nurses and students in providing culturally competent care. However, these broad

group generalizations have limited use for the needs of *individual* clients and families (Dreher, & MacNaughton, 2002).

As a result, many nursing scholars have expanded their view of culture by adding new categories such as age, gender, socioeconomic class, sexuality, education, religious beliefs, and geographic origin (CNA, 2004b; Gray & Thomas, 2006). This expanded view may attempt to be more inclusive of individual differences, but still suggests that we can ‘objectively’ identify individual differences (Gray & Thomas, 2006). This view tends to encourage nurses to ‘mark’ culture as any trait that is different from the perceived norm of white, middle-class, heterosexual individuals.

When nurses use an essentialist view of culture, they may not realize that the categories assigned to people are often based upon their perceptions of what is ‘different’ and what is ‘normal,’ rather than observable, measurable facts (Gray & Thomas, 2006). In nursing, we sometimes believe that ‘proven’ biomedical procedures are ‘normal’ and ‘right’ and all other health practices are scaled in relation to this ‘norm’ (Dreher & MacNaughton, 2002; Watt & Norton, 2004). Through this scaling we may fail to recognize very important health beliefs, traditions and healing practices. Devaluing these ways of healing we may leave our clients feeling vulnerable, judged, misunderstood and alone.

The essentialist view of culture also does not recognize the complex nature of an individual’s culture. Culture is multifaceted, fluid, evolving and rather immeasurable. The essentialist view of culture does not acknowledge that the thoughts and beliefs of individuals can change drastically in a moment and may be influenced by an immense range of sources (Gray & Thomas, 2006; Jeffreys & Zoucha, 2001).

Cultural Competence and the Essentialist View

Although the essentialist view of culture has many limitations, this view has greatly influenced current views of cultural competence in Canada. The CNA (2004b) defines cultural competence as:

The application of knowledge, skill, attitudes, and personal attributes required by nurses to provide appropriate care and services in relation to cultural characteristics of their clients. Cultural competence includes valuing diversity, knowing about cultural mores and traditions of the populations being served and being sensitive to these while caring for the individual. (p. 1)

This definition of cultural competence suggests that if the appropriate cultural knowledge, skills and attitudes are acquired, nurses can provide appropriate cultural care for their clients (Gray & Thomas, 2006). This view coincides with an essentialist framework because it suggests that cultural competence is something objective, clear and obtainable (Gray & Thomas, 2006). Cultural competence also corresponds with an essentialist view because it encourages nurses to learn about the cultural traditions of populations served.

The difficulty with this view of cultural care is that little information is given about how cultural competence is actually achieved. As a result, nursing educators have been left with little direction as to how to introduce cultural perspectives into nursing curricula (Doyle, Liu & Ancona, 1996; Ryan, Carlton & Ali, 2000). For example, Ryan et al. (2000) completed a descriptive survey examining the use of Transcultural nursing concepts in 36% (N = 217/610) of accredited baccalaureate and graduate nursing programs in the United States. The authors found that educators offer a variety of

approaches to teach cultural content including modules, courses (mandatory, formal or elective), and local, regional, national and international field experiences. With such variety in both content and approach to cultural education, many nursing researchers have asked: What do students understand about diversity/culture? How are students educated about culture and cultural care? What programs/methods actually work?

Self efficacy studies. These questions have led many researchers to examine the effect of cultural content in nursing practice and education. A variety of quantitative studies have attempted to measure the cultural competence of practicing nurses and nursing students. For example, Baldonado et al. (1998) examined the cultural competence of Registered Nurses (RNs) and baccalaureate nursing students in the United States (framed within Leininger's Theory of Cultural Care Diversity and Universality (1978)). A convenience sample of 517 diploma RNs and 250 senior baccalaureate nursing students was obtained in order to answer a survey consisting of closed and open-ended questions. The survey tool was named the Transcultural and International Nursing Knowledge Inventory. Participants were asked to report how frequently they cared for 'diverse' clients, made cultural assessments and modified nursing care in order to meet client needs. The RNs reported that they often modified care for 'diverse' clients. The baccalaureate students also indicated that they modified care, but not as often as the RNs. Modifications included being open to various cultural beliefs and practices as well as learning to avoid prejudgements about patient care preferences.

Overall, both the RNs and students in this study reported that they felt uncomfortable working with 'diverse' clients. They expressed a need for more Transcultural nursing knowledge. However, they also indicated that they felt they learned

more from cultural encounters than educational experiences (Baldonado et al., 1998). If this is the case, perhaps there is some kind of knowledge that is developed in nursing practice that is not currently offered in current educational programs. Until more is known about what knowledge students gain in their educational experiences, we cannot be sure about what educational methods help students to understand the relationship between culture and health.

Jeffreys and Smodlaka (1999) provided another example of quantitative work that attempted to measure cultural competence in nursing students. These authors completed a descriptive longitudinal study of 51 students in an associate degree nursing program. The researchers used a self developed tool called the Transcultural Self-Efficacy Tool (TSET) to test the cultural competence (knowledge, skills and attitudes) of students in their first and fourth clinical experiences (2 year span). The researchers wanted to know if the student nurses self efficacy (confidence) in Transcultural knowledge, skills and attitudes increased over a two year period. The results showed that the students did, in fact, report greater knowledge, skills and attitudes about Transcultural nursing over the two year program. However, the students felt less confident about their cultural knowledge than their skills and attitudes after their educational experience. Again this suggests that some kind of knowledge is acquired through working with 'diverse' individuals that is not gained through current educational experiences.

Several other studies have used the Cultural Self-Efficacy Scale (CSES) to examine the confidence of nurses and students in providing cultural care in the United States and Spain (Alpers & Zoucha, 1996; Baldonado et al., 1998; Bernal & Froman, 1987; Hagman, 2006; Jeffreys & Smodlaka, 1999; Joseph, 2004; Kulwicki & Boloinik,

1996; Vargas Jimenez, Shellman, Cantero Gonzalez, & Bernal, 2006). The scale, a 5-point Likert-type scale, developed by Bernal and Froman (1987), asks participants to rate their confidence in caring for a variety of ‘cultural’ groups (1 – the low self efficacy and 5 the high self efficacy). Although there is great variety in the results of these studies (low to moderate confidence in cultural competence skills), most authors only concluded that more education about cultural competence is needed for nurses and students.

Similarly, other studies have used self-efficacy scales in order to measure cultural competence in nurses or students before and after various educational interventions (Brathwaite & Majumdar, 2006; Caffrey, Neander, Markle, & Stewart, 2005; Shellman, 2007; Smith, 2001; St. Clair & McKenry, 1999). However, these studies are inadequate because cultural competence cannot be accurately measured by asking students and nurses to personally assess their own cultural skills/knowledge. Many nurses or students may feel quite confident in their skills or education, but they may not actually create positive, enabling relationships with their clients.

Grant and Letzring (2003) suggest that more rigorous research and better instrumentation are needed to reduce the limitations of these studies. However, what these researchers do not acknowledge is that many nurses and students do successfully interact with clients they see as ‘diverse.’ Attempts to measure cultural competence do not help researchers understand how current views of culture or cultural care affect nurses, students and clients. There is a need for researchers to understand what happens when students and nurses interact with those ‘marked’ as diverse.

New approaches. As more researchers infuse qualitative methods into their studies about culture, they have begun to shed some light on the inadequacies of cultural

care as understood within an essentialist framework. For example, St. Clair and McKenry (1999) completed a mixed methods study of 200 baccalaureate and graduate nursing students from the United States. The researchers wanted to understand if students who worked with clients from 'diverse' backgrounds in their own country would recognize their ethnocentrism to the same degree as students who went on short-term international immersion programs. The researchers found that students who worked with clients from 'different cultures' in their own country recognized that others have different beliefs, however, they failed to recognize their own ethnocentrism. The international students felt that this was because the international experiences not only exposed them to a variety of different beliefs, but made them question their own values. Students soon learned that they had to 'accept in order to be accepted' (St. Clair & McKenry, 1999, p. 232). The more time the students spent with their clients, the more they understood about their client's beliefs and the more meaningful their relationships became (St. Clair & McKenry, 1999).

This study provided an example of how students understand culture and sometimes transform themselves to work effectively with their clients. Perhaps students gained insight about their own ethnocentrism by recognizing the differences and power structures that exist in different social environments. Similar transformations were observed by researchers who found students' beliefs were challenged during international experiences (Button, Green, Tengnah, Johansson & Baker, 2005; Dean, 2005; Grant & McKenna, 2003; Pross, 2003; Ruddock & Turner, 2007; Wood & Atkins, 2006). These studies suggest that 'cultural competence' may have more to do with changing our own

actions and beliefs than obtaining specific knowledge, skills and attitudes. Further research is needed to confirm or refute these findings.

Yearwood, Brown and Karlik (2002) explored the meaning of diversity for nursing students. In a small focus group of seven nursing students, participants were asked to describe diversity, the role of diversity in their university and how diversity could be incorporated into the curriculum. The researchers found that students often equated diversity with race, ethnicity or difference. The students realized how their understanding of diversity was influenced by their social reality. The students often found that there was little intermingling between various ethnic and racial groups. The students felt that they needed to further understand the complexity of diversity and its implications for education (Yearwood et al., 2002). Nursing students may need more support from nursing programs to explore these issues.

Other researchers have explored how students are exposed to culture and diversity in clinical experiences. For example, Paterson, Osborne and Gregory (2004) used an institutional ethnography to explore how the construction of cultural diversity in nursing influences the clinical experiences of nursing students. The participants in this study often found that clinical instructors supported respect for culture in theory, but their actions did not always support this claim. Instructors often made inappropriate assumptions about both students and clients based on ethnicity or race. Students were taught to incorporate other beliefs into care, but at the same time were often expected to conform to the dominant way of care (Paterson et al., 2004).

Paterson et al.'s (2004) study suggests that the provision of cultural care may be restricted by institutional standards that make it difficult for nurses to provide holistic,

patient-centered care. This study may also suggest that nurses assume they understand what culture is, without contemplating how interrelated their understanding is with society's power structures. In turn, many students fail to recognize the influence their social reality has on their perceptions of culture.

Although essentialist views of culture and cultural competence have assisted our understanding of culture and cultural care in the past, new ways of understanding culture are necessary. This necessity has caused some researchers to further explore cultural encounters, but through constructivist, or critical viewpoints.

Constructivist and Critical Views of Culture

According to a constructivist view, 'culture' is a socially constructed term that has developed over time in order to serve a number of important political, economic and social purposes (Gray & Thomas, 2006). This view of culture recognizes that people have subjectively created 'categories' in order to identify and maintain certain structures in society (Gray & Thomas, 2006). However, this view often does not recognize the complex role power plays in this process of constant transformation (Lynam et al., 2007).

Critical views of culture acknowledge the dynamic, changing nature of culture in relation to the struggles within and between groups (Gray & Thomas, 2006; Lynam et al., 2007). From this perspective, culture is a *process* made meaningful by the actions of individuals within particular social contexts (Bourdieu, 1990; Lynam et al., 2007). Culture shapes relationships, social positioning and access to resources (Lynam et al., 2007). Critical views of culture encourage nurses to take a deeper look at client and nursing perspectives in relation to particular social, historical and political contexts (Lynam et al., 2007). Critical views of culture also bring hope that underlying power

structures can be changed and suggests that there are alternative ways in which members of society can be positioned (Gray & Thomas, 2006; Lynam et al., 2007).

A number of recent Canadian studies have explored culture from critical perspectives (Anderson et al., 2003; Browne, 2007; Browne & Fiske, 2001; Gustafson, 2005; Lynam et al., 2007; Lynam, Loock, Scott & Basu Khan, 2008). These studies expose the underlying assumptions of culture that influence participation in health care. These studies also provide important information about the ways in which individuals are *influenced by* and *participate in* culture (Lynam, et al., 2007). Cultural safety may be a model to help nurses and nursing students understand cultural care within a critical framework (Anderson et al., 2003).

Cultural Safety and Critical Views of Culture

The Nursing Council of New Zealand (NCNZ, 2005) defines Cultural Safety as:

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 socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.

The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. (p. 4)

The NCNZ (2005) definition contains some elements of the essentialist view of culture, but attempts to move beyond a simplistic, checklist approach to cultural care. The NCNZ

definition recognizes the importance of understanding the unique perspectives of individuals within particular social/historical contexts. Cultural safety allows those who access health services to define safe services. Nurses are encouraged to recognize and carefully balance the power within nurse-client relationships. Within this model nurses must strive for awareness of their own realities/attitudes and the impact these views have on others. Nursing research about cultural safety has allowed for further insight into critical views of culture and cultural care.

A few qualitative studies have explored the views of students and nurses regarding cultural safety. For example, Spence (2001) used *hermeneutic phenomenology* to explore the views of 17 registered nurses in New Zealand. The nurses were asked to describe their experiences caring for individuals from other cultures. Data were collected through individual interviews, two focus groups and four written anecdotes. The author found the participants felt cultural encounters meant encountering ‘difference.’ The nurses found these ‘differences’ difficult because it often led to miscommunications or misunderstandings that had a negative impact on nurse-client relationships. The nurses also described encounters with ‘difference’ as ‘rich and frustrating’ (Spence, 2001, p. 103). Even though cultural encounters could be stressful, they were often very rewarding. The participants often discussed the challenges associated with upholding cultural safety while being met with many obstacles in the health care system (e.g., multiple priorities, time constraints, attitudes of other staff). The author described the paradoxical nature of prejudice in cultural encounters. Spence found that prejudice helped nurses comprehend their current situation, but could also limit their capacity to discover new meanings.

McKinney, Cassels-Brown, Marston & Spence (2005) explored the experiences and views of seven nursing students in New Zealand. Through journals and interviews, researchers learned about students' views of cultural safety. Three themes, 'Not Knowing Enough,' 'Communicating Effectively' and 'Experiencing Dilemmas' emerged from the analysis. Students said they did not 'Know Enough' about cultural groups and wanted more information about individual client needs. Students that were educated about cultural safety were also encouraged to explore what they could do to empower clients. Empowerment is often discussed in nursing, but not often related to cultural care in North America.

Participants in the McKinney et al. (2005) study also discussed the importance of 'Communicating Effectively' with cultural clients. Students discussed ways to build rapport, listen to patients and ensure they are understood by nursing clients. Students said that they did not always have time to communicate effectively because of care demands. Students 'Experienced Dilemmas' when they were faced with decisions or situations that were uncomfortable or involved difficult decisions. These situations helped students to learn about cultural care and experiences. Students learned that cultural experiences allowed them to become open to differences, respectful and increasingly self-aware. These actions may be important in the provision of cultural care.

Other researchers in New Zealand have begun to explore the influence of cultural safety on nursing education (Richardson & Carryer, 2005; Warren, 2003). Researchers have found students who are educated about cultural safety learn that cultural care requires deep self analysis, discussion of the political/historical context, openness to differences and the ability to empower clients (Richardson & Carryer, 2005; Warren,

2003). By practicing cultural safety, a different view of culture care is obtained. Though this is the case in New Zealand, very little is known about what nursing students in Canada are taught about culture, diversity and cultural care. Further research is needed to understand what nursing students in Canada understand and learn about culture, diversity and cultural care.

Summary

The expanded essentialist view of culture represents the current view of culture valued by nurses in North America. Unfortunately the essentialist view of culture can inadvertently lead nurses to make simplistic or incorrect assumptions about culture, diversity and cultural care. Some researchers have failed to recognize that there are students and nurses who do effectively work with diverse clients. Consequently, constructivist and critical views of culture have unveiled some of the more complex dimensions of culture. Further qualitative research is needed to extend our current understandings of culture, diversity and cultural care in Canada. One way to achieve this goal was to begin by exploring how nursing students understand and learn about culture, diversity and cultural encounters. This work revealed some of the inadequacies of our current views of culture. It also exposed new ways to understand this dynamic concept.

Chapter Three

Research Design

Methodology

Research methodology refers to the particular assumptions, philosophies or beliefs that guide a particular research study (Guba & Lincoln, 2004). In the following chapter, strategies are presented, including those of philosophical stance, theoretical framework, research method, and data analysis. An examination of scientific rigor, ethical considerations and dissemination strategies are addressed.

Philosophical Stance

In qualitative inquiry, researchers use particular paradigms or worldviews to guide their research studies. These paradigms include assumptions related to the nature of reality (ontological stance) and the type of relationship between the researcher and researched (epistemological stance) (Creswell, 1998). In this study, my own paradigm or worldview is congruent with a constructivist framework.

Ontological perspective. A constructivist believes that multiple realities or truths of the social world exist, rather than one standard, unchanging ‘Truth’ (Creswell, 1998). Accordingly, constructivists are comfortable taking an in-depth look at their area of research to explore what interpretations or realities may exist. Once these realities or truths are identified, constructivists critically appraise these knowledge claims to further understand the phenomenon under study. This critical appraisal of various knowledge claims allows for multiple and often conflicting views to exist with the understanding that certain truths are more credible or plausible than others (Gerrish, 2003).

Epistemological perspective. Constructivists also believe that knowledge cannot be value-free and should be carried out in a manner that lessens the distance between the researcher, participants and context (Creswell, 1998). This study will use techniques such as focus groups and participant observation to achieve this closeness with participants (Neuman, 2006).

Constructivists also conduct research inductively by using the data to create theories or concepts about a topic (Neuman, 2006). Qualitative researchers use a variety of inductive approaches in order to produce or create knowledge. This study will use a qualitative method, ‘focused ethnography,’ to study student views of culture and cultural care (Knoblauch, 2005). Before this method is described, the theoretical frameworks guiding this study will be discussed.

Theoretical Framework

In Canada, nurses are encouraged to explore and understand culture, diversity and cultural care. To learn about these concepts, nursing students are often taught about traits and differences related to ethnicity (e.g. Chinese, Japanese) or race (e.g. Negro, Caucasian). This view of culture tends to encourage nursing students to reproduce and accept socially established views of culture. One of the purposes of this study is to understand and expose the socially accepted views of culture that influence the education of student nurses. To accomplish this, a critical view of culture is utilized.

The theoretical framework influencing this study is a critical view of culture. As discussed earlier, critical theorists define culture as a fluid, complex, and subjective process (Bourdieu, 1990; Fox 1990; Lynam et al., 2007). Within this critical view individuals are *influenced by* and *participate in* culture through ‘meaningful actions’

within particular social, historical or political contexts (Bourdieu, 1990; Fox 1990; Lynam et al., 2007). Power plays a particularly important role in critical views of culture. This critical framework will begin to allow the researcher to understand and expose some of the socially accepted views of culture that influence the education of student nurses.

Researcher's Personal Perspective

As an implicated researcher, I believe that it is important to share information about myself and my perspectives related to this topic. Revealing my background, personal beliefs and experiences should give the reader an idea of influences informing my interpretations of the data.

I am a young, married, middle class woman currently pursuing a Master's degree in Western Canada. I received my Bachelor's degree in Nursing in 2006 from the same institution accessed in this study. During that time I developed a keen interest in cultural perspectives, cultural care, health literacy and immigrant health.

My desire to explore the perspectives of culture in nursing began through personal experiences in which I became closely associated with people with vastly different beliefs and values. These experiences tested my own beliefs and values and opened my eyes to some of the diverse views that exist in the world. More importantly, these experiences helped me to understand how it feels when others are not considerate of different world views. This experience and understanding influenced a great deal of the research and knowledge I chose to pursue when I entered university.

My interest in cultural perspectives was further developed when I learned about cultural care in my nursing education. With strong beliefs in holistic, client-focused care, I thought that cultural care was essential for quality care. However, when I entered

practice, I often saw gaps between the literature and actions or knowledge of many student nurses. These experiences made me curious about the way that student nurses understand culture and work with those they see as diverse. This led me to explore the range perceptions of culture, diversity and cultural care obtained by nursing students.

Method

The research method chosen for this study was ethnography. This method was chosen because ethnography is typically used to understand and describe behaviour patterns and knowledge systems of a particular group (Knoblauch, 2005; Roper & Shapira, 2000). In this study, undergraduate nursing students in a baccalaureate nursing program were the 'group' to be studied. Rather than studying all of the beliefs and behaviours of this group, this study focused on beliefs and knowledge related to culture, diversity and cultural care in nursing education. This focussed approach corresponds with a particular type of ethnography, specifically 'focused ethnography' (Knoblauch, 2005).

Focused Ethnography

Focused ethnography is a type of ethnography that compliments conventional or traditional ethnography (Knoblauch, 2005). While researchers use conventional ethnographies to describe the general behaviour patterns of a particular group, the goal of a focused ethnography is to understand the perspectives of participants about particular actions, interactions or situations in specific social contexts (Knoblauch, 2005). In this study, student ideas of culture, diversity and cultural care were explored within the context of nursing education.

Focused ethnographies are 'data intense' and require researchers to collect a large amount of data in a short period of time (Knoblauch, 2005). To achieve this, researchers

use a number of data collection techniques including participant observation, field notes, individual and focus group interviews. In this study, focus groups, observations and field notes were collected. This data allowed the researcher to present the emic/etic or insider/outsider perspectives and thick description that are often achieved through ethnography (Creswell, 1998; Gerrish, 2003; Pike, 1967; Roper & Shapira, 2000).

The ‘data intense’ nature of focused ethnography also results in a large amount of recorded information that can be accessed by multiple parties (Knoblauch, 2005). The ability for many to access the data is important because it allows for multiple interpretations of the data (Knoblauch, 2005).

Like traditional ethnographies, focussed ethnographies require the researcher to collect data from a variety of settings, but typically within the ‘natural’ world (Creswell, 1998). Data is collected in these settings to uncover the meanings behind particular behaviours and perspectives (Aamodt, 1991).

This study was conducted in two phases. In Phase One of the study, the researcher used *participant observation* as a data collection technique. Participant observation is used in traditional ethnographies to observe participant activities in their natural setting (Roper & Shapira, 2000). In traditional ethnography researchers live, work or participate in daily life activities with participants for a long period of time. In a focused ethnography, researchers tend to participate as an observer, rather than fully active participant in daily activities. This “observer-as-participant” type of participant observation was used exclusively in this study (Roper & Shapira, 2000).

Focus Groups were used in Phase Two of the study. Researchers use focus groups in focused ethnographies to obtain data that would traditionally be collected during

observations in long-term field studies (Knoblauch, 2005). Researchers use focus groups because they provide pages of transcripts needed to meet the ‘data intense’ nature of this method (Knoblauch, 2005). The focus groups used in this study were formal group interviews in which students were asked several open-ended questions related to culture, diversity and cultural care. These two phases will be further discussed in subsequent sections.

Sample and Setting

The population of interest consisted of first and fourth year undergraduate students from a nursing program in Western Canada. First and fourth year students were targeted because it allowed the researcher to compare and contrast first and fourth year views about culture, diversity and cultural care. First year students had relatively little exposure to nursing education influences, while fourth year students had multiple exposures. All of the data for this study were gathered by the researcher directly from student nurses enrolled in a collaborative program at a college (First year) and university (Fourth year) during the 2007-2008 academic year. The number of first and fourth year nursing students accessed for focus groups and observations are provided in Table 1. Detailed demographic data for this study are provided in Chapter 4.

Table 1

Sample Data

	Focus Groups				Observations	
	1	2	3	4	1	2
Number of First Year Students	6	2	2	1	21	19
Number of Fourth Year Students	7	4	5	.	16	15

Access and Recruitment

In ethnography, the setting of choice is usually accessed through ‘gatekeepers’ who are identified at the beginning of the study (Creswell, 1998). For this study, the theory and practice coordinators at the college (first year students) and university (fourth year students) were contacted to gain access to the sample. When coordinators were contacted they were asked to provide the names of instructors for first and fourth year undergraduate nursing students. Subsequently the researcher approached several first and fourth year instructors to explain the research study and request permission to attend their classes to make a short verbal presentation about both phases of the study.

Phase One. In Phase One of the study the researcher wished to observe students as they learned about culture, diversity and cultural care. Several opportunities were available to observe first year students at the college. Instructors strongly recommended the researcher attend a culture-related session in the first year therapeutic communication class. It was more difficult to access fourth year classes because another graduate research project was already underway with this group. Regular professional seminar classes were unavailable, but the researcher was able to access two fourth year nursing practice seminars. These 1.5 hr classes required students to discuss practical and theoretical information related to their clinical placements.

Once classes were chosen, instructors from both years were asked to invite students, without coercion, to participate in the participant observation portion of the study. To do this, the researcher worked closely with the instructors to prepare them to appropriately invite students to participate in this phase of the research study. Students were given the opportunity to accept or decline the invitation, without consequence. Only

classes in which 100% of students agreed to participate in the study were observed. Once classes verbally agreed to participate in the study, they received a formal verbal and written invitation, from the researcher, to participate in this phase of the study (Appendix A).

Phase Two. First year nursing students were invited to participate in Phase Two of the study during cultural therapeutic communication classes. Every student received an information sheet about the study as well as an envelope in which to insert their contact information (Appendix B). To ensure confidentiality, each student returned his/her envelope, regardless of their decision to participate. All first year students were also invited to participate in Phase Two of the study through email invitations (Appendix C).

Fourth year students were invited to participate in Phase Two during their nursing practice seminars in early Fall 2007. Each Fourth year student was given an information sheet about the study and the contact information of the researcher (Appendix D). Fourth year students also received email invitations to participate in the focus group portion of the study (Appendix C).

Sampling approach. Sequential sampling was the method of sampling used for this study (Neuman, 2006). This non-random sampling technique is used when the researcher attempts to obtain as many participants as possible, from a unique population, until data saturation is achieved (Neuman, 2006). Data saturation is achieved when adequate rich or detailed information is obtained and little new important information comes forward from participants (Tuckett, 2004). For this study, students were invited by the researcher in class or through email (see Appendix C) to participate in each phase of the study.

Eligibility. To be eligible for the study, students had to meet the following criteria: be an undergraduate student from the first or fourth year of the nursing program; be 18 years of age or older; be able to speak, read and understand English; and be willing to voluntarily speak about culture, diversity and cultural care. Students also had to be willing to voluntarily complete an informed consent document before participating in the study.

Data Collection

Phase One: Participant observation. As discussed earlier, ‘Observer-as-Participant’ observation was used exclusively in this study (Roper & Shapira, 2000). Though the contact with participants is formal and brief for this type of participant observation, it still allows the researcher to observe participants in their ‘natural setting’ (Roper & Shapira, 2000). In this study, the observation sessions allowed the researcher to view the types of educational experiences nursing students have regarding culture, diversity and cultural care.

Two classes of first year students (n = 21, 19) and two classes of fourth year (n = 16, 15) students agreed to participate in the study through informed consent (see Appendix A). Students also agreed to provide demographic information (Appendix E). None of the students declined or withdrew from Phase One of the study.

Informed consent in Phase One included a description of the research study, commitments involved, confidentiality, rights to withdraw and contact information. Once consent was received, two 6 hour classes were observed in the first year and two 1.5 hour classes were observed in the fourth year. During the observations, notes were taken of the various interactions and topics discussed by participants. Careful observation of body

language and other non-verbal communication was recorded. Participation by the researcher was minimal to obtain an uninterrupted account of the way students learn about culture, diversity and cultural care in the classroom.

Phase Two: Focus groups. Focus groups were conducted to obtain a range of ideas about culture from an interactive student discussion (Krueger & Casey, 2000; Morgan, 1997). Krueger and Casey (2000) and Morgan (1997) recommend that at least three to four focus groups be conducted with six to twelve students each. Similar numbers were achieved, but three of the first year focus groups became individual and two-person interviews. Demographic information is further described in Chapter 4.

The first focus group was conducted with the help of one of the graduate supervisors to assist with questioning, group dynamics and note taking. Two other graduate students assisted with note taking for subsequent focus groups. The graduate co-supervisor and graduate students signed a form of confidentiality to maintain ethical standards (see Appendix F).

The focus groups were conducted in quiet and comfortable classrooms at the university and college, depending on student preference. Participants were welcomed as they arrived and refreshments were served. An overview of the focus group procedures and a set of ground rules were established. For example, all members of the focus group had to agree to respect all points of view and allow each member to speak without interruption. Informed consent (see Appendix G) and demographic information (see Appendix E) was obtained from each participant. Informed consent in this phase included information about the research study, commitments involved, confidentiality, rights to withdraw and contact information.

During the focus groups, students were asked a variety of questions related to culture, diversity and cultural care (see Appendix H). The focus group questions were simple in the beginning of the discussion and progressed to more complex and challenging questions (Krueger & Casey, 2000). As the discussion transpired, notes were taken by the graduate student volunteer about the ideas expressed by students. The researcher then concluded the session and thanked the participants.

Journal. A fieldwork journal was kept by the researcher to log thoughts, feelings and experiences before and after the participant observations and focus groups (Holloway, 1997; Spradley, 1979). This journal was utilized during the analysis as another source of data.

Data Analysis

Data for this ethnography were analyzed as soon as they were collected (Roper & Shapira, 2000). Each audio tape was transcribed verbatim by a trained and trusted transcriptionist. The transcriptionist was required to sign a confidentiality agreement (see Appendix E). Data were coded by-hand to increase the researcher's contact and familiarity with the data. Transcripts and field notes were read in a line-by-line fashion and coded into categories (Roper & Shapira, 2000). Categories were formed by labelling and linking concepts found in the data (Holloway, 1997). These categories were then collapsed into themes. Themes were created by taking clusters of related categories and making them into large units (Holloway, 1997). Data from the journal and field notes were analysed in an identical manner.

Once the analysis of the transcripts and field notes were completed for first year students, linkages were made to the data obtained from the first year participant

observations (Holloway, 1997). These linkages were made by comparing and contrasting the findings from each phase.

After the transcripts and field notes from the fourth year students were analyzed, data were linked to information obtained from the fourth year participant observations. All data (including interviews, focus groups, participant observations and field notes) obtained from the first year students were compared and contrasted with the fourth year student data.

Interpretations were made about the data after it was organized and analyzed (see Chapter 5). Student views of culture were compared to both essentialist and constructivist views of culture. Recommendations for students, educators, nursing programs and researchers regarding the education of students about culture, diversity and cultural care are available in Chapter 6.

Demographic information for all three phases was analysed using Statistical Package for the Social Sciences (SPSS Version 13.0). Demographic information was transferred into four meaningful tables (see Chapter 6).

Scientific Rigour

The merit of qualitative research is determined by the rigour or trustworthiness of the study (Creswell, 1998; Lincoln & Guba, 1985). Trustworthiness is equivalent to the ‘validity’ and ‘reliability’ needed to establish integrity in quantitative work (Creswell, 1998; Lincoln & Guba, 1985). In this study, trustworthiness will be determined by the credibility, transferability, dependability and confirmability criteria established by Lincoln and Guba (1985).

Credibility. The scientific rigour or trustworthiness of this study was addressed in a number of ways. ‘Credibility’ is attained when a researcher is able to present findings and interpretations that represent the original multiple realities of the participants (Lincoln & Guba, 1985). By already being familiar with the context and participants in the study, credibility was established by quickly building trust with participants to minimize misrepresentations of participant views (Lincoln & Guba, 1985).

Credibility was also established by data triangulation (Creswell, 1998; Lincoln & Guba, 1985; Rinaldi Carpenter & Jenks, 2003). Data triangulation occurs when several data collection techniques are used to study the same research question (Holloway, 1997). The use of multiple data collection techniques is thought to improve trustworthiness by studying the same phenomenon from several different perspectives (Holloway, 1997). In this study, observations and focus groups were used to enhance study credibility.

Member checking was also used to increase credibility (Lincoln & Guba, 1985). Member checking allows participants to confirm or refute researcher findings and interpretations (Holloway, 1997). If members agree, the trustworthiness of the research study is greatly increased. During the focus groups, notes were taken on large poster board of the major topics or responses identified by students. At the end of each session students were asked if the notes represented their views accurately. None of the students from either year were unsatisfied with the notes taken during focus group interviews.

Trustworthiness will also be increased by discussing the research findings and interpretations with the supervising research committee members. Discussing the findings with the committee members will allow the data to be scrutinized by multiple perspectives (Creswell, 1998).

Transferability. ‘Transferability’ is achieved when the researcher is able to provide data that is detailed enough to allow readers to determine if past ideas still hold (Lincoln & Guba, 1985). To establish transferability ‘thick’ description of the data was utilized (Creswell, 1998; Geertz, 1973; Lincoln & Guba, 1985). To achieve this, detailed descriptions of student views and actions were provided to readers. Direct quotes were preferred over paraphrasing to allow readers to obtain a strong sense of the participants’ experiences.

Dependability and confirmability. ‘Dependability’ and ‘Confirmability’ are equivalent to the criteria of reliability in quantitative research (Creswell, 1998; Lincoln & Guba, 1985). If a study is reliable, results are said to be consistent, predictable, and repeatable (Lincoln & Guba, 1985). In qualitative research, researchers strive to ensure the best possible research, though they acknowledge that results change over time (Creswell, 1998, Lincoln & Guba, 1985). Rather than testing and re-testing, qualitative researchers audit the research process in order to ensure the process and product of the inquiry is satisfactory (Lincoln & Guba, 1985). In this study, the researcher kept detailed records of the research process, data, decisions, analysis and interpretation for audit by the research supervisor and committee.

Ethical Issues

Prior to investigation, a research proposal was submitted for ethical review. The proposal was submitted and accepted by both the Ethical Review Committee for Human Subjects at the university and Ethics Committee at the college. The following are the main ethical considerations within the proposal: informed consent, language requirements, confidentiality, and anonymity.

As discussed earlier, informed consent was obtained from all participants in the study. The forms provided to participants were written in simple language with a reported reading level of no more than grade eight. All participants were also given the opportunity to ask questions about the study until satisfied.

Confidentiality was maintained by ensuring that participant names were not used on any of the documents, publications or presentations produced as a result of the study. The transcriptionist and note-takers were required to sign an Oath of Confidentiality (see Appendix E) assuring the researchers and participants of confidentiality related to all aspects of the study. Only the principle researcher and supervisor had access to participant identities and raw data.

To ensure participant anonymity, pseudonyms were used in the place of participant names. Participants were also given the opportunity to use particular pseudonyms if desired. The data and contact information were stored separately in a locked filing cabinet in the graduate student's office. All data related to this study will be appropriately disposed of five years after completion of the study.

Dissemination Strategies

Once this thesis study is complete, research findings will be disseminated to participants, nursing educators and program leaders. Short presentations or summaries will be provided for each group. A short summary of the research findings will also be provided to participants upon request as outlined in the informed consent.

Summary

Congruent with a constructivist philosophy, a focused ethnography was chosen as the research method to guide this study. A population of first and fourth year nursing

students were accessed through sequential sampling. Data was collected through participant observation and focus groups with both first and fourth year nursing students. Data was analysed using 'line-by-line' thematic analysis. Data for the first and fourth year students were analyzed separately and then compared. The results of this research study are presented in the next chapter.

Chapter Four

Data Results

The purpose of this chapter is to describe the findings of this thesis study. A description of the undergraduate nursing program is provided to orientate the reader to the context of the study. First and fourth year demographic information, observation data and focus group data are presented. The data in this section provides important insight into student ideas about culture, diversity and cultural care. As mentioned previously, pseudonyms are used to maintain participant anonymity.

Program Description

The nursing program accessed in this study is a collaborative program between a local college and university. Students spend the first two years of their baccalaureate degree at the college and complete the remaining two years at the university. The program utilizes a Problem-Based Learning (PBL) approach that promotes student-led learning under the guidance of faculty. The program also includes a number of clinical experiences in various acute, rural and community placements.

Concepts of culture, cultural care and diversity are incorporated throughout the program. Concepts are delivered primarily through case scenarios in the PBL courses. The scenarios often include clients of particular ethnic backgrounds or address ideas such as racism or prejudice in the nursing profession. Students have some choice in the scenarios they address, so not all students have the same experience with concepts related to culture, diversity or cultural care. Also, the work conducted by students can vary because of the student-directed nature of PBL courses. However, all students engage in

five hours of activities dedicated to learning about culture and cultural care in their first year therapeutic communication class.

First Year Student Data

Demographic Information of Phase One for First Year Students: Participant Observation

Demographic information for first year student observations is reported in Table 2. Two observations were completed with the first year students. Forty of 174 first year students (23.0%) participated in Phase One of the study. The majority of the students were female (87.5% (n = 35)), while only 13% (n = 5) were male. All of the students were between 18-29 years of age. Only one first year student reported experiencing a cultural encounter in clinical practice. Several students reported attending culture-related classes (20.0% (n = 8) or courses that address cultural issues (32.5% (n = 13)).

Table 2

Demographic Information of First Year Observations

Variable		Year 1 Observation 1	Year 1 Observation 2
N		21	19
Age	18-19	13	12
	20-29	8	7
	30-39	.	.
Gender	Male	2	3
	Female	19	16
Number of Culture Related Assignments Completed	0	20	14
	1-5	1	4
	6-10+	.	.
Number of Cultural Encounters Experienced in Clinical Practice	0	21	18
	1-5	.	1
	6-10+	.	.
Number of Students that Reported Attending Culture Related Courses (Non-Nursing)		4	4
Number of Students that Reported taking Nursing Courses that Address Cultural Issues		5	8

First Year Observations

During the time of the study, the first year students had just begun the first semester of the nursing program. I attended two culture-related sessions that took place during the students' 6-hour therapeutic communications class. Students in both classes received a resource list and several study guide questions to complete before the day's activities. Both classes completed four to five of interactive activities to enhance their learning about culture and cultural care. Each activity will be explained through the field notes collected during each observation.

First Year: First Observation

The first observation took place in a large nursing lab/classroom at the college. The room had large windows, several practice patient beds and desks for the students. There were 21 students and one instructor in the class. The desks were arranged in a half circle at the front of the classroom. The students and instructor in this classroom created a positive and enthusiastic atmosphere. Students were fully engaged during all classroom activities.

Students began the class with an activity called "How Well Do You Know the People Around You." The purpose of the activity was for students to discover some of the cultural experiences and characteristics of their peers. Students received an activity sheet to guide their search. The activity guide contained several characteristics such as, "Can speak more than two languages," "Has taken a course or a workshop on cross-cultural training," or, "Can sing a song in a language that is not English." Students met in one corner of the room to find as many peers as possible to meet the criteria on the

activity sheet. The room filled with noise, laughter and song and soon a few of the students completed the activity.

Before the class had a chance to discuss the activity, one of the students volunteered to sing a song she learned while spending six months in South America. She talked a little bit about her experiences and the differences she encountered during her travels. Other students also discussed international experiences and knowledge gained from peers. One student mentioned that she did not know India had many different languages. The activity seemed to encourage students to explore differences and challenge prior knowledge. However, the activity also revealed that students and instructors generally relate culture to ethnic, regional or language differences.

After experiences were explored, the instructor asked the students to define culture. Students said that culture was related to language, social norms, beliefs and values. They defined culture as deep-rooted and related to differences between countries. Some students spoke out and said that there are also many differences between people within countries. The students also characterized nursing as a culture. They had noticed how much people respected them as student nurses. These descriptions of culture indicate that students and instructors still think of culture as something tangible and related to people marked as ‘different.’

The instructor also asked the students about the importance of understanding different cultures. Though students did not directly answer the question, they did acknowledge that they would encounter ‘other cultures’ in their practice. The term *other* suggests that students compare ‘culture’ to perceived societal norms (often white-middle class).

Students also suggested that it would be impossible to understand the ‘differences’ related to every ‘culture.’ As an alternative students said they could learn to be unbiased, open, respectful and aware of ‘other cultures.’ Though students have noble intentions, they cannot be unbiased and aware when they do not recognize they are ‘othering’ or comparing people with societal norms. The students did not appear to recognize the influence of societal beliefs on their views of people marked by ‘cultural’ categories.

Study guide questions. After the discussion about culture, students broke into seven groups to address the study guide questions related to culture. The first group was asked to describe the functions of intercultural communication. The students stated that culture influences the way people view each other, think about the world and behave. The group gave examples of differences in verbal behaviour. They said that some cultures tend to be loud while others can be quiet. However, Michelle (pseudonym) argued that these generalizations about behaviour are not always true. These ideas demonstrated that students thought of language ‘differences’ as a marked category of culture.

The second group of students were asked to describe relevant nursing considerations when communicating with individuals from other cultural/language backgrounds with regards to slang clichés, paralanguage and nonverbal differences. The students said that slang and clichés should be minimized to avoid misunderstandings. They mentioned that the meanings behind slang and clichés do not always transfer between different culture and age groups. Marie also stated that paralanguage, or vocal non-verbal communication (e.g. crying) should not be used because it can also be unclear for clients. Finally the students said that students should learn to be aware of non-verbal

communication because it can have different meaning for different groups. For example, they talked about physical contact with feet and how it can mean very little to some groups and yet mean a lot to other groups.

Cassandra discussed the need for students to be aware of their verbal and non-verbal communication to avoid behaviour that might be interpreted as hurtful by others. The students directed the class's attention to an information sheet about hand gestures. They told the group that hand gestures can be interpreted many ways. Barbara said a gesture that may mean very little to 'Canadians,' but could be quite offensive for 'other cultures.' The emphasis on understanding a variety of verbal and non-verbal communication confirmed students' list/trait/attribute approach to culture.

The next group of students were asked to discuss how nurses should interact with a client from 'another culture' when meeting for the first time. The students stated that the nurse should introduce him/herself and ask the client how they would like to be addressed. Also, the nurse should be sure to pronounce the client's name correctly. The students also instructed the class to be aware of non-verbal cues and develop an understanding of cultural backgrounds to be respectful of differences. Kimberly mentioned that it is wrong for the nurse to believe that his/her way is the right way. Several students also added that it is wrong to make assumptions about clients based on appearance. They felt it would be better for the nurse to ask clients about him/herself before making judgements about their behaviour. This point was likely made because of the ineffectiveness of using generalized information on particular people based on appearance.

The fifth group of students examined key concepts related to working with clients experiencing language barriers. The students told the class that the nurse must use simple language and give the client adequate time to interpret responses. The students also said that nurses should also not rely on brochures or other written information for teaching unless the information is written in the client's language. Charlie emphasized that limitations in English do not mean that the client is unintelligent. The students believed that more experience with languages would help them learn how to respond as they develop as practitioners.

The sixth group of students addressed guidelines for working with interpreters. They stated that family members should not be used as translators because they may not deliver information accurately and could create issues with confidentiality. The students recognized that clients may be more comfortable with translators of particular genders or ages. The students said the nurse should orientate the translator to the goals of the conversation and make sure the translator is comfortable with the situation. They believed the nurse should look at the client while speaking, rather than the translator. They also told the group that the nurse should ask the translator to clarify if necessary and to ensure that the client understands all information. However, the class was not encouraged to discuss how to obtain a translator or what to do if translators are not available. Students also did not consider the implications related to power and health when clients are denied translators. For example, students did not discuss how clients may be disempowered when they are deprived of translation services.

The subsequent group of students discussed the influence of culture on the therapeutic relationship. The students believed that feelings, attitudes and behaviours

regarding health, healing, illness and death are influenced by culture. The students also warned the group that culture could create barriers in communication. However, students did not discuss larger social issues, nursing attitudes and institutional policies could contribute to these communication barriers.

The final group of students had to develop several questions or ideas that could be used to assess a 'culturally diverse' client. Students considered the clients' biographical data, view of the health concern and individual needs (see Table 3). The students discussed the importance of listening to clients and their stories. The students also recommended that their classmates use reflective questions to obtain information important about the client. The students recommended that the class read Arnold and Boggs (2007) for other questions and ideas.

Table 3

Student ideas to assess the culturally diverse client

- Obtain biographical data
- What caused the problem?
- How did the problem develop?
- What do you prefer to do?
- Do you have any beliefs that we can incorporate into your care?
- Obtain information about cleanliness and modesty
- Can we make you more comfortable?
- Are there cultural ways to discuss illness?
- Ask about rituals and religion
- Ask about responses to stimulus and pain

Throughout the discussion concerns were raised about making incorrect assumptions about clients. Participants felt that incorrect assumptions were often made about visible minorities. However, several students emphasized that ethnic background

does not necessarily determine cultural background. Perhaps some students felt that 'visible' ethnic background was often mistaken as 'cultural' background.

Some of the students in the group were also concerned that asking about culture could be offensive. The group responded by encouraging the students to avoid assumptions based on physical appearance. Nevertheless, students were not encouraged to critically assess their own assumptions about 'cultural backgrounds.'

Group activity. After answering the study guide questions, the students were divided into two groups. Each group was given a description of a fictitious 'cultural group' for them to enact. Group 1 was described as talkative, touchy, emotionally expressive, family-orientated and respectful of history. Time was unimportant to Group 1, women were to act like leaders and the grandmother was the head of the family. Group 2 were to be reticent, dislike expression of emotion, avoid physical contact, and prefer the nuclear family. There were many rules for behaviour for Group 2; time was important and the father was the head of the household. Both groups pretended that Group 1 invited Group 2 for dinner.

It was clear that both groups enjoyed the role-playing activity, but there was also tension and discomfort throughout the interaction. Students said they found 'differences' awkward and often felt the other party was inconsiderate. They believed that differences could be accentuated when the client was 'different,' not only because they were ill, but also because the health care system could be an unfamiliar context. Students did not recognize that the health care system often creates barriers for those 'marked' as diverse.

The group role-playing activity also made students realize that assumptions about beliefs were not always accurate. For example, some of the students said that men who

spoke for their wives were not always repressive; sometimes it was just personal preference. Though the activity allowed students to explore some of their assumptions, they were unaware of the way they viewed differences. Students did not notice that they often associated ‘difference’ with marked categories like ethnicity or negative concepts such as *repressive*, *barrier* or *inconsiderate*.

Green-haired people story. Following the group activity the instructor read the students the green-haired people story. The story was about a boy who was raised to have prejudice views against green-haired people. The story helped the students to discuss the influence of parents and upbringing on their present beliefs. Students also recognized that socialization for particular beliefs was not always continued by children; some children decide not to adopt racist views. However, students did not discuss any of the racist or discriminatory beliefs or behaviours that may influence them in nursing, healthcare or society.

Video. At the end of the class the students watched a video about Transcultural perspectives in nursing (Concept Media, 1993). The video warned about generalizations, but used a panel of generally accepted ‘cultural groups’ from the United States of America (African-American, American Indian, Asian-American, and Latino) to discuss aspects of verbal and nonverbal communication. The video also made suggestions about how nurses could behave with ‘cultural groups.’ It suggested that nurses gain trust by listening carefully and addressing the client formally. The nurses should also not be “colorblind” or pretend to understand what it is like to be different. Finally, the video discussed reverse racism or racism against the nurses and ideas for responding to racism.

When the video ended, the instructors acknowledged that the video material was outdated. Several students said that they felt uncomfortable with the video content. They believed that the video portrayed most nurses as white females, even though they thought this was not the case.

The video also inspired the students to ask the instructors about ‘cultural groups’ in their community. The instructors discussed some characteristics of Aboriginal, Hutterite and Japanese groups in the community. Again this discussion demonstrated that students and instructors relate ‘cultural groups’ to groups that are socially marked as ‘different’ or ‘exotic.’

Summary. Data from the first observation revealed many student ideas about culture. Students tended to discuss ‘culture’ in terms of ethnic, regional, verbal and non-verbal communication (language) and regional differences (marked categories of difference). Students often *marked* ‘other cultures’ as different from Canadian or visibly different from the white middle-class. Some students suggested that some people marked by particular labels should be treated with particular behaviours. Only a few students challenged or disagreed with these views of culture.

Students also related ‘culture’ to differences in beliefs and values. Students did not discuss any constructivist or critical views of culture, nor did they clearly define the term ‘diversity.’ This demonstrates that students’ understandings are partially limited by the knowledge of instructors. If instructors are unfamiliar with constructivist or critical views of culture, it is unlikely that students receive this information.

Class activities allowed the students to explore and discuss their ideas about culture and cultural care. Most activities encouraged students to be aware of ‘cultural

differences.’ These ‘cultural differences’ mirrored socially accepted views of ‘different’ or ‘exotic.’

Students discussed behaviours and values related to specific cultures. The information provided was meant to help students avoid misunderstandings and communication barriers. However, it seemed that these activities were aimed at empowering students, rather than encouraging students to discuss or challenge ‘cultural’ labels.

Students and instructors often discussed particular countries or ethnicities when discussing cultural care. An assumption was also made that ‘cultural’ clients would have language barriers. Students were taught a number of ‘techniques’ to enhance their ability to care for clients from ‘other cultures.’ Students were taught to be unbiased, open and respectful, but little information was given about why these techniques should be used specifically with ‘cultural’ clients as opposed to ‘non-cultural’ clients.

First Year: Second Observation

The second observation took place in a smaller nursing lab/classroom at the college. The room was small with no windows. There were several practice patient beds and desks in the room. The desks in the room were arranged in two parallel rows that faced each other. The instructor sat at one end of the desks and the students filled the 19 other spaces. The atmosphere in this classroom was also positive, but slightly less enthusiastic than the first observation class. Many of the students did not engage in the conversation or at times seemed apathetic to the discussion.

Video. This group began the cultural activities by watching the video about Transcultural nursing. When the video ended, one of the students in the group said they

felt the video was condescending. Again the instructor acknowledged that the video was outdated, but also said it would give the class the opportunity to talk about race, prejudice and differences.

The instructor asked the students about the meaning of the statement, “Race is more than skin deep.” One student said that the statement had something to do with racial and class divisions in the USA. The instructor then asked the students where they might see these divisions in Canada. The students talked about divisions between Asian groups in universities, French and English in divisions in Quebec as well as racism against Aboriginal populations. Students did not discuss any of the social, political or historical factors influencing and maintaining racist views in nursing or Canada.

The instructor then talked to the students about the influence of family on oppression and personal biases. One student said it was natural to have biases and difficult to not adopt them from family members. Other students said that prejudice was related to a fear of differences and could be experienced by anyone. The instructor agreed and gave an example of prejudice she experienced while working as a nurse in a hospital. She told the students that reflection and self-awareness would help them act appropriately in these situations. The instructor gave little information about how this reflection and self-awareness could help ‘cultural’ nurse-client interactions.

Green-haired people story. Following the video the instructor read students the green haired people story. Students in this group talked about how their views of difference were influenced by society, parents, religion/spirituality and gender. International experiences were particularly important to this group. It was clear that these

experiences promoted awareness and challenged previous views of ‘difference.’

However, power structures related to these ‘differences’ were not discussed.

Gestures. The students in the second observation also talked about differences in verbal and nonverbal behaviour of people from specific countries, ethnicities and religions. The instructor asked a few students who had lived in other countries to give examples of ‘differences’ from their ‘cultures.’ Some of the students that were targeted (those from visible minorities or with accents) seemed uncomfortable and unsure of their responses. The instructor intended to emphasize the importance of understanding differences to avoid misunderstanding the meaning behind behaviours. However, encouraging students to be spokespersons for entire populations was likely inappropriate.

Group activity. The class also participated in the two-group role-playing activity. During the activity some students were comfortable, but some scarcely participated. After the activity the students said they felt awkward because it was difficult to change their personal nature or behaviour. The instructor asked the students about their attempts to bridge communication and find common ground. The students said that they used the food as a bridge or tried different types of questions. However, students did not discuss the impact that their responses could have for ‘different’ nursing clients.

Summary. Data from the second observation revealed findings similar to the first observation. Students used an essentialist or attribute/trait list approach to culture by relating it to regional, ethnic and religious differences. Students associated general traits or behaviours with particular countries, ethnicities or religious groups. These generalizations may have contributed to some of the discomfort and distance observed

from some of the students during the observations. It was uncomfortable when students were asked to discuss their ‘culture’ during the observation.

The video about culture also seemed to be a source of discomfort for students and instructors. Likely the video was quite outdated and contained information which has less relevance for current Canadian nursing contexts.

Demographic Information of Phase Two: First Year Focus Groups and Interviews

Focus groups and interviews for the first year students were completed two weeks after Phase One of the study. During this period of time a number of the students had their first clinical experiences. Demographics for first year focus groups and interviews are reported in Table 4.

Table 4

Demographic Information of First Year Focus Groups and Interviews

Variable		Focus Group 1	Dyad Interview 1	Dyad Interview 2	Individual Interview 1	Total
N		6	2	2	1	11
Age	18-19	2	1	1	.	4
	20-29	3	1	1	.	6
	30-39	1	.	.	1	1
Gender	Male	.	.	.	1	1
	Female	6	2	2	.	10
Number of Culture Related Assignments Completed	0	3	2	2	.	7
	1-5	3	.	.	1	4
Number of Cultural Encounters Experienced in Clinical Practice	0	3	2	2	.	7
	1-5	2	.	.	1	3
	6-10+	1	.	.	.	1
Number of Students Reported Attending Culture-Related Courses (Non-Nursing)		.	.	.	1	1
Number of Students Reported taking Nursing Courses Addressing Cultural Issues		5	1	.	.	6

Eleven of 174 (6.3%) first year students participated in the second phase of the study. Six students participated in one focus group, 4 students participated in two dyad interviews and 1 student participated in one individual interview. The majority of students were female (90.9%, n = 10) and 18-29 years of age (90.9%, n = 10). The first year students reported little exposure to concepts of culture, cultural care and diversity upon entering the program. Six of 11 students (54.5%) reported discussing cultural issues in the therapeutic communication course.

First Year Focus Groups

Three main themes, 'Encountering Difference,' 'Increasing Awareness' and 'Learning from Experience' emerged from the first year focus groups and interviews. Students associated culture and cultural care with 'Encountering Differences.' They believed cultural care was related to 'Increasing Awareness' of client differences, preferences and personal views of racism. Students also emphasized the importance of 'Learning from Experience' to obtain knowledge about culture and cultural care. The focus groups took place two weeks after the students completed their six hour culture-related class.

Encountering Difference

The first theme, 'Encountering Difference,' developed from student definitions of culture, diversity and cultural care. Students consistently associated culture, diversity and cultural care with perceived 'differences.' Students described differences in, "Region...language and religion...accent...skin color...and dress." Definitions related to these differences are described in the following section.

Students defined culture as ‘difference’ in country, region, language, race, age, gesture, skin color, clothing, ethnicity and religion. One of the groups described culture as, “Different colors, different types of dress...you just learn that everybody is different....you hear different things that they do at different times of years....different religions....different gestures.” This attribute/list approach to culture is common within essentialist approaches to culture.

With such an emphasis on ‘differences,’ students were asked how they recognized a person as ‘different.’ Students responded, “When you find something that distinguishes [a person], that’s different.” However, students were unaware that they often used ‘white middle-class’ people as a reference point to which ‘differences’ were compared and identified.

Students also defined diversity as ‘difference.’ Claire defined diversity as, ‘Differences between each person, whether it’s just two individuals or different cultures.’ Another student said, “[Diversity is a] mosaic of different cultures, different religions, different backgrounds....we’re different, we’re not all the same.” This ‘mosaic’ view of diversity relates to commonly held views of diversity in Canada. It is not surprising that students’ views did not change because diversity was not addressed in class.

When students were asked to describe cultural encounters they said these encounters were like ‘Encountering Difference.’ They said cultural encounters were scary or shocking at first, but then became comfortable. One student with nursing-related experience said:

I came across difference every day and the first time you’re thrown off, ‘Okay I don’t know what to do’ and ‘I don’t know what anyone thinks,’ and you’re just

kind of overwhelmed by it all, because everyone is so different from you, and never had any experience with that....but I find that I just kind of let them take the lead and see how they would want me to behave towards them and treat them, and I just kind of built on that...(Jessica)

This response suggests that students sometimes relate 'culture' or 'differences' to negative or scary experiences.

Students were taught about the influence of culture on beliefs, values and behaviour. For example, Ann said, "[Culture] shapes everything we do...from the food we eat, to social etiquette, to the way we talk, to how we relate to and respect people." Students said they were also taught, "Specific knowledge about different cultures."

Students gave several examples of 'cultural groups' including ethnic and racial groups, teen culture, sport cultures, religious groups and nursing culture. Paradoxically, some of the students seemed to define 'different' cultural groups by the similarities between people. For example, Nikki said:

Nursing itself is even a culture, because I know that a lot of my friends...they're in the nursing program or I work with them, because we can talk about the same things, we have the same experiences, we can relate to each other....anything that brings people together gives them a culture, something they have in common that they can share.

Students did not recognize that the only consistent similarity between 'cultural' groups is the label people are given by society. Students were not encouraged to discuss the implications of socially accepted 'cultural' labels.

Summary. Overall, first year students believed culture, diversity and cultural care were related to ‘differences.’ There was little variation between student definitions of culture and diversity. Students seemed to be unaware of the development and history behind these terms.

Students learned that cultural encounters were like ‘Encountering Difference.’ They were taught that differences influenced client beliefs and values. Students were also taught to learn about generic ‘cultural’ groups, in which people were grouped by similar labels. However, students were not encouraged to explore the origins or power structures related to these labels.

Increasing Awareness

The theme “Increasing Awareness” emerged from student discussions of cultural care. Students from each focus group said they were taught that increased awareness of client differences and preferences were required for cultural care. Students said they learned, “To be aware of differences between people” and, “To ask [the client] what they prefer...instead of just assuming because of their culture.” Students also discussed increasing self-awareness to avoid offense or racism. Students frequently said that empathy, openness and awareness of individuality were needed to understand cultures. Instructors also increased student awareness of racism against nurses. These ideas are explained in-depth in the following section.

Students consistently said they were taught to be aware of ‘cultural’ differences. For example, “[We were taught] an awareness to [culture], and openness to it as well as...having specific knowledge about different cultures.” The group role playing activity reinforced this by teaching students, “just to be aware of differences...meet in the middle

instead of pushing [in another direction].” It seemed that instructors encouraged students to be aware of differences instead of discussing the care needed when there is conflict between client and nursing values.

Students were also taught to be aware of client preferences. Often they were told to react to specific cultures with particular behaviours. Amber said, “Some Asian cultures, they’re very quiet and reserved...and it may be hard to get information from them, so you should try to use more open-ended questions.” The group role-playing and gesture activities emphasized the need for students to be aware of client preferences. For example, the gestures activity:

Showed you that you have to be very conscious of what you’re doing when you’re relating to other people. Even in relation to how you are standing, your posture and everything, because it can affect the other person, especially if they are not used to it, they might perceive it differently...completely opposite of what it is, and can greatly affect your ability to communicate with somebody. (Angela)

Students did not acknowledge that nurses could also incorrectly perceive or respond to client behaviour. As discussed earlier, student perceptions of ‘difference’ as scary, negative or shocking influences nursing responses to ‘difference.’

In addition to understanding differences or preferences, students said that empathy was required for cultural care. When the students were asked what most helped them understand culture, one student replied:

Eating with blindfolds on and walking with our shoes tied together, to help understand the elderly...[it helped me] to understand how it would feel in that situation...I don’t know if that really compares to culture, but I find....that we

need to understand how they're feeling about it....it's empathy, putting yourself into someone else's shoes. (Ann)

This passage demonstrates that common societal views influence the way nursing students perceive differences. In this case, students related the elderly to disability, a common negative misconception held about this group.

Students also discussed the need for increased self-awareness to avoid offense or racism. Jessica said, "I learned just be aware of what you're doing so you're not offending people," and, "Just be aware of your own feelings so that you don't put them on a client...make sure it's all about the client, don't pull yourself into it." Another student said, "If you want them to respect what you believe in and your values, you have to do the same to them even though you don't agree with them." This response reveals that students believe they must 'give-in' to other values, even if they believe they are 'wrong' or do not coincide with nursing values. Many students do not seem to recognize how they unconsciously compare client views with nursing values.

A few of the students indicated that ethics played a role in the cultural care. They recognized they would face ethical dilemmas because of differences in beliefs and values. Jill stated:

We didn't really discuss [how to determine what you think is right and wrong].

Ultimately I suppose it would be in the best interest of the client and what's going to be most effective in terms of their care, but you also have to be aware that the client has to be completely on board with the plan. We were talking about feeding you know...if somebody really doesn't want to eat, you can't make them eat.

Again this statement reveals the unconscious comparisons made between client and nursing values. Students may believe a patient should eat, but ultimately they are forced to ‘give-in’ to the client’s decision. These ‘unconscious’ comparisons may need to be exposed to help students recognize that they should carefully consider client decisions. Self-awareness activities may help students become conscious of value comparisons.

The importance of self-awareness was further emphasized by the “Green-Haired People” story. Students recognized that upbringing could foster racist views. The students said that openness was needed to avoid racism and discrimination. Brittany commented:

You need to learn to be able to question you know, why are they saying that, where does that belief come from, so you can kind of figure out for yourself what you believe to be true and be open-minded and not judge people.

Although openness was important, Peter realized, “If I was open to [culture I thought] that would be enough, but we’ve had to learn things about different cultures or religions that I didn’t know about.” Students were often encouraged to learn about other cultures through cultural texts.

Students had mixed feelings about the use of texts to understand culture. Stephanie said, “[Reading a text] is like getting a background before you actually meet your client.” Other students said, “I think just to rely on a source to explain things....it’s just that they’re so generic,” and, “It’s great to read about different cultures, but it’s also really general...you can’t say that everybody from this culture is going to be like what it says in the book, because everybody’s unique.”

Many students stressed the importance of learning about client individuality to avoid generalizations. Angela said, “Talking to your peers about their cultural norms is

helpful....[it shows] most cases are not what they seem and you should approach everybody with a completely clean slate.”

When students were asked about racism, they said the subject was discussed very little by nursing instructors. The video that students watched enhanced discussion about racism, because students found much of the information stereotypical. “[The video] wasn’t encouraging you to explore with the patient, it was more like, ‘if your patient is this race, make sure you don’t do this.’”

The video also encouraged first year students to discuss racism towards nurses. Hannah commented:

It came as a shock...where the one guy was racist towards the nurse and you just don’t really think you come across that very often, but you do and you have to realize it and know how to deal with it.

The students said they learned, “If we were really uncomfortable just to ask to be assigned to a different patient,” and, “Just be assertive and get it across that you are not being prejudice.” This finding indicates that students may not be encouraged to critically examine nursing care or institutional policies when complaints of discrimination come forward.

Summary. This theme “Increasing Awareness” revealed several findings about what students are taught about cultural care. Students said they were taught to be aware of differences and preferences to meet client needs. For some students, this meant learning about various ‘cultures’ in textbooks before meeting these groups in clinical practice. This approach to cultural care could promote the stereotypes and generalizations that nursing instructors encourage students to avoid.

Other students said they learned to ask their clients about differences and preferences. This approach would allow students the ability to assess individual needs and work towards client goals. First year students did not seem to recognize or discuss how they have been socialized to respond to perceived differences.

Students were taught that self-awareness was needed for cultural care. Students believed that self-awareness would increase their awareness of racist views and allow them to respect client beliefs. Self-awareness activities, such as reflection, may also encourage students to reflect upon personal beliefs or institutional barriers that make health care services adverse to ‘cultural’ patients. However, self-awareness may not always be simple or realistic.

Empathy, openness and individuality were important to first year students. They wanted to understand different viewpoints, and be open to ‘new’ client needs and ideas. Students also felt that treating each person as an individual was important to avoid generalizations. Conversely, instructors encouraged students to respond to certain groups with particular actions. Again, the use of this generalized information may promote stereotyping that both instructors and students wish to avoid.

Students were also given a chance to discuss racism as well as racism against nurses. Students did not seem to have a comprehensive understanding of racism and admitted that these issues were not discussed thoroughly by instructors. Students may need more support from instructors and programs to examine these important issues.

Learning from Experience

The final theme “Learning from Experience” came from student discussions of the value of experience to learn about culture and cultural care. Students said learning

about culture was, “More practical...you can’t read it out of the textbook,” and, “As we go on we’ll get more hands-on experience, which I always find is the best teacher.” First year students requested more ‘cultural’ experiences as well as more classroom discussion about cultural issues. These ideas are further explored in the following section.

Several students felt that knowledge about culture was often obtained more through interaction than through classroom work. Nikki explained:

I think interaction is where I learn the most, because the more you interact with people from other cultures...I’ve seen them in different settings and when they’re stressed or when they’re hurt, and when they’re sick, how they react, you’ll just learn more and more.

Another student disagreed by saying, “You need all aspects of learning to get the whole picture.”

As a result of the emphasis students placed upon cultural experience, students requested more clinical experience with cultural groups to enhance their learning. They requested more opportunities to interact and learn about local cultural groups. For example, Stephanie said, “I think a focus on the cultures that are in the area would be beneficial.” Students suggested field trips, tours, volunteer opportunities or presentations to gain additional knowledge about local groups.

Students also desired additional class time to discuss culture and cultural care. One student said, “You need a bit of prior knowledge before being thrown out there. It’s nice to have that background.... So you can make your mistakes in a classroom instead of with people that you’re going to offend.” Some students felt more time was required to

explore cultural issues in the safety of the classroom before practicing in the clinical setting.

Students also believed it would be helpful to have more examples of cultural encounters from nursing instructors or guest speakers. A number of students suggested the program offer a course about culture. Hannah said, “Potentially a whole class on cultures...there would be enough information to fill a whole class.” They felt that the course would be very useful for their future nursing careers. A course about culture may encourage students to learn about different views of culture.

Despite the amount of knowledge students presented about culture and cultural care, only one student felt prepared for cultural encounters. Several students said they felt they did not receive enough information about how to interact with clients they perceived as ‘different.’ Peter said, “I don’t feel that ‘culturally’ we are getting as much as we could be getting.” Peter also implied that activities, such as the group-role playing activity, were not even discussed in relation to culture. He said, “It wasn’t introduced as a cultural exercise...but a kind of a ‘self-awareness’ exercise.” These responses demonstrate how student knowledge of culture maybe limited by the knowledge of instructors. In this case the instructor may not have been aware that the day’s activities were to assist nursing students to understand culture. Nevertheless, students were hopeful that their confidence would increase as they progressed in their nursing education.

Summary. Given that first year students have not been in the nursing program long, it was not surprising that they requested more theoretical and practical ‘cultural’ experiences. Students may have emphasized the need for more ‘hands-on’ experience because they offer insight that is not currently available in the classroom. Students may

also request more ‘cultural experiences’ because they value essentialist views of cultural care that require them to learn about ‘other cultures.’ This section validates the need for student nurses to learn about constructivist and critical views of culture.

Fourth Year Student Data

Demographic Information of Fourth Year Students for Phase One: Participant Observation

Demographic information for fourth year student observation sessions are reported in Table 5. Two observations were completed with the fourth year students. Thirty-one of 76 fourth year students (40.8%) participated in Phase One of the study. The majority of students were female (96.8%, n = 30) and only one was male. Most of the students were between 20-29 years of age (93.5%, n = 29). Fourth year students reported more cultural encounters and nursing classes/assignments that addressed cultural issues than first year students. However, with both first and fourth year students, only a few reported attending a small number of culture-related courses outside of nursing.

Fourth Year Observations

As previously stated, fourth year students were more difficult to access than first year students. However, two nursing practice classes addressing culture were accessed. Both observations were 90 minutes long and took place in the same large university classroom. The instructor invited two guest speakers to describe their area of practice and a little about culture issues in nursing. There was little student activity or involvement during both presentations.

Table 5

Demographic Information Fourth Year Observations

Variable		Year 4 Observation 1	Year 4 Observation 2
N		16	15
Age	18-19	1	.
	20-29	14	15
	30-39	1	.
Gender	Male	1	.
	Female	15	15
Number of Culture Related Assignments Completed	0	1	1
	1-5	5	7
	6-10+	4	2
Number of Cultural Encounters Experienced in Clinical Practice	0	.	.
	1-5	2	3
	6-10+	14	12
Number of Students that Reported Attending Culture Related Courses (Non-Nursing)		3	3
Number of Students that Reported taking Nursing Courses that Address Cultural Issues		12	12

Fourth Year: First Observation

Students from the initial fourth year class invited a nurse from the transition team of the local hospital to speak to their class. The transition nurse works as a case manager who assists clients through discharge and to appropriate placement or home care services. Although the purpose of her presentation was to describe her position, she also shared her experience and knowledge of cultural issues.

The speaker first spoke to the students about her experiences with clients from particular backgrounds (e.g. Hutterite). She said that some groups do not like to take care of family members at home. She also said that each family and individual had particular preferences for discharge often depending on their financial circumstances. She found that some patient preferences were realistic, while others could be quite unrealistic.

However, she said that sometimes clients could surprise her, despite her expectations of their ability to cope.

One of the students asked the presenter how much control she had over client placement. The presenter said she has very little control and was restricted by health care policies. Along with policy restrictions, the presenter also talked about financial restrictions and the impact of social issues on the use of services. For example, she said that some people who could not afford housing tended to access health care services at particular times of the year. Students acknowledged that some clients do not have the same choices or the same resources available.

Summary. Although there was little student participation in the first observation, it was clear that culture tended to be related to particular ethnicities or religious groups. Students were taught that preferences could be difficult to accommodate, but important to consider. Students were also taught that client needs were often partially determined by health institutions or financial ability.

Fourth Year: Second Observation

The second fourth year class invited an Aboriginal instructor from the University to speak about Aboriginal nursing and the relationship between culture, health and nursing. The speaker began the discussion by addressing the role of culture in nursing. Although she said the role of culture was underplayed during her undergraduate education, she later realized culture influenced beliefs and values of health and well-being.

The speaker also talked to the group about the rewards and challenges of Aboriginal nursing. She said Aboriginal nursing was rewarding because she was able to

give back to her own community. It was also challenging because some members of the community said she was losing her way or her culture.

The speaker then talked to the students about projects she was working on to increase the number of Aboriginal nurses in Canada. She told the group that residential schools and other historical influences resulted in the loss of culture and identity for many Aboriginal people. These influences also had an impact on the number of Aboriginal people entering the nursing profession.

Some of the students in the class began to discuss their clinical experiences at a nearby reserve. Several students said they enjoyed their experiences on the reserve. One student asked the speaker how her people would treat an outsider. The speaker said that if the students were respectful and recognized their limitations they would be accepted.

The class instructor asked the speaker about promoting cultural practices, such as sweet grass ceremonies, with nursing clients. The speaker suggested students promote cultural practices by allowing traditional ceremonies, asking about client needs, taking time to be present, asking appropriate questions and creating an open, safe environment. The speaker also encouraged students to recognize differences and spend time reading about unfamiliar backgrounds or religions.

Summary. During this observation, students were taught about the role of culture in nursing, Aboriginal nursing as well as the importance of promoting cultural health care practices. In accordance with an essentialist view, students were encouraged to use texts to learn about cultures or religions. The instructor recommended that for amicable treatment in an Aboriginal setting, the students be respectful and recognize their

limitations. This may be an area that needs further exploration to understand how students would learn these actions.

Demographic Information for Phase Two: Fourth Year Focus Groups

Demographic information for fourth year focus groups is reported in Table 6. Sixteen of 76 (21.0%) of fourth year students participated in Phase Two. The majority of students in this phase were female (68.8%, n = 11) and in their twenties (93.8%, n = 15). Most of the students had completed at least one culture-related assignment. All of the students reported that culture was addressed during their nursing courses.

There was some variation in the number of cultural encounters reported by fourth year students. Two students stated that all nursing interactions could be considered a cultural encounter because every person has culture. However, five students reported only 1-5 cultural encounters in their practice. This may indicate that some students believed cultural encounters only occur when they encounter someone they perceive as very different from themselves (e.g., racial/ethnic minorities). Overall, the fourth year students reported more exposure to concepts of culture than first year students. Fourth year students also reported taking a slightly higher amount of non-nursing culture-related courses.

Fourth Year Focus Groups

Four themes, ‘Moving Beyond Differences and Ethnicity, ‘Working Together,’ ‘Opening Self to New Possibilities’ and ‘Multiple Perspectives and Experiences’ emerged from the fourth year focus groups. Fourth year students said that their definition of culture ‘Moved Beyond’ differences such as race or ethnicity. They also discussed the importance of understanding client perspectives to ‘Work Together’ and meet client

Table 6

Demographic Information of Fourth Year Focus Groups

Variable		Focus Group 1	Focus Group 2	Focus Group 3	Total
N		7	4	5	16
Age	20-29	7	4	4	15
	40-49	.	.	1	1
Gender	Female	7	4	5	16
Number of Culture Related Assignments Completed	1-5	3	4	1	8
	6-10+	3	.	4	7
Number of Cultural Encounters Experienced in Clinical Practice	1-5	2	2	1	5
	6-10+	5	2	4	11
Number of Students that Reported Attending Culture Related Courses (Non-Nursing)		3	1	1	5
Number of Students that Reported taking Nursing Courses that Address Cultural Issues		7	4	5	16

needs. Students began to ‘Open Self to New Possibilities’ when they increased awareness of differences, self-awareness, openness and the ability to adapt, accept and accommodate to provide cultural care. Students believed that ‘Multiple Perspectives and Experience’ with cultural groups were needed to develop cultural care abilities. The fourth year focus groups took place five weeks before the observation sessions.

Fourth year students had much more clinical experience and theoretical knowledge than first year students. The exposure to more theoretical nursing knowledge encouraged fourth year students to value openness, holistic and individualized care. The influence of this knowledge is may be infused in students’ knowledge of culture and cultural care.

Moving Beyond Differences and Ethnicity

The first theme ‘Moving Beyond Differences and Ethnicity’ emerged from fourth year views of culture and diversity. Students repeatedly emphasized that culture was “Beyond ethnicity” and they learned to, “Broaden the idea of culture...not just look at it from an ethnic scope.” Similarly, students consistently reported that they believed their past understanding of diversity was related to “Differences” or, “People who are different...who have different beliefs and values.” Students said they now thought of diversity as a term that meant “Accepting difference” or, “To be willing to accept individual diversity and entire cultural differences together.” Past and present views of culture and diversity are further explored in this section.

Fourth year students’ indicated that their views of culture changed vastly during their education. One student revealed, “I thought I had a fairly good understanding of what culture was, but until you really see culture, I don’t think you can have a complete understanding...you don’t really realize how encompassing it can be.” The idea that students can ‘see’ culture reveals that students relate culture to visible characteristics, as supported by essentialist views of culture.

Many students believed their past views of culture were narrower than their current views. For example:

I’d probably say that I had a pretty narrow understanding of it. The same thing as race...like each population, not incorporating peoples’ thoughts, ideas, beliefs, religion... just basing it on where they came from, if you’re Russian or Canadian.

Many students agreed that their past view of culture was strongly related to ethnicity or race, but now see that, “Other things can dictate culture, rather than race or ethnicity.”

Some of the fourth year students were beginning to realize that their past views of culture were influenced by their social context.

Students said that past views of culture were influenced by their upbringing, education and social environment. Rose said, “It’s the people you meet, it’s the people you went to school with, it was the people in your life that you could see different cultures...that was how you develop your knowledge about culture.” However, students did not recognize how power relationships influenced their social context or understanding of culture.

Several students said elementary and high school education encouraged them to view culture in relation to ethnicity. “Before nursing...in elementary or junior high you would study different culture groups, or look at different ethnicities, but also different traditions and festivals.” Many students were influenced by learning about Japanese culture in High School Social Studies. This example shows that students likely are influenced to replicate common Canadian values about ‘other cultures’ before students enter the nursing program.

Students also discussed the relationship between past views of culture and general views of culture in today’s society. Rebecca observed, “The general population views culture as being pretty ethnically based and that’s the difference with nursing.” As students progressed in their studies, they said their views moved beyond ethnicity to include characteristics such as age, gender and sexual orientation. For example:

For me culture goes beyond ethnicity...but a culture can be like a drug culture, or...a different culture separated out from mainstream culture. In a drug culture you could have people of different sexual orientation...people that relate to each

other in one way or another. Just because you are a different ethnic origin...that's not the only kind of culture there is...there is nursing culture, there's cultures on different floors. A psychiatric floor is going to be different than a medical/surgical floor, because there is different atmosphere, different people, common interests. This list of 'other' potential characteristics that could be considered 'culture' is related to an expanded essentialist view of culture. With this view, students are taught to add 'cultural' traits, other than ethnicity or race, in an attempt to be more inclusive of 'cultural groups.' In this case, the student envisioned culture with extreme or negative groups. The student related drug cultures with people of different sexual orientation. The student did not seem to recognize how social power structures influence the way they described 'cultural' groups.

Several students insisted that culture was related to groups with common interests or similar characteristics. One student defined cultural groups as, "Any kind of group, you know like athletic culture, the nursing community, university students, the seniors population, the sick population. They all potentially could have a shared set of beliefs." Priya said:

When you think of how culture can be similar, maybe the people who are poor in America and the people who are poor in Africa they almost think alike, in terms of homelessness. The different cultures within the bigger society can really be similar in many different parts of the world.

Though 'similar' groups of people may think alike in different parts of the globe, it is more likely that these 'cultural groups' are similarly labelled and socially positioned as 'other' groups around the globe. Students do not acknowledge the role power plays in the

labels they associate with culture. Many of the students associated culture with negative concepts like *different*, *homeless*, or *sick*. Students failed to understand how cultural labels or markers help to maintain current social structures.

Some fourth year students recognized culture as dynamic, because of the various influences people come across during their lifetime. Carly explained:

I think culture is a changing thing, it's not always status from your ethnic origin, it's changing and you're influenced by the music you listen to, the friends you have at the time, the things that you're learning, and the age [group] you are in.

Another student said culture also changes as a person is exposed to new ideas and old ideas are challenged.

Despite students' *expanded* essentialist view of culture, students said the nursing program focused on teaching about culture in terms of race and ethnicity. Students said they learned about Mennonite, Hutterite, Japanese, Aboriginal and South African populations. Students recognized, "Most of our case studies had a specific cultural group in it, so we were encouraged to look at that particular group when we were doing our scenarios." This finding indicates that students are primarily exposed to traditional essentialist views of culture that encourage students to understand the traits/attributes of particular ethnic or racial groups.

Students said they learned about 'other' populations and subcultures, such as drug, prison or low income groups, but felt these groups could have been discussed in relation to culture. Some of the students felt there was a lack of discussion about sexuality. When the other focus groups were asked about this, they agreed, but felt they could still care for these groups even if not adequately discussed. Perhaps students

increased understanding of nursing care substitutes for the lack of understanding about culture.

Fourth year students also discussed the influence of 'nursing culture' on their interactions and experiences. Several students acknowledged the predominance of white women of specific ages in nursing. Students said they were taught, "To recognize...our typical population and how it needs to change and how we can replace it with more diversity." Students seem unaware that power relationships within society and nursing contribute to the lack of 'visible' groups or 'diversity' present in nursing.

Students were also taught about men in nursing and, "Their experience in the profession compared with women." However, students did not address the social influences that may impact men's experiences within the nursing profession.

Students also discussed negative attributes or experiences they observed in 'nursing culture.' Although there was a great emphasis on caring, some students were "eaten alive" by nurses on particular floors or felt a lack of caring from peers. Diana commented:

There needs to be just a little more about our own nursing culture within our program. I'm not saying this to be mean, but we often ignore each other's pain a lot. We see people, like our classmates going through things and we just don't care and as nursing professionals we are taught to care, so maybe that needs to be addressed. If someone isn't around or seems different it should be your responsibility to ask them and we are not taught that, we are taught to almost be malice towards each other sometimes in grades...to be nurses on a floor, that's not a quality you want to have, you want to care.

This passage reveals that some students see the impact of social processes on nursing education. Perhaps exploring these structures would increase student awareness of social changes needed within the nursing community.

Prior to nursing, students said they defined diversity as difference. A few students believed diversity was related to individual differences. One of the students defined diversity as, “Our differences, the things that make us each unique.” Students also said they previously thought diversity was related to ethnicity. Jessica noted:

Before I thought that diversity was people who are different than yourself. I don’t think I ever really considered myself diverse, because you think of yourself as the majority and you think of others around you, belonging to those different ethnicities, as more diverse than yourself.

This passage reveals that, like first year students, fourth year students were unaware that they viewed diversity as ‘different’ from the social norm of ‘white middle-class’ citizens.

As students progressed through the nursing program, their view of diversity became related to accepting differences. Kari said:

I think [diversity] reminds me of a politically correct term...just accepting everyone. Comparing Canada and the USA... I mean I grew up [in the USA] understanding it was the melting pot...everyone needed to be the same. Diversity to me really resonates like Canadian and also just the way we treat the different populations, we welcome it here and...relate and accept the differences and similarities we have.

Again, this view demonstrates that students think of diversity as it is presently valued by Canadian society. This was anticipated given that students said their views of diversity were not challenged or changed during the program.

Summary. Fourth year students views of culture differed from first year students, but there were also some commonalities. Both fourth and first year students believed that culture was related to ‘differences’ when they entered the nursing program. However, fourth year students believed their understanding of culture had expanded to include differences in age and gender, rather than just race or ethnicity. Fourth year students were also aware that their views of culture were shaped by social influences, education and upbringing. However, they felt the nursing program strongly associated culture with ethnic and racial groups.

During the nursing program, students were taught about a number of ‘cultural’ groups. They discussed ethnic, racial, drug, prison and low income groups. The groups described by students were largely vulnerable, marginalized populations or groups viewed negatively by society. This relationship was not acknowledged or discussed by students. Nursing students did not recognize the relationship between ‘cultural’ issues and current power structures in society.

Both first and fourth year students discussed an awareness of nursing ‘culture.’ Fourth year students discussed both positive and negative behaviours associated with nursing. They felt that more understanding of nursing ‘culture’ was needed to explore social processes or the behaviours and views valued by nurses.

The association between diversity and difference was also discussed by both first and fourth year students. Several fourth year students said that their current definition of

diversity was related to the acceptance of differences. However, several students also said their view of diversity changed very little during the nursing program. The inconsistency in student views may be an indication that students need to explore to current definitions of diversity.

Working Together

The second theme “Working Together” came from students’ views of cultural care. Students consistently stressed the importance of understanding clients’ perspectives and working *with* them to meet their needs. Students said, “I learned a lot about communication, different norms and values, being sensitive and trying to learn their communication process, so you can communicate better with them and build a relationship,” and, “It’s all about building that relationship with a patient.” Students also stressed the importance of holistic and individualized care. These topics are further explored in this theme.

Students were taught that learning about client perspectives was essential to work with individuals they ‘marked’ as different (e.g., visible minorities, ethnic groups). Students felt that learning about different perspectives allowed them to build better relationships. Alyssa explained,

I have a First Nations client right now in psychiatry and we were talking about her diagnosis...I listened to what she was experiencing and how she’s relating to life situations and finally she said ‘You know I see my life as a puzzle with pieces and I’m missing some pieces because I’ve been in this cycle for so long.’ I don’t know if this was cultural or personal, but I kind of needed to adapt my mind to talking about the puzzle because she really related to that pictorial piece....it really

seemed to help and it gave me a better sense too, because she was like, ‘None of the pieces seem very connected right now’....Our conversations had so much more meaning by adapting to what she related her life to be, and I think through nursing, to adapt like that and to see that, it helped my relationship with the client.

Students also said that communication skills were essential to build relationship with clients. They discussed the importance of learning about different views to develop a plan of care that would meet client needs.

As students encountered clients they viewed as ‘different,’ they believed their views of culture were challenged or changed. During one of the focus groups Tiffany said that she did not identify with a culture and felt that Canadian culture lacked the rich history or language that other groups possessed. Carly responded, “We do have a huge culture...after starting the nursing program, I met a man from Saudi Arabia, a completely different culture. To him everything I was doing was really different, totally different.” Tiffany responded, “That’s true. I guess I can’t really see it because it’s just a part of our life.” Some students seemed to gain a greater self-awareness by meeting ‘different’ people during their studies. Like first year students, fourth year students did not recognize that they often based ‘differences’ on comparisons made with ‘white middle-class’ people.

Fourth year students were also taught to treat each patient or client as an individual, regardless of ‘cultural background.’ Megan said:

I walk into every room and that person is an individual and they have their own unique personality...I have to be objective...that includes their cultural

spirituality, personality, family, health and medicine. I think that's the best you can do, because you're never going to be perfect with any different situation.

Students believed considering each patient's unique culture helped them to understand the rationale behind decisions and needs. Kari said, "Sometimes the care is a lot easier to provide, if you understand the rationale behind why they are doing something or why they don't want something done." Understanding client beliefs seemed to help students accept and support clients' health goals. However, students did not recognize how difficult or impossible it would be to be *objective* when their views of culture were consistent with socially constructed, *subjective* beliefs about culture and difference.

Several students discussed the holistic nature of culture and cultural care. Students were taught that culture encompassed thoughts, values, origins, beliefs and spirituality.

Jane said culture:

Affects everything, it totally sets up the situation, the world that the person lives in when they come to you on the nursing floor, in the emergency department...there's no way that you can provide holistic care for a person without taking their culture into account, no way at all.

Though students have positive intentions, they fail to see that the nursing program has taught them to value holistic care, while their view of cultural care has virtually remained the same. Fourth year students still view culture as a 'laundry list' of attributes and traits, rather than a complex process influencing nurse-client relationships.

Summary. This section revealed several similarities between first and fourth year views of cultural care. Both first and fourth year students were taught to understand 'differences,' gain self-awareness and treat clients as individuals. Fourth year students

thought they obtained more knowledge about cultural care because of their clinical experiences. However, fourth year nursing student views of culture or difference changed very little.

Students said that learning about different perspectives or needs helped them to ‘work with’ clients. Fourth year students said that understanding differences sometimes changed student views or brought added self-awareness. Students also believed that considering culture allowed them to provide holistic care to meet client needs in a comprehensive manner. Then again these ‘new’ views may actually correspond to increased knowledge of nursing practice, rather than changes in student views of cultural care.

Opening Self to New Possibilities

The third theme ‘Opening Self to New Possibilities’ developed from students views of differences, prejudice, culture and cultural care. Students learned that self-awareness, openness and the ability to adapt, accept and accommodate were needed to provide quality cultural care. Students reported that cultural care required, “An attitude adjustment and trying to think ‘How can I work inside the system?’” or, “Adapting your care so that it is acceptable to people who are receiving that care,” and, “Opening your mind and seeing their perspective.” Value conflicts or negative cultural experiences caused students to recognize the importance of considering culture as a component of care. These and other ideas are explored in this theme.

The more students learned about cultural differences, the more they learned about the influence of culture on nursing care. Students also became more accepting of diversity as their awareness of differences increased. Tara learned:

I think culture, in general, if it's unknown, is a scary concept. I think more awareness of different cultures can make it better understood...it's not just knowing what these people believe, and how they live, and where they came from...if you view a little bit about what they have been through or how they lived their lives, you would be a lot more accepting.

Perhaps exploring 'difference' helps change negative views related to culture (e.g. scary). However, students also need to recognize how they label and often 'other' people when they describe difference or culture.

During the nursing program, students reported that they gained increased awareness of racism and prejudice. Megan learned, "Just having knowledge of a culture, when you are put in the nursing profession, you looked at that population differently...and became aware that there is a lot of prejudice and judgments made in this city about the population." Another student said, "It's just amazing how with knowledge, how different we look at different populations than someone who is just ignorant to it or doesn't have that knowledge." Though students believed they increased awareness of racism, it was often discussed superficially. Students often talked about racism as if it was committed by 'others,' not committed by nursing students or present within the nursing profession.

Solutions for racism were also superficially discussed. Students were taught that racism is wrong and it can impede care. When one group of students was asked what they learned about racism and prejudice, Jessica replied, "We were not specifically taught about racism or prejudice, but almost an understood 'opposite' to the cultural respect that we were being taught...just kind of by default, because we were learning about cultural

acceptance.” Some of the students thought that racism needed to be further discussed to address these views.

Students were taught to adapt, accept and accommodate differences to meet client needs. Jody said:

A lot of people may have their own culture beliefs regarding medicine, spirituality and healing...you need to have room for that in your practice because if it's important to the individual, then we should allow that as much as we can.

Students realized that adapting to differences was important because it demonstrated to clients that their beliefs and decisions were respected. When client beliefs were respected students were able to provide better care. However, students did not discuss empowerment strategies or the role of power in nurse-client relations.

Students said they were taught that self-awareness was needed to respect client beliefs. Tara said:

Self-awareness was emphasized a lot because having your own self-awareness... it's almost like preparation, [you learn not to] push your values on anybody else, but be aware of what you believe, because then you'll see 'Oh this isn't the same, we don't hold the same values.' You realize 'I might be pushing this on them, I need to step back' and it just makes you reflect on yourself and what you're doing.

Students were also taught that openness was needed to provide cultural care. To accept client beliefs, students would have to, “Open your mind and see this is their perspective, how can we provide nursing care in their perspective as opposed to coming with our perspective in the medical field.” As some of the students became open and self-aware

they learned to critically examine their own ideas and actions to avoid imposing their own values and beliefs on clients.

As students 'Encountered Difference' or 'other cultures,' they reported experiencing a variety of values conflicts. Several students said they felt unsure of decision-making when values conflicted with the client. Other students said that imposing beliefs could negatively impact relationships and care. Julie remembered:

In our South African case, we talked about a lot of culturally integrated practices...that Western culture is like 'That's wrong, we can't do that and that's causing the spread of AIDS' and really...those are part of their practices and in as much as it's not a part of what we agree with, that is a part of their culture and we can't try and change that. Our target is to change the communication between partners, like why there is such apathy....and then economical issues of the country more than targeting their practice of wife sharing...inheriting wives after someone dies...that is part of their culture. You can't change that, you can't say that it's wrong

Along with value conflicts, students learned that cultural encounters could be frustrating and negative for the client. For example, one of the students said, "I had a client who refused any blood pressure pills because they were *White Man's* medicine....his doctors thought he was a difficult case because he was refusing us." Jody said:

One of my clients was about six months old and some complications happened at birth. The baby was born with severe brain damage and there was some concerns raised about why there wasn't a C-section performed at the birth. Maybe there

would have been evidence to show that a C-section could have been performed, but because of a decreased educational level, the family was treated differently. Then I also found it very difficult to work with the family because I felt that they were not getting the amount of information that, if it were my family...I felt they needed to have. They didn't even really know that their baby had suffered brain damage....I felt like because they were of a different culture and there was a language barrier that they didn't have the type of care that they would have gotten otherwise.

These examples reveal that some nursing students are aware that clients perceived as 'different' or 'difficult' may not receive the same quality of care or choices that their 'non-different' counterparts receive.

During clinical rotations many other students experienced communication barriers or observed improper patient care because of 'cultural issues.' Sara said:

I think one of the core principles we were not taught was that culture would be a negative aspect or would get in the way of your care, or would be like a deterrent to health...we were always taught that it was a positive thing that could be utilized in a patient's life.

Instructors may need to spend more time exploring these 'real life' examples to help students understand how social issues or health care values promote these negative experiences. Negative experiences also led to increased awareness of the need to understand culture and cultural care. Diana stated, "People have culture and it is a component of care."

Summary. Both first and fourth year students discussed becoming more accepting of client differences as their awareness increased. They also were both taught about racism, but often in a very superficial way.

Fourth year students said that awareness of racism and prejudice changed their perspectives about some populations. It seemed that some of the negative views society held about particular populations were challenged when students worked with these groups. However, students did not address larger social issues that contribute to these negative views.

Fourth year students were also taught to be adapting, accepting and accommodating to provide appropriate care. Students could see that respecting beliefs and allowing for differences could prevent some of the barriers and inappropriate care they saw in clinical practice. These experiences encouraged students to see culture as very important for nursing care.

Multiple Perspectives and Experiences

The final theme ‘Multiple Perspectives and Experiences’ emerged from knowledge acquired through Problem-Based Learning and cultural experiences. Students said, “Class prepares you to look at issues like religion, family dynamics, food, nutrition, finances, all aspects of culture,” while others said, “Things in class are not fully understood until you experience it.” Students also said that, “Instructors made a big difference....when the instructor had a passion for that community or population.” Students believed that multiple perspectives and cultural experiences were needed to develop cultural care abilities.

Students indicated that Problem-Based Learning (PBL) enhanced learning because it allowed students to discuss multiple perspectives of culture. Jane said, “I think with PBL, we are all our own culture, and different cultures within our culture, and then you get the different perspectives, rather than just the perspective of your instructor.” Though students were able to explore these ‘different’ perspectives, they did not move beyond traditional essentialist and expanded essentialist views of culture.

Some students reported that cultural clinical experiences were most important to learn about culture and cultural care. Ann said:

Actual experience was most helpful. You can research, you can talk to your group about the theory and the concepts of culture, but until you’re actually experiencing it and running into situations where...things are so different, that’s where you learn the most.

Like first year students, fourth year students may value experience because it may offer learning that is not currently available in the classroom.

Students reported that it was important for future generations of nursing students to have the opportunity to work with ‘cultures’ through clinical experiences. Jody said, “It will be a real shame if they can’t continue to offer the same clinical experiences that we have been offered, because I think that’s where we have done our best learning.”

Students also reported that guest speakers helped them share and learn about cultural experiences. Students said guest speakers taught them, “Specific things to address...how to act and how to treat certain members of the community...what not to say, just very specific things that we would never had known or found out by ourselves.”

Guest speakers may offer more information about the socially accepted behaviors within communities or groups viewed as ‘different.’

To support learning about ‘cultural’ experiences, students said that it was helpful to have encouraging and positive instructors. Students felt they needed support because they felt ‘cultural’ experiences were often ‘different’ or ‘scary.’ Julie said, “I think when I feel I am encouraged by the instructor to...do things I need to as a health professional....I take that much more opportunity to learn and discuss.” High-quality instructors also demonstrated and encouraged passion when caring for diverse people and communities.

Summary. First and Fourth year students both discussed the importance of clinical experience to learn about culture and cultural care. Students may value these experiences because they may offer learning not currently available in the classroom.

Fourth year students also believed that PBL allowed them to discuss and consider multiple perspectives. However, students did not transcend essentialist views of culture or cultural care.

Results Summary

Student views of culture, diversity and cultural care were revealed in this chapter. Nursing students and instructors often related culture to ethnic, religious or racial groups. Fourth year students believed that their views of culture expanded to include traits like gender and age. Fourth year students also recognized the influence of family, education and upbringing on views of culture. Both groups seemed to value knowledge about culture. However, neither group seemed to be aware of constructivist or critical views of culture.

Both first and fourth year students related diversity to ‘differences’ and socially accepted views present in Canada. Students from both years admitted that diversity was not discussed in-depth by nursing instructors. Racism also seemed to be a topic not fully explored by either group of students.

Students from both years were taught to be aware of ‘cultural differences’ and preferences to provide cultural care. Students were also taught that self-awareness would help them avoid offending clients or reduce racist views. However, neither group of students recognized the larger social views influencing their views of ‘difference.’

Both groups of students also discussed the importance of treating client as individuals. However, fourth year students also said they were taught to be accepting, adapting, accommodating, to work *with* clients they viewed as diverse. Differences in fourth year views may be related to greater knowledge of nursing practice, rather than cultural care.

First and fourth year students were both encouraged to learn about ‘other cultures’ in cultural texts. Unfortunately, these texts may actually encourage students to accept and adopt generalizations and stereotypes. These texts also tend to include information about ‘visible’ minorities or vulnerable populations without encouraging students to examine these ‘cultural’ labels or larger social issues.

Both first and fourth year students greatly valued cultural experiences to learn about culture and cultural care. Educational experiences were also valued, but less than ‘hands on’ experiences. Cultural experiences may offer knowledge that is not currently available in classroom experiences.

Chapter Five

Discussion

Introduction

In this chapter, the results of this thesis study are compared and contrasted with ideas and findings present in the current literature. Student views of culture are compared with essentialist, constructivist and critical definitions of culture. This chapter also illustrates the similarities and differences between student views of culture care and models of cultural competence. This discussion offers some insight into how students are taught about cultural care in relation to Canadian and nursing views of culture, diversity and cultural care.

Nursing Students and Culture

In this thesis study, first year nursing students believed culture was related to differences in ethnicity, country, race and religion. Students provided examples of culture such as Japanese, Chinese, European and various religious groups. This view of culture is congruent with traditional essentialist views of culture because first year students consistently related culture to specific traits or attributes like ethnicity, background or race (Gray & Thomas, 2006).

Similar to fourth year students, first year students began to include other traits, such as age, to group or describe 'cultures.' Including these traits may mean that first year students are beginning to move towards an expanded essentialist view of culture (Gray & Thomas, 2006). This view appears to be more inclusive of 'cultural' groups, but it does not encourage students to examine socially constructed labels (Gray & Thomas, 2006). Both first and fourth year students may adopt this view of culture because it is

endorsed by important nursing organizations like the Canadian Nurses Association (CNA, 2004b).

Despite the prominence of the expanded essentialist views of culture, some fourth year students recognized that their views were influenced by upbringing, education and society. They also recognized that nurses could be socialized to act or respond to with particular behaviours. The recognition of social influences may mean that some fourth year students are beginning to form some constructivist views of culture (Gray & Thomas, 2006). However, fourth year students did not discuss how ‘culture’ is constructed and maintained by society (Bourdieu, 1990; Gray & Thomas, 2006; Lynam et al., 2007). Understanding this connection could create awareness about the link between ‘culture’ and power relationships within society (Bourdieu, 1990; Gray & Thomas, 2006; Lynam et al., 2007).

Figure 2 represents the probable placement of student views on the continuum of cultural views in nursing. First year students possess traditional essentialist views, but are beginning to gain an expanded essentialist view of culture. Fourth year students had a small number of constructivist views, but mostly conveyed an expanded essentialist view of culture.

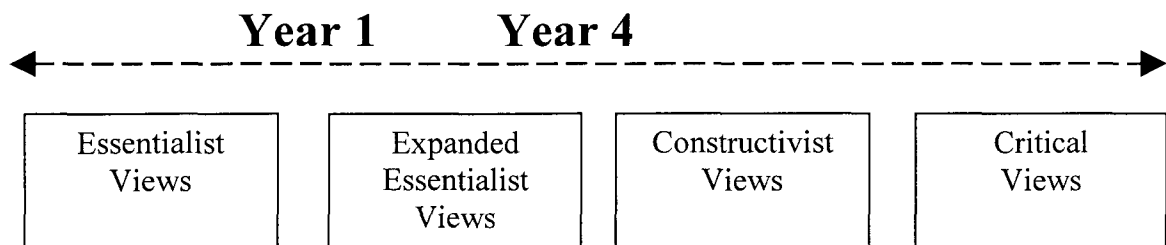


Figure 2. Student views of culture on the continuum of cultural views in nursing.

It seems that students may begin to understand culture by first recognizing differences, perhaps through generalized information, but then as they gain experience expand their view to include more traits such as age and gender. As students gain self-awareness by examining their own beliefs about 'culture,' they may start to recognize how their views of culture have been shaped by society.

If students were encouraged to continue this process of reflection it might help them understand how society has taught them to think about and care for people labelled 'diverse' or 'different.' Students may recognize how they relate 'difference' to 'scary', 'shocking' or 'wrong.' This reflection may encourage students to question their own belief systems and actions in 'cultural' health care situations. It may also encourage nurses to change larger health care systems to be more accessible to people labelled 'diverse' or 'different' (Gray & Thomas, 2006). All of these ideas correspond with the definition of Cultural Safety presented by the Nursing Council of New Zealand (NCNZ, 2005).

In this study, fourth year students believed that nursing instructors taught them about culture in terms of race and ethnicity. This and other studies have shown there is a strong tendency for nursing students to be socialized to link culture with race and ethnicity (Gray & Thomas, 2006; Paterson et al., 2004; Yearwood et al., 2002). This link is strengthened when students are encouraged to use cultural texts to learn about 'different' people categorized by ethnicity and color (CNA, 2004b). Students need to explore the political, economic and historical factors that influence their current views of 'difference' (Gray & Thomas, 2006).

Students may also be encouraged to relate culture to race and ethnicity when PBL cases include particular ethnicities or races to help students learn about culture. These cases may allow students to explore ‘differences,’ but they often do not encourage the critical analysis needed to understand the complexities of culture (Gray & Thomas, 2006; Lynam et al., 2007).

Student understandings of culture may not reach their full potential because of the underuse of constructivist and critical views of culture or strategies supported by scholars of cultural safety. These educators suggest that students use profound self reflection, discuss political/historical contexts, recognize society’s power structures and learn about empowerment strategies (Warren, 2003; Richardson & Carryer, 2005). If students had the opportunity to undertake these strategies, it might encourage them to integrate more critical views of culture in nursing practice. This in turn could improve students’ relationships with those marked by cultural labels.

Nursing Students and Diversity

Students in this study related diversity to ‘differences.’ These findings were similar to results reported by Yearwood et al. (2002) Diversity, like culture, was often aligned with visible racial or ethnic groups. Diversity was also associated with common Canadian values, such as ‘accepting differences’ or supporting a ‘mosaic’ of languages, ethnicities and backgrounds (Canadian Heritage, 2006; Department of Justice Canada, 1985; Porter, 1965). Understanding the Multicultural Act may help students gain awareness of the ways they are influenced by Canadian policies (Department of Justice Canada, 1985).

Both first and fourth year students also reported that diversity was not defined or discussed in-depth by nursing instructors. The concept of diversity may need more attention from nursing instructors, programs, researchers and organizations.

Nursing Students and Cultural Care

Though little is currently known about how nursing students are taught about cultural care, this study revealed important information about students' knowledge. Much like Spence (2001), students stated that cultural care was like 'Encountering difference.' The majority of students also supported views of cultural care that resembled 'cultural competence' (CNA, 2004b). Students discussed knowledge, skills and attitudes required to gain cultural competence (Gray & Thomas, 2006).

First and fourth year students reported that they were taught to understand and accept differences. Understanding differences may help students 'accept' differences, but it does not necessarily improve students' understanding of cultural care. Like Spence (2001), 'differences' were often viewed negatively. Bringing awareness about the ways students have been socialized to respond to differences may help change students views. It may also help students recognize or change the barriers that nursing values present to people 'marked' with 'culture.'

Students were also taught to increase self-awareness to avoid offending clients. Self awareness is supported by many models of cultural care, including Campinha-Bacote's (2002) model of cultural competence. Encouraging self-awareness may help students assess and analyze the delivery of cultural care. However, self-awareness may be difficult to accomplish without considering the contexts or power structures influencing

care. New Zealand's model of cultural safety recognizes and promotes awareness of these influences (NCNZ, 2005).

Though contradictory, undergraduate students in this study were taught to use generalized cultural knowledge (i.e., treating particular people with particular behaviours) while treating clients as individuals. These activities are also supported by Campinha-Bacote's (2002) model. Further research may be needed to explore how these activities help or hinder cultural care.

At first glance, it seemed that fourth year students had an improved understanding of cultural care. They discussed the importance of *working with* 'diverse' clients to provide holistic care. However, it is likely that these results actually revealed an enhanced understanding of nursing practice, rather than cultural care. Neither group moved beyond essentialist understandings of cultural care (Gray & Thomas, 2006).

Both first and fourth year nursing students believed they learned the most about cultural care from cultural experiences. The benefit of cultural experience, rather than classroom activities, may be that cultural experiences offer learning that is not currently available in classroom. Cultural experiences can also help challenge or change student views of culture. This study showed that local 'cultural' experiences, like international experiences, can change student views of 'cultural' groups or populations (Grant & McKenna, 2003; Pross, 2003; Ruddock & Turner, 2007; St. Clair & McKenry, 1999; Wood & Atkins, 2006).

Student nurses may also prefer cultural experiences in clinical practice because they must work within larger health care systems. These systems often present both social barriers and policies that limit their ability to respond to 'different' needs and goals

(Acharya, 1996; Paterson et al., 2004). Students need to explore and understand the barriers that hinder their ability to care for people labelled as ‘different.’

Summary

When compared with the current literature, first and fourth year students’ views most closely resembled essentialist views of culture. Both groups of students remained unaware of the social, political, historical contexts or power structures influencing beliefs about culture. It is likely that students were unaware of these influences because nursing educators did not introduce these views. Understanding constructivist and critical views of culture may increase awareness of the way nursing students understand and respond to ‘culture.’

Students’ views of diversity remained similar to socially accepted views of diversity in Canada. It is possible that student ideas remained the same because neither group of students felt that diversity was adequately addressed by nursing instructors. Further attention may be needed to appropriately address this complex concept.

First and fourth year students had relatively similar understandings of cultural care. Both groups of students tended to relate cultural care to cultural competence. Students were encouraged to use generalized ‘cultural’ knowledge, gain self-awareness and treat clients as individuals. Nevertheless, students remained unaware of their negative responses to difference and the social contexts influencing care. Nursing students may benefit from exploring and implementing other models of cultural care. Further research is needed to understand how models of cultural care influence client experiences.

Chapter 6 *SN*Recommendations, Limitations and Conclusion *S*

This chapter offers recommendations regarding the education of undergraduate nursing students about culture, diversity and cultural care. Although the study findings will not apply to all contexts, this study offers an initial exploration of cultural nursing education. Implications are provided for nursing students, educators, program and researchers.

Nursing Students

Nursing students need to learn about the history and development of views of culture, not only in nursing, but also in other disciplines such as anthropology. This understanding may help students examine and challenge beliefs about difference and culture. Students may recognize the implications of relating the concept of culture to categories like ethnicity and race. Students may also learn that ideas about cultural groups have been constructed and maintained by society. They may also find that cultural care is related to power structures and larger social issues, rather than simply understanding differences or avoiding offense.

It is imperative that nursing students critically assess beliefs and values about culture, diversity and cultural care. To accomplish this, students should be given the chance to discuss the origins of their beliefs and values. The evaluation may help students recognize that beliefs about culture, diversity and cultural care are influenced by society and often related to vulnerable, marginalized and alienated populations.

Students also need to critically appraise texts regarding ‘cultural’ groups. Students should examine the evidence that supports this generalized information. Students may

find that much of this evidence is colloquial or based on a small number of dated materials. Students could also be given an exercise that would ask them to generalize the beliefs and values of a group such as ‘Canadians’ or ‘nurses.’ This exercise may help students and instructors understand how this generalized, value-laden information cannot be applied to individuals.

When students discussed ‘cultural encounters’ they requested more information about negative ‘cultural’ experiences and value conflicts. Exploring these situations may help students learn to empower clients and carefully consider ‘diverse’ needs. Students and instructors may also have the opportunity to discuss negative ‘cultural’ experiences and consider actions to prevent or respond to these situations.

Nursing Educators

Nursing educators need to ensure they are aware of the full spectrum of views about culture, diversity and cultural care. Awareness of these views will encourage nursing instructors and students to understand the differences between essentialist, constructivist and critical positions. Understanding these differences may help instructors and students transcend and expose socially accepted views of culture, diversity, difference and cultural care.

To expose traditional views of culture, nursing educators may consider incorporating cultural safety into their courses. Models of cultural safety may encourage instructors and students to reflect on the values, contexts and power structures influencing health and nursing care. This reflection is important because it not only exposes values related to culture, but may draw attention to many other important topics closely related societal views (e.g. sexuality).

If nurse educators taught students about culture from a critical framework they may move away from scenarios that encourage students to learn about the characteristics of particular ethnic, racial or religious groups. Instead, instructors could encourage students to critically examine views and definitions related to culture, diversity and cultural care. Instructors may also help students explore the role of power in healthcare and nurse-client relationships. Table 7 provides examples of questions that may encourage instructors and students to begin this exploration.

Table 7

Questions/Comments for exploring views of culture, diversity and cultural care

- Define 'culture' from essentialist, constructivist and critical views.
- What are the differences between each view of culture?
- How is culture generally viewed by society? In nursing?
- How is diversity generally viewed by society? In nursing?
- Why might 'culture' or 'diversity' be related to particular groups of people more than others? How are these groups positioned or valued by society? How do social, political, historical contexts influence the current positioning of these 'groups'?
- How do people resist their culture through everyday living?
- Critically appraise a nursing text describing 'cultures.' How many viewpoints are expressed? What type of evidence supports the 'cultural' descriptions? Who is included in the book? Who is left out? Why might this be?
- What is cultural competence? Give an example of a model of cultural competence
- What is cultural safety?
- What are the differences between cultural competence and cultural safety?
- What is the role of power in nurse-client relationships?
- Describe a scenario in which a nurse could 'diminish, demean or disempower' a client?
- How might the health care system 'diminish, demean or disempower' people?
- What is empowerment? How might nurses empower nursing clients?

It is important for nursing educators to evaluate student learning related to culture, diversity and cultural care. This evaluation will give instructors a chance to

monitor and improve their efforts. It may also encourage nursing instructors to keep up-to-date with current ideas about culture in nursing.

Nursing Program

It would be helpful if the nursing program accorded priority to the concept of 'culture.' Ideas related to 'culture' are important because they are present in every aspect of human life. All people are influenced by and participate in culture. Thus, it would be ideal if the nursing program could offer a course for nursing students that addresses culture, diversity and cultural care.

Even if it is impossible to offer a course about culture, changes could encourage students to consider the power structures and larger social issues influencing culture. The nursing program could plan strategies throughout all four years to enhance knowledge of culture as students gain nursing experience. For example, first and second year students could begin by exploring definitions of culture. As they progress in their studies, they could be introduced to more complex issues related to culture such as power and social positioning.

Nurse Researchers

This study provides a limited example of the way nursing students understand and are educated about culture, diversity and cultural care. Further research is needed to understand how student nurses are taught about these complex topics. If researchers continue to collect and explore this information, it may offer nursing programs better strategies for 'cultural' education.

While this study only explored student views, there is a need for researchers to explore how practicing nurses care for those they view as diverse. Even though practicing

nurses may be unaware of the spectrum of cultural views, there are many nurses that work effectively with individuals, families and populations 'labelled' diverse. If this experiential knowledge was explored and documented it may bring further understanding about how nurses learn to understand and work with perceived differences.

Further research is also needed to explore models of cultural care, such as cultural competence or cultural safety. Nursing professionals need to explore how these models influence patient care and well-being.

Limitations

There were several limitations associated with this thesis study. The first limitation was that there were no male students in any of the fourth year focus groups and only one male in the first year focus groups. More male participation may have provided different insights and experiences not presented by their female counterparts.

Another limitation of this study was the inability of the researcher to access fourth year professional seminar classes. The researcher was did not receive permission to access these courses because the classes were already being observed by other researchers. The fourth year nursing practice classes that were accessed offered few student perspectives or interactions. Attending the professional seminar classes would have allowed the researcher to collect more specific data about how fourth year students discuss issues related to culture in the classroom.

This study may have been enhanced by including more specific information about the goals and objectives of nursing instructors. If the views of nursing instructors were included, they could be compared with the knowledge gained by students. Including this

data could also provide further insight about nursing educators' familiarity with current ideas of culture, diversity and cultural care.

Conclusion ⑤

Culture, diversity and cultural care have become important topics for nursing professionals. Nurses have been encouraged to integrate these ideas into curricula to help students gain cultural competencies. Though 'competencies' have been included in programs, little is known about what nursing students are taught or understand about these complex ideas.

This study revealed that first and fourth year views of culture remained quite similar. Both groups of students seemed to support an expanded essentialist views of culture. Culture was related to traits or attributes such as ethnicity, race, age, gender or difference. Students were encouraged to increase awareness of these 'differences.' However, students had little knowledge of the influences or power structures that impacted their understanding or responses to 'difference.'

First and fourth year views of diversity also remained very similar. Students related diversity to 'differences' and socially accepted views present in Canada. It is likely that students did not discuss more complex ideas of diversity because diversity was insufficiently addressed by nursing instructors. Considering diversity as 'social borders' may help instructors address this complex concept.

Although students demonstrated increased knowledge of nursing practice, their overall understanding of culture care changed very little. The nursing program taught students to support ideas or skills related to cultural competence. Much of the information

encouraged students to reproduce, rather than expose socially accepted views of culture and cultural care.

This study offers a preliminary exploration of student views regarding culture, diversity and cultural care. However, further exploration of these topics is required. Researchers need to investigate and compare current efforts to educate students about culture. Researchers also need to explore the impact of models of cultural care on student education and nursing care.

If researchers can expose the socially accepted views of culture that influence nursing education, perhaps changes can be made. These changes may promote increased understanding of the contexts and power structures in which students and nursing clients interact. Ultimately, these changes may also encourage the empowerment of people made vulnerable by 'cultural' labels.

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Appendices

Appendix A

April 10, 2007

Dear Participant,

I am writing to invite you to participate in a research study entitled “Perceptions of culture, diversity and cultural care among undergraduate nursing students: An educational perspective.” This study is being conducted by myself, Helen Davidson, a graduate student working under the supervision of Dr. Ruth Grant Kalischuk from the School of Health Sciences at the University of Lethbridge. The purpose of this study is to explore how nursing students understand culture, diversity and cultural care. It is anticipated that the study findings may assist many students, nursing educators and nursing programs in terms of understanding how nursing students understand culture, diversity and cultural encounters.

Participation in this study is completely voluntary and you will remain anonymous. Participation involves one class discussion of culture observed by myself. This observation period is expected to last from one to three hours. With your consent, I would like to take notes of the discussion during regular class time. You will be asked questions concerning your thoughts about culture, diversity and cultural care. You are free to disclose only as much information as you wish and you have the right to withdraw from the study at any time without reason.

There is no monetary compensation associated with this study. Most likely, you will not receive any direct benefit from participating in this study; however, you may find it beneficial to discuss your experiences with your classmates, teacher and the researcher. Upon completion of the study, a summary of the findings will be available to you upon request.

All information related to this study will be handled in a confidential and professional manner. All identifying information will be removed from the observation notes and your name will not be used in any written information produced as a result of the study. The data will be stored in a locked filing cabinet in my office and will only be accessible to myself and Dr. Ruth Grant Kalischuk. The data will be appropriately disposed of five years after completion of the study.

If you have any questions or concerns, please contact Helen Davidson (helen.davidson2@uleth.ca) or Dr. Ruth Grant Kalischuk at (403) 329-2724. If you have any concerns about your rights or treatment as a research subject, please contact the Office of Research Services at the University of Lethbridge at (403) 329-2431.

Thank you very much for your interest in nursing education.

Yours truly,

Helen Davidson
Graduate student
School of Health Sciences
University of Lethbridge
E-mail: helen.davidson2@uleth.ca

I have read the letter of consent and I have had an opportunity to ask questions to help me understand what my participation in the study would involve. I freely consent to participate in the study and I acknowledge receipt of a copy of the consent form.

Signature of Participant

Date

Appendix B

Research Opportunity

I am looking for 1st year nursing students to volunteer for my thesis research study. Please email as me as soon as possible if you would like to participate.

Summary:

What: Thesis work titled - Nursing students' perspectives of culture and cultural care: An educational view

Commitment: 1 hour audio-recorded focus group (group of 6-10 students)

Why: Change/Improve nursing student education about culture, diversity and cultural care. An opportunity to be a part of the research process.

Rights as a research participant: You are free to disclose only as much information as you wish and you have the right to withdraw from the study at any time without reason.

Who: Helen Davidson – Nursing Master's student (helen.davidson2@uleth.ca)

When: October, 29, 5pm-6pm; or October 30, 2:15pm-3:15pm; or November 1, 4:30pm-5:30pm; or November 6, 2:15pm-3:15pm

Where: College – PA 2110

Food and beverages will be served.

Full Details:

My name is Helen Davidson. I am a graduate student in the Master of Health Sciences (Nursing) Program at the University. Currently, I am completing my thesis work under the supervision of Dr. Ruth Grant Kalischuk. I am writing to invite you to participate in my thesis research study entitled, "Nursing students' perspectives of culture and cultural care: An educational view." The purpose of this study is to explore what nursing students understand and how they learn about culture, diversity and cultural care. It is anticipated that the study findings may assist nursing educators and administrators to develop curriculum not only to increase student understanding of culture, diversity and cultural care but also to improve nursing care of those they view as diverse.

I am seeking first year nursing students to volunteer to participate in one focus group discussion. Participation involves taking part in one focus group discussion with 6-10 students led by me and my supervisor or another graduate student. With your permission I would like to audio record the interview. The focus group is expected to last approximately one hour. You are free to disclose only as much information as you wish and you have the right to withdraw from the study at any time without reason.

Most likely, you will not receive any direct benefit from participating; however, you may find it beneficial to discuss your experiences with your peers and the researcher. Upon completion of the study, a summary of the findings will be available to you upon request. All information related to this study will be handled in a confidential and professional manner. If you would like to participate in the study or have any questions, please email Helen Davidson (helen.davidson2@uleth.ca).

Thank-you for your time,

Helen Davidson, BN

Appendix C

Dear Nursing Students,

My name is Helen Davidson and I am a graduate student at the University of Lethbridge. I am currently completing my thesis; I am working on a research project entitled, "Perceptions of culture, diversity and cultural care among undergraduate nursing students: An educational perspective" with Dr. Ruth Grant-Kalischuk, my thesis supervisor. I wish to invite first and fourth year undergraduate nursing students to voluntarily participate in this study. The purpose of this study is to understand what nursing students learn and understand about culture, diversity and cultural care. I am seeking volunteers in the nursing program to participate in one focus group to discuss their experiences and thoughts about culture. With your permission I would like to audio record the interview. The focus group will last about one hour each. You are free to disclose only as much information as you wish and you have the right to withdraw from the study at any time without reason. The information gained from these group interviews will provide important information for all involved (students, nursing educators, and nursing programs). If you would like to participate in the study or have any further questions, please email Helen Davidson (helen.davidson2@uleth.ca).

Thank-you for your time,

Helen Davidson, BN

Appendix D

Research Opportunity

I am inviting 4th year nursing students to volunteer for my thesis research study. Please email me if you are interested in participating.

Summary:

Full Details:

What: Thesis work titled - Nursing students' perspectives of culture and cultural care: An educational view

Commitment: 1 hour audio-recorded focus group (group of 6-10 students)

Why: Help Change/Improve nursing student education about culture, diversity and cultural care. An opportunity to be a part of the research process.

Rights as a research participant: You are free to disclose only as much information as you wish and you have the right to withdraw from the study at any time without reason.

Who: Helen Davidson – Nursing Master's student (helen.davidson2@uleth.ca)

When: October 24, 11am-12pm; or October 25, 1-2pm; or October 31, 11-12pm

Where: University of Lethbridge – AH119

Food and beverages will be served

My name is Helen Davidson. I am a graduate student in the Master of Health Sciences (Nursing) Program at the University of Lethbridge. Currently, I am completing my thesis work under the supervision of Dr. Ruth Grant Kalischuk. I am writing to invite you to participate in my thesis research study entitled, "Nursing students' perspectives of culture and cultural care: An educational view." The purpose of this study is to explore what nursing students understand and how they learn about culture, diversity and cultural care. It is anticipated that the study findings may assist nursing educators and administrators to develop curriculum not only to increase student understanding of culture, diversity and cultural care but also to improve nursing care of those they view as diverse.

I am seeking fourth year nursing students to volunteer to participate in one focus group discussion. Participation involves taking part in one focus group discussion with 6-10 students led by me and my supervisor or another graduate student. With your permission I would like to audio record the interview. The focus group is expected to last approximately one hour. You are free to disclose only as much information as you wish and you have the right to withdraw from the study at any time without reason.

Most likely, you will not receive any direct benefit from participating; however, you may find it beneficial to discuss your experiences with your peers and the researcher. Upon completion of the study, a summary of the findings will be available to you upon request. All information related to this study will be handled in a confidential and professional manner. If you would like to participate in the study or have any questions, please email Helen Davidson (helen.davidson2@uleth.ca).

Thank-you for your time,

Helen Davidson, BN

Appendix E

Oath of Confidentiality

In participating in this research project, "Perceptions of culture, diversity and cultural care among undergraduate nursing students: An educational perspective," I agree to treat information gained from this study in a confidential manner. I will neither identify, nor will I discuss with anyone, other than Helen Davidson, the contents of the interviews.

Name

Date

Appendix F

April 10, 2007

Dear Participant,

I am writing to invite you to participate in a research study entitled, "Perceptions of culture, diversity and cultural care among undergraduate nursing students: An educational perspective." This study is being conducted by myself, Helen Davidson, a graduate student working under the supervision of Dr. Ruth Grant Kalischuk from the School of Health Sciences at the University of Lethbridge. The purpose of this study is to explore how undergraduate nursing students understand culture, diversity and cultural care. It is anticipated that the study findings may assist many students, nursing educators and nursing programs in terms of understanding how nursing students understand culture, diversity and cultural encounters.

Participation in this study is completely voluntary and you will remain anonymous. Participation involves one focus group discussion (6-10 students) with myself and Dr. Ruth Grant Kalischuk or another graduate student. The focus group is expected to last approximately one hour. With your consent, I would like to audio record and transcribe the discussion. You will be asked to describe your thoughts about diversity, culture and cultural care. The interview will take place in a quiet, comfortable mutually agreed upon setting. You are free to disclose as only much information as you wish and you have the right to withdraw from the study at any time without reason.

There is no monetary compensation associated with this study. Most likely, you will not receive any direct benefit from participating; however, you may find it beneficial to discuss your experiences with your peers and the researcher. Upon completion of the study, a summary of the findings will be available to you upon request.

All information related to this study will be handled in a confidential and professional manner. All identifying information will be removed from the audio-tapes/transcripts and your name will not be used in any written information produced as a result of the study. The data will be stored in a locked filing cabinet in my office and will only be accessible myself and Dr. Ruth Grant Kalischuk. The data will be appropriately disposed of five years after completion of the study.

If you have any questions or concerns, please contact Helen Davidson (helen.davidson2@uleth.ca) or Dr. Ruth Grant Kalischuk at (403) 329-2724. If you have any concerns about your rights or treatment as a research subject, please contact the Office of Research Services at the University of Lethbridge at (403) 329-2431.

Thank you very much for your interest in nursing education.

Yours truly,

Helen Davidson

Graduate student
School of Health Sciences
University of Lethbridge
E-mail: helen.davidson2@uleth.ca

I have read the letter of consent and I have had an opportunity to ask questions to help me understand what my participation in the study would involve. I freely consent to participate in the study and I acknowledge receipt of a copy of the consent form.

Signature of Participant

Date

I also consent to have my interview audio-taped by the interviewer.

Signature of Participant

Date

Appendix G Student Demographic Information

Date: _____

Name: _____

Pseudonym: _____

Phone Number: _____

E-Mail: _____

Gender:

_____ Male

_____ Female

Age:

_____ 18-19

_____ 20-29

_____ 30-39

_____ 40-49

_____ 50-59

_____ 60 or older

Education:

_____ First Year Undergraduate Nursing Student

_____ Fourth Year Undergraduate Nursing Student

_____ Other _____

Number of years of nursing-related experience: _____

Number of culture related assignments completed: _____

Number of cultural encounters experienced in clinical practice. Please circle.

0 1 2 3 4 5 6 7 8 9 10+

Culture related classes attended. Please describe. _____

Nursing courses that address cultural issues. Please describe. _____

Appendix H

Interview Guide for Focus Groups

Overview & Introduction

What was your understanding of the term 'culture' before you started nursing – how did you learn what this term meant?

What was your understanding of the term 'diversity' before you started nursing – how did you learn what this term meant?

What does the term 'culture' mean to you now?

What does the term 'diversity' mean to you now?

What have you been taught about culture and diversity in your nursing education?

When you think about a cultural encounter, what comes to mind?
(Have you experienced or observed a cultural encounter? – Please describe)

What have you been taught about cultural encounters in your nursing education?

What helped you the most to understand culture, diversity and cultural encounters?
Please explain?

What was least helpful to you? Please explain?

In summary, what do you think would most help student nurses in understanding the concepts that we have discussed in this interview?

Do you have any other comments?