How Does Diversity Influence Nursing Education?

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Background

As a result of global immigration, the Swedish population has become more ethnically, culturally, and linguistically diverse over the past 70 years. Approximately one-quarter of the residents in Sweden have an immigrant background and more than 30% have at least one parent from abroad.

There is an increasing number of students from multiple ethnic and cultural backgrounds in nursing schools in Sweden as well as other European countries. Given the current multicultural nature of society, it is essential to develop a diverse nursing workforce that can deliver ethnically-, culturally-, and linguistically-appropriate and sensitive health care.

I am currently working as a tutor in a small group that uses problem-based learning (PBL) approach, and often meet students who have multiple ethnic and cultural backgrounds. In the PBL group, students are expected to take more responsibility for their learning. Their motivation, attitudes, and their preferences toward PBL would therefore influence the quality of their work, more than in a lecture. An ethnically, culturally, and linguistically diverse student body may influence the PBL work.

Considering the current multicultural society and the importance of cultural competence in nursing practice, it is important to clarify how an ethnically- and culturally-diverse student body influences nursing education and their PBL work. Prior studies have suggested that minority students are at a high risk of dropping out of nursing school before graduation. Clarifying challenges that minority students are facing contributes to enhancing the quality of nursing education.

The purpose of the study is:

1. To clarify how diversity influences health care/nursing education
2. To describe challenges that minority nursing students are facing
3. To describe the impact of diversity in a small group using the PBL approach

Diversity usually refers to a broad range of individual, population, and social characteristics, including age, sex, race, ethnicity, national origin, immigration status, language, and socioeconomic status. In this paper, diversity refers to ethnic, cultural, and linguistic diversity.

Methods

To identify relevant studies, I first conducted a literature search in the databases Medline (via PubMed) and CINAHL in September 2020. The following MeSH terms were used: problem-based learning, cultural diversity, education, nursing, and multicultural. Studies were included in this analysis if they reported ethnic, cultural, or linguistic diversity between 2010 and 2020, and were published in English.
Results

1. How does diversity influence health care/nursing education?

1.1 Positive aspects: diversity-related outcomes, cultural competence

A racially and ethnically diverse student body is shown to be an important element in meeting the needs of a diverse society in the education of healthcare professionals. In a study of medical students in the USA [1], racial and ethnic diversity of the student body was positively associated with diversity-related outcomes. For example, white students who were involved in racially and ethnically diverse student groups rated themselves as highly prepared to care for a diverse patient population, and had strong attitudes endorsing equitable access to care, compared with those who were not involved in the diverse student groups. Similar findings were reported from other studies [2-4]. In a pre-clerkship team-based learning, a racially and ethnically diverse student body had a positive effect on group learning and outcomes [4], and a prior study in undergraduate nursing students suggests a diverse student body can contribute to increasing the cultural competence of nursing students [3]. Medical and healthcare students believe that racial and ethnic diversity enhanced their educational experiences and provided them with culturally rich opportunities. Their close relationships with students of different races and ethnicities, which were developed through the educational programme, can contribute to their understanding of clinical practice and prepare them for healthcare service in a multicultural society.

1.2 Negative aspects: language, cross-cultural communication

Negative aspects of a diverse student body have also been reported. The greatest frustrations for students and teachers are related to language and communication [5]. Language is the main communication tool between teachers and students; therefore, language issues become complex when teachers and students speak different languages. In addition, because nursing and medicine have their own unique cultures and technical terms, cross-cultural communication between teachers and students can become even more difficult.

2. What challenges are minority nursing students facing?

Students from ethnic and/or racial minorities face challenges when attending higher education institutions, compared with non-minority students.

2.1 Discrimination and isolation

It is reported that ethnic minority students in undergraduate nurse education face discrimination from faculty, peers, nursing staff, and patients, and feel isolated, although most of the students want to integrate and develop relationships with non-minority students throughout the course of their education [6-10]. Students felt isolated more in group work at the university: “I don’t have bad feelings in the classroom, but when we work in groups, I feel isolated [6],” or the first semester “when I was in the first semester of the nursing programme, I felt like I had to stick with my colour and other cultures that I could relate to [10].” Their experiences of discrimination or isolation are associated with physical and mental health problems such as depression and anxiety [11]. The reasons why students experienced
isolation were differences in cultures, educational backgrounds of their families, and lifestyle differences (e.g., household responsibilities) [10]. In addition, these minority students sometimes experienced feeling unaccepted, being an outsider, being excluded or overlooked [10, 12] and, as a result, some of the students began to think that nursing was the wrong career for them. On the other hand, some minority students felt lower degrees of isolation: “In my group we are on Facebook. There I can ask them about questions I have due to this topic [6]”.

2.2 Language barriers

In a study performed in Finland [12], some international nursing students felt that their learning in clinical practices was restricted because of language-related problems. Some students’ poor Finnish was not accepted, and they were not encouraged to use the limited language skills they had. Students also felt that their poor Finish caused anger in some nurses. Regarding students’ involvement with nursing practice, the international students were expected to be active, but they did not know how to get involved with nursing activities because of lack of a common language. Additionally, some students reported that language is an obstacle for them, and found academic writing particularly challenging [6]. One student said that: “I speak my language fluently. It’s harder for me to write papers, and it takes a lot longer for me to read and understand. I have to read it twice and sometimes I interpret it in the wrong way [10]. Language barriers also influence the understanding of professional terminology. Therefore, these students expressed the importance and the need for development of their language competence and wished for more academic support for the written assignments in their programme [6, 13]. As language is a cornerstone to building relationships, language barriers increase the risk of isolation of minority students [12, 14].

2.3 Impact of cultural diversity on academic performance

Learning a new language and living in another country with different cultural norms and values are not easy. Consequently, ethnic and minority students can experience social, cultural, and psychological losses, and have difficulties in trying to adjust to a part of society which has an influence on their academic performance. Kaddoura et al [15] showed an association between students who speak English as a second language and lower pass rates of the national examination for registered nurses and poorer performance in nursing school, compared with students who spoke English as their native language. Similar results are also reported from other studies [8, 13], where language barriers limited students’ opportunities for learning and communication, and had negatively impacted their academic performance. Lacking language proficiency affected patient care and hindered students’ professional growth. Some students reported negative experiences in clinical practice with the use of terminology and understanding patients’ questions. Factors that affect academic performance negatively among these minority students are not only language barriers, but also financial issues and lack of support from family, role models or mentoring [7, 9].

3. How does diversity influence problem-based learning?

Regarding the impact of students’ diversity, only a few medical students (3%) felt that diversity detracted from the discussions, meanwhile more than 80% of the students stated that diversity improved the breadth of group discussion and brought benefits to their medical
Similar findings were reported from another study, where most of the students reported that they learned to work successfully with students from different cultural groups. Students also reported that learning in a diverse student environment was not frustrating nor stressful [16]. The interaction with a diverse student body, for example by discussing cultures and beliefs, can lead to learning culturally-competent healthcare [2].

Although personality traits play a major part in determining students’ positive PBL preferences, the socio-cultural background of students is also associated with preferences regarding PBL [5]. In a study comparing the preferences toward PBL of medical students from Norway, North Dakota and Nepal, students from Nepal found that they were less enthusiastic about PBL than students from North Dakota [5]. Gardner et al [10] also reported that foreign-born students thought their white colleagues were lacking respect in their group discussion and some of the students felt discomfort at the aggressive discussion style of their white colleagues. On the other hand, a prior study found that students with English as a second language had a more positive perception of PBL’s group effectiveness than English first language students [16].

**Reflection**

1. **Diversity and health care/nursing education**

   Although cultural competence is included in some nursing curricula, it is not easy for students to develop this competence in less diverse student groups. Interestingly, an ethnically and culturally diverse student body can provide students with culturally rich opportunities and enhance students’ cultural competence [1-4], which is an ability to meet the cultural, social, and linguistic needs of their patients. Through their nursing education and communication with their peers, I expect that students learn the importance of respecting beliefs, values, language, and traditions of their patients who have different ethnic and cultural backgrounds.

   I have also experienced students’ development of cultural competence. I was a supervisor for two students working on their bachelor theses which focused on nursing care for patients who do not speak Swedish. These students had multicultural backgrounds and they found their own research questions from their experiences. Through their thesis work, these students had deeply learnt the importance of cultural competence, and their discussion had a positive effect on group outcomes related to clinical practice in a multicultural society.

   All patients should be treated with equal respect and dignity. However, ethnic, cultural, and linguistic differences between healthcare professionals and patients may cause insufficient communication and it can lead to greater health disparities. I believe that nurses who have good cultural competence to meet cultural and linguistic needs of patients and their families can improve health outcomes and contribute to reducing health disparities.

2. **Challenges minority nursing students are facing**

   Some minority nursing students experience discrimination and isolation both within the academic and practice settings; however, there are legal regulations to protect individuals within society, and people should not be discriminated against based on their gender, religion, or race, or for having a disability [17]. Therefore, nursing educators in academia and practice should give more consideration to multi-culturalism and become more knowledgeable about challenges minority students face. It is also necessary for nursing educators to create a
A supportive learning environment for minority students, where the students can feel respected, encouraged, and treated with dignity, and to promote integration. Academic support to enhance their language skills and providing a mentoring programme may be also helpful for ethnic minority students to enhance their confidence and promote integration [13].

3. Diversity and working with small groups using PBL

Many students have positive perceptions about the group effectiveness of the PBL in a diverse student population. Interestingly, some minority students had a more positive perception toward the PBL, which might be in part be attributed to group learning helping them to understand subjects that they had difficulties with. Sharing information and cooperation among students who have different backgrounds in small groups can lead to the development of cultural competence and teamwork skills which are essential for healthcare professionals in multidisciplinary healthcare teams as well as multicultural society.

In addition to personality traits, the socio-cultural background of students plays a role in determining positive PBL preferences [5, 10]. I experienced that some students who came from other countries struggled to participate actively in a group discussion in the beginning, but these students developed their communication skills and finally actively engaged in the PBL work. What the PBL tutors can do to support development of the diverse student body would be to foster a comfortable open atmosphere for discussion and to encourage cooperation.

4. Conclusion

A racially and ethnically diverse student body both in the classroom and in small group work helps nursing students to improve their cultural competence and to prepare to take care of diverse patient populations, which contributes to enhancing health outcomes of the diverse patient population and to reducing health disparities. On the other hand, minority nursing students may face challenges during their nursing education. Nursing educators should consider multi-culturalism and create a supportive learning environment for minority students if it is necessary.

Reference