

Cultural Competency and Safety in Nursing Education: A Case Study

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Abstract

The multicultural nature of Canada's population continues to evolve with the growing number of culturally diverse groups within Canadian society. Despite efforts to improve the health of Canadians from all cultural backgrounds, it is well-established that health disparities are still continuing particularly for Indigenous and diverse cultural populations. One reason underlying such disparities is the lack of multicultural representation in the nursing profession. Recruiting, retaining, and graduating culturally diverse students from nursing programs will help to foster proportionate cultural representation in the nursing profession. As the profession attracts students from a variety of multicultural backgrounds with complex learning needs, it is important that the educational experience is situated in a culturally competent and safe learning environment. A learning environment that embraces positive faculty–student interactions in which there is a caring, sensitive, and committed attitude serves as an incentive for student success. It is recognized that the values, beliefs, and attitudes of educators, regardless of whether they are professors, clinical instructors, or preceptors is paramount to the promotion of student learning. Given the increasing necessity for nursing education for Indigenous people, this article offers a case study of how the nursing program at University College of the North, in northern Manitoba, provides a culturally competent and safe learning experience for Indigenous students. If nurses, educators, and other health care providers act in culturally and socially competent ways, the nursing workforce may become more diverse, health disparities may be altered, and the mandate to reduce and ultimately eliminate disparities may be realized. This report is part of a special collection from members of the University of the Arctic Thematic Network on Northern Nursing Education. The collection explores models of decentralized and distributed university-level nursing education across the Circumpolar North.

Keywords: Indigenous nursing students; nursing education; cultural safety; case study

The multicultural nature of Canada's population continues to evolve with the growing number of culturally diverse groups within Canadian society. Culturally diverse groups can be defined as those different from the majority population with respect to religion, language, beliefs, and histories (Marsella, 2011). In 2001, about one in eight Canadians was a member of a culturally diverse group; between 1996 and 2001 the proportion had grown by 25%, while the overall population growth was just 4% (Villeneuve & MacDonald, 2006). According to the Government of Canada (2014), 20.6% of Canada's population is foreign-born and 4.3% identify as Aboriginal (including First Nations, Inuit, Métis). As the population of Canada's culturally diverse people increases it becomes apparent that health, income, housing, and career-advancement disparities play out more powerfully for Indigenous people, women, children, and visible and/or language minorities (Villeneuve & MacDonald, 2006). Health and other social outcomes for Indigenous people are among the worst in Canada, thus they remain at higher risk for illness and earlier deaths than the Canadian population as a whole; for example, they suffer from more chronic disease, such as diabetes and heart disease, than the general population (Park, Tjepkema, Goedhuis, & Pennock, 2015). It has been recognized that the lack of multicultural representation in the health professions and in the health care system may be one reason underlying the disparity in the health status of Indigenous people (Smedley, Stith, & Nelson, 2003; Sullivan Commission, 2004).

Although Canada is becoming increasingly diverse, nurses remain a homogeneous group. Even though the exact breakdown for the Canadian nursing workforce according to race, culture, and ethnicity is unknown, the cultural background of the current workforce is identified as being non-reflective of the general population (Etowa, Foster, Vukic, Wittstock, & Youdenal, 2005; Villeneuve & MacDonald, 2006). In 2003, Health Canada estimated that the number of Indigenous nurses in Canada was less than 1% of the total Canadian nursing population (Smith, McAlister, Gold, & Sullivan-Bentz, 2011). However, based on the 2011 National Household Survey data, the number of Aboriginal nurses is increasing, with 2.9% of Registered Nurses identifying as Aboriginal (Exner-Pirot, 2014). Even though more Indigenous nurses are in the nursing workforce, the need to further increase diversity in nursing is well-established (Barbee & Gibson, 2001; Best & Stuart, 2014; Etowa et al., 2005; Gardner, 2005; Gilchrist & Rector, 2007; Labun, 2002; Wilson, 2004), and it is understood that recruiting, retaining, and graduating culturally diverse students from

nursing programs will help to foster cultural representation in the nursing profession. One of the challenges for nursing programs, however, is to respond to the educational needs of culturally diverse students, and to meet the needs of various cultural groups by preparing nurses who are competent in providing quality care to culturally diverse individuals (Leonard, 2006). Thus, bearing this in mind, it is worthwhile to examine how the nursing program at University College of the North (UCN), in northern Manitoba, provides a culturally competent and safe learning experience for Indigenous students.

Cultural competence has been a concept of interest in nursing since at least the 1970s and has been addressed extensively in the nursing literature. Nursing's attention to cultural diversity has been influenced by the changing demographics of the Canadian population (CNA, 2000), as well as the changing, albeit slowly, demographics of nursing students. In an effort to provide appropriate care, many models of cultural competence have been developed for nurses to assess cultural differences in patients. However, cultural competence also includes actions that acknowledge the differences in people. Cultural competence is a continuous process of cultural growth in which caregivers increase their cultural awareness, knowledge, skill, interaction, and sensitivity when providing care (Smith, 1998). It is increasingly linked to reducing health disparities among racial, ethnic, and underserved populations (Baldwin, 2003; Lipson & Desantis, 2007). Most models of cultural competence provide categories for nurses to identify patients' cultural beliefs, norms, and values. The main purpose of such models is to ensure nurses provide care that is responsive to the client's cultural perspectives and health care beliefs (Baker, 1997).

Cultural competence models generally emphasize appropriate actions employed by health care providers, and methods of assessing people from diverse cultural backgrounds, for the purpose of providing culturally acceptable interventions; whereas a model of cultural safety, as described by Ramsden (2000), draws upon trust and shared meaning about vulnerability, power, and differences. Ramsden contends that the concept of cultural safety is relevant for any situation in which power and resource inequities exist between people of diverse backgrounds. Although cultural safety is a concept unique to nursing in New Zealand, it is gaining more recognition in Canada. It involves a process in which nurses and nursing students engage in self-reflection about their own cultural values and beliefs, thereby recognizing the impact their culture has on caring for patients of other cultures (Richardson & Carryer, 2005). Cultural safety is concerned with fostering a change with respect to

nurses' beliefs, from those which continue to support current systems of health care and dominant practices to those which are more supportive and receptive of the health beliefs and practices of culturally diverse groups (Polaschek, 1998). Providing culturally safe care has the potential to decrease risk in which people from one cultural group believe they are demeaned, diminished, or disempowered by health care systems and the actions of people within those systems (Wood & Schwass, 1993).

While much attention has focused on cultural competence and safety with respect to meeting the health care needs of culturally diverse patients, consideration also needs to be sought with respect to evaluating the extent to which the cultural norms and values of culturally diverse students are respected and integrated in professional preparation (Weaver, 2001). Wells (2000) contends that cultural competence and safety in nursing education could be realized when learning environments are established that foster students and faculty to examine and challenge their own cultural biases. The retention of students from various cultural backgrounds is essential to develop a diverse nursing workforce that is able to deliver culturally appropriate and sensitive health care (Gardner, 2005). A fundamental challenge for the nursing faculty at UCN is to support the diverse learning needs of Indigenous nursing students in an effort to decrease student attrition.

University College of the North came into existence on July 1, 2004 with a mandate to serve the educational needs of Indigenous and northern Manitobans and to enhance the economic and social well-being of northern Manitoba. The UCN Act established a tri-cameral governing structure including a Governing Council, Learning Council, and Council of Elders to deliver degree, diploma, and certificate programs to a small, widely dispersed population of 80,000 spread out over the vast region of northern Manitoba. Approximately 75% of the northern population is of Indigenous descent. Half of this population lives in urban, industrial towns and cities while the rest live on reserves, and often remote communities. UCN delivers programming to over 2,300 full- and part-time students registered in forty-four program areas in over thirty locations throughout northern Manitoba. The four-year Bachelor of Nursing program is delivered jointly with the University of Manitoba and is offered on the main campuses in both The Pas and Thompson. The program has a yearly intake of twenty students at each site, with 54% of the students of Indigenous descent. The attrition rate for non-Indigenous students is approximately 32%, whereas the attrition rate for Indigenous students is approximately 9% higher at 41%.

As indicated in the literature, a number of barriers affect the success of Indigenous nursing students and contribute to the high attrition rates. The literature suggests that culturally diverse students feel lonely, alienated, and isolated (Evans, 2004; Gardner, 2005; Villarruel, Canales, & Torres, 2001); experience insensitivity and discrimination (Barbee & Gibson, 2001; Gardner, 2005; Hassouneh-Phillips & Beckett, 2002; Yoder, 1997, 2001); and lack educational preparation to ensure success in a nursing program (Childs, Jones, Nugent, & Cook, 2004; Soroff, Rich, Rubin, Strickland, & Plotnick, 2002). As the nursing faculty endeavour to decrease the attrition of Indigenous students, they believe that, in addition to providing educational supports, it is of utmost importance to model respect and openness to the views, values, and beliefs of the diverse cultures of students. As described by Dickerson, Neary, and Hyche-Johnson (2000), when Indigenous nursing students perceive learning as rigid with specific standards that are learned in only one way, that of a Eurocentric approach, they often become extremely stressed and unable to cope with the rigours of school. When faculty do not acknowledge racial or ethnic differences in learning and resort to traditional Western teaching and learning pedagogy, it is at the expense of the culturally diverse student.

Considering that the UCN Faculty of Nursing is responsible to ensure culturally safe education for over 50% of the student body who are of Indigenous descent, a variety of supports are required. In an effort to decrease students' feelings of loneliness and isolation, UCN offers the services of the Aboriginal Centres, which are situated on both main campuses. The Mamawechetotan Centre and the Ininiwi kiskinwamakewin Centre promote student-centered and student-focused supports and activities in which students are able to value and share Indigenous knowledge, culture, and activities. The centres provide staff and students with opportunities to honour and share cultures, practice cultural beliefs, and promote cross-cultural awareness. Provisions such as the Elders program, counselling program, role modelling program, substance-abstinence counselling, family counselling, and sharing circles all endeavour to provide a culturally competent and safe learning environment in which students are supported to succeed.

In an effort to recognize and understand students of diverse cultures, the nursing faculty values education that is aligned with the principles of justice, respect for others, equity, and diversity. Specifically, the faculty is sensitive to the fact that Indigenous knowledge is holistic rather than diverse, and inclusive of all aspects of life, which provides the foundation for education at UCN. Although Indigenous knowledge within most

academic environments is gaining more acceptance, there still exists the notion that explanations need to be verified by Western science. The point to consider is that Western ideology has always played a central role in marginalizing Indigenous people because it structures the way in which individuals understand their experience, and it is therefore a powerful vehicle for shaping how they interpret events (Brookfield, 2001).

As the nursing faculty endeavour to alter the engrained ideologies of Western beliefs, the nursing curricula offers a variety of courses that focus on the Indigenous cultures of northern Manitoba. The interdisciplinary programming aims to further understand the experiences of Indigenous peoples and communities in the past and present and to consider regional, national, and international dimensions of Indigenous learning. Indigenous ways of knowing and Western notions of knowledge are explored and integrated throughout the curriculum as learners are exposed to a variety of perspectives, sources, and intellectual traditions. Offering a variety of interrelated courses, such as Indigenous history and culture; politics, governance, and justice; community development; and Indigenous knowledge and languages, presents students with the opportunity to discover ideologies that endeavour to empower marginalized people of northern Manitoba. These courses are the cornerstone of UCN's position that transformative learning is pivotal to providing awareness about Indigenous culture and knowledge, and is key to providing a safe place to question the mainstream educational ideologies.

Furthermore, the nursing faculty is committed to creating culturally responsive curricula to enhance the Indigenous knowledge base and content of programs and supports. Cultural competence and cultural safety are threaded throughout the nursing curricula, which provides students with an opportunity to discuss and share the importance of accepting and respecting diverse beliefs and practices. Not only are students exposed to different ways of being and living, they are encouraged to reflect upon their own biases, beliefs, and values in order to transform their ways of being so they are more accepting of diversity. All faculty are required to complete an Aboriginal awareness in-service, and all students are required to successfully complete a Tradition and Change course, both of which introduce participants to Indigenous traditional teachings through the use of sharing circles, group activities, and other Indigenous cultural practices. Participants learn about the historical and contemporary issues of Indigenous people and actively participate in various land-based experiences. These courses are offered to both Indigenous and non-Indigenous people to provide knowledge about the unique issues

Aboriginal people encounter on a daily basis. Being aware of Aboriginal ways of knowing and exploring how society has marginalized Indigenous people can enhance understanding of Indigenous people and ways of looking at the world, as well as acknowledging value in traditional knowledge (Smith et al., 2011).

Although it is recognized that the values, beliefs, and attitudes of educators, regardless of whether they are professors, clinical instructors, or preceptors is paramount to the feelings of alienation and discrimination experienced by Indigenous students, Merrill (1998) contends that a learning environment that embraces positive faculty-student interactions in which there is a caring, sensitive, and committed attitude serves as an incentive for success. To that end, nursing faculty at UCN are culturally competent educators who value diversity, respect cultural differences among students, and encourage students to maintain their ethnic identity. They are committed to being approachable, sensitive, and non-threatening educators to enable Indigenous students to excel. It is commonly understood that cultural biases can significantly impact the faculty's perception of students from a cultural and/or racial background different from their own; however, UCN nursing faculty are acutely aware and sensitive to the challenges faced by Indigenous nursing students. In an effort to provide a culturally safe learning environment, the instructors utilize teaching strategies that incorporate Indigenous ways of knowing. For example, most instructors provide a forum to discuss Indigenous world views and perspectives throughout the program and provide Indigenous and northern examples when presenting course material. They incorporate storytelling and sharing circles into their classrooms and provide the students with opportunities to discuss issues relevant to Indigenous people in the North. Furthermore, nursing faculty invite Elders into their classrooms to share traditional knowledge of wisdom, beliefs, and values. Each main campus in The Pas and Thompson has access to Resident Elders who are respected and honoured by their communities for their spirituality, wisdom, high intelligence, knowledge, life experiences, and teachings. Within UCN, Elders are role models, resources, and advisors, providing guidance and support to students, staff, and administration.

As highlighted throughout the literature, in some cases Indigenous students lack the educational preparation necessary to ensure success in a nursing program. UCN provides a variety of supports for nursing students who find they are struggling with the rigours of nursing education. Students are provided the opportunity to access the following

programs: the Learning Assistance Centre, peer tutoring, counselling services, Resident Elders, and the Nursing Academic Advisor. Although these programs have been in place for a number of years, the attrition rate for nursing students has remained constant at around 36%. In an attempt to increase retention of Indigenous students, a number of new initiatives have occurred: a) a Student Success Coach has recently been hired with the intent to assist students with study skills, time management, and test writing; b) a retired nursing instructor has been retained as an Academic Tutor to meet with students three hours a week to facilitate success with three difficult Health and Illness courses offered in the second and third year of the program; and c) a new course, Preparation for Professional Nursing Education, was added to the first year of the nursing program. Many of the students enrolled in nursing at UCN lack the foundational math, English, and science skills and knowledge which are required to succeed in the program; thus, the intent of the preparatory course is to provide the requisite skills required for students to achieve success. The new course commenced in September 2014 and provides students with knowledge, skills, and approaches to learning with the intent to increase their opportunity for success in the nursing program.

In conclusion, UCN is attracting Indigenous students who face a variety of barriers to successful completion of their nursing program, including complex learning needs. As such, the nursing faculty believe a culturally competent and safe learning environment can help decrease some of the barriers Indigenous students encounter during their educational experience. Cultural competence and safety is a way of being, role modelling and embracing a commitment to respect and accept others who may have a different set of ideals, values, and beliefs. If nurses, educators, and other health care providers act in culturally and socially competent ways, the nursing workforce may become more diverse, health disparities may be altered, and the mandate to reduce and ultimately eliminate disparities may be realized.

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