2008

An exploration of perceptions of Associate of Science in Nursing students related to transcultural nursing experiences

Susan Jane Woody Rhoades
Iowa State University

An exploration of perceptions of Associate of Science in Nursing students related to transcultural nursing experiences

by

Susan Jane Woody Rhoades

A dissertation submitted to the graduate faculty

in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

Major: Education (Educational Leadership)

Program of Study Committee:
Larry Ebbers, Major Professor
Flo Hamrick
Barb Licklider
James McShay
Dan Robinson

Iowa State University

Ames, Iowa

2008

UMI Number: 3307069

ProQuest Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346

TABLE OF CONTENTS

LIST OF TABLES

ACKNOWLEDGMENTS

First and foremost, thank you to Dr. Larry Ebbers, my major professor, who shared his expertise during my doctoral program and kept me motivated. Thank you as well to my committee members: Dr. Flo Hamrick, Dr. Barbara Licklider, Dr. James McShay, and Dr. Dan Robinson. You all provided me with wonderful guidance.

I want to acknowledge my maternal grandmother and great aunt who attained degrees in higher education and set an example all the women in my family have followed—completing a college education.

I owe my interest in cultures and diversity to my parents who many years ago supported my first cultural experience to Brazil. Their love and support started a lifelong interest in culture that ultimately became part of my dissertation. Thank you, Mom and Dad!

I couldn't have been successful in this endeavor without the constant support of my family. The encouragement of my daughters, Lisa and Laura, and my sister, Jewell, kept me focused as well as motivated. A huge thank you goes to my wonderful husband, Frank, who was behind me every step of the way and supported me in so many ways.

Finally, I want to thank my colleague and friend, Shirley Beaver. We started this journey together and I am so thankful for your support, friendship, and encouragement throughout! I would never have accomplished this achievement without you.

One final thank you goes to my 6 participants who carved out time from their busy schedules to share their perceptions with me. I learned so much from you and I truly value your contributions.

ABSTRACT

Transcultural nursing theory (Leininger, 1995) goes beyond or *transcends* cultural boundaries, and examines and cultivates an appreciation of human beings and their cultures, histories, and values. Assessment of values, histories, needs, and expectations assists in providing culturally competent patient care. Transcultural nursing courses are an integral part of nursing education.

The qualitative study examines the perceptions of 6 Associate of Science in Nursing students related to transcultural nursing experiences in college and clinical education environments. In addition, this study explores what influence, if any, gender has in their experiences.

The interpretive study uses a semistructured interview approach during focus group and two interview meetings. The interviewer solicited responses on behaviors, feelings, opinions, and knowledge related to transcultural nursing concepts. Participants maintained a diary of transcultural nursing experiences for 2 weeks. Thematic development coding techniques are employed to provide detailed descriptions of their experiences. Two themes emerge from the research: self awareness and respect for individuals.

This research study will aid future nurse educators by explicating students' perceptions of transcultural nursing experiences.

CHAPTER 1
INTRODUCTION

The nursing profession has promoted culturally competent patient care for nearly 40 years. Culturally competent patient care provides for the patient's needs in a way that the care and treatment is within or compliments the patient's own cultural belief system.

The development of cultural competence in nursing began with Madeleine Leininger in the latter part of the 20th century. It is often referred to as transcultural nursing, or TCN, by nursing professionals because the goal is to provide care that is beyond or transcends cultural boundaries. Transcultural nursing provides a process to examine and cultivate an appreciation of human beings and their cultures, histories, and values (Leininger, 1995). For the nursing profession, transcultural nursing is a specialization in much the same way as pediatric or oncology nursing are specializations. Transcultural curriculum in nursing focuses on comparing and analyzing different cultures as a means of developing universal and holistic nursing care (Andrews & Boyce, 1999). Although it provides for a specific focus in nursing care, this appreciation and assessment of culture and its relationship to the patient's care spans all facets and specializations of nursing care. In the 40 years since it was introduced, it has become an integral part of nursing and nursing education (Leininger). Transcultural nursing has a goal of establishing foundations of knowledge and skills that will help nurses provide culturally competent and congruent care to diverse populations (Leininger). Rosenjack Burchum (2002) stated, "For nurses, cultural competence assures care that is culturally relevant and accommodating to the beliefs, values, and practices of clients" (p. 10). One of the challenges facing health care and nursing, in particular, is the fact that White

European females make up approximately 90% of nursing professionals. Nurses serve a population that is more than 25% minority in the United States and very different from their own cultural background (Sullivan Commission Report, 2004). Approximately one in three persons in the United States identifies him/herself as a minority (Shuh, 2004).

Problem Statement

The research institution is a small private institution that focuses on health care career education. It is located in a large metropolitan city in the Midwest. The student enrollment is less than 1,000 students. The college, accredited by the Higher Learning Commission, offers continuing education certification, certificate, associate, and baccalaureate programs. The college's associate degree program in nursing is also accredited by the National League of Nurses (NLN) and enrolls approximately 400 students, 90% of whom are women. Since 1983, the NLN has examined transcultural nursing principles as part of its accreditation requirements (Roorda, 1993). The college integrated transcultural nursing concepts into its curriculum in 1996 as a central component in the nursing curriculum and to comply with accreditation standards. A three-credit course, PHI 104 Caring and Diversity, was added to the degree requirements. The syllabus (Appendix A) states the course examines both personal and professional aspects of caregiving, including understanding the care for diverse populations such as those with cultural, racial, socioeconomic, religious and lifestyle variations. The college currently assesses its students' learning on many levels through projects, tests, written assignments, and course evaluations. However, these assessments have not thoroughly examined the perceptions students have of the transcultural nursing course and their

associated transcultural nursing experiences in their college and clinical education environments.

Purpose

The purpose of this research study was to understand and interpret the perceptions of Associate of Science in Nursing (ASN) students related to their transcultural nursing experiences in their college and clinical education environments. This research sought to provide insight on how students reflect upon and interpret the concepts presented during the course. Further, it sought to interpret how they apply class concepts to caregiving in their clinical experiences. This study also explored the potential influence of gender in the students' perceptions. A better understanding of students' perceptions should prove instructive to faculty teaching transcultural nursing courses and to nurse educators in general.

Most nursing curricula focus on knowledge, experiences, and attitudes toward "culturally different patients, cultural competence of nursing students, and on multicultural competence curriculum development" (Canales & Bowers, 2001, p. 103). Very little research or guidance is available on how to actually teach cultural diversity, develop programs that foster a culturally competent health workforce, or evaluate such programs (Canales & Bowers). A step toward filling this void in research was accomplished in this study of students' perceptions of transcultural nursing experiences.

Research Questions

Three research questions guided this study.

1. What are the perceptions of ASN students with respect to their transcultural nursing experiences in their college environment?

2. What are the perceptions of ASN students with respect to their transcultural nursing experiences in their clinical education environment?
3. What influence, if any, does a participant's gender present in these perceptions?

Theoretical Framework

As I explored the meanings derived from the participants' perceptions a constructionist epistemology guided my research. I sought to interpret these meanings of their lived experiences; therefore interpretivism provided the theoretical framework by which the data was interpreted. Four theoretical lenses guided the research and the analysis of the resulting data. These lenses examined the data from the cultural, transcultural nursing, experiential learning development, and gender theories.

Theoretical perspectives and methodologies employed in existing research were examined. Cultural theory examines real life issues and, in that much of the research (Kelley & Fitzsimons, 2000; Lindsey, Robins, & Terrell, 2003; Rendon & Hope, 1996) has examined application of multicultural education in various settings, provided a foundation for this study. This cultural theoretical frame work is similar to that provided by cultural competence and transcultural nursing theory (Andrews & Boyce, 1999; Campinha-Bacote, 1996; Cross, Bazron, Dennis, & Issacs, 1989; Leininger, 1995).

Several theories exist to explore and define cultural competence. Multicultural education theory, such as that developed by Lindsey et al. (2003), is seen as an approach to social action and a restructuring of teaching/learning paradigms. It further posits that culture provides guidelines of permissible behaviors for people of different groups to follow (Lindsey et al.). Multicultural education and cultural proficiency theories (Brown

& Kysilka, 2002; Lindsey et al.; Rosenjack Burchum, 2002; Tiedt & Tiedt, 2002) focus on the awareness and acceptance of cultural differences. Further, this cultural competency or proficiency is a process whereby individuals increase their awareness of and adapt appropriately to the culture surrounding them.

Transcultural nursing theory (Leininger, 1995) contains many of the same concepts as those found in cultural theory. Transcultural nursing theory, however, narrows the focus of cultural competence and proficiency to patient care while at the same time encouraging holistic care (Leininger). This particular theory centers on the comparison, assessment, and analysis of the cultures present in a patient care situation. Culturally congruent patient care is care that is holistic and does not compromise the patient's cultural beliefs (Andrews & Boyce, 1999). Kemp and Bhungalia (2002) provided summaries of culturally sensitive patient care based on religious beliefs. For example, for a Hindu, the belief that suffering is inevitable may influence the patient's or family's reporting of symptoms or lead to a rejection of therapeutic treatment. For Muslims, the issues of prayer, daily cleansing, modesty, and dietary restrictions as dictated by the Qur'an impact Western modes of health care (Kemp & Bhungalia). Leininger's Sunrise Model to Depict the Theory of Culture Care Diversity and Universality explains the theory of transcultural nursing as a means of examining and cultivating an appreciation of human beings, and their cultures, histories, and values. Similarly, the Iowa Department of Public Health has identified the need for health care workers to be culturally competent, rather than simply aware of and sensitive to cultures, and emphasizes a broad definition of culture that incorporates histories and values rather than focusing on individual groups (Rhoades, 2007).

Gender theory also guided this study. Understanding the influences gender may present in the participants' perceptions of their transcultural nursing experiences will be enhanced through an understanding of gendered learning styles and behaviors such as those found in gender theory research (Belenky, Clinchy, Goldberger, & Tarule, 1986; Bush, 1976; Meadus, 2000).

Experiential learning is a process that links education, work, and development (Kolb, 1984). The process, evident in cultural awareness and the development of cultural nursing strategies, can also be found in experiential learning theories. Experiential learning is a process, not just an outcome, grounded in experience and application, and provides a holistic process that involves interactions between the person and his/her environment (Kolb).

These theories served to guide the methodology, research design, data collection, and data analysis of the participants' perceptions of their transcultural nursing experiences.

Significance of the Study

The nursing profession faces numerous challenges in the 21st century as a result of changing demographics within the nursing profession and society at large. Chapter 2 provides details on how the American population has changed and is predicted to change. Providing culturally competent patient care will be important to the future of health care. Consequently, education and self-assessment of one's cultural awareness are essential components in developing the ability to provide the level of care needed in an environment of demographic change. The continuing efforts of nurse educators to prepare

students to provide culturally competent care in an ever-changing patient care environment provided additional rationale for the study.

Conducting a study that explored and described nursing students' perceptions of their transcultural nursing experiences had the potential to provide nurse educators with insight on how they can continue or may be able to improve future student experiences with transcultural nursing and learning development in general. Rhoades (2007) conducted an assessment of a cultural competence curriculum prepared by the University of Iowa for the Iowa Department of Public Health. In this study, focus groups of nursing students reviewed curriculum, finding it a "very useful self-examination or assessment tool" (p. 14) and provided valuable feedback to the department on the value of the curriculum. This study sought to explore perceptions to a specific, established course focusing on transcultural nursing concepts at the college.

Exploring further the influence gender may, or may not, have on these participants' transcultural nursing experiences had the potential as well to provide nurse educators with additional insights. Providing nurse educators with research explicating students' approach to and reception of transcultural nursing content could provide opportunities to change content delivery and/or incorporate different learning methodologies.

Chapter 2 explores some of the extensive research available on the cultural competence curriculum in nursing education. This chapter also summarizes aspects of the history of nursing and the evolution of the female stereotype of nurses and its impact on nursing education practices and curriculum. Research providing insight on the

development and the differences in gender-related patterns of knowing and learning is also synthesized.

Given the challenges described, the questions of how students perceive their transcultural nursing experiences in their college and clinical education environments was worthy of further exploration. Determining what influence gender may, or may not, have on these perceptions, should also be valuable for educators.

Definitions of Key Terms

ASN – Associate of Science in Nursing degree earned in a five-semester curriculum program. The curriculum is a combination of liberal arts and sciences courses and nursing education courses. The liberal arts course, PHI 104 Caring and Diversity, is a requirement of the curriculum and focuses on examining cultural diversity in relation to caregiving.

Care – cultural way of helping people with compassion and respect (Leininger, 1995).

Caring – those activities and actions that help to improve the human condition of an individual or group (Leininger, 1995).

Culture – a blue print or guide for determining people's values, beliefs, and practices (Andrews & Boyce, 1999).

Culturally competent care – a process in which the health care provider continually strives to achieve the ability to effectively work within the cultural context of the client (Andrews & Boyce, 1999).

NLN – National League of Nurses, a nationally recognized accrediting body for nursing education programs.

TCN – Transcultural nursing theory is defined as a specialized body of knowledge and skills that help nurses provide culturally competent and congruent patient care.

Scope of the Study

Limitations

Direct observation of participants in their work environment was not feasible due to patient privacy issues.

Students from other programs at the college take the transcultural nursing course. Their participation was not solicited because the scope of the study focused on nursing students' perceptions of their experiences in the course and clinical education.

Delimitations

Only nursing students enrolled in the third semester nursing class during the summer 2007 semester who had completed PHI 104 classes during fall 2006 and spring 2007 were approached to participate in the study. This approach allowed for a small group that encouraged participation and generated extensive data for analysis and interpretation. Direct observation of participants (by non-nursing faculty) in their clinical education environment was not feasible due to patient privacy issues.

I was concerned that my association with the college as an administrator whom they had met during their college orientations programs may have caused some participants to hesitate in sharing negative perceptions and comments. At the focus group meeting, I emphasized my role was that of researcher, not administrator. Similarly, male and female participants may have responded to me differently because of my gender. I tried to be cognizant of these potential biases in data collection and analysis.

One participant was unable to complete her second interview in person due to personal issues. Her responses to the protocol questions for the second interview were collected via e-mail, but this method did not allow for a review of her diary nor did it allow her to comment on the sequencing of the course, a topic that grew out of discussions with other participants during the second interview. In further efforts to solicit and include this participant's perceptions, that topic was e-mailed to her and a response was provided.

Summary

This study examined the perceptions of nursing students in the ASN program at a small private Midwestern college. In chapter 2 relevant research on the historical and current developments in multicultural and transcultural nursing are introduced. In addition, an examination of research literature on men in nursing and nursing stereotypes was conducted as well as those pertaining to experiential learning.

The focus of the study was on exploring and analyzing perceptions of nursing students related to their transcultural nursing experiences in their class and clinical environments. Finally, the study explored what influences may have been present in those experiences based on gender. Chapter 3 details the qualitative approach that was used to guide the research design, data collection, and data analysis in efforts to describe these student participants' experiences in transcultural nursing.

In chapter 4 the findings and interpretations of the meanings attached to the participants' perceptions are shared. Chapter 4 also provides a chronology of the research design, data collection, and analysis. The findings will provide descriptions and interpretations of the participants' perceptions and responses to the research questions.

Interpretation of their perceptions of their experiences is also offered. Finally, how these findings are situated in the context of the literature reviewed in chapter 2 is analyzed.

Chapter 5 provides an overall summation of the research problem and purpose. It also provides recommendations that may prove useful to nurse educators teaching transcultural nursing courses and to nurse educators in general.

Chapter 6 provides an opportunity to reflect on the dissertation experience and its impact on my development as a researcher in the field of higher education.

CHAPTER 2
REVIEW OF LITERATURE

Several strategies can be employed for exploring research topics. Reading seminal writings, actively reading, challenging assumptions, and organizing materials to suggest patterns (Krathwohl, 1998) provided concrete strategies to follow. As mentioned, a review of multicultural education, the development of culturally competent nursing care, nursing history, and experiential learning development theory provided the foundation for examining students' perception of their experiences with transcultural nursing.

The purpose of this research was to explore the perceptions of ASN students related to their transcultural nursing experiences in their college and clinical education environments. In addition, this study explored the possible influence of gender in the transcultural nursing experiences of these male and female nursing students. When exploring learning experiences and perceptions within the nursing culture it was helpful to understand multicultural education in general. In addition, background information on experiential learning development theory, gendered ways of knowing, the historical and current context of nursing education, and the evolution of transcultural nursing education helped provide a foundation for the study.

Four components were considered when exploring student experiences in transcultural nursing and formed the basis for the literature research. The first component that warranted research and review was defining multicultural education theory. The second component reviewed was the development of cultural competence theory or the transcultural model of nursing care. The third component that factored in this exploration was gendered patterns of knowing within learning development. Finally, the history of

nursing and the impact of the evolution of the stereotype of the nurse as a female were examined. There was extensive literature available on each of these components. The review of literature provided insight on research tools other educators have used to assess the impact of multicultural and transcultural nursing curriculum and experiential learning on student experiences. The experiences of males in nursing education were also reviewed.

Definition and Characteristics of Multicultural Education

The need for increased efforts to include multicultural education in schools is evidenced by changing demographics. The following statistics provide some insight on these demographic shifts. White males in the workforce are expected to decline from 42% in 1990 to a projected 36% by 2010. Asians and Hispanics will increase 5% and 6%, respectively, during the same period (Tiedt & Tiedt, 2002). By 2010, a third of the population will be ethnic minorities, and foreign-born residents will be at an all-time high of 24.8 million (Candela, Cyrkiel, Kowalski, & Warner, 2004). Eight percent of the population will have a language other than English as their primary language (Weise, 2006). Individuals in the largest groups with the minority "majority"—Hispanics, Native Americans, Asians, and African Americans—often do not seek health care because they perceive health care providers to be insensitive to cultural needs (Galambos, 2003).

"Culture," according to Andrews and Boyce (1999), "provides a blueprint or guide for determining people's values, beliefs, and practices, including those pertaining to health and illness" (p. 3). Culture provides the rules and guidelines that help people of a certain group know what behaviors and actions are acceptable or unacceptable (Lindsey et al., 2003). Sleeter and Grant stated that multicultural education "links race, language,

culture, gender, handicap, and, to lesser extent, social class, working toward making the entire school celebrate human diversity and opportunity" (as cited in Brown & Kysilka, 2002, p. 4).

Demographers predict that in the next two decades the United States will see the ethnic minority become the numerical majority (Galambos, 2003). American education is and will be greatly affected by this shift, and schools have made efforts to address the need for multicultural education. In order to provide mandated education to the diverse population of the children coming to their schools, K-12 school systems appear to have reacted more quickly to these changes than institutions of higher education (Shuh, 2004).

A significant event in multicultural education was the Bilingual Education Act of 1968. This act, part of the Title VII Elementary and Secondary Education Act, targeted assistance for dropouts, handicapped programs, rural education, and bilingual/ multicultural programs (Tiedt & Tiedt, 2002). Multicultural education, as defined by Tiedt and Tiedt, is:

> comprehensive and fundamental to all educational endeavors. Given an understanding of the nature of human differences and the realization that individuals approach concepts from their own perspectives, advocates of education that is multicultural are consistent in their belief that respect for diversity and individual differences is the concept's central ingredient. (p. 15)

Multicultural curriculum focuses on the awareness and acceptance of cultural differences, awareness of both the teacher's and the student's own cultural biases, and their ability to adapt themselves to the cultural differences presented (Shuh, 2004). Rosenjack Burchum (2002) identified similar attributes for cultural change: awareness, knowledge,

understanding, sensitivity, interaction, and skills. Intellectual shifts and new viewpoints are creating paradigms that are based on student contribution and engagement. Education is about creating new knowledge, and multicultural education is part of that new knowledge (Rendon & Hope, 1996). For example, the teacher is not always the authority; students' cultural experiences can become the instructional method and therefore shifts the paradigm. Critical elements for re-engineering curricula, according to Fasano (as cited in Kelley & Fitzsimons, 2000) are ownership, empowerment, critical thinking, decision making, conflict resolution, and team building.

The process and context of multicultural education are as important as the curriculum itself. Students and teachers are equal participants in multicultural education. It seeks to draw in the community as an instructional tool as well. The best and ultimate teaching tool draws upon the students' experiences outside the school and then uses these experiences to bridge or construct meaning that is tied back to the curriculum (Brown & Kysilka, 2002). The challenge for educators at all levels is integrating multicultural curriculum into existing content instead of just adding on separate units (Kelley & Fitzsimons, 2000). Miller, as quoted in *Understanding Cultural Diversity* (Kelley & Fitzsimons), added that "learning to think, act, lead, and work productively in partnership with people of different cultures, styles, abilities, classes, nationalities, races, sexual orientation, and genders goes beyond acquiring new skills and attitudes" (p. 150). A multicultural curriculum aims to help the student unlearn behaviors, become aware of his/her own culture biases, and learn how to accept other cultures' ways as co-equal. It is a process, not a single, one-time effort. The theory of transcultural nursing is also positioned as a process rather than a one-time effort.

Cultural Awareness

Table 2.1 identifies the stages of cultural awareness as described by Lindsey et al. (2003). These stages of cultural awareness helped guide the analysis of data collected from the participant's perceptions of their experiences in transcultural nursing related to this study. These stages aided in understanding how the participants processed the assessment of their own cultural awareness.

Faced with the immediate needs of new immigrant children, multicultural education has experienced a resurgence and focus as evidenced by the numerous guides to multicultural education reviewed for this study: *Multicultural Teaching: A Handbook of Activities, Information, and Resources* (Tiedt & Tiedt, 2002); *Applying Multicultural and Global Concepts in the Classroom and Beyond* (Brown & Kysilka, 2002) and *Cultural Proficiency: A Manual for School Leaders* (Lindsey et al., 2003). These guides reiterated the theory of multicultural education as an on-going process.

Table 2.1. *Stages of Cultural Awareness* (Lindsey et al., 2003)

Stage	Description
Cultural destructiveness	Individual sees the differences and seeks to destroy the culture
Cultural incapacity	Individual sees the differences, makes the culture wrong in order to reinforce own culture
Cultural blindness	Individual sees the differences but ignores them
Culture pre-competence	Individual sees the differences but makes inadequate or improper responses
Cultural competence	Individual sees the differences and understands the impact of these differences
Cultural proficiency	Individual sees the differences and responds positively and embraces the differences

Because children are required to attend elementary school, whereas a college education is optional, K-12 educators have demonstrated a significant response to the need for multicultural education. Providing college students with opportunities for exposure, self-analysis, and acquisition of skills to accept and engage with diverse cultures can enhance their educational development as well. The ultimate goal of this education is to have the student "acquire knowledge, skills, attitudes and behaviors to be active participants for a democratic and just society" (Galambos, 2003, p. 6). Higher education institutions have long promoted and prepared their students for active roles in society; preparing them to be participants in the society of the future that has very different demographics presents a new challenge. Preparing for this challenge was part of the purpose of this study. Nursing education programs will need to prepare future nursing students for careers that serve patients from an increasingly diverse society. Findings from this study should prove instructive to faculty teaching transcultural nursing concepts to nursing students.

Cultural Competence in Nursing Education

The concept or theory of transcultural nursing was introduced over 40 years ago (Andrews & Boyce, 1999). In those 40 years, transcultural nursing theory and practice have become an integral part of the nursing discipline and curriculum. Transcultural nursing is nursing care that goes beyond or transcends cultural boundaries. Transcultural nursing refers to specialization in comparing and analyzing different cultures in an effort to develop universal nursing care that spans all facets of nursing care (Andrews & Boyce). One of the most commonly used definitions of cultural competence in nursing, provided by Campinha-Bacote (1999, as cited in Shuh, 2004, p. 96), states that cultural

competence "is a process in which the health care provider continually strives to achieve the ability to effectively work within the cultural context of a client." The term transcultural nursing is often used interchangeably with cross-cultural, intercultural, and multicultural nursing, but the term transcultural is used predominantly in this research study because it is the most common to nursing education.

The development of cultural competence in nursing began with Madeleine Leininger in the latter part of the 20th century. During the course of her nursing care, Leininger noted cultural differences in the children with emotional disturbances. These children demonstrated unique characteristics that Leininger interpreted as creating a culture different from other children in her nursing practice. This group presented different needs that required different nursing care approaches. Leininger's (1995) qualitative research with these children led to the development of her Sunrise Model to Depict the Theory of Culture Care Diversity and Universality in an effort to provide culturally congruent care. *Why* cultures have different patterns of caring and different ways they keep well or become ill is central to transcultural nursing (Leininger). It is often referred to more simply as transcultural nursing theory by nursing professionals because it goes beyond or *transcends* cultural boundaries. The principles of the Sunrise Model have become more relevant and applied as diverse populations have increased and created greater demands for culturally competent nursing care. These factors, which influence care expressions and practices as they relate to holistic health care, are briefly identified in Table 2.2.

This theory of transcultural nursing examines and cultivates an appreciation of human beings and their cultures, histories, and values. It seeks to explain the "why" and

Table 2.2. *Factors that Influence Holistic* Health (Leininger, 1995)

Technology Factors	Political & Legal Factors
Religion Factors	Economic Factors
Kinship/ Social Factors	Educational Factors
Cultural Values & Beliefs	

"how" cultural ways develop and derive meaning through that development (Leininger, 1995). Transcultural nursing also studies the cultural values, history, needs, and expectations of the individual in much the same way Sleeter and Grant (as cited in Brown & Kysilka, 2002) saw multicultural education "link[ing] race, language, culture, gender, handicap" (p. 4). An examination of the principles of Leininger's Sunrise Model demonstrates the integration of the many facets to be considered in providing culturally competent care. The focus is not just on the illness but also on disabilities and hidden cultural secrets within cultures such as religion, kinship, social expectations, or economics that may impact care as well (Leininger). Closely aligned with her component of cultural secrets is the concept of subcultures, which Leininger identified as the homeless, sex offenders, older people, persons with mental or physical disabilities, people with HIV-AIDS, or drug addicts. Culture, in Leininger's view, has a broader perspective beyond ethnicity, and this broad scope enables a nurse to see patients as individuals in an environment that contains many factors that influence their care and health needs beyond body systems (Leininger). Although not all components may be present in every situation, assessment for each should still be conducted (Leininger). The goal of this cultural assessment is to help the nurse and patient (and in some cases the

patient's family) reach a mutually acceptable treatment plan (Campinha-Bacote, 1996). The more obvious influences such as religion, cultural values, economic factors, and social constructs may be more readily visible in dealing with a patient, but influences such as educational level, political background, and technology can also have roles in providing patient care that is culturally appropriate. Leininger's principal contribution was viewing culture as being central to understanding and serving people, and linking that centrality directly to nursing care. Transcultural nursing is seen as knowledge enabling the nurse to function effectively within the many cultures present in the day-to-day health care world and provide nursing care in culturally specific ways (Leininger).

The theory of transcultural nursing draws a distinction between *care* and *caring*. Leininger (1995) defined the value of *care* as the cultural way of helping people with compassion and respect. Leininger believed *caring* consists of behaviors that are foundational to nursing. Caring behaviors are defined as those activities and actions that help to improve the human condition of an individual or group (Leininger). To that end, the purpose of transcultural nursing is to discover and establish knowledge and skills that help nurses provide care for a patient that does not compromise his/her cultural patterns in order to benefit from the care (Leininger, as cited in Campinha-Bacote, 1996). This practice is defined as culturally congruent care.

Leininger (1995) viewed transcultural nursing as fundamental to all nursing care in much the same way Tiedt and Tiedt (2002) viewed multicultural education as fundamental to all learning. It is essential that this type of learning be integrated throughout all curriculum content and not isolated by ethnic or cultural groups (Leininger; Tiedt & Tiedt). The fundamental phases of transcultural nursing (awareness,

unlearning behaviors, and accepting other cultures as co-equals) are very similar to the principles of multicultural education (Kelley & Fitzsimons, 2000).

Other researchers, such as Campinha-Bacote (1996), identified four similar components of cultural competence: (a) seeking cultural awareness, (b) seeking cultural knowledge, (c) seeking cultural skills, and (d) seeking out cultural encounters. No matter the exact definition, the concept of culturally congruent care can be translated to mean beneficial and meaningful care to the people being served (Andrews & Boyce, 1999). The goal of culturally congruent care is to avoid the imposition of a nurse's own cultural biases or views in patient care.

Cultural competence, according to Leininger, is the "integration of knowledge, attitudes, and skills to enhance cross-cultural communication and appropriate and effective interactions with others" (as cited in Andrews & Boyce, 1999, p. 8). Like multicultural education, transcultural nursing education is seen as a process that continually strives to work effectively with the patient (i.e., student) to provide proper care (i.e., education). Leininger's (1995) concept of transcultural nursing is based on cultural theory, research, and practice that goes beyond or crosses cultural borders of groups. She stated:

> Transcultural nursing is a substantive area of study and practice focused on comparative cultural care (caring) values, beliefs, and practices of individuals or groups of similar or different cultures with the goal of providing culture-specific and universal nursing care practices in promoting health or well-being or to help people face unfavorable human conditions, illness, or death in a culturally meaningful way. (p.58)

The goal is to adjust nursing care so that it is culturally congruent with the client's (patient's) cultural expectations. Leininger's model has three phases: (a) culture care preservation where the status quo is maintained, (b) culture care accommodation where recognition of different cultures takes place, and (c) culture care re-patterning where a restructuring of thought and behavior occurs in such as way as to provide culturally competent care (Andrews & Boyce, 1999).

These phases are also found within the cultural proficiency model developed by Lindsey et al. (2003). For nursing, transcultural nursing is a specialization in much the same way as pediatric or oncology nursing is a specialization. Transcultural curriculum in nursing focuses on comparing and analyzing different cultures as a means of developing universal nursing care (Andrews & Boyce, 1999). While it is a specialization within the nursing discipline, this particular theory spans all facets and specializations of nursing care. In the 40 years since it was introduced, it has become an integral part of nursing discipline and education.

Leininger (1995) identified eight guidelines for nurses and nursing students to use with the Sunrise Model principles. These guidelines are identified in Table 2.3.

Leininger's (1995) transcultural nursing theory maintains the same universal concept as multicultural education theory. Both involve self-assessment of cultural awareness and acquisition of skills to accept and engage with diverse cultures to enhance the multicultural education process or the application of transcultural nursing processes. Cultural competence, whether in an educational setting or a nursing setting, is a process that does not occur overnight (Kelley & Fitzsimons, 2000).

Table 2.3. *Eight Guidelines of the Sunrise Model for Patient Assessment* (Leininger, 1995)

Pay attention to gender differences, communication modes, special language terms and interpersonal relationships.
Show genuine interest in the client to learn from and to maintain respect for the client.
Study the Sunrise Model principles before doing patient assessment
Discover and maintain awareness of his/her own cultural biases and prejudices
Be aware patients may belong to cultural subgroups to avoid stereotyping
Know his/her own culture
Explain to the patient, family, or group the focus of the assessment is to help the patient
Maintain a holistic view of the environmental context by focusing on the multiple components of the cultural congruent care

Although Leininger's theory was introduced over 40 years ago, only 20% of nursing faculty is formally trained in transcultural nursing education (Leininger, 1995). Often the courses offered in nursing education programs are taught by faculty with little or no formal training in the transcultural theory (Leininger). "Transculturalism is essential to survive and thrive in this new age culture" of many different cultures (Leininger, p. 608). Faculty faces the challenge of adding and/or integrating this additional theoretical knowledge into an already overloaded nursing curriculum. The additional challenge for nursing programs is to find and retain qualified faculty to teach students and current nurses in the theory and application of transcultural nursing to meet the needs of a patient population characterized by increasing diversity (Leininger).

Nurses cannot assume common values exist in the understanding and treatment of diseases when dealing with other cultures. Values are what give direction and meaning

and play a significant role in the choices an individual makes (Andrews & Boyce, 1999). Each culture, and often each subculture, has its own set of values that are brought to any situation. These values, if ignored or misunderstood by nurses, can be dangerous to patients. In the same way that, during the early years of modern nursing, women were expected to be moral and virtuous (Kalish & Kalish, 1995), today's nurses are expected to respect values, customs, and spiritual beliefs in their care of patients. This expectation also has economic roots. Knowledge of, and respect for, cultural differences in patient care helps health care workers avoid misdiagnosis and helps reduce health care costs by eliminating waste incurred by unnecessary tests or medication due to lack of cultural and language communication (Weise, 2006).

Most nursing students are from the socioeconomic middle class and will be entering a health care environment very different from their own cultural experiences (Pope-Davis, Eliason, & Ottavi, 1994). These nurses will be working in hospitals, clinics, and community health programs where they will encounter cultures that are similar to or different from their own and will need to complete assessments that can deliver culturally competent care (Leininger, 1995). For that reason, in order to foster culturally competent or congruent care, the NLN, state nursing licensure boards, and other nursing accrediting organizations have made recommendations that nursing curricula contain aspects of culturally congruent care (Andrews & Boyce, 1999). The NLN requires all nursing programs to provide "learning experiences in health promotion and maintenance, illness care, and rehabilitation for clients from diverse and multicultural populations throughout the life span." (NLN, 1983, p. 7, as cited in Roorda, 1993). The national board exam for nurses assesses the examinee's understanding and application of transcultural nursing

concepts in the same way it assesses their knowledge of other nursing concepts such as pediatric or mental health nursing.

For effective multicultural education to occur, a curriculum transformation must take place (Rendon & Hope, 1996). As evidenced in research conducted by Brown and Kysilka (2002), learning is best accomplished when the learner connects at some level with the curriculum. For that connection to occur, opportunities must exist for students to experience other cultures through other lenses on a regular basis (Rendon & Hope). This continues to support the theme of the studies cited that multicultural education and culturally congruent care are processes that must be practiced by both educators and students. This educational process echoes the paradigm shift demonstrated by effective multicultural education programs where the teacher and student roles are often switched or intertwined (Brown & Kysilka; Lindsey et al., 2003).

In the past two decades education has become more focused on assessment and outcome measurements, and nursing education is no exception. The implications for providing culturally congruent care are far reaching. Culturally sensitive care can help improve the overall quality of health care. It encourages social justice by reducing unequal access to care. Failure to provide culturally competent health care can have economic implications for hospitals. In a recent case, failure to provide culturally sensitive patient care cost a Florida hospital $71 million. An 18-year-old who said he was *intoxicado* (which can mean "nauseated" in Spanish) spent 36 hours being treated for a drug overdose before doctors realized he had a brain aneurysm (Weise, 2006). [Nausea can be a medical symptom of an aneurysm.] Finally, for nursing education, the need for culturally sensitive patient care provides an increased focus on incorporating cultural

competence curriculum into the existing holistic approach to patient care (Rosenjack Burchum, 2002).

In Canales and Bowers' 2001 study with 10 doctoral-prepared female nurse educators, they found it was more important for nursing students to learn to care for "the other" (meaning those different in some way from themselves) in general rather than learn about separate or specific cultures. Their qualitative study with the 10 Latina nurse educators demonstrated students need to learn how to care *for* [researcher's italics] the other, not specific content *about* [researcher's italics] the other. The key is teaching the ability to understand "the other" from the other's perspective (Canales & Bowers).

In efforts to address the lack of guidance on transcultural teaching, Canales and Bowers (2001) offered the following strategies: (a) connect with "the other's" lives and experiences, (b) accomplish short-term goals in the first semester of instruction to lay the foundation for the transcultural process, (c) provide opportunities for self-examination, and (d) establish a long-term goal of providing opportunities to change practices toward and with "the other." The ultimate goal is not the amassing of knowledge on individual cultures, but rather it is the development of competence in overall patient care as it relates to diverse cultures (Canales & Bowers). These four strategies can be found within the last two stages of cultural awareness developed by Lindsey et al. (2003) where the individual moves towards cultural competence by seeing the differences within "the other's" lives, develops an understanding of the impact of the differences, and then responds positively to embrace the differences.

Leininger (1995) also offered strategies for nurse educators to share transcultural nursing beliefs and concepts. The faculty and students are co-learners whereby both bring

their cultural identities to the learning process to discover cultural similarities and differences. Students should study other cultures and different nursing practices to provide insight to their own nursing practice. Immersion in other cultural experiences is necessary, including opportunities to experience culturally different clinical experiences. Faculty trained in the theory and the application of transcultural nursing is essential to the educational process. Nurse educators who embrace these processes and understand the stages of cultural awareness described by Lindsey et al. (2003) provide their students with opportunities to deliver culturally sensitive care to their diverse patients. Finally, this instruction provides a means of reducing ethnocentrism by learning from others (Leininger). The concept of learning from others and being sensitive to "the other" mirrors Canales' and Bower's (2001) research focusing on the importance of the nurse placing him/herself in the position of "the other" as an integral part of providing culturally competent care.

Leininger's (1995) methods for integrating the components of transcultural nursing are very similar to those promoted by multicultural and cultural competence educators (Brown & Kysilka, 2002; Campinha-Bacote, 1996; Lindsey et al., 2003; Rosenjack Burchum, 2002). The components set forth by Leininger use an inductive approach in which faculty and students learn from each other, integrate "the other" concept throughout the nursing experience, and rely on the holistic nursing approach in order to see the whole picture of patient care rather than just the medical concern. These can be accomplished through multicultural educational methods such as sharing life stories, videos of cultural groups, use of reflective journaling or diary entries, mini-field experiences to encourage cultural care interaction, and community involvement. It is also

important educators understand their students may be at different stages of cultural awareness. Providing a variety of experiences can encourage development along the cultural awareness continuum. Students benefit by recognizing their own cultural biases and then using the various methods to transform their own biases in way that allow for cultural competent care to take place (Like, Steiner, & Rubel, 1996).

History of Nursing

Health care professionals experience on a regular basis the changes resulting from the demographic shifts discussed earlier. A brief history on the development of the nursing profession will help to identify the trends that led to the present-day foundations of patient care philosophies, the stereotype of nurses as females, and the challenges those stereotypes often present to men pursuing nursing careers.

The first individuals regarded as nurses were men. During the Crusades monks were the first individuals charged with providing care to sick and wounded knights. (Kalish & Kalish, 1995). Common folk nursing care was provided by women, called Sister Nurses, who performed untrained nursing duties such as laundry, bathing, and feeding.

Modern day nursing education had its origin in Kaiserworth, Germany, where the Lutheran pastor, Theodor Fleidner, and Gertrude Reichardt laid the groundwork for formal nurse training and trained the founder of modern nursing, Florence Nightingale (Kalisch & Kalish, 1995). During the Crimean War, Nightingale established the foundation for hospital nursing care and formal nurse training that focused on women.

In the years following the Civil War, nursing was one of the few professions available to women in America. The formal nurse training programs drew mostly women,

not men. The culture of nurse training under Nightingale was that of "a family institutional model" (Evans, 2004, p. 323). The physician was the father figure, the nurse was the mother figure, and patients were the children. Men as nurses were incompatible with this model (Evans). Male nurses were usually found in mental hospitals as attendants where their size and strength were advantages in dealing with patients with mental disorders (Kalish & Kalish, 1995). Nursing became viewed as a profession that belonged to women and therefore discouraged men.

In the years since World War II, nurses have been stereotyped as women. Men must fight against the entrenched feminine stereotype of nurses (Kalish & Kalish, 1995), which is often perpetuated by the nursing profession itself (Anthony, 2004). Recent studies (Anthony; Brady & Sherrod, 2003; O'Lynn, 2004) have demonstrated the need to examine gender bias in nursing education in much the same way as researchers such as Brown and Kysilka (2002), Tiedt and Tiedt (2002), and Rendon and Hope (1996) have examined cultural bias in education. Seminal research conducted in 1975 by Bush (1976) used focused interviews with six White male nursing students and four White male registered nurses. The study identified the challenges men faced at that time when they chose nursing as a career (family resistance, perception of homosexuality, lack of role models, lack of acceptance by patients and female nurses) are the same barriers Perkins, Bennett, and Dorman (1993) identified in research conducted a generation later in 1993 with 146 male nursing students. Both studies (Bush; Perkins et al.) determined men chose nursing as a profession for the same reason as women—to care for others.

Research by Brady and Sherrod (2003) demonstrated that the male experience in nursing education is different from that of females by virtue of the difference between

men's and women's learning styles. Because male nursing students tend to be more independent and self-guided in their approach to learning, they were found to rely more on textbooks and manuals and less on peer relationships to work through difficult course concepts (Brady & Sherrod). Males also were less likely to seek help from faculty or tutors if they were struggling in classes. Anthony's 2004 review of nursing education programs found that current programs tend to isolate male students so they may often experience a sense of loneliness in the program.

The sense of the "healing touch" that is encouraged and a natural part of the "femininity" of nursing is difficult for men to understand and adopt (Anthony, 2004). For men, the emotional and demonstrative components found in nursing care are rather unnatural characteristics. Men often adopt a demeanor of "extra professionalism" as a coping mechanism to draw attention away from their gender (Anthony, p. 124). Women in nursing are rarely referred to as "female nurses," whereas men are almost always referred to as "male nurses." Their gender defines their role as a nurse (Meadus, 2000). Often the perception is fostered (or little is done to dispel the perception) that men do not possess the gentleness or the nurturing nature expected in patient care. This feminine image of the nurse is at odds with the typical masculine traits of strength, aggression, and dominance.

Gendered Patterns of Knowing

Extensive research has been conducted on "ways of knowing" according to gender. The seminal work, *Women's Ways of Knowing* by Belenky et al. (1986), provided a foundation for explaining gender-related differences in how the genders approach knowing and learning. Those differences provided guidance in exploring gender

perceptions to related transcultural nursing concepts. Men rely more on the morality of rights and principles, whereas women rely on the morality of responsibility of care. Men, according to Belenky et al., depend on law and principles to frame their decisions, whereas women rely on understanding the needs and experiences in the context in which they are presented. Belenky et al. further stated that this responsibility orientation is more tied to connection and relatedness, whereas the rights responsibility is tied to separation and autonomy (as cited in Brady & Sherrod, 2003). Women generally determine the needs of an individual patient based on the experiences each person brings to a particular situation, whereas men generally use principles to determine level of need and then respond to the situation (Belenky et al.). Women focus on listening; men focus on talking. Women's ways of knowing are rooted in an orientation based on caring, responsibility, and connection, whereas men's ways of knowing are rooted in an orientation based on separateness, autonomy, and less involvement (Belenky et al.). These "ways of knowing" impact nursing education because the prevalent presentation of material is female oriented and can create a conflict in learning styles for men.

One male student observed that nursing was a whole new way of thinking for him (Brady & Sherrod, 2003). The student went on to observe that he had to learn to think like a woman and absorb material and methods in that framework in addition to thinking like a nurse.

Experiential Learning

Experiential learning, as defined by Kolb (1984), is a process that links education, work, and development. Experiential learning can also provide a lens through which to examine the construct of transcultural nursing and how the process of cultural awareness

develops. Among the characteristics of experiential learning identified by Kolb, the following have particular application to the study of cultural competence and the interpretation of participants' experiences related to transcultural nursing:

1. Experiential learning is a process rather than an outcome.
2. It is a continuous process grounded in experience and application.
3. It is an holistic process of adapting to the world
4. It involves transactions between a person and their environment.
5. It is a process of creating knowledge which is a transaction between social knowledge and personal knowledge.

As Priest and Gass (1997) observed, experiential leaning encompasses "learning by doing, combined with reflection" (p. 136, as cited in Quay, 2003). Quay goes on to state that in the process of experiential education, it is "imperative to adapt, evolve, and to learn via our experience" (p. 106). The goal is to combine experience and reflection in order to provide future improved experiences (Quay).

Studies of experiential learning are numerous. A study conducted by Achenbach and Arthur (2002) presented close parallels to the chosen research study. They examined experiential learning as a process in the education of counselors who work with diverse cultures. The "goal of experiential learning is the removal of cultural blinders" (Achenbach & Arthur). These blinders, they contended, can interfere with our ability to understand and apply cultural information. They designed and conducted a series of exercises with a group of first year graduate students enrolled in a course "designed to address multicultural competencies in the domains of knowledge, skills, and awareness" (Achenbach & Arthur). The purpose of the study was to examine the impact the exercises

had on the students' perceptions of cultural diversity. Achenbach and Arthur determined five key events entered into the students' perceptions of the exercises designed to build cultural awareness. These five elements—incongruence, negotiation, adjustment, evaluation, and validation—are very similar to the stages of cultural awareness developed by Lindsey et al. (2003; see Table 2.1). The study determined that their personal experiences with diversity were helpful in translating theory into practice and that the relevance of experiential learning needed to be related to their work with clients for the translation to be most effective (Achenbach & Arthur).

Summary

The purpose of this study was to explore the perceptions that ASN students have in relation to their transcultural nursing experiences in their college and work environments. This study explored if gender had any influence in the transcultural nursing experiences of these participants. Investigating these phenomena has the potential to better prepare future nursing students for the diverse environment of nursing practice they will be entering.

The cultural theories used in multicultural education and transcultural nursing are similar in that both emphasize that the development of cultural awareness, sensitivity, and competence is an on-going process rather than a quick fix or simply an accrual of theoretical knowledge. The ability and willingness of individuals, whether they are educators or students, to conduct self-assessments are critical to the process. The ability to recognize one's own cultural biases and transform them in a way that allows for cultural competence is the goal (Like et al., 1996).

The nation's demographics challenge educators in all fields to provide strategies to address these challenges. Methods such as those described by Leininger (1995), Rosenjack Burchum (2002), Brown and Kysilka (2002), and Lindsey et al. (2003) provided such strategies and discussed the need for a new paradigm in which teacher and student roles are interwoven and sometimes reversed.

The nursing profession first acknowledged these challenges nearly 40 years ago. The theory of transcultural nursing developed by Leininger (1995) has been acknowledged by many nurse educators as a critical component in their nursing curriculum. However, many of the faculty assigned to teach the concepts of transcultural nursing have had little formal training in the theory or its application.

The review of the evolution of the nursing profession into one dominated by women provided the reader with an understanding of the profession today. It identified challenges men face when considering the profession. The reliance on the Nightingale model of nursing has created a profession that reinforces the feminine traits and characteristics of nurturing and caring in nursing education. As Belenky et al.'s (1986) research demonstrated, these are not traits or characteristics usually attributed to men. Research by Brady and Sherrod (2003), Bush (1976), and Perkins et al. (1993) detailed the challenges men face and the future implication of those challenges to nursing education.

The NLN requires nursing education programs to include instruction focusing on transcultural nursing. A review of the literature provided ample research on multicultural and transcultural nursing theories and suggestions for curriculum development. The

review also provided research on challenges encountered by male nurses and gendered ways of knowing as they pertain to nursing education.

What had not been explored in detail were the perceptions and feelings of nursing students to transcultural nursing concepts. Their perceptions of this body of knowledge and their ability to embrace it play an important role in their nursing experiences. This exploration should also be useful to educators who teach transcultural nursing courses. The review of literature did not yield significant research on what influences gender may, or may not, have on nursing students' cultural awareness processes, and that insight should be useful to nurse educators as well.

CHAPTER 3
METHODOLOGY

This study sought to examine the perceptions of Associate of Science in Nursing (ASN) students related to their transcultural nursing experiences in their college and clinical educational environments. In addition, this study explored what influence gender may have in these perceptions. To provide an understanding of those perceptions, a qualitative study was designed. This chapter defines the theoretical framework, research design, researcher's role, scope of the study, data collection and analysis strategies, including trustworthiness measures used for this qualitative study.

Theoretical Perspective and Methodology

The framework for this study was informed by the primary interest in the perceptions that nursing students have of their transcultural nursing experiences in the academic and clinical education environments. A supplemental exploration of potential gender influences in these perceptions was conducted.

The study employed a constructionist epistemology. The intent of this constructionist study was to interpret the meanings that were present in the participants' interactions with the world around them (Crotty, 2003). In this particular study those interactions were connected to the participants' transcultural nursing perceptions and experiences. Interpretivism is "an attempt to explain human and social reality," and the interpretivist approach "looks for culturally derived and historically situated interpretations of the social life-world" (Crotty, p. 67). Human interpretation is defined by Prasad (2005) as the starting point for developing knowledge about the social world (p. 13). The participant's perceptions and descriptions of the meanings of their

experiences in transcultural nursing were interpreted. Phenomenology is one facet of the interpretivism theoretical perspective that attempts to make sense of the phenomena or life experiences (Crotty). Those experiences of reality are given meaning through our individual efforts to assign order and classification to them based on the social world of the individual (Prasad). Each individual interprets reality based on his/her social world and the meanings attached to those realities are socially constructed through those individual interpretations (Prasad). Phenomenology posits that because of our culture—those beliefs that give our lives meaning—"we know our past and can plan our future" (Crotty, p. 81). Culture also provides the blueprint or guide for determining people's values, beliefs, and practices (Andrews & Boyce, 1999).

Phenomenologists often try to put themselves in the place of the other (person) they are studying. This practice can also be found in multicultural and transcultural nursing education. Nursing students can learn how to better care for "the other" by understanding the other from the other's perspective (Canales & Bowers, 2001). The use of a phenomenological theoretical perspective provided a framework for examining perceptions of a transcultural nursing course. This perspective allowed opportunities to interpret the meanings the participants attached to their life experiences by identifying, understanding, and describing the participants' experiences (Crotty, 2003). This qualitative research study focused on the phenomena that a selected group of students experienced in relation to transcultural nursing and the interpretation of the meanings attached to those experiences.

In this particular study those interactions are connected to the participant's transcultural nursing perceptions and experiences. For these reasons, a phenomenological

theoretical perspective was employed to examine and interpret the meaning of these students' perceptions. A phenomenological methodology seeks to interpret meaning of a specific lived experience (Crotty, 2003). Qualitative research provides the researcher with an opportunity to view certain phenomena (i.e., life experiences) and interpret these data, draw conclusions, and provide insight for further study (Walcott, 1994, as cited in Creswell, 2003). These data are viewed and interpreted through theoretical and personal lenses (Creswell).

The use of a "cultural" lens helped identify and examine experiences related to culture and gender in this study. Lindsey et al.'s (2003) stages of cultural awareness and the principles of Leininger's (1995) cultural competent nursing care are both theoretical models and "lenses" that help define cultural competence. As noted in chapter 2, individuals may be at any one of Lindsey et al.'s stages of cultural awareness, ranging from cultural destructiveness to cultural proficiency. This model provided tools for exploring participants' cultural engagement. Leininger's cultural competence theory was designed to explore and promote culturally competent patient care. These two models provided guidance in the development of the protocol questions and analysis of the focus group discussion, interviews, and diary entries as students described their experiences, perceptions, and reflections on their transcultural nursing class and clinical assignments.

Research Design

Research Setting

Data gathered from student participants of the ASN program at the selected institution were analyzed and interpreted. This institution's enrollment is less than 1,000 students enrolled in certificate, associate, and baccalaureate degree programs focused on

health care. The institution's nursing student enrollment is very typical of nursing programs, enrolling approximately 90% female and 10% male students. ASN students comprise approximately 60% of student enrollment.

Participants

The initial phase of the purposeful selection targeted all nursing students who had completed the Caring and Diversity course, PHI 104, during the fall 2006 and spring 2007 terms (Appendix B). This course is a requirement of the nursing program. The selection process was then narrowed to focus on those students enrolled in their third semester nursing course (NSG128) during summer 2007 and who had taken the Caring and Diversity course prior to the summer semester. A letter of invitation, identifying the purpose of the research study, was distributed to the two classes. The letter, presented to the two NSG 128 classes, solicited their participation in an initial focus group discussion followed by two interviews exploring their perceptions of the transcultural nursing course and clinical education experiences. Participants were also asked to maintain a diary for 2 weeks following the first interview. In efforts to further refine the selection process, the faculty member teaching the nursing course was consulted to help narrow the sample. She identified students she felt might have an interest in and time to participate in the research project. This continuous refinement process provided a pool of potential participants who met the research criteria: nursing students who completed the Caring and Diversity course and might have an interest in my research (Lincoln & Guba, 1985). Participant interest was evidenced by an e-mail or phone response to the recruitment letter within the time frame specified. The potential number of participant recruits from the two classes was approximately 70 but was reduced through the selection refinement

process to 28 (Lincoln & Guba). Follow-up phone contact was conducted to determine students willing to participate.

Six students from the pool agreed to participate in the research study. This number of participants allowed for a variety of experiences and perspectives but also allowed for individual participation (Côté-Arsenault & Morrison-Beedy, 2005). Focusing on a limited number of participants also provided the opportunity to establish a relationship with them during the focus group that continued through the subsequent interviews. Given the fact that gender perception of transcultural nursing was being explored, I sought to have a gender balance in the participant pool representative of the enrollment in the nursing program (90% female, 10% male). Five women and one man participated in the research. At the beginning of the focus group meeting a signed Informed Consent (Appendix C) outlining the research project and interviewing process was collected from each participant in accordance with Iowa State University Institutional Review Board and the institution's human subject requirements. Participants were assigned pseudonyms at the beginning of the project, and those names (Elizabeth, Yvonne, Nathan, Rebecca, Hana, and Erica) were used in the collection and analysis of data.

Data Collection

Focus Group

The focus group technique was used in this study in an effort to understand the perspectives this particular group of participants had regarding their experiences with their transcultural nursing class, Caring and Diversity (Côté-Arsenault & Morrison-Beedy, 2005). Data collection began with an initial focus group with the 6 participants

that lasted 1 hour. The optimum number of participants for a focus group, according to Esterberg (2002), is between 6 and 10. Fewer than 6 generally does not generate discussion yielding sufficient data, whereas a group of 10 often garners too much data and can seem unorganized (Côté-Arsenault & Morrison-Beedy). Focus groups are frequently used to address the balance of power often present in the interview process (Esterberg). This was an important consideration, given my role as a college administrator and their role as a student. Steps were taken during the introduction of the focus group to identify my role as researcher, not as an administrator of the institution who conducted their college orientation program. Confidentiality of their participation was reaffirmed verbally and by the Informed Consent document (Appendix C). The questions (Appendix D) were designed to generate discussion, identify similar experiences as well as differences, as described by the group in general. Although I guided participant responses, the aim was to establish an open forum that allowed for spontaneity as well (Côté-Arsenault & Morrison-Beedy). In addition, responses to the initial questions provided points to follow up on in the individual interviews. At the end of the focus group meeting, appointments were made with all of the participants for their first individual interview. The first interviews were all scheduled within 1 week of the focus group meeting.

Interviews

Interviewing is at the heart of social research" (Esterberg, 2002, p. 83). Interviewing is often seen as a type of relationship between two individuals (Esterberg) and is a "natural" way to collect qualitative data because it is "talking" and conversational in nature (Griffee, 2005). Interviewing is an interactive endeavor

involving both the interviewer (researcher) and the interviewee (participant). Interviews can take different forms, but regardless of the format, the purpose of qualitative research interviewing is to make meaning out of these conversations. Mishler, in his 1986 seminal book on interviewing, *Research Interviewing: Context and Narrative,* posited that interviews rely on the interviewee's ability to articulate and attach meaning, through their own words, to experiences. Shifting the power base in an interview enables the participants to use their own voices to give meaning to their experiences by telling about them (Mishler). Qualitative research interviewing has the ability to obtain access to descriptions of daily lived experiences in ways observation or surveys cannot (Kvale, 1996).

The process of eliciting students' perceptions of their course experiences was enhanced by the relationship that was established in the focus group and continued in the interviews via well-crafted interview questions. Semistructured or in-depth interviews allow for more in-depth exploration of topics through the participant's responses and are the most prevalent type of interview used for qualitative research (Esterberg, 2002). Semistructured interviewing begins with predetermined questions but also allows the researcher to ask additional questions for clarification or to explore unplanned topics (Griffee, 2005). Semistructured interviews are "much less rigid than structured interviews" (Esterberg, p. 87). The goal of a semistructured interview is "to explore a topic more openly and to allow interviewees to express their opinions and ideas in their own words" (Esterberg, p. 87).

With one exception, two interviews were conducted with each student participant in addition to the initial focus group meeting. The first interviews lasted approximately

60 minutes. The purpose of each interview was to continue building the relationship with the participant by asking five or six protocol questions focused on getting to know each participant and their perceptions of the course itself (Appendix E).

The second interview was based on an additional list of protocol questions designed to solicit students' perceptions of their transcultural nursing experiences through their diaries and clinical education experiences (Appendix F). One participant was unable to meet for this interview but agreed to respond to the protocol questions via e-mail.

The use of a semistructured approach provided a framework rather than a tight structure to the interviews. The questions were designed to elicit responses on behaviors, feelings, opinions, and knowledge (Patton, as cited in Esterberg, 2003) related to their transcultural nursing experiences. Using open-ended questions and paying close attention to each participant's responses allowed for exploration of tangents or unexpected topics that were introduced during conversation and then added to future interviews if deemed salient to the data collection process. Although the interviews remained focused on the specific themes and situations being explored, the interviewer must be open to unexpected or new interpretations, what Kvale (1996) calls deliberate naïveté. Kvale further stated that interviewing is an art because the constructor of the knowledge (the interviewer) must pay close attention to the what, why, and how of the knowledge being constructed (by the interviewee).

All interviews were audio taped with participants' consent and as outlined in the Informed Consent Form (Appendix C). Verbatim transcribing was completed using the assigned pseudonyms for speaker referencing. A summary of the focus group meeting, as well as each individual's interviews, was provided to each participant for review and

authentication prior to the second interview meeting. In addition, at the end of the first interview, each student was given a notebook, along with instructions (Appendix G), and asked to keep a diary for a 2-week period. They were requested to describe perceptions of their transcultural nursing class experiences, if any, which had not been discussed during the interview. They were also asked to describe any culturally diverse patient care situations they encountered during the 2-week period.

As part of the third semester nursing course, all students participate in 8 hours of clinical education every week. Each student is assigned a patient for whom they are responsible. They develop a plan of care for the patient and then provide the patient care, under the supervision of their clinical instructor. The clinical education takes place at one of the large hospitals in the city. During the 2-week diary activity, the students had two clinical days. In addition, if they were employed in a health care setting, they were encouraged to describe their perceptions of culturally diverse patient care situations outside their clinical education assignments.

Diaries

Naturalistic diaries, Alaszewski (2006) stated, are used in qualitative research due to their ability to help the researcher understand a pattern of behaviors through personal reflection to gain "insight into social processes and the rationality which underpins observed actions and events" (p. 50). These features of naturalistic diaries were well suited to a research project that sought to interpret the meanings participants attach to events and experiences. Diaries can also capture the author's perceptions that are not always shared in interviews. Diary research can empower participants to write about

daily experiences in their own words and in ways they feel uncomfortable in sharing during face-to-face interviews (Hyers, Swim, & Mallet, 2006).

According to Bolger, Davis, and Rafaeli (2003) diaries serve one of two research purposes: to investigate phenomena as they occur over a period of time and to focus on the examination of specific, or unique, phenomena. This second purpose was applied to this study. Diaries can promote reflective learning that is an important component of the transformational education process (Sa, 2002). The goal of a diary in qualitative research is to capture the reality of the individual's daily lived experience and determine the meaning created by the individual. It is learning through experience.

Participants' feelings about their experiences, behaviors, thoughts, and attitudes that may not be recognized through observation or conversation are often expressed through the written language of the diary. Diaries, according to Sa (2002), provide a window through which the researcher can "observe" the participant in the natural setting, allowing for a more holistic and contextual research approach. Diaries also provide the researcher access to settings where observation is either impractical or creates an intrusion or distraction (Alaszewski, 2006). If the researcher is unable or limited in their ability to collect data in the natural context of the lived experience, these conditions may severely limit or jeopardize the research purpose. If a portion of the research purpose involves difficult observation opportunities, participants can provide descriptions of events through the written text of a diary. This access is one of the major advantages of diaries over other qualitative research methods such as observation and interviewing. Diaries are a valuable source that can capture processes or experiences that are not directly observed by the researcher (Sa).

Diaries can be used to demonstrate reflective learning because diary writing affords participants, through their own written words, to express their thoughts on their lived experiences (Sa, 2002). Diaries encourage participants to think about the facts or events they are describing through their entries. These reflections provide the researcher with opportunities to analyze and understand the social context of the participant's experiences and the knowledge constructed therein (Alaszewksi, 2006).

Experiential learning, as defined by Kolb (1984), is a process that links education, work, and development. Among the characteristics of experiential learning identified by Kolb, the following had particular application to diaries and reflective journals.

1. Experiential learning is a process rather than an outcome.
2. It is a continuous process grounded in experience.
3. It is an holistic process of adapting to the world.
4. It involves transactions between a person and their environment.
5. It is a process of creating knowledge which is an interaction between social knowledge and personal knowledge.

Each of these characteristics supported the use of diaries as a research method for exploring the perceptions of the participants.

A 2-week period for the diary entries was determined to be an optimal time frame. The goal was to provide enough opportunity (time) for the diarist to encounter experiences related to the research purpose without the activity becoming a burdensome chore that may reflect negatively on the data described (Corti, 1993). Corti recommended a 7- to 14-day time period as a reasonable time frame for many research studies. Two weeks provided the students with two clinical education days when they would have

patient contact and opportunities to experience or apply the concepts from the Caring and Diversity class.

Meeting Summaries

Summary notes describing each participant, interview locations, and impressions were written after each meeting. These notes provided observation details not recorded by the audio tape (such as facial expressions, body language, and level of engagement) and provided additional insights and information that were essential to the qualitative research design's data collection.

Data Analysis

Overall, the technique of phenomenological reduction was used in data analysis (Esterberg, 2002). Several techniques or measures were employed in the phenomenological reduction process. The initial focus group transcript was reviewed for potential themes. Next, the transcriptions of each interview were coded and examined for continued or new thematic developments, and key or recurring perception themes were then summarized through focused coding (Esterberg). The same review and coding process was employed with the participant diaries. At the conclusion of all interviews, the focused coding of the interviews and diary texts were examined for concurrent themes or meanings displayed throughout the coding. This "quantifying of qualitative data" (Creswell, 2003, p. 221) demonstrated or provided evidence of the dominant themes present in the participant's perceptions. In addition, meeting summaries were analyzed for data observed and noted but not present in the transcripts. Key themes were identified as a result of this ongoing process of phenomenological reduction.

Credibility

The voluntary and confidentiality of each member's participation was established through the recruitment letter (Appendix B), the Informed Consent (Appendix C) and maintained through focus group and interview transcription. Pseudonyms were used for each participant. In addition, the confidentiality protocols of patient identities were guided by the Health Insurance Portability and Accountability Act (HIPAA) as outlined in the Informed Consent (Appendix C) and Diary Guidelines (Appendix G).

Several measures can be employed to interpret data collected through qualitative methods. Measures employed in this study were: (a) triangulation, (b) prolonged engagement, (c) member checking, (d) peer debriefing, and (e) external auditing and are identified as follows.

Triangulation involves using two or more data collection methods (Esterberg, 2002) and allows for a broader understanding of experiences (Maxwell, 2005). An initial focus group meeting was one method. Conducting in-depth interviews was a second. Finally, the students' diary documents provided a third data collection method. Direct classroom observation was not feasible because students were not actively enrolled in the transcultural nursing class during the research study time frame. In addition, observation of nursing students in direct patient care settings by non-nursing personnel requires a detailed and very specific approval process by the clinical education site. That direct observation approval would have been difficult to obtain. It is important to note, however, that observation of the participants did occur during the focus group and interviews, and these observations were an important component of the meeting

summaries. These multiple data collection methods provided credibility to the data analysis and interpretation (Maxwell, 2005).

The research project demonstrated another measure of credibility—prolonged engagement. I am a familiar figure to the participants. They had met me during their College Orientation and Professional Program Day activities, and they had seen me on campus. For this research project, the first contact occurred in June 2007 when the project was first introduced to the two nursing classes. Through a series of phone calls and e-mails, meeting times for the focus group and subsequent interviews were scheduled over the next 5 months. After interviews were concluded, contact was maintained for several weeks through e-mails and phone calls for member checking.

Member checking provided additional credibility in the data analysis. Participants were e-mailed the summaries of the focus group discussion, both interviews, and the diary entries and asked for feedback on the authenticity of the data provided. In addition, they were given the opportunity to review transcripts of the focus group and interviews. A copy of the Final Summary of Findings (Appendix H) based on the data analysis was mailed to each participant soliciting comments on the research findings via email, via phone, or in person.

This member checking process was used as a confirmation from the respondents that their experiences had been summarized and interpreted appropriately. The summaries provided participants with an opportunity to "play back" their contributions and further establish the credibility of the data (Lincoln & Guba, 1985). As Lincoln and Guba suggested, the summaries used in member checking also became the first step in data analysis and interpretation.

The first interview served as a member check by reviewing the focus group meeting with the participant. The second interview was conducted after preliminary analysis had been conducted on the data collected from the focus group discussion, the first interview, and individual diaries. Each participant was e-mailed a summary of the preliminary analysis and asked to respond with any discrepancies. At the beginning of the second interview, these summaries were reviewed with each participant allowing an opportunity to review, verify, or amend the summary. All participants concurred the first summaries were accurate, including the participant who responded to the protocol questions via e-mail. A summary of the second interview was e-mailed to each student with a request to each participant to again review, verify, or amend the summary for authentication. Three participants responded and affirmed the veracity of their summary.

Prior to final submission of the research data interpretations, participants were requested to review the Final Summary of Findings (Appendix H) mailed to them, and verbal or written feedback was solicited. Phone calls were made to all 6 participants as a final opportunity to conduct member checking. Direct contact was made with 5 of the 6 participants, and they deemed the summary accurate and concurred with the two themes identified as a result of the data analysis. The 6th student did not return the phone message.

Peer debriefing was conducted as transcripts were reviewed and coded. In addition, peer debriefing was conducted after the initial draft of the data analysis was written. A colleague (a nurse at the institution) agreed to participate in the peer debriefing. This colleague is familiar with the theories of transcultural nursing as well as the principles of qualitative research design. Research design, data collection, theme

development hypothesis, and interpretation of data were all topics discussed in peer briefing sessions.

External auditing was also conducted. An outside colleague (a person not associated with nursing or the institution) agreed to participate. This individual is the director of a radiologic technology program, has an earned Ed.D., and is familiar with research techniques and writing. According to Merriam (2002) the purpose of an external auditor is to determine if "that knowledge [from an in depth analysis of a particular situation] can be transferred to another situation" (p. 28) allowing for generalizability of the research. Was the external auditor able to apply the interpretations of the research study to her context or situation as a health care educator? (Merriam) Did she find value in the research? These two additional resources provided trustworthiness in the data analysis.

Transferability

It is the "responsibility [of the researcher] to provide the *data base* that makes transferability judgments possible on the part of potential appliers" (Lincoln & Guba, 1985, p. 316). The purpose of this study was to explore the participants' perceptions of their transcultural nursing experiences and then analyze and interpret those perceptions in such a way that others, such as nursing faculty, could derive or "transfer" similar meaning to a new situation (Lincoln & Guba). Using numerous data collection methods (focus group, interviews, diaries, meeting summaries) provided the "thick descriptive" data necessary for interpretation (Lincoln & Guba). The purpose was to describe and interpret the meaning of their experiences so they could be understood. These interpretive findings may be useful to others at the institution as well as other educators.

Dependability

The dependability of the data and their analysis is called the inquiry audit (Lincoln and Guba, 1985). Factors of this study that provided dependability criteria were the various processes by which the data were collected: focus group, interviews, and diaries. Secondly, an examination of the data analysis confirmed the findings were supported by the data collected, i.e., they are dependable (Lincoln & Guba). The various perceptions of their transcultural nursing experiences were collected in multiple ways and interpreted, and the findings were supported by the consistency of the data collected and further strengthened through the interpretive analysis.

Confirmability

According to Lincoln and Guba (1985), the confirmability of a study depends on the strength or reliability of the inquiry audit trail. This trail examines each of the following: raw data, data analysis and reduction, thematic interpretation, data reconstruction, process and audit trail notes, and personal reflection notes. This audit trail was conducted throughout the research project. The tapes were transcribed verbatim and the transcriptions verified to the audio on the tapes. The data generated from the focus groups, interviews, and diaries were analyzed for emerging themes and then reviewed multiple times for dominant and persistent information. Peer debriefing, external auditing, and member checking all assisted with data exploration, interpretation, and authentication. All these measures led to the synthesis of data for interpretation. Peer debriefing also helped in the processing of notes regarding research design and determining the trustworthiness of the research methods. Finally, the self-reflective journal provided opportunities to assess the overall project. It also provided a venue to

record concerns, questions, and frustrations that at times threatened to impede the progress of the research (Lincoln & Guba).

Researcher's Role and Reflexivity

A researcher must possess knowledge of the research topic, but Kvale (1996) cautioned that this knowledge must be used carefully so as not to reinforce the power structure often present in qualitative studies. The issue of trust and credibility is paramount. Kvale, Price (2002), and Barbour and Schostak (2005) discussed the issues of trust, power, and social position and the potential effects on interview relationships that were part of this study. Building on general and conversational questions and allowing the participant to see the person behind the researcher helped establish a positive relationship and reduce issues of power (Kvale).

Self-reflexivity enabled me to share with my participants my connection to my study and the value I place on multiculturalism. I have always been interested in culture through travel and educational opportunities. These opportunities (foreign exchange student to Brazil, European travel, and educational advisor for a diverse student population, including English as Second Language students) have shaped me as a person and an educator. "Who we are shapes the kind of theories we create and the kinds of explanations we offer" (Esterberg, 2002, p. 12). This personal connection to and appreciation of different cultures shaped my research, data collection, and analysis. My own journey in the cultural awareness process strengthened my understanding of the participants' experiences. I did, however, need to be aware that not all my participants had similar opportunities as mine and were in different stages of cultural awareness. I

needed to be cognizant of placing myself "in the other's place" (Canales & Bowers, 2001) as I conducted the interviews and reviewed their diary entries.

My career in higher education spans 25 years during which I have gained experiences working with adult learners in both supportive and administrative roles. I hold a master's degree in Adult Education, which helped prepare me for my current role as Dean of Students, serving as an advocate for our students. Although I am not a nurse by profession, I have tremendous respect for those who choose that career path. My capstone project on student assessment of a cultural competence curriculum provided by the Iowa Department of Public Health increased my awareness of the challenges related to cultural diversity our students will face in their nursing careers. The exploration of our own students' perception of the transcultural nursing experiences helped me better interpret and understand their needs.

In addition, as noted earlier, I was a familiar figure to these students but not as an instructor. The connections established during their College Orientation and Professional Program Day activities, which I conduct, proved to be an advantage in our interviewing relationship because we were not strangers.

Summary

The use of an interpretivist theoretical framework with a phenomenological methodology was appropriate for exploring and describing the meanings in the perceptions nursing students have of their transcultural nursing experiences in their college and work environments. The research design employed focus group discussion along with two semistructured one-on-one interview sessions with a small group of 6 purposefully selected nursing students. In addition, the participants were asked to

maintain a 2-week diary of descriptions and reflections on their transcultural nursing experiences. Data analysis consisted of coding for thematic development and description. Measures such as peer debriefing, member checking, prolonged engagement, and triangulation contributed to the trustworthiness of the data analysis. Reflexivity, limitations, and delimitations have been identified.

CHAPTER 4
FINDINGS

The purpose of this research study was to interpret the perceptions of Associate of Science in Nursing (ASN) students related to their transcultural nursing experiences in their college and clinical education environments. This research sought to provide insight on how the student participants reflected upon and interpreted the concepts presented through the transcultural nursing course, Caring and Diversity. Further, it sought to interpret how they apply class concepts to caregiving in their clinical education experiences. This study also explored the potential influence of gender in their perceptions. A better understanding of the student participants' perceptions and their recommendations for future course design were also part of this research study. The findings, based on their perceptions, should prove instructive to faculty teaching transcultural nursing courses and to nurse educators in general.

This project was guided by three research questions that shaped the research design, selection of participants, collection of data provided by those participants, and finally, the interpretation of those data. These three questions were:

1. What are the perceptions of ASN students with respect to their transcultural nursing experiences in their college environment?
2. What are the perceptions of ASN students with respect to their transcultural nursing experiences in their clinical education environment?
3. What influence, if any, does a participant's gender present in these perceptions?

As I explored the meanings derived from the participants' perceptions, a constructionist epistemology guided my research. I sought to interpret the meanings of their experiences; therefore interpretivism provided the theoretical framework for interpreting the data. Four theoretical lenses guided the research and the analysis of the data that were collected. These lenses examined these data from the cultural, transcultural nursing, experiential learning development, and gendered ways of knowing theories.

The transcultural nursing course at the college is PHI 104, Caring and Diversity. This course is required of all nursing students at the college. Students usually take the course early in their curriculum. As explained in the course syllabus (Appendix A) it examines "both personal and professional aspects of caregiving." The holistic care of self and others is developed for focused content areas. During the semester students are introduced to major theories and authors related to caring and cultural diversity. They analyze feelings, assumptions, biases, and prejudices in efforts to evaluate their overall role as a caregiver in culturally diverse situations. Class activities include tests, papers, group projects, and discussion.

Participant Selection

The purposeful selection of participants began with a recruitment letter (Appendix B) describing the research study, which was distributed to all students enrolled in the two sections of the third semester nursing course during the summer 2007 term. All of these students had completed the Caring and Diversity course prior to this term. Participant interest was solicited via e-mail and phone in response to the recruitment letter. Follow-up contact was conducted and resulted in 6 participants who expressed interest and willingness to participate.

Timelines

Once participation was confirmed with all 6 participants interactions with them occurred in the following sequence: focus group meeting, first interviews, collection of diaries, second interviews, and phone calls to solicit feedback on the Final Summary of Findings (Appendix H) mailed to each participant. Prior to beginning the active phase of the research study with the focus group, approval was requested from and granted by the Institutional Review Committee of Mercy Medical Center (Appendix I). Upon selection, participants' schedules were reviewed, and the focus group meeting was held on July 13, 2007, where the Informed Consent (Appendix C) was signed by each participant. The students received a copy of the Focus Group Protocol Questions (Appendix D) via their student e-mail at the beginning of the week. They were also provided the same questions at the focus group meeting.

The First Interview Protocol Questions (Appendix E) were distributed at the end of the focus group, with the exception of Erica's copy. Because her interview had been scheduled for immediately after the focus group at her request, her questions were e-mailed with the focus group questions. The remaining first round of interviews took place the week of July 16, 2007. At the end of the first interview, each participant was given a diary notebook with instructions (Appendix G) to use it for 2 weeks.

The collection of the diaries proved to be challenging. Numerous e-mail and phone call reminders were made, and eventually all diaries were collected by the end of the second week of August. The goal was to solicit the diary entries before the participants needed to be focusing on their semester final exams.

The Second Interview Protocol Questions (Appendix F), along with the summaries of the focus group and the individual interviews, were e-mailed in mid-September. Scheduling of the second interviews proved more challenging than the first due to the intense fourth semester nursing class and clinical schedules for the participants. Appointments were made and interviews were conducted in mid-October. At this interview, the summary of each participant's first interview and diary entries were reviewed and deemed to be accurate. The same process was used for member checking of the second interview: a summary of the second interview was e-mailed to participants, requesting feedback.

Erica did not participate in person in the second interview due to personal issues. As a result, face-to-face confirmation of the first interview and diary summaries did not occur and represents delimitation to the study. However, as agreed through e-mail correspondence, she completed the Second Interview Protocol Questions via e-mail and confirmed the accuracy of the focus group and first interview summaries by her e-mail responses. Her diary was not reviewed with her.

At the end of the second interview, participants were apprised of the timeline for the remainder of the research project and told summaries of both the second interview and the research findings would be sent to them, again soliciting feedback. The potential for a final meeting to share the findings was discussed.

The second interview summaries were e-mailed to students in mid-November. Two responded via e-mail replies that the summaries were accurate. A third student also deemed the summary of her second interview accurate in a conversation on campus.

The Final Summary of Findings (Appendix H) was mailed to each participant's home requesting feedback by the end of January 2008. A final face-to-face meeting proved to be unfeasible due to their intense nursing rotation class schedules. An e-mail was sent to each participant two weeks after the mailing of the Final Summary of Findings again soliciting feedback even though the initial deadline had passed. Finally, phone calls were made to each participant requesting their feedback. Conversations with 5 participants revealed they deemed the Final Summary of Findings to be accurate representations of their contributions. They affirmed the two themes, identified as "self-awareness" and "respect for individuals," appropriately illustrated their perceptions of the benefits they derived from the class. All five agreed with the implications for future study and course recommendations as outlined in the summary. One participant shared that she had recommended more focus on tolerance should be incorporated. It was explained that concept was included in the body of the dissertation as a component of "self-awareness" but was not included among the recommendations presented for course design. She was agreeable with that clarification. A phone message was left with the sixth participant and was not returned.

Participants

The 6 participants knew each other and appeared comfortable with one another as a result of taking some classes together. Each brought a unique perspective to our conversations, yet there were commonalities found as well. Four participants—Rebecca, Erica, Yvonne, and Hana—were nontraditional aged students, whereas two—Nathan and Elizabeth—were under the age of 24. All 6 participants were White. Four participants

had attended other colleges, but for the other two, Hana and Nathan, this was their first college experience. Three students were working while attending college.

Elizabeth

Elizabeth, a 22-year-old unmarried White female, grew up in the city where the college is located and attended a Jewish elementary school before attending a local public high school. Following high school graduation she "had gone to New York City where there's a ton of diversity and made friends with a lot of girls who were Hispanic, and different foods, strongly Puerto Rican, so I felt like I had a good grasp." After a few months she moved back to be closer to family because it was "hard for me being away from everything. I'm very close with my family and my mother and it was hard so I moved back." She took liberal arts classes, such as philosophy and English, at a different college in the city. Her decision to enter the nursing profession followed her volunteer efforts at one of the hospitals. She chose the college because of the integration of the clinical education within the nursing curriculum. She was working with disability clients at a local agency while attending school, and that experience is reflected in her nursing goals. Elizabeth wants to specialize in mental health care within nursing.

During the focus group Elizabeth was quiet at first but then became more active in the conversation. She was very articulate and wasn't afraid to voice a contrary opinion. When discussing writing requirements for the course and the nursing curriculum, she stated, "I know you probably hate me for this—but I don't think we do enough papers in our program and I think that's really important. I think that's a really good way to test knowledge." This view was not shared by most of the focus group. Her contributions were usually succinct, insightful, and often provided additional avenues of conversation.

Yvonne

Yvonne, 32 years old, White, and married, grew up in small rural community in the Midwest and had thought about a nursing career but chose business instead, earning a bachelor's degree in that program from one of the large state universities. She worked in the corporate world for about six years but learned she didn't like "sitting at a desk" and wants to "help people" and feels nursing is the right decision for her even though "it took me a few years to figure out how to do it." She chose the program at the college because it enabled her to transfer in many liberal arts courses and reduce her class load. She likes the many opportunities the nursing profession offers and isn't sure what nursing specialty she may choose.

Yvonne was very quiet and oftentimes needed drawing out to get responses to the questions posed during the focus group and both interviews. However, her perspectives provided a more "real world" anchor to discussions on ethnicity and diversity. She contrasted the goal of cultural competence in patient care—asking about and seeking to understand cultural differences—with her corporate world experience where "we didn't know if [asking questions] was appropriate . . . we were in the corporate world and it was just weird. We didn't know how to be comfortable about these things."

Nathan

Nathan, 19 years old, White, and single, was the only male participant and displayed an easy-going demeanor. He grew up in the city and attended Catholic elementary school. His mother is an operating room nurse in ambulatory surgery, and Nathan has "been in and out of the hospital my whole life and it just was always something interesting." He had not attended any other colleges and chose the college

because of its strong relationship to the hospital where his mother works. Because he likes "the environment up there by the operating room," his goal is to become an operating room nurse and perhaps, eventually, a physician's assistant.

Like Yvonne, Nathan was rather quiet initially in the focus group and responses sometimes had to be solicited. He was much more talkative during the interviews and rarely had to be drawn out. His answers were germane to the questions and provided strong application of the concepts presented in the class. It wasn't until the second interview that gender was introduced in discussion and his insights were helpful in regard to the third research question focusing on the possible gender influence on perceptions.

Erica

Erica, a 28 year old White divorced single mother of one child, split her "rocky childhood" between the Midwest and San Francisco. She described her childhood as "pretty poor" and dealt with some family issues such as caring for ailing grandparents, alcoholism, suicides, and depression. She attended Catholic schools in the city. She works as a home health aide to help pay her college tuition. She chose nursing because she wants "to make a difference and I know that I could be a doctor and I could go do research but I want more hands-on, more right there affecting people." She chose the college because of its religious and education affiliations with one of the major hospitals in the city. She did not express an interest in a particular nursing specialty in regard to her career plans.

Erica's contributions to the focus group and first interview seemed to be designed to try and shock the group, including me. Her language in describing some of her patient care situations was more explicit and graphic, and she often expressed the sentiment that

the course, Caring and Diversity, "frustrated me, it was like I am back at my Catholic high school." She did not interact as part of the group during the focus group discussion, her statements were more solitary in nature, and she entered less into the conversational flow of the discussion.

Regretfully, Erica did not participate in person in the second interview. She was finding it difficult to manage school, work, and the project. An alternative data collection process allowed her to respond via e-mail to the second interview questions. Her responses, although not as extensive as those in the face-to-face interviews, were still relevant and provided data that contributed to the project.

Hana

Hana, 28, White, and married, emigrated from a Middle Eastern country a few years ago and plans to remain in the United States. Her mother was a nurse and her father was a surgeon so she "grew up kind of in a hospital setting." It was a "dream to be a nurse but it never came true in my own country . . . so I came to the United States for the opportunity to go after my dream." She researched colleges in the area and chose this college because of the hospital setting where you "are going to have good practice, more than the class and lectures." Like Nathan, this was her first college experience. Her career goal is to be a nurse anesthetist.

Hana was very reserved and appeared more comfortable during the interviews than with the entire group during the focus group. She chose her words very carefully, the result of having learned the English language since emigrating. She remarked during our first interview her English "takes a lot, especially in the first semester. If you look at my book, I have synonym in front of each single word." She provided excellent perspectives

on discussions centering on ethnicity, cultural competence, and sensitivity. She was able to articulate for the group her experiences of "being different" and how that impacts her approach to nursing and patient care. A hospital stay shortly after arriving in the United States was very significant in her transcultural nursing development, and Hana shared that even though her doctor was using a translator to assess her illness he

> had eye contact with me all the time so I felt like I am in the picture, and I am the main person, and I loved him for doing that. It was just really good experience. I learned to do so much . . . I did the same things with my patient [who didn't speak English at all] and I felt good.

Rebecca

Rebecca, White, married with two children, and the oldest of the group at age 35, was working at a local hospital while attending college. She took a very indirect path to her nursing career. She had initially planned on pre-medicine and attended college with that in mind but dropped out to care for a close family relative. After marriage and children, she had a career in telecom sales and also taught music lessons but was drawn again to medicine and likes the stability of nursing. She was drawn to pediatrics but was also considering the advanced nurse practitioner degree "because it'd be like going for my med[ical] degree but going the other way." She began working as a nurse aide at the hospital affiliated with the college and continued working as a student.

Rebecca, along with Erica, had the most health care employment experience. Rebecca had worked with a variety of patients and this provided her with unique perspectives to share. She was very comfortable talking in both the focus group and interviews. At times her contributions were lengthy and needed to be redirected or

curtailed to allow other participants discussion opportunities. Rebecca demonstrated a high level of application of course concepts to her clinical experiences. She saw nursing as "integrated care to help people not have to come back or if they have to come back, [know] that they are progressing, even if that's progressing towards death" and attributed that understanding to the class.

Locations

Focus Group Meetings

Focus group meetings took place in a study room at the college library. The participants preferred that the focus group meeting and interviews take place on campus due to their busy schedules. The library was convenient for all of them because of its central location. The study room holds up to 12 people so the 6 participants had plenty of room. They were also all familiar with the library, and it was easy to find. By design, they sat in a U-shape at one end of the table, and the tape recorder was placed in the middle of the table. The first focus group meeting was held on a Friday afternoon at lunch time. These participants all had very busy class, clinical, and, in some cases, work schedules, and this time was mutually agreeable. Before the focus group questions began, they ate the lunches provided and their conversation centered on the classes, assignments, and weekend plans. Hana, Nathan, Rebecca, and Elizabeth were in one section of the nursing class, and Erica and Yvonne were in the other section. In addition, they have shared other classes at the college.

For my benefit and the benefit of the audio taping, the participants introduced themselves. Informed Consent documents were signed by each and collected. Assurances

were given that my role was that of researcher, not as an administrator of the college whom they had first met during orientation sessions as new students.

Interviews

Interviews were held on campus as well, again due to scheduling demands and for convenience. The audio taped interviews were conducted in a conference room in the Student Services building. Elwood and Martin (2000) stated it is desirable to conduct interviews in neutral locations in efforts to eliminate potential power issues/implications, but for this group convenience was the deciding factor. In addition, the conference room allowed privacy for the interviews without interruptions or observers. Assurances were again given that my role was that of researcher, not administrator, and the location for interviews was chosen for convenience, not to establish or promote a sense of power. All the participants were agreeable to the location, stating it was much easier than trying to schedule a study room or using a classroom where others might interrupt interviews or observe their participation. One of the first interviews did not take place in the conference room. Erica's first interview occurred in the library study room immediately following the focus group in order to accommodate her childcare needs. She declined to meet for her second interview due to personal issues, but she did provide responses to the Second Interview Protocol Questions (Appendix F) via e-mail.

Data Analysis and Theme Development

The technique of phenomenological reduction was used in the data analysis (Esterberg, 2002). The focus group transcription was examined for initial themes. Audio tapes of the focus group and each interview were played and reviewed often with the transcripts for statement verification. The transcripts of the two interviews, along with

diary entries, were reviewed repeatedly for repetition of the initial themes, as well as introduction of new themes. The focused coding of all the data collected from the three research questions provided evidence of the dominant themes that were present in the participants' perceptions. Two dominant themes emerged from the data collected and analyzed for this research study: self-awareness and respect for individuals. In addition, to the description of the findings, interpretations of the findings and their relation to the review of literature will be shared.

Description of Findings

Understanding and interpreting participants' perceptions of their transcultural nursing course were the purposes of this research. The findings are based on the two themes, *self-awareness* and *respect for individuals,* that emerged as a result of data analysis. How did their life experiences (as related to the Caring and Diversity class and clinical experiences) make sense and meaning? (Crotty, 2003) The two themes are explored in relation to their class and clinical education experiences. The participants' words are used to illustrate findings.

The key to developing and/or increasing self-awareness in relation to transcultural nursing was articulated as the participants began to understand "who I am." Their perceptions and understanding of who they are a nurse began with understanding who they are as a person. They emphasized you have to know that your attitudes and perspectives, based on your values and beliefs, impact your interactions with the world around you, whether that is in a hospital or a farmer's market. Rebecca captured the relationship of this self-awareness of her nursing identity during her first interview:

> We are all unique and individual, and I think that taking that into a nursing career is definitely going to help me be a better nurse. And it's going to help my patients' progress and do better. I definitely learned that from this class.

As their self-awareness increased so did their respect for individuals. Participants began to identify and break down various stereotypes. The emphasis on more difficult patient care situations challenged them to expand their scope of culturally competent patient care. Before this class the participants hadn't thought what it might be like to care for a pedophile, murderer, drug addict, or patient who refuses treatment that is in his/her best interest—the subcultures that are present within cultures, as Leininger (1995) posited. They perceived the focus of their care would first have to demonstrate respect for individuals, regardless of the circumstances of the patient and how his/her lifestyle or beliefs may conflict the caregiver's (participant's) own values. Hana illustrated this understanding during her first interview: "It's good because they taught us in that class that we have to accept what the person wants because it's their choice and we shouldn't be judgmental." The course challenged them to break down their own stereotypes as a first step in developing a caring philosophy that focused on respect for individuals they care for.

Self-awareness and respect for individuals emerged as the themes that were interwoven throughout our meetings. The course syllabus for PHI 104, Caring and Diversity, (Appendix A) states the course is designed to help the student understand:

> Care encompasses far more than the physical person . . . [and] includes the physical, emotional, cultural, cognitive, socioeconomic, racial, and spiritual needs of those for whom you care. Cultural and lifestyle variations and needs of special

population groups will be included. But the caring doesn't begin or end there. The most effective caregivers are those who not only seek to understand and care for others, but also make the attempt to not only seek to understand and care for others, but also make the attempt to understand themselves.

There are 12 course objectives listed in the course syllabus (Appendix A). The objectives that appeared most frequently in the data and helped give meaning to the participants' perceptions of the Caring and Diversity class were: examine the socio-cultural, racial, and ethnic needs of diverse populations; analyze feelings, assumptions, prejudices, and biases toward culturally diverse populations; evaluate the role of the caregiver in caring for someone from a different culture or vulnerable population group; and develop a personal and professional philosophy of caring.

The themes, self-awareness and respect for individuals, evolved from responses to the three research questions:

Research Question One: What are the perceptions of ASN students with respect to their transcultural nursing experiences in their college environment?

Research Question Two: What are the perceptions of ASN Students with respect to their transcultural experiences in their clinical education environment?

Research Question Three: What influence, if any, does a participant's gender present in these perceptions?

Self-awareness and respect for individuals will be discussed in relation to the following settings:

1. Class Experiences
2. Clinical Experiences

3. Diary Entries

In addition, the influence of gender is addressed in the context of these three settings.

Self-Awareness

Self-Awareness and Class Experiences

The sense of self-awareness of learning how much they thought they knew but didn't know [about themselves and culture] was expressed by 5 members of the group. Nathan stated during the focus group, "I just really discovered how much I didn't know and how much differences there actually can be." Hana described the class as "an eye-opening experience and I learned about many countries from other students in the class." Rebecca shared that the class "just invited everyone to open up and share." Elizabeth viewed her comfort level in relation to cultural knowledge and application as "much more. Just in general, everything—I'm more comfortable with. It's starting to kind of all click together." During the focus group, Yvonne said:

> I guess I just enjoyed learning about other cultures first hand. At first we started out with a lot of spiritual stuff, but near the end when we focused on different cultures and their beliefs and religious views that was really cool because you think we're here in Iowa and we won't ever encounter these people but we will, we have . . . it's good to know.

Erica perceived the emphasis in the class on spirituality and self-awareness as "a lot of stuff I'd already dealt with earlier—grade school and that so it wasn't new to me." Her Caring and Diversity class "was more of a refresher course of bringing back up what I'd been taught all through my childhood."

Both cultural and transcultural nursing theory describe cultural competence as a process whereby individuals increase their awareness of the culture surrounding them. The Caring and Diversity course description reflects those theoretical concepts by attempting to help students "seek to understand and care for others . . . and themselves."

Self-awareness for the participants was evidenced by a better understanding of who they were as individuals (which included examining their own opinions and beliefs) and relating culture to the medical or clinical world. Both of these contributed to increased attention to and awareness of their individual beliefs and the impact on patient care. Rebecca recounted in the focus group that in:

> Caring and Diversity it seemed like every week there was some handout or something that helped you analyze yourself. . . . It made you realize you have a lot to learn about interacting with this group of people who has special needs.

Yvonne confirmed Rebecca's statement, saying, "It made you analyze how you feel about your own things." Nathan defined his self-awareness as a result of examining his beliefs in the class as giving him:

> a chance to look like, wow, that really does fit me and it gets you thinking about, I wonder why that's that way. And [the professor] kind of incorporated it into your different religion or where you grew up and why you believe or feel some of the ways that you do.

The concept of understanding "who I am" was discussed in the focus group and in each of the individual interviews. As a result of various class projects, such as the caring philosophy paper and the diversity experience summary, students learned more about themselves and their existing attitudes towards cultural stereotypes. Yvonne seemed to

sum it up best when she said that the class "made you analyze how you feel about your own things. They say that in nursing you have to review your own beliefs, your own end of life beliefs before you can care for other people in that stage." Nathan concurred: "I really agree with that point. I don't [know] if you can really be culturally competent without first understanding what you believe and why you believe that." Elizabeth and Hana both related that they learned more about their own religious and national cultures as a result of class projects. Elizabeth recounted her experience in the focus group:

> It was Passover for me when I took the class . . . I got to do a presentation on Passover to the class, and that was really cool and people learned a lot. Like they didn't know anything about it or the special dietary rules during Passover which are so important. The people had never even heard . . . so that was really cool to be able to share with the class and learn more about myself, I guess. I really did and that was cool.

Hana talked about a group assignment focusing on a culture group:

> The group I was in chose to study our country and our culture, and I learned a lot about my own culture that I never think of it before. It wasn't like it was a study. I was living in that culture. I never looked back at what we are doing and why we are doing it.

Understanding "who I am" (self-awareness) was also a key to growing as a health care provider. During the focus group, Erica expressed the need for people to "always question what's going on and question their own beliefs. . . . I think that's how we grow and become better, more understanding, and more caring." Yvonne felt the class was an "eye-opener" concluding "it's [the class] kind of forcing you to take a look at yourself

and determine what can I handle, and what can I not?" The self-assessment tools used in her class helped Hana think about what "you believe, why do you believe that. I haven't thought about that before that class . . . it made us think."

At the beginning of the class Rebecca thought she knew what caregiving was and knew what kind of a caregiver she would be because of her job in health care:

> I knew what my personal theory of care giving was and how that was going to fit Rebecca into a nice and neat little box and how it would always be applied and after that class. . . . I still have a pretty awesome concept of what my care giving will be but my care giving is definitely much more diverse.

During the focus group they shared that through the Caring and Diversity class they became aware of what Rebecca called "the not so nicey-nice" aspects of patient care. Rebecca expressed that, because she had to explore her own feelings regarding difficult patient care situations (such as caring for pedophiles, murderers, or drug addicts who refuse treatment), she was better prepared to handle the health issues presented by some of her patients as result of their lifestyle choices and provide culturally competent care. "You can't impose upon them your beliefs, there's a boundary as well. . . . That up to this certain point you are the caregiver and beyond that point you're doing too much, trying to influence too much and you can't." It really prepared her for "things that you hear about on the news."

Understanding "who I am" for Elizabeth focused on the development of her own definition of caring as part of a class assignment focusing on the objective of developing their own philosophy of caring. Leininger (1995) defined caring as consisting of behaviors that are foundational to nursing and help improve the human condition of an

individual or group. Elizabeth had never really thought about the meaning of caring but for her the core thing [of the class] was the:

> *caring* [italics added] aspect and there are many different ways to look at it, and I'd have to identify my own way of caring, the kind of nurse I want to be. I think that really changed the way I look at helping other people and caring for other people.

Since the class, caring has now become a way of life—"a way of thinking of the whole nursing realm and becoming more of a nurse."

For Nathan, his class experiences "brought the picture together for me. It prepares you and gives you an awareness. It just kind of helps you so you're not as surprised" when he encounters diversity issues present in his patient assignments. Hana noted understanding "who I am" helped her learn she "can be a better person, nurse, and observer if I understand my own believes [sic] and attitudes."

The concept of relating cultural concepts from the Caring and Diversity class to the medical or clinical world was also a recurring topic in all discussions related to self-awareness. The class provided a vehicle to discuss or apply in depth some concepts that were introduced in nursing classes. Nathan found the Caring and Diversity class "gave you a chance to get into [the understanding of culture differences] in a greater depth and detail." For Elizabeth the discussions on various cultures were helpful, but what she found valuable was the opportunity to "apply the medical cultural differences." She found the course gave her very good insight to the broader holistic aspect of patient care when compared to her nursing courses. She reinforced how important her philosophy of caring was to every aspect of her education. "I think I use [the class concepts and caring

philosophy] all the time because if you are a good student in clinicals you have to explore . . . that caring aspect every time." During her second interview, Elizabeth reiterated her Caring and Diversity class helped her become a better communicator stating:

> Yes, I think it definitely did [help me be a better communicator]. Yes, you have to definitely change. If someone has disabilities you can't use the same communication type just like you can with someone who doesn't have disabilities. They all need very, very specific kinds of communication.

For Rebecca, the class built on the concepts of "the healing touch in nursing" presented in nursing classes and impressed upon her the need for caregiving that goes beyond the medical or physical side of nursing. She went on to emphasize that for her, the class "was more robust with opportunity to say, 'Wow! This was something we were talking about!' And then conversely when I would be in class, I would be like, 'Oh! Last week, I was there. . . . .' It was application both ways." Elizabeth concluded that the class "was great because we applied it back to how to give care in the hospital and medical center and that's really important—especially how it's integrated in the nursing program." Her class helped her see the full range of health care and apply a more holistic approach, as outlined in the course syllabus. As Yvonne emphasized during her first interview it was "just being more aware of different things . . . just to be aware of what different people need to follow for their religion." Participants learned there is much more to patient care than their physical needs. It can also be influenced by race or ethnicity, family, language, socioeconomic status, religion, and personal beliefs.

Understanding "who I am" and their increased self-awareness, as a result of examining their opinions and beliefs, came about through various projects (the suffering

project, diversity experience summary, vulnerable populations assignment) and discussions from the class. An increased awareness of their own beliefs and attitudes aided in their interpretation of the role culture has in medical and clinical education. Understanding "who I am" created a foundation for application of class concepts of respect for individuals. As a result of these various activities, the participants became aware of the need to look beyond the stereotypes they may have held and see the individual. Erica's statement during the focus group, "Everybody's a human being; everybody deserves respect, no matter what," demonstrated understanding the need to respect every individual regardless of backgrounds. She went on to emphasize in her second interview e-mail that "tolerance and acceptance of everyone is what needs to be taught."

Self-Awareness and Clinical Experiences

Self-awareness for the participants in their clinical education environment was linked to their sense of preparedness and the ability to apply the transcultural nursing concepts from the Caring and Diversity class. All the participants except Erica agreed that they felt more prepared for their clinical experiences because of their Caring and Diversity class. Erica's statement that "I knew what to expect [in clinical assignments] from life and not the class" was in contrast to the other 5 participants' perceptions of the class.

Nathan focused on patient care situations in which language or mental disabilities were factors. As a result of the communication techniques and exploration of various cultures shared in his Caring and Diversity class, Nathan learned to communicate more

effectively. During his second interview, Nathan shared the following experience from one of his clinical assignments:

> The first day I was [at location of my mental health clinical assignment] I had a schizophrenic patient and that made me kind of nervous. I guess he still had the same Caucasian cultural background that I was from, but he was so—I remember [the professor] covering substance abuse—and he had a long history of substance abuse, and I know she touched on some of the different dependencies and family backgrounds that can cause that, and it just kind of brings the picture together for me. It prepares you and gives you an awareness. It just kind of helps you so you're not as surprised and kind of "What am I doing here?" when you're there, and it kind of helps you pull it all together. . . . I went . . . and sat down [by the patient] and tried to be pleasant, the eye contact, some of the social norms that we learned in Caring and Diversity and trying to take it from there [with the patient].

He went on to add he is "just more prepared, I guess. I feel prepared to handle running into a patient even if their beliefs are going to be completely different from anything I ever thought." The class also helped him feel comfortable asking patients about differences in order to make them feel more comfortable. Nathan went on to share that in nursing classes he was told, "You only have this one chance to make a first impression and that's going to affect the rest of your relationship with the client throughout their stay, so you better get it right the first time."

If Yvonne "had a patient from a different culture I would probably go home that night and research [class materials] just to kind of refresh my memory about some of these things," and these class resources prepared her. During her second interview

Yvonne articulated again that she has "a better understanding of cultures and kind of what they expect of health care." Relating the Caring and Diversity class concepts on culture to the medical world had a very specific application for Rebecca. The class improved her confidence in her ability to communicate with patients. Rebecca shared:

> I would say my comfort level with people—and this is big—who don't speak my language—who I can't just verbally communicate with. I've gotten much more comfortable with using the tools that are out there: the signs, the interpreter on the phone and actual interpreter is fabulous. . . . I thought I'm really just excited and proud about my ability to communicate with patients that maybe don't speak another language.

Hana felt prepared when she was assigned a patient who did not speak English as part of her clinical education. "I wasn't scared to go into the room and start communicating with [the patient]. [The examination] went pretty good. Before that class I might be a little bit scared [sic]." When asked if she was better prepared to provide culturally competent care, Hana replied confidently:

> Yes, I'm trying to whenever I remember that course or there's something in the patient chart that's different than the others like the patient is not going to take a lot of something, I remember how that goes. . . . It's kind of helpful to accept the patient needs and wills because if it wasn't [for] this class I may have been "Why they don't want to take it?" [sic] because it doesn't make sense. But now I find that I understand.

In her e-mail response Erica indicated that she had encountered very little diversity in her clinical education assignments. She explained her Caring and Diversity class

> really didn't help. As much as everyone says that we have a diverse culture it really isn't that way in the hospital. I would have to say that 98% of the people that I have taken care of are White people from generally the same background as me.

During her first interview, Erica shared her own life experiences had prepared her more than the class to handle new situations, but she did acknowledge that "it just brought it more to the surface, more to a conscious level, and when it's in that conscious level you're able to learn more about your behavior and why you interact."

For Elizabeth, the application of the course content was extremely valuable in her clinical education. She continued to express the importance of the application of the cultural awareness to "medical related things because . . . I don't assume people's beliefs about medicine are the same, but it really brought a lot of things to light that I hadn't thought of before." Again, the development of her caring philosophy as a result of the class helped her identify her own style of caring and framed her style of nursing. How she looks at helping and caring for other people changed. During her second interview, Elizabeth shared she sees her career is "going to be taking care of people, helping people feel well and grow. . . . It's kind of just become a different way of going about things [life and patient care]. It's very internal." She is always mindful that diversity exists in her clinical patient assignments and the class prepared her to examine and understand their needs.

Gender was first introduced by Nathan with respect to his clinical education experiences. At the time of the second interview, Nathan was enrolled in his obstetrics and infant nursing class. This is an intensive 5-week course during which students are

assigned patients in labor or post-partum care, along with their baby. He shared he had been thinking about the fact that

> women from all different races have babies, and there's many different cultural differences in like how many people are in the room . . . care of the baby after birth and so I can see where [gender] can play in it a lot.

Self-Awareness Expressed in Diaries

The purpose of the participants' diaries was to record experiences with diverse patient care needs during a 2-week period. This activity offered each participant an opportunity to share their application of course concepts to their clinical education experiences related to diverse patient care. Most of the participants wrote about patient needs they were better prepared to handle because of the cultural competence principles taught in the class. Particularly helpful were the various communication techniques. In his diary Nathan explained how he used some of those skills:

> In Caring and Diversity class we covered a unit on communicating with those individuals with a decreased mental status so I was able to use techniques that made today go smoothly. The first thing that I remembered was how the environment makes a huge difference in reducing confusion. The biggest things I remembered were keeping the environment organized and free from distractions. This helped keep the client focused on me so that communication was easier. We also learned to keep things as simple as possible to reduce the chance for confusion. These skills, along with keeping friendly nonverbal expressions, kept the client's stress level reduced.

Hana shared a very personal experience of her family's experiences with HIV-AIDS in her home country. Her father, a doctor, cared for a patient affected with the disease and was essentially ostracized from the medical community because of his care for the patient. Hana witnessed his compassion and it helped her "to have a different view of HIV patients and be more open-minded about this disease." In fact, one of the patients for her clinical assignment was an HIV patient, and she described it as a very good learning experience, stating, "Through this course we learned how to handle such situations professional [sic] and with empathy and respect."

Like Nathan, communication skills taught in the class were very helpful for Elizabeth. In her diary she described caring for three young girls, all with severe handicaps, as part of her job. Each girl's situation required Elizabeth to employ different communication techniques, patience, and understanding, which she attributed to what she had learned in her class. She wrote these three passages in her diary:

> Today I arrived to give care to three girls with varying disabilities. One of the girls I care for was awake. She has severe mental retardation and I realized that there were several differences that I took into account. Firstly, I asked Allison [pseudonym] about her work. I had to understand that "work" is different for Allison than me and my family and friends. She thinks of work in terms of where she is placed and a requirement to being her age. Work for Allison is not a means of supporting herself and it is not something she identifies with.
>
> In the morning, I woke up Amanda [pseudonym], a girl with Down's syndrome. Upon recollection I realize that Amanda's language and how I communicate with her is different. I have to understand that Amanda does not

respond to "It's time to get up." Her music must be turned on; you must gently touch her hand and open her windows. Amanda needs sensory stimulation to wake up.

On Friday nights, I work with a girl named Samantha [pseudonym]. Samantha has leber's syndrome [a disease that results in severe loss of vision] and is severely mentally retarded. She's also blind and doesn't use language to communicate. I must acknowledge at least three different cultures here: blind culture, mentally disabled, and language impaired. I modify the way I work with Samantha.

Increased self-awareness enabled the majority of the participants to feel better prepared for patient care situations they encountered in their clinical education experiences. These same experiences provided increased opportunities to better understand and to apply the concepts discussed in class to real situations.

Respect for Individuals

An increased understanding of the role respect for individuals plays in cultural competent care was demonstrated by discussions with participants that centered on holistic care and separating their own personal feelings on patient care from the patient's feelings and needs. This theme will be defined in the same three settings: class experiences, clinical experiences, and diary entries.

Respect for Individuals and Class Experiences

The participants discussed the importance of respect for individuals in the focus group and interview conversations, particularly in regard to their clinical education experiences, but it was also evident the participants applied the concept to individuals in

general. Nathan emphasized, "I definitely think it applies to the real world outside of the hospital." Hana linked diversity and respect for individuals during the focus group when she shared "Diversity is more individual . . . has more individual meaning for a person." As stated earlier, for Erica, the Caring and Diversity class was a "refresher course, bringing back up what I'd been taught all through my childhood." Participants evidenced learning or applying respect for individuals as a major part of their experience that transpired as a result of their increased self-awareness. Yvonne found the class "forces you to kind of look at your own beliefs and values and analyze that stuff," and Erica wrote in her second interview e-mail that the Caring and Diversity class "gives the student [a chance] to study their own mind and evaluate where they stand on issues like death or other issues that we as nurses would face while giving care."

For Erica, the important focus of the class was on breaking down stereotypes associated with different ethnicities or types of patients they might encounter as a nurse. For her, "Individuality is key in our society . . . every time we encounter someone . . . they are going to be needed to be treated differently than the next or last person we have encountered." She doesn't see "different cultures; I see different people."

> When Rebecca's professor introduced a new topic to the class:
>
> he would tuck little things in there to make you aware and so if you were on your high horse, that you really did need this information. So it was really helpful. And I have to say I learned a lot from the banter that went on in class from different perspectives. . . . It was really interesting just learning from each other and the different perspectives.

Yvonne concurred by stating, "You realized that just in your little group of 15-20 there was a lot of diversity right there."

> Again, for Erica, the application of her class discussions:
>
> all just ties into respecting the person as an individual. You can take a group of 27-year-olds that are all White females and we're all different. We were all raised different, we all grew up in different areas, even if we're all from the [same city], we grew up in different areas, we went to different schools, we had different teachers, we had different classmates.

This course reaffirmed her belief that:

> Everybody's a human being; everybody deserves respect, no matter what. We're All God's children no matter what God they believe in or if they believe in God. And so this course brought it to the surface and allowed me to take a conscious look at where I stood, because I'm constantly trying to grow to make sure that I was in a place I was comfortable with.

Respect for individuals continued to be evident in Elizabeth's caring philosophy. For her, caring for any individual was "connecting with people and . . . creating that mutual respect and really giving people dignity." Yvonne found value in "being able to respect everybody regardless of their background and your background . . . that basic level of respect that you deserve and should give and get."

Participants discussed their introduction to the concept of holistic care in their nursing classes. They shared an understanding that holistic care of the individual is foundational to nursing care, incorporating the physical, emotional, belief system, and

often the family into the patient's care. Rebecca captured that concept early in the focus group meeting when she talked about the class:

> I thought it was a great eye opener as a caregiver that even though two patients may have the same medical assessment, their actual care isn't going to be the same, but the care is actually individualistic based on the circumstances outside their physical assessment you know, depending on their belief system, their culture, their family beliefs, that kind of thing. It really goes into the holistic care and beyond just the patient. . . . What is their physical assessment? Looking at the whole care and individual care plans.

Hana echoed this idea during the first interview. For her the class pointed out "how important it is to know the cultural differences, how to apply it in nursing care because it's [cultural differences] of real importance—not just the physical." Elizabeth related a personal story about her Jewish grandmother that served to demonstrate the importance of the patient care that extends beyond the physical needs:

> My grandma was in the hospital for Hanukah and Christmas and they brought her this plate of ham for Christmas, and she didn't eat it at all, and she was very ill and couldn't tell them really why, and they were like, we don't know why she didn't eat anything all day. They brought her ham because it was Christmas, but that was why she hadn't eaten it, and she was a little weaker because she hadn't eaten. She doesn't keep Kosher really, but she doesn't eat ham. So I think of that kind of stuff every day, because when you're the family, that one little experience really leaves an impact on you. I always think about that whenever I'm caring for

> anyone during clinicals. I think we should try to remember what we learned about diversity every day that we are caring for people.

For the 6 participants, acknowledging that there are often discrepancies between what a nurse feels is best for the patient and what the patient, or their family, feels is best was an important concept gained from the class. Understanding where that "line" exists is different in any given patient care situation. Again, Rebecca introduced this subject during the focus group. For her, it was necessary "to understand, to respect" each individual's situation:

> Even if you don't agree with . . . their beliefs with refusal of blood . . . you don't agree that their 7-year-old boy should not be given blood—that it's a matter of life and death—but you have to respect at the same time that it's the right religious decision. There's always a reason for something. You can't impose upon them your beliefs.

During the interviews Rebecca shared how the Caring and Diversity class had helped her understand "there's a line between what the patient needs it to be and what kind of caregiver I am and I need to find a way to make that mesh." For her a key revelation from the class was that "everyone has a different code in a way to crack . . . and it's not always the patient" that may be causing a problem. It can also be her approach as a nurse; she can't treat every patient the same.

Hana, along with Rebecca and Erica, talked about the importance of not being judgmental. The class enabled her to move beyond the ethnicity aspects of culture and think about the individual. Upon reflection, Hana thought the class was good for her because in that class she learned

> we have to accept what the person wants because it's their choice and we shouldn't be judgmental. We just need to respect whatever they want to do because it may be different from what we are going to do but it's the way that they want it. Not our choice.

Finally, for Elizabeth, care:

> really, really needs to be individualized. With people you have to go in every situation and leave all your preconceived notions behind. Every situation you have to treat completely fresh and new and really go about it completely individualized. I think the class kind of focused on that and it was probably a big part of how I started using that.

Respect for Individuals in Clinical Experiences

Respect for individuals was discussed much more in association with the participants' clinical education. However, they did indicate that the foundation for the application of that concept occurred as a result of the Caring and Diversity class discussions that focused on examining their own attitudes to various patient populations.

Rebecca's employment in the hospital, in addition to her clinical education assignments, provided her more opportunities to incorporate the class content in her patient care than some of the other participants. She discussed one situation in which attention to the lifestyle culture of a drug addict patient provided insight that caring for the physical aspects of the patient was only part of the care needed:

> Last week I did actually have a female, she was 48 and started using crack a year ago, and you know, the Rebecca before this class probably would have been more standoffish. I would have cared for her but maybe not have been as approachable

> and willing to talk as frankly with on the issues. And here I'm sitting down and I really just kind of opened the door for her to talk to me and she just purged everything. She was talking about how she had been homeless, that she did it on purpose because she didn't want, her kids were 20 and 23, to actually see her because they're successful . . . and she's just basically felt worthless for the last 5 years of her life. She just let it all loose and then at the end of it, I said, "Now what can we do for you besides helping you detox and besides helping you clean up the wounds that you have on the outside of your skin. What else can we do to help you be a successful, happy, healthy human being when you leave [this hospital's] doors and not have to come back here?" . . . I wouldn't have had that if I hadn't had this class. I know.

Gender was introduced in relation to respect for individuals during the course of the second interviews with the exception of Erica who indicated during her first interview the class reinforced her belief that there are "different ways that you're going to interact with a woman versus a man . . . and you're going to have that with the different cultures."

In his second interview, Nathan's comments demonstrated a need to understand gender as it related to respect for individuals. He acknowledged a need to approach things differently as a nursing student who happens to be a male:

> Definitely. A lot with the female, I guess, with different patient cares and catheter insertion and things like that. There are a lot of female patients that are kind of apprehensive to have a male and unless I go in there and state my case, talk to them, and kind of maintain a certain comfort level, I would say definitely.

He went on to say that the course has been beneficial to him when assessing situations with female patients as a male nursing student by stating:

> I would say, "Yes,"—just a lot with the interpersonal, even leaving out the culturally diverse, the interpersonal relationships and presenting yourself and making . . . yourself seemed interested in the situation. . . . I think that Caring and Diversity reinforced what you've heard [in nursing courses] and goes farther into depth with it and takes it into the next level.

Rebecca, Yvonne, and Erica also talked briefly about gender in relation to patient communication during their interviews. As noted during our first interview, Erica identified "there's different ways that you're going to interact with a woman versus a man . . . and you're going to have that with the different cultures." She expanded her statement by adding:

> also because it's all about how they perceive things and it's not necessarily what you say, more it's how you say it. I don't hear something the same way that you hear it. So you have to take all of that into consideration.

From Erica's perspective, as a nurse, you have to pay attention to how your patient perceives your message, and gender plays a role in that communication.

Gender was introduced by Rebecca in her second interview when she considered patient care situations that students encounter during their mother/baby nursing class:

> Labor delivery is very sensitive—you have a mother sitting there with her legs wide open—what are some issues that are going to come up then? I think that one class there could be a really great discussion and I think especially for guys. I know that most of the guys that I've talked to who have gone through that were

> like, "OH!" So maybe for guys there's a general hesitation about the mother/baby rotation because it's not something—a lot of them don't want to be OB nurses. So there's a comfort level there. And also for mothers who are going to be suffering—a lot of them don't want male nurses in there.

Yvonne tied gender to cultural awareness during her second interview as well when she also suggested the Caring and Diversity course could "go more with the interpersonal cultural stuff like how men treat women and how they view kids in their culture."

Respect for Individuals Expressed in Diaries

The diaries once again provided opportunities for the participants to describe application of the theme, respect for individuals. Nathan's diary revealed a very "real world" application of this respect. He works at the local farmer's market during the summers and wrote:

> Today I worked at the farmer's market, where I was not in a clinical setting, but I did have encounters with many people from different religions, races, and ethnic backgrounds. . . . With so many different individuals coming through so quickly this give me time to exercise my knowledge of diversity. I find that many techniques, such as smiling, making eye contact, being patient, and taking time to clarify potential misunderstandings works for almost any person coming through, however there are times when more knowledge is helpful. For example, there is a number of people coming through that are willing to share their beliefs with me right away so I can help them avoid pork products, meat, or any other foods they wish to avoid. Knowing of different culture's beliefs and respecting those beliefs, helps me understand where they are coming from so that I may assist them. When

> customers come through the stand and don't speak English, I have a chance to use my nonverbal skills. I can use pointing, as well as facial gestures to ask questions and receive answers. I never go a Saturday without using some piece of information I have learned from Caring and Diversity.

Hana observed how one of her classmates, along with the nurse assigned to care for a terminally ill cancer patient, respected the woman's decision to "not fight the cancer anymore." In her diary Hana wrote these observations:

> The patient was terminally ill and was going to more to a hospice center. She was acceptable [sic] of her condition. She had a conversation with her husband about how ready she is to dye [sic] and what needs to be done for her. Her husband was in denial and was telling her that she needed to fight with the cancer and not to be a quitter. He was persistent until the point that they started to argue over this subject. Finally, the patient asked her husband to leave the room. She then notified the nurse that she did not want [to] have any visitors. The student communicated the situation with our instructor. Then the nurse talked to the patient's husband about his wife['s] needs in the last days of her life. The husband wasn't acceptable [sic] of the situation and was trying to explain that his wife needed to fight against her cancer. Finally, with the nurse['s] patience and good information, the husband accepted to cooperate with his wife's will. He agreed to take her to hospice and be supportive and understanding of her wills. The wife seemed relieved after she understood her husband's acceptance of the situation.

Hana observed the patience and communication skills the nurse in charge employed to help the husband understand his wife's choice. The nurse didn't argue with the patient or

judge her—she accepted what the patient had come to terms with and helped the husband understand as well.

Elizabeth's diary entries demonstrated how she applied this need for completely individualized care to her three disabled clients at her work when she wrote, "Today I arrived to give care to three girls with varying disabilities. . . . I realized that there several differences that I took into account." She understood the communication techniques each needed and used them accordingly.

Yvonne and Nathan did not touch on the topics of holistic care and separating nurse and patient beliefs during the meetings, but they did write about them in their diaries. Yvonne wrote, "I learned in Caring and Diversity [class] that you must tailor or alter your care to those you are caring for." For her, that meant adjusting her care plan so she could care for the emotional needs more than the physical needs for one of her patient assignments. She described it in her diary this way:

> The patient was given pain meds in the morning and was not due for her next dose until later in the afternoon, about six hours later. The patient was requesting them and had about three hours left to wait for them. She became very tearful and upset. I knew that I had several other things I needed to do but I also knew that I needed to be attentive to her feelings and needs at this moment. The patient was having a bad experience and I could turn it around if I took the time. I asked the patient what was wrong and why she was crying. She explained to me that she feels like no cares and no one ever really listens and understands the pain that she is in. I listened to her and tried to give her some ideas to take her mind off it. She had her knitting materials on her bed so I asked her to tell me about them. She

explained that she was making stocking hats for new babies at some of the hospitals in the area. She continued to talk about them and it helped her not to focus on the pain she was feeling. I learned in caring and diversity that you must tailor or alter your care to those you are caring for. In this care, I had to be present in the situation and focus my caregiving in a way that was accepted by the patient. The patient was receiving the medications she needed but more importantly, as Yvonne understood, the patient needed someone to listen to her concerns and fears. Yvonne did just that and attended to the emotional part of the patient's care.

In Nathan's patient assignment, he wrote:

During my first clinical meeting after our one on one interviews I was not able to find a patient with a different ethnic or racial background, however my patient was hard of hearing. This disability created many challenges for the care I was providing. In order to properly communicate with this patient I had to use some techniques learned from my caring and diversity class. This decision was reached because of the fact that I needed to communicate with this patient throughout the shift, and there were certain techniques I needed to use. In the caring and diversity class we learned effective ways of communicating with persons hard of hearing. This involved talking slower and louder to give the patient time to respond if there were a misunderstanding. We learned to assess which ear the individual hears best out of so that I knew where I should be talking. I also made sure to maintain eye contact, as well as use body language ad hand gestures to help me convey my feelings and thoughts.

Nathan went on to write: "These techniques were invaluable in helping my patient cares go smoothly today. By communicating in a way that enhanced understanding I was able to keep stress levels at a minimum for both me and the client."

Erica wrote in her diary that she did not find the class content or discussions applicable or helpful in her clinical education experiences. As noted earlier, Erica wrote "with both weeks' patients I knew what to expect from life and not the class." Her patient assignments for the weeks were a Hispanic woman recuperating from surgery and a homeless drug addict. With the latter patient she spent her time "treating him like I would have any other Caucasian patient. Since he wasn't willing to change his situation, I just focused on his current condition." While her focus with this patient seemed at odds with the holistic care principles presented and discussed in class and applied by the others Erica may have been demonstrating the same principles—accepting her patient's point of view and not imposing her ideas regarding what his care should be. Unfortunately, the inability to meet face-to-face for the second interview did not allow for this perception to be examined or verified.

The participants' clinical education experiences provided opportunities to apply the concepts and discussion points from the class. For them, the importance of holistic care, as discussed in class, was evident in their patient assignments or work environments. The differences in "care expectations" between them, as nurses, and the patients were discussed often in the focus group and interview meetings. Their patient assignments demonstrated the participant's care plan needed adjusting at times because of differing needs of their patient in order to display respect for individuals. The

participants talked about the importance of being less judgmental as they cared for their patient and not imposing their values and beliefs in the situation. Elizabeth described herself as "more understanding with people probably. Things that I used to judge and be more judg[mental] with people, I don't [do] so much anymore." Hana echoed this sentiment: "I totally changed because I think I would judge people before this course because they were different than me. They choose to do something that I wouldn't do. But now I can understand it better."

Summary of Findings

According to the participants' perception, the Caring and Diversity class provided important opportunities to develop and increase their own cultural self-awareness and understanding of the concept of respect for individuals. Though these two themes were often discussed in the context of their patient care education, the participants also talked about them in regard to their own personal development and understanding as well.

Elizabeth, Rebecca, Hana, and Nathan articulated that discussion, a key technique used in the Caring and Diversity classes, allowed them to explore their own beliefs and values related to culture as well as application to the real world by enabling them to relate those discussions to the medical world and clinical education assignments. Hana described her class as "open discussion all of the time." Nathan agreed "that the group discussion was really where you pick up the most." Rebecca saw her classmates' discussions as "trying to challenge themselves and their perspectives." She also described her class as inviting "everyone to open up and share." Elizabeth emphasized that "if you had to take something from the class . . . then focusing on those medical-related cultural

differences that the class highlighted" through class discussions was crucial for her. Understanding "who I am" and their self-awareness was an important step for all of them as they began to link belief and value concepts to their idea of nursing. For Erica, the course's focus on "breaking down stereotypes" was the first step in understanding the "important thing was to focus on the individual's needs, wants, and desires, instead of just their cultural status" and applying respect for individuals to situations, regardless of patient backgrounds.

All but one participant felt better prepared to "give nursing care—culturally sensitive nursing care" (as Elizabeth stated) as a result of the class. They demonstrated an increased comfort level when encountering new, unfamiliar, or difficult patient care situations and attributed that increase comfort to the activities, techniques, and resources shared throughout the class. Nathan was more comfortable with his schizophrenic patient assignment as a result of "some of the social norms that we learned in Caring and Diversity." In her work on the pediatric floor, Rebecca felt "it's helped me with those kinds of things—culturally how people raise babies is very different, I see that, too." The diaries enabled the participants to describe the application of some of these techniques in their own words. In addition, the diaries recounted patient care stories that I could not observe personally.

Holistic care, as described in their nursing classes, took on new meaning as it was addressed in the context of individual patient care. Because of their Caring and Diversity class, most the participants now perceived holistic care as going beyond the physical care aspect. They understood holistic care is not just the physical care aspect; it encompasses

knowing and respecting the circumstances each patient presents to them as a nurse as they endeavor to provide care that is within the cultural context of the patient.

The participants acknowledged their own personal idea or plan of care for a patient may be at odds with the patient's ideas, and the role of the caregiver is to find a way "to make that mesh," as Rebecca stated. Each participant stated at least once that one can't treat every patient in the same way. They now had greater awareness that every patient is unique and deserves their individual respect. Hana evidenced an understanding that cultural competence is more than just ethnicity; "it's more individual." Erica "honestly believes that if people would just step back and understand that everybody is different, no matter what they look like, sound like, act like, then you can go through and respect people and give them transculturally competent care." Hana had "never thought of the spiritual aspect of caring for people. It's a very personal experience" and individual. As Nathan expressed in the focus group, there are individuals "with different beliefs. . . . You just gotta understand there a differences out there." Elizabeth defined it as "understanding that everyone needs a very unique kind of care."

Finally, gender as an influencing factor in their perceptions was discussed by Nathan, Erica, Yvonne, and Rebecca in relation to understanding the communication dynamics between male and female patients. The perceptions of the participants' experiences with transcultural nursing did not appear to differ because of gender.

Table 4.1 provides a brief summary of the two themes, self-awareness and respect for individuals, in the context of the three settings and gender influence.

Table 4.1. *Summary of Thematic Findings*

Setting	Self-awareness	Respect for individuals
Class	• Understanding how much I didn't know about cultures as result of class activities • "Who I am" activities designed to analyze own beliefs • Break down of stereotypes • Growth in identity as a nurse • Development of individual philosophy of caring • Application of culture to holistic care	• Diversity linked to individuals, not just an ethnic group or culture • "Meshing" of nurse's idea of patient care needs with the patient's beliefs to avoid compromising patient's cultural beliefs • Acceptance of patient's choice of care without judging as part of cultural competent care
Clinical	• Resources discussed in class used in clinical assignments • Improved communication skills • Better prepared to give culturally sensitive care	• Direct application of the "meshing" of nurse's and patient's concept of care demonstrated in patient assignments • Conducting holistic patient assessment, accounting for physical and non-physical needs
Diary	• Application of communication techniques learned in class	• Application of holistic patient care demonstrated by adjusting patient care plan to include emotional needs as well as pain needs • Application of cultural assessment to respect dietary needs of various cultures
Gender	• Awareness gender as part of cultural aspects of child birth • Awareness gender influences how communication is perceived by patients	• Differences in ways nurse interacts with male vs. female patients in a cultural context • Male nurse assessment of female patient may be influenced by gender • Gender viewed as a component of cultural competence

Interpretations of Findings

The purpose of this research study was to interpret the perceptions of Associate of ASN students related to their transcultural nursing experiences in their college and clinical education environments. This research sought to provide insight on how the student participants reflected upon and interpreted the concepts presented through the Caring and Diversity course. Further, it sought to interpret how they apply class concepts to caregiving in their clinical education experiences. This study also explored the potential influence of gender in the participants' perceptions. A better understanding of the student participants' perceptions and their recommendations for future course design were also part of this research study. I anticipated gaining an understanding of how their perceptions of their class experiences impact their nursing and clinical education. This section on the interpretation of findings articulates the meanings found in their perceptions as well as positioning those interpretations in the context of the review of the literature conducted. The interpretations of the findings are situated in the context of the two major themes: self-awareness and respect for individuals.

Self-Awareness

For the participants, the design of the Caring and Diversity classes, taught using class and small group discussion, was instrumental in increasing their understanding of "who I am" and self-awareness. The opportunities to be introspective became turning points for some of them as they began to associate the concepts of holistic care with situations discussed in class. For Rebecca her identity as a health care provider changed dramatically. As she stated:

> At the beginning of the class, I thought I knew what caregiving was and I knew what kind of caregiver I would be . . . and after that class, or towards the end of that class . . . my caregiving is definitely much more diverse and I understand now that it's not just what I want it to be—it's definitely what the patient needs it to be.

As a result of her self-examination during class, she is now aware that her previous concept of care giving was a very simplistic view. Her responsibility as a nurse is to look beyond just the physical needs.

Before the course Elizabeth had not given much thought to the concept of caring and what that meant to her as a nurse. For her, the value of the class came from the caring aspects rather than the diversity. In the first interview she expressed:

> I just had trouble really understanding connecting with the word "caring" myself. I never thought of myself—I wouldn't have used that word when I thought about myself as a caring person. . . . So I really had to make my own definition of caring to identify with.

Her introspection generated awareness that for her, "caring equals growth" because "that is a lot the way I think of caring for people—helping them grow and helping myself grow . . . in every little interaction." For Elizabeth, this caring philosophy has become internalized—it is a part of who she is and how she approaches life.

Hana concluded that her Caring and Diversity class demonstrated for her "how to have empathy, not sympathy. I always had sympathy for people and it's a good thing, but it's not professional. I learned a lot and I'm glad that I took that class." She went on to

write in her diary, “I found out that I can be a better person, nurse, and observer if I understand my own believes [sic] and attitudes.”

Self-awareness of how “much I thought I knew but didn’t” (as Nathan stated) about culturally competent patient care developed as a result of class discussions and assignments (caring philosophy paper, self-assessment quizzes, suffering interview project, and diversity experience assignment) that focused on cultural differences in communication, family dynamics, spirituality, and end-of-life views. Elizabeth commented, “I just think it was a really good way the class talked about cultures but I like how they specifically talked about the medical related things.” Erica shared how the suffering project assignment led to probing her own attitudes about death and illustrated an understanding of how her own value systems may impact her perspectives. During the focus group, she shared:

> Yeah, figure out who you are, where you’re at, then it’s like, I had a hard time with letting people die until I realized I would never want to be in that position myself. I mean, I would never want to be on life support as a vegetable, you know, until I realized where my line was, as far as defining my death and my life, I didn’t understand how families could push past the point of what the patient would want and say, “No, you have to do more” or say, “No, it’s okay to die.” Until I realized my opinion, I couldn’t respect theirs.

Introspection was crucial to their increased self-awareness. Rebecca underscored that perception during her first interview when she shared that during class her professor:

> really made you look at yourself and make sure [nursing] is the right move for you. Make sure you are doing this for the right reason and he did say several

> times, "Make sure this is the right move for you. Make sure you're doing this for the right reasons and that you really understand what this job is asking of you and that this is the right move for you."

The participants perceived the need to continually examine their beliefs and philosophies of patient care. This self-awareness evolved from discussions and activities in their Caring and Diversity class, not their nursing courses. The Caring and Diversity course examined in depth those topics encompassed in holistic care foundations presented in nursing courses. In the focus group, Nathan illustrated that idea by saying:

> Well, the nursing class I took, they kind [of] just touched on it a little bit that there are different religions and stuff out there but they didn't go into a lot of detail and that. I think the class was kind [of] nice because it was a whole class devoted to it.

Later in that same meeting, Nathan maintained:

> I think there just needs to be an understanding that there are different people out there with different beliefs and just because you believe something doesn't make it right and not everybody else is gonna understand or believe that way.

They reiterated the concepts presented and discussed in the course increased their self-awareness, and as a result, their level of cultural awareness increased as well. Elizabeth maintained in her second interview that it is "very important to keep in mind that you have to always remember diversity in your clinical patients." Rebecca described her Caring and Diversity class experience and professor as "trying to move us beyond that [basic awareness] . . . in some really key aspects especially some of the cultures that we're going to encounter every day here in Iowa." Even Erica, who did not perceive the course as positively as the others, noted that the course served to bring "things to a more

conscious level" and "really opened my eyes to being conscious of how my actions affect other people."

Being better prepared was a very positive perception of the class for the participants. This feeling of being better prepared came, in part, from the communication techniques and resources shared in the class. The application of these was evident in their diaries. Hana, Nathan, Elizabeth, Yvonne, and Rebecca all wrote about using communication techniques and resources learned in the Caring and Diversity class to help them care for a patient in a culturally sensitive way. The participants illustrated in their diaries that remembering how a topic discussed in class helped them understand a patient's needs. Hana wrote she "believes the Caring and Diversity class gave us multiple opportunities to gain knowledge in regards to situations." Nathan's patient care, as described in his diary, went more smoothly because the class "covered a unit on communicating with those individuals with a decreased mental status" so he "was able to use those techniques to make today go smoothly." Again, the knowledge gained from their Caring and Diversity class augmented the information from their nursing classes, and the combined knowledge resulted in being better prepared for a wide variety patient care assignments.

Respect for Individuals

The combination of information from their nursing classes and the application of that information to their Caring and Diversity class discussions were perceived by the participants as beneficial. Their understanding of holistic care demonstrating respect for individuals was increased. Holistic nursing care was applied in the cultural context of the Caring and Diversity course. As Hana stated in her first interview, "There were many

interesting facts about people, religions, cultures, how important it is to know the cultural differences, how to apply it in the nursing care because it's of real importance—not just the physical."

Participants developed a clearer understanding of conducting patient assessments that exhibited cultural sensitivity. Hana related her patient assignment involving breast feeding instructions for a patient who didn't speak English. Remembering her own experience as a patient communicating via a translator, Hana showed her patient "how to breast feed—we had pictures to show her the right position. I remember after this class . . . trying to have eye contact [with the patient] not with the translator." Several noted that, before the class, they would not have considered how a patient's family or culture factored into their assessment—that assessment was primarily focused on the physical condition presented. Rebecca recounted her experience with the diversity experience assignment that "challenged you to pick some culture you're not comfortable with and do the work to help move yourself to a more comfortable area with that . . . so that when you do encounter it, your comfort level with that is like 'oh, okay.'" The respect for individuals influences the entire care plan for a patient, encompassing the physical, emotional, family, and cultural belief systems.

The influence of gender and gendered ways of knowing on the participants' development of self-awareness and respect for individuals was less than anticipated, based on the literature reviewed. The influence of gender was demonstrated primarily in relation to communicating with patients. For Nathan, he understood gender may play a role in how a male nurse presents himself to a female patient. Yvonne, Rebecca, and Erica underscored the need to understand the influence gender may have on providing

culturally competent communication with patients. However, no apparent gender differences existed in how the participants perceived the course. Four participants (Nathan, Yvonne, Rebecca, and Erica) maintained they had increased their self-awareness and respect for individuals of the opposite gender as one component of overall cultural competence.

Reflection on the information shared in the class in combination with clinical experiences expanded their scope and understanding of health care. Elizabeth expressed that the class "gave me a really, really good insight and beginning look into health care and caring and it gave me a really good introduction to thinking about how I decided I would like to work in a hospital." Hana's class was "open discussion all the time where we had like pre-quizzes about a subject that we would answer and then we would discuss." The class discussion evolved from their own experiences and served as a catalyst to examine and understand "who I am" in the context of culturally congruent patient care. Of the 6 participants, 5 emphasized they benefited from the class, Caring and Diversity, in relation to both their increased self-awareness and respect for individuals. The respect for individuals was perceived to be an outward application of their inner growth and self-awareness. Hana illustrated that concept this way: "I think I learn to respect people for who they are no matter how different from me in their beliefs and values as long as we respect each other we can get along in any situation." The 6th student, Erica, attributed her patient care skills to her own life experiences and indicated the class had minimal benefits for her.

Interpretations in Context of the Review of Literature

Many of the concepts present in multicultural education and transcultural theories formed the basis for participants' conversations and perceptions about their Caring and Diversity classes. The interpretations of the findings are addressed in the context of (a) multicultural education theory, (b) transcultural nursing theory, and (c) experiential learning theory. The influence of gender on their perceptions is considered in these three theories as well.

Multicultural Education Theory

In much the same way that multicultural education theory, as researched and applied by Kelley and Fitzsimons (2000), Lindsey et al. (2003), Rendon and Hope (1996), and Tiedt and Tiedt (2002), examines cultural awareness in education, the participants demonstrated they understood the importance of self-examination. Self-awareness as a theme underscores the theoretical concepts included in the stages of cultural awareness developed by Lindsey et al. Although it was not the purpose of this research to assess the stages of cultural awareness of any given participant, these stages, as described by Lindsey et al., were evident as participants discussed their increased self-awareness resulting from class assignments and discussions. During the focus group and interviews, the participants' conversations focused on their increased awareness because they realized how much they didn't know and had been unprepared to make appropriate responses or decisions. They now possessed a higher comfort level and preparedness as a result of the Caring and Diversity course. They revealed discussions in class that probed "who I am" were the best and ultimate teaching tool (Brown & Kysilka, 2002), because those discussions explored their personal experiences that in turn helped define their

vision of who they were as nurses. Again, they became aware of how much they didn't know. During the focus group, Nathan expressed the concept that:

> I thought I knew a little bit about [cultural competence] and I had a general idea about it, but as we started going through it in depth, I just really discovered how much I didn't know and how much differences there actually can be.

He went on to add during the second interview:

> I think the awareness helps even if you don't know the hard facts, at least the awareness that there is [sic] going to be differences and the resources to find that or knowing how to go about asking in a non-offensive manner.

Hana stated that she was "even able to know my own culture better because of that class. I was learning that because of that culture [assignment] I knew how to assess my own culture." Most often this increased self-awareness was presented in the sense of being better prepared for their clinical assignments, but often they defined their self-awareness as "acquiring knowledge, skills, attitudes, and behaviors" to understand human beings and society as a whole (Galambos, 2003).

Their perceived increased self-awareness helped them not only recognize cultural differences but also understand the impacts of these differences—the cultural competence stage of cultural awareness, as defined by Lindsey et al. (2003). One of the participants, Hana, sought out diverse patient care assignments in efforts to increase her cultural proficiency. She wrote in her diary about one of her patient assignments:

> I went to the floor and chose two patients. . . . The nurse informed me that one of the patients that I chose is HIV positive and it is better that I choose another patient. I asked for the reason that why not take [sic] that patient and her response

> was that most of the people freak out when they find out the patient is HIV positive. I respond [sic] that I like to have him as my patient and so I did. . . . He was cooperative and understanding with his nursing care.

When we discussed this entry in her diary, she elaborated, "I had a good time taking care of him. He had many medications so it was a good experience—physically and emotionally." Hana concluded she increased her cultural competence by seeking out a patient who needed culturally sensitive care.

The participants' growth in their own awareness of their individual beliefs and values translated in understanding how those beliefs and values can their impact patient assessments.

Transcultural Nursing Theory

Once participants better understood "who I am," their ability to apply their own belief and values systems to their identities as nurses increased. Like multicultural education theory, discovering and maintaining awareness of one's own cultural biases is an essential component of transcultural nursing theory. In turn, the participants were better able to provide cultural competent care that demonstrated respect for individuals. The principles of Leininger's (1995) transcultural nursing theory (see Table 2.2 and Table 2.3) were applied to the course (see course syllabus, Appendix A) and were used to broadened the students' understanding of holistic care. During the meetings the participants demonstrated the value and importance of considering a patient's religion, beliefs, culture, socioeconomic status, etc. as an integral part of delivering culturally congruent care (Leininger) and maintained this knowledge was a direct result of class discussions and projects. Nathan underscored the class "gave you a chance to get into it

in greater depth and detail." Rebecca revealed the following in relation to her new clinical assignments: "I'm actually so grateful I've had this class, especially going into this [clinical assignment] now because this is a totally different ball of wax for me." Beginning with the focus group, Rebecca illustrated the importance of factors outside of the physical ailments of patients by stating:

> I thought it was great eye opener as a caregiver that even though two patients may have the same medical assessment, their actual care isn't going to be the same but the care is actually individualistic based on circumstances outside their physical assessment. . . . It really goes into holistic care.

Yvonne defined it as "learning about the whole spectrum as far as different religions, how they perceive death, dying, birth, all those things. That was definitely the coolest." Hana reiterated that same thought during her first interview, noting "the exercises to have access to all cultures, why it is important to know about other people, is it [your actions] going to offend them or not?" were important teaching techniques for her. Elizabeth demonstrated an understanding of Leininger's (1995) assessment model for cultural competent care in regard to cultural subgroups and stereotyping (Table 2.3) during her first interview when she maintained:

> Just because everyone might look White and say on their card [patient information card] that they are of a Christian religion does not mean that they are of the same culture and if [the nurse] had really explored it, they probably would have found what they wanted or who might have been different, and the care they wanted—they might want more privacy or less privacy.

Participants revealed a better understanding the importance nonphysical factors play in the overall care for patients.

During her interview, Elizabeth shared her struggle and ultimate success in defining caring as a concept and philosophy that she could incorporate in her identity as a nurse. Leininger (1995) also drew a distinction between "care" and "caring." Elizabeth recounted how she understood the care concept—a cultural way of helping people with compassion and respect. For her, respect for cultural diversity, was part of who she is and "wasn't necessarily the main part for me—it was the caring" and how did that apply to her nursing philosophy? The Caring and Diversity course challenged her to define caring. She had to "play with it in my head to understand." As she shared in her first interview, "what I really liked about that class was that I was able to come up with an individual definition and connect that with me." Her answer, which has become a part of who she is as a nurse and is applied to any patient assignment, is "caring equals growth." Elizabeth concluded that caring is growing in behaviors and actions that foster cultural competent care (Leininger). She "applies that idea of caring that I came up with and the diversity part on respecting people" all the time. Her respect for people is a component of Leininger's guidelines for patient assessment (Table 2.3). Elizabeth also exemplifies the premise proposed by Brown and Kysilka (2002) that learning is best accomplished when the learner connects with the curriculum. She connected personally with the caring philosophy assignment in the class.

As their self-awareness grew as a result of knowing "who I am" the participants articulated how their perspective on their role as nurses had begun to change. Respect for individuals became internalized and a part of their identities as caregivers. Their goals

parallel Leininger's (1995) components and the goal of cultural competent nursing care—assisting the nurse in providing care that does not compromise the patient's culture. The participants sought to maintain a holistic view of cultural congruent care, demonstrating another of Leininger's assessment guidelines (Table 2.3). Similarly, the goal of culturally congruent care, as defined by Andrews and Boyce (1999) and Canales and Bowers (2001), is to avoid the imposition of a nurse's own cultural biases or views in patient care. This goal was affirmed by Erica during the focus group as she shared:

> There's other things that come up in your care that if you don't understand where YOU stand and WHY you're there and why you have that opinion, then you can't step back and respect this other person's point of view.

Nathan illustrated his understanding there was a line between what *he* [italics added] thought the plan of care should be and the *patient's* [italics added] ideas during his first interview by stating, "You can't always assume that what's best for them or what you think is best for them is always what they want or what's best." As Rebecca explained, "You can't impose upon them your beliefs, there's a boundary as well."

The themes that emerged from the data analysis, self-awareness and respect for individuals, were two key components of the Caring and Diversity class. Activities and assignments as described in the course syllabus (Appendix A) were designed to "develop a personal and professional philosophy of caring" that "encompasses far more than the physical person." The course design focuses on the "physical, emotional, cultural, cognitive, socioeconomic, racial and spiritual needs [including] cultural and lifestyle variations and needs of special populations." Key words from the objectives are: examine, analyze, evaluate, apply, integrate, develop, and participate. The two themes

identified by the participants, self-awareness and respect for individuals, were not totally unexpected, given the rationale and objectives for the course. The course identified cultural competence as an anticipated outcome, but participants provided their own perspective on their experiences as a result of the class.

Experiential Learning Theory

Experiential learning theory (Kolb, 1984) links education, work, and development. As noted in chapter 2, this theory had particular application to this study of interpreting participants' experiences related to their transcultural nursing education and clinical experiences. The diaries, in addition to the focus group and interview conversations, served as a data collection method and allowed the participants to describe their interactions with their environment. Their diary entries (as outlined in the Diary Entry Guidelines, Appendix G) described interactions in clinical and work assignments during the 2-week period. Rendon and Hope (1996) proposed that opportunities must exist for students to interact with other cultures, and the clinical assignments offered participants opportunities to experience other cultures. As Sa (2002) noted, diaries provide a window through which the researcher can "observe" the participants in a natural setting. By writing about their assignments in their diaries they provided the window for observation in a restricted setting. In their diaries, all but one participant described techniques learned from the class that assisted them in providing better care for their patient in a clinical setting or communicating more effectively with others, thus underscoring the experiential learning concept that learning involves interactions between a person and their environment (Kolb). The examination of their feelings and the resulting increased self-awareness and respect for individuals evolved from processing

and creating new knowledge that stemmed from their personal knowledge interacting with the social knowledge of their nursing environment, as described by Kolb.

Experiential learning, like multicultural education theory (Lindsey et al., 2003; Rendon & Hope, 1996; Tiedt & Tiedt, 2002) and transcultural nursing theory (Andrews & Boyce, 1999; Campinha-Bacote, 1996; Leininger, 1995), posits that learning is a process and continuous (Kolb, 1984). The Caring and Diversity class contained objectives and expected outcomes, but the participants emphasized that they continue to apply knowledge gained from the class to their current situations. For these participants, learning by doing, combined with reflection (Priest & Gass, 1997, as cited in Quay, 2003) enhanced their learning experiences with transcultural nursing. Rebecca described her application to her clinical assignments this way:

> [My current assignment] is very different. There are very different socioeconomic levels. There seems to be different sects which I didn't realize within the Hispanics. We kind of tend to say they're all Hispanics but they're not. . . . It's been a huge learning curve for me . . . I'm getting a little better.

Parallels were drawn by the participants illustrating the crucial role introspection played in the development of their nursing philosophy. As Yvonne shared in the focus group and her first interview, "You have to review your own beliefs . . . because in a way you can't give care to other people unless you've thought about those things yourself." Nathan added, "Just have an understanding of yourself before you try and figure out what others are believing and why."

Finally, experiential learning is a holistic process of adapting to the world (Kolb, 1984). This holistic process of adapting to the world also shapes multicultural and

transcultural nursing theory. The melding or integration of the three principles theories, which guided this study, is evidenced by the participants. This integration was reiterated often by the students as they shared how their perceptions of patient care changed as a result of their course experiences and applications. The examination of patient needs beyond the physical condition was a key component or learning concept presented in the course. As demonstrated by Leininger's (1995) principles of culturally congruent care, the participants understood the incorporation of the patient's ethnicity, cultural and family beliefs, and socioeconomic factors, among others, are important considerations in shaping patient care plans focusing on holistic care, not just physical ailments. The Achenbach and Arthur (2002) study provided similar research that reinforced the participants' beliefs that personal experience with diverse cultures broadened their self-awareness and respect for individuals. They viewed direct interaction with cultures as beneficial to their ability to work with patients. Canales and Bowers (2001) contended that learning from and understanding "the other" from the other's perspective is crucial to cultural competence. Nathan reinforced both concepts by sharing the following:

> We actually had [student name] in our class and she grew up in Vietnam and . . . then they came over here so her English wasn't real good but she participated a lot in the group discussions, and it was interesting to hear her tell different views about how the American culture is very different from Vietnamese and I think that kind of sparked a lot of people to get interested. . . . I think she was a really invaluable tool in the class.

Nathan later stated that the Caring and Diversity class could be strengthened by "bringing the real world in and applying it to class." His statement exemplifies the integration of

these three theories—providing opportunity to experience and learn about cultures, applying that knowledge to transcultural nursing theory, and finally, applying that knowledge to real life experiences.

Influence of Gender on Perceptions

The gender of any given participant did not appear to influence perceptions of the transcultural nursing course or clinical education experiences. The review of literature that focused on gendered patterns of knowing (Belenky et al., 1986; Brady & Sherrod, 2003) provided me insight and guidance in conducting sessions. Gender, when discussed, was referenced in the context of patient care and the two main themes, self-awareness and respect for individuals, rather than how any of the participants approached their coursework. Like in the studies conducted by Bush (1976) and Perkins et al. (1993), all the participants stated they chose nursing for the same reason—to care for others. No apparent differences existed in the choice of nursing because of their gender.

Gender, for these participants, related to increased self-awareness that communication dynamics are present in conversations between males and females, particularly in patient care environments. Nathan touched on this topic during the second interview by responding that his Caring and Diversity class provided him the detailed interpersonal communication techniques he now uses with female patients. He acknowledged he does approach these situations differently. He "goes in there and states my case, talk [sic] to them, and kind of maintains a certain comfort level." His statement draws a parallel with Anthony's 2004 study, which found men often adopt a demeanor of "extra professionalism" as a coping mechanism to draw attention away from their gender (p. 124).

Summary

The perceptions of ASN students with respect to their transcultural nursing experiences in their college and clinical education experiences were collected and explored using a constructionist epistemology, which constructed and interpreted the meanings the participants attached to their perceptions. Four theories formed the basis for the review of literature. Of those theories, three were found to be useful and appropriate to interpret the meanings of their experiences: multicultural education theory, transcultural nursing theory, and experiential theory. The fourth theory, gender and gender patterned ways of knowing, was less well defined as a useful and supportive theory for examining what influence a participant's gender might have presented in their perceptions.

Participants affirmed their positive perceptions of the transcultural nursing class, Caring and Diversity. The activities, particularly class discussions, provided them avenues to examine "who I am" and apply that knowledge to the broader picture of holistic nursing care. Reflection on their individual values and beliefs resulted in increased self-awareness as related to culture and transcultural nursing principles. Respect for individuals became the cornerstone of their vision of holistic nursing care as they incorporated their awareness of the nonphysical aspects of care with the physical care of nursing. They articulated that this growth and cultural competence was shaped by their transcultural nursing class. Experiential learning concepts were evident throughout the course as participants kept applying experiences to class discussion and created new knowledge. They illustrated numerous applications of course content to patient care

situations, acknowledging they were better prepared to provide culturally competent holistic care to their patients.

The majority of the participants perceived their transcultural nursing class as beneficial and pivotal in their development and education as a nurse. Their perceptions represent achievement of the course objective: the most effective caregivers are those who not only seek to understand and care for others, but also make the attempt to understand themselves.

Suggestions for course design evolved from their perceptions of their class and clinical experiences. The recommendations offered and implications for future practice at the college are discussed in chapter 5.

CHAPTER 5
CONCLUSIONS AND RECOMMENDATIONS

The purpose of this research study was to interpret the perceptions of Associate of Science in Nursing (ASN) students related to their transcultural nursing experiences in their college and clinical education environments. This research sought to provide insight on how the student participants reflected upon and interpreted the course concepts. It also sought to interpret how the participants were applying this knowledge to their caregiving in their clinical education experiences. Finally, this study sought to explore the potential influence of gender in their perceptions. A better understanding of their perceptions could prove beneficial to faculty teaching transcultural nursing courses and educators in general.

The themes, self-awareness and respect for individuals, emerged from the data analysis and were used to construct the meanings of the participants' perceptions, as chapter 4 detailed. There were other strands evident in the data gathered from the participants' perceptions. The thematic coding did not demonstrate the same degree of prevalence for these strands and therefore did not justify inclusion as dominant themes. These other strands evolved in response to one of the second interview questions (Appendix F): "If you were given the opportunity to create a course to prepare future nursing students to provide care for the diverse population groups they will be working with, what might that course look like?" Further exploration of their following suggestions for course design is warranted: (a) integration of the Caring and Diversity course with other coursework, (b) additional topics, and (c) curriculum sequencing. Their responses serve as a starting point to explore future research studies related to

transcultural nursing experiences. Their responses also provide guidance on further development of programs that foster cultural competent education, as recommended by Canales and Bowers (2001).

Recommendations for Future Transcultural Nursing Course Design

The Caring and Diversity course has been part of the college's nursing curriculum since 1996. The course is evaluated by students at the end of each semester for effectiveness of course objectives and teaching strategies. These evaluations do not seek to interpret the perceptions students have of the course, which provided the rationale for this research study. Question 7 (Appendix F) in the second interview gave participants an opportunity to describe how they might "create a course to prepare future nursing students to provide care for the diverse population groups." Their course design ideas are shared in the context of (a) integration and application, (b) future topics for inclusion in course design, and (c) course sequencing.

Overall Course Design

The 6 participants offered many suggestions when asked about designing or changing the Caring and Diversity course, but in general, the class design and organization were viewed positively by the group. Class discussion and introspection appeared to be the keys to the effectiveness of the course. Self-awareness and respect for individuals developed and/or increased in classes that focused on discussion and small group activities. They shared that their self-reflection and introspection often took place as a result of these discussions and that introspection was instrumental in their increased levels of self-awareness and respect for individuals. Elizabeth commented that the course "is challenging but it makes you think." Rebecca said, "It seemed like every week there

was . . . something that helped you analyze yourself." They both emphasized the need for increasing small group discussion and activities that focused on analyzing beliefs and attitudes because, as Elizabeth stated, "People are a whole lot less shy when they're with 3 or 4 people instead of a classroom of 25. I thought the small groups were good." Yvonne expressed disappointment with the lack of discussion in her class. "I think if we were to have more discussions in our class—it was a quiet class—we could have gotten a lot more into that." As noted in chapter 4, self-examination of the individual in relation to his/her environment is seen as fundamental in developing cultural awareness (Lindsey et al., 2003; Tiedt & Tiedt, 2002) as well as a key component of experiential learning theory (Kolb, 1984).

Integration and Application

The class appeared to be most effective when it was linked to concepts presented in their nursing classes. That linkage, however, did not appear to be intentionally created by nursing faculty, but rather it existed via the Caring and Diversity class. Hana observed, "In nursing class we just talked about . . . ..subjects. But in Caring and Diversity we knew what we were talking about because we had heard the subject before but it was more in depth, more in detail." The participants suggested there could be more integration between the class, nursing concepts, and practice. This integration of multicultural curriculum into existing content is challenging, according to Kelley and Fitzsimons (2000), but Yvonne maintained increased integration "would be kind of neat because Caring and Diversity seems so abstract and the nursing is more concrete so maybe putting them together would make it a little more applicable." Two students, Nathan and Elizabeth, articulated the recommendation of Leininger (1995) and Tiedt and

Tiedt (2002) that transcultural nursing concepts be integrated into curriculum content rather than isolated by ethnic groups. Nathan shared his opinion that the "Caring and Diversity reinforces what you've heard [in nursing classes] and goes farther in depth with it and takes it into the next level." He went on to say it would be beneficial to have "more of a chance to practice, come back to class, apply it. I think [the application] would be a much better learning tool." Elizabeth sees an "advantage when your classes connect together and you can see the big picture of everything you're doing. I think that's always an advantage because I think that that should be the goal of education . . . to be able to make connections."

However, they strongly supported keeping Caring and Diversity as a separate course rather than incorporating it into the nursing curriculum. The participants echoed Leininger's (1995) concerns that adding the concepts of cultural competence into their nursing classes would overload already "crowded" nursing course content. Rebecca shared her opinion that combining the content from her Caring and Diversity class with her nursing classes would have "overwhelmed [her] in general" and stated the separate class "was so much better because it gave you a deeper perspective." Nathan expanded on that idea by stating:

> Personally I think it's a lot better to have a separate Caring and Diversity class where you have a whole semester to focus on it . . . instead of trying to fit it in. I liked how it was just one class and that's all you have to focus on and get time to learn it, memorize a few things and just understand it really well.

He added it was beneficial to have a "whole class devoted to . . . religions and stuff . . . and you're going to be seeing a lot of it on the floors of the hospital."

Future Topics for Inclusion in Course Design

The topics participants would like to see introduced in the class were identified as: (a) pain control issues based on cultural beliefs; (b) a greater emphasis on teaching techniques related to patient care instructions and discharge care; (c) communication techniques focusing on pediatric care, mental health, and well being (not just mental illness); and (d) more direct contact with representatives from different cultures—either through class or clinical education assignments. Yvonne replied she would like to have more emphasis on "the pain control. Because pain is obviously a big thing—people are in the hospital. . . . The pain thing was a big issue. It is very helpful to figure out what different ethnic groups prefer." Elizabeth underscored the need to understand "the different teaching needs for people of different cultures" in efforts to "find some better ways to teach people because so many people are doing all their own care at home." For her, "culturally competent care" is more than "giving [people from other cultures] a sheet of paper, how to take your meds, take this to the pharmacy." Rebecca found working with children in the hospital challenging because much of the Caring and Diversity class is really more geared more towards adults:

> When you get into caring for little people who are sick and who have these issues and they have the same thing, but when you're caring for a little person there's so many more things you have to take into consideration, they're more sensitive, they're more afraid. I just wish maybe one class period or they had brought a speaker in to really prepare you for dealing with caring for a little person.

Elizabeth acknowledged that because of her personal interest in mental health more emphasis on mental health and mental wellness "would be something that would be

good to do earlier on. I think that's really a big part of our population and you see a lot of people in the hospitals." She recounted her experience going to one of the local homeless shelters and stated, "I think that was a great experience for me." She contends mental health "would be good to include for culturally competent care because I think [mental health wellness is] really important to remember when you're taking care of people."

One of the participants, Nathan, related, "We didn't have any outside speakers come in . . . I think that would be [good]—yes, bring in different people to talk." He went on to suggest the class could be strengthened by "bringing the real world in and applying it to class" by increasing the use of culturally diverse presenters in the class, supporting Rendon and Hope's (1996) statement that the student's cultural experiences can become part of instructional methods. Nathan explained:

> I think [the student from his class] was a really invaluable tool in the classroom. Because even in the way she related in things that [the professor] would teach about in class—the rest of us would just kind of seem to understand it and she would have questions about it—I think it just kind of helps you understand how much more there is.

The use of community involvement is also a method evident in transcultural nursing education (Like et al., 1996). Yvonne related particularly to the spirituality part of the class and would encourage more emphasis "on the cultural stuff . . . because I haven't seen a lot of other cultures so far or different religious things going on . . . like healers or shamans" and that would be helpful. Erica expressed her view that the class and her clinical assignments "really didn't help" because "98% of the people that I have taken care of [in clinical assignments] are White people from generally the same

background as me." Leininger (1995) and Rendon and Hope (1996) posited that immersion in other cultural experiences is a necessary component of the cultural awareness process, and the participants identified a greater need for those experiences.

According to these participants, including more content in the areas of pain control related to cultural norms, teaching related to patient care, pediatric communication techniques, mental health and wellness, and finally, more direct interactions with various cultures would be beneficial additions to the Caring and Diversity course.

Course Sequencing

The sequencing of the Caring and Diversity course in the curriculum was a topic that evolved out of interview conversations. These participants were allowed to take the course when it best fit their schedules. All participants took the course prior to their third semester nursing course. Five participants (Erica, Elizabeth, Yvonne, Rebecca, and Hana) supported Canales and Bowers (2001) premise by stating the course should be earlier, not later, in the curriculum. It serves as a foundational, companion, and important application course to the more scientific-based nursing courses. This group also felt it was important to be introduced to the concepts of transcultural nursing, as taught in the class, prior to beginning the more intense nursing specialty rotations (pediatrics, obstetrics, and mental health). Nathan recommended it be placed with the fourth semester nursing specialty rotations from an application perspective.

The participants emphasized the course helped increase their self-awareness and respect for individuals. In addition to supporting the existing design of the course, they offered suggestions for additional topics they deemed beneficial in their cultural

competence education. These additional topics, as defined above, may warrant further study in efforts to continue to improve course effectiveness.

Limitations of the Study

Direct observation of the participants in their clinical educational environment was not feasible due to privacy issues.

While students from other programs at the college take the transcultural nursing course, only nursing students who had taken the course participated in the study.

The review of literature provided insight on the development of the nursing profession that is dominated by females. These six participants are enrolled in a health care career institution that is highly gendered and dominated by female nursing faculty. This research sought to explore gender perceptions on an individual basis, not an organizational basis. In addition, based on data generated by the participants' perceptions, the transcultural nursing course appeared to focus on the more cultural aspects related to gender. The course, based on their perceptions, did not devote attention to the gendered aspects of nursing care and the dominance of women in the field. Their perceptions and the findings were viewed only through the cultural and transcultural lenses. Additional knowledge or insight may have been gained by viewing those perceptions through a structural organizational lens.

Implications and Recommendations for Future Study

The participants' suggestions offered have implications for future study. These additional implications that warrant further research are: (a) continued exploration of potential gender influence present in transcultural nursing education and (b) exploration of perceptions of students enrolled in other health care career programs.

Implications

Gender Influence

Part of the focus of this study was exploring what influence, if any, participants' gender had in their perceptions. The data analysis was inconclusive and did not provide for an adequate understanding of the influence of gender. The main focus of gender, as evidenced by their conversations, related to communication skills associated with patient care, not in relation to the course itself. Nathan, as the only male, indicated he definitely approaches female patients differently and understands the need to "state my case, talk to them, and kind of maintain a certain comfort level." Erica concurred during her first interview when she stated, "There's different ways that you're going to interact with a woman versus a man. . . ." Perceptions of the course, based on this research study, were not influenced by a participant's gender.

The composition of the research participant pool was representative of the college's enrollment by gender, but a future study could be strengthened by selecting only male participants or separate groups of male and female participants responding to identical questions. A different approach might involve direct observation of students actively enrolled in the Caring and Diversity course to explore if a participant's perceptions of the class are influenced by gender. Further study, given the historical stereotype of the female nurse and the continued growth of cultural diversity, would be justified to determine what influence a participant's gender presents in perceptions related to the course.

This study did not seek to identify what influence, if any, a participant's ethnicity presented in perceptions. The composition of the participant group was 100% White,

whereas the minority enrollment at the college is 8%. Designing a research study focusing on perceptions of ethnicities, other than White, may provide valuable insight on those individuals' perceptions of the Caring and Diversity class.

Non-nursing Health Care Career Programs

The college has determined this transcultural nursing course, Caring and Diversity, to be an essential component of its educational curriculum for all associate and baccalaureate degree programs. This study focused on one small group of 6 nursing students. As the review of literature demonstrated, transcultural nursing theory was developed by Leininger (1995) for nurses to use to provide culturally competent care. How this class is perceived and/or applied by other health care students in non-nursing programs such as the radiologic technology, diagnostic ultrasound, or physical therapy programs has not been studied. Further exploration of those students' perceptions of the class in relation to their clinical experiences could be beneficial to future curriculum designs in these educational programs.

Recommendations

Exploring the perceptions of a small group of ASN students with respect to their transcultural nursing experiences in their college and clinical educational experiences affirms the emphasis the college places on the course. It was perceived by 5 participants as very beneficial and influential in his/her continued development as a nurse who endeavors to provide cultural competent patient care. Even the one participant who did not apply the course content as consistently as the others stated the course did serve to remind her of her own 'behavior and why you interact." Four recommendations are offered as a result of this research study.

1. Provide earlier and more intentional opportunities to interact with diverse cultures, whether that takes place in the class itself or in clinical education. The primary focus of the transcultural nursing course at the institution is focused on cultural competence in patient care but participants acknowledged the connection of cultural awareness to their daily life. The composition of the college student body is fairly homogenous, with 92% of the students identified as White, non-Hispanic and there is minimal opportunity for students to encounter cultural diversity on the campus. As the participants stated, learning about various cultures directly from representatives of a particular culture was a very effective learning strategy. The institution should increase opportunities for student interaction with other cultures, particularly in the classroom setting where discussion takes place. In their clinical education, most of the patients assigned to students were older Caucasians who presented minimal differences in cultural care needs beyond communication needs. Cultural awareness, transcultural nursing, and experiential learning theories emphasize that the development of individuals involves interactions between individuals and their environment (Achenbach & Arthur, 2002; Kolb, 1984; Leininger, 1995; Lindsey et al., 2003; Tiedt & Tiedt, 2002). Providing increased opportunities for those interactions to take place can enhance learning development. Based on the research conducted, the interactions in both the classroom and clinical environments can be enhanced in a variety of ways. Nurses or physicians of different ethnicities can be engaged as presenters and/or moderators for class discussions. The institution should seek out qualified nursing professionals of

diverse backgrounds to serve as clinical instructors. The addition of role playing as a teaching strategy, whether by students or actors to simulate culturally sensitive patient care situations, may provide the 'real life application' students stated could enhance the course. Their inclusion would further the "real world" application the participants favored and recommended.

2. Conduct a study on perceptions of the course and its application to clinical experiences by participants who are more representative of the college's student body including more males, students of different ethnicities, religions, nationalities, or economic/life situations. As noted by one of the participants, the contributions of a fellow classmate from Vietnam provided a valuable perspective in his class. Another participant reflected on her own growth, as well as the opportunity to share her knowledge with her classmates, as a result of a presentation to the class on her own Jewish faith. The understanding gained from a study focusing on a broader base of perceptions in addition to those in this study did may provide valuable guidance on future curriculum design.
3. Conduct a study on the perceptions of students enrolled in other health care education programs at the college to determine if the transcultural nursing class adds value to their experiences. These students will also encounter diversity in their patient care experiences, but their experiences are generally different from those of nurses who have the responsibility of bedside care. These students' interactions with patients are often focused on testing and/or procedures, which are often brief and more diagnostic in nature rather than the extended patient

care nurses generally provide. However, cultural differences can also be present in these procedures. The application of cultural theory concepts to develop cultural awareness may be more beneficial to this group than transcultural nursing concepts and warrants study.

4. Create more opportunities for students to draw direct parallels between their transcultural nursing class and their nursing classes. The current curriculum places the transcultural nursing course as a co-requisite with the fourth semester nursing course. A potential benefit of this change may enable a more conscious integration of the two courses. Participants made observations that concepts introduced in their nursing courses were often elaborated upon in the Caring and Diversity course but felt opportunities existed for the application to be more intentional and reciprocal in nature. Cultural and transcultural nursing theories (Brown & Kysilka, 2002; Leininger, 1995; Lindsey et al., 2003) posit that cultural awareness and competence are on-going processes. The college can foster and enhance the cultural awareness process by providing more specific integration of cultural application strategies to the nursing curricula and/or by adding additional courses throughout the curricula that continue to foster cultural competence and proficiency (Campinha-Bacote, 1996); Tiedt & Tiedt, 2002).

Summary

The 6 participants provided valuable time and insights in the exploration of their perceptions on their transcultural nursing class, Caring and Diversity. During the course of their conversations, it became clear that the discussions in class that probed "who I

am" were the best and ultimate teaching tool (Brown & Kysilka, 2002), because those discussions drew on the participants' personal experiences to construct meaning that was tied back to their vision of who they were as a nurse. Most often this increased self-awareness was presented in the sense of being better prepared for their clinical assignments but often they defined their self-awareness by "acquiring knowledge, skills, attitudes, and behaviors" to understand human beings and society as a whole (Galambos, 2003).

During the meetings the participants demonstrated the value and importance of considering a patient's religion, beliefs, culture, and socio-economic status, among other factors, as an integral part of an individual's cultural competent nursing care and maintained this knowledge was a direct result of class discussions and projects. Respect for individuals was illustrated as the participants revealed a better understanding of the important role nonphysical assessment plays in their clinical patient care. The majority of the participants perceived their transcultural nursing class as beneficial and pivotal in their development and education as nurses. The respect for individuals was an outward application of cultural competent care as a result of their own increased self-awareness. Their perceptions of their Caring and Diversity class, in both their classroom and clinical experiences, represent realization of the course objective: the most effective caregivers are those who not only seek to understand and care for others, but also make the attempt to understand themselves.

CHAPTER 6
REFLECTION

Like the participants in my study, my own self-reflection during the dissertation process increased my self-awareness on research techniques and application. I certainly have a new appreciation of and respect for individuals who make research part of their life's work. Like my participants, I kept a diary once I entered the "active phase" of my research. This diary was my escape where I entered the "good, the bad, and the ugly" of my dissertation journey. At the beginning it was mostly ugly—where do I begin, how do I transform or apply all the course information from the last four years that led up to this dissertation? My self-doubts and frustrations over various dissertation components represented the bad part of my journey. I struggled (and still do) with theories and methodology and how to express in scholarly and qualitative research language what I intend to do. (I hope I have succeeded—at least at a novice level.) My natural operational mode of "get it done" often got derailed by my participants' schedules, but I learned that's okay and used the time for less interactive parts of the dissertation process (listening to the audio tapes, analyzing the transcripts again, proofreading to hone my writing, re-examining my review of literature for additional insights, etc.). The good part of my journey was applying my knowledge from my classes to make my data meaningful! My experience paralleled my participants' assertions that the application of the concepts learned in their Caring and Diversity classes positively influenced their understanding of holistic patient care.

I was so impressed with and grateful for the attention my participants gave to my study. The students in our nursing program balance extremely heavy class and clinical

schedules and carving out additional hours for meetings as well as taking the time to review the summaries I sent them as part of my member checking were no small endeavors. The logistics involved in working around their six schedules proved to be worth the effort. My own preparation for the interviews, based on previous courses and my review of literature, paid off by using their time wisely. They came prepared to sessions, gave insightful responses to questions, and were engaged in the process. When I first reviewed their diaries, I was rather disappointed. I didn't think they generated much new data but as themes were developed and linked back to the research questions, the application of the course content was evident in their diary entries, and they did provide valuable data, despite my first responses to them.

I did find the final stages of the dissertation to be a lonely process. As a "people person" I draw strength from others and my interactions with them. Even though I had read numerous times that the analysis phase of research could be daunting the actual analysis and interpretation phases of my data were sometimes overwhelming. As a visual learner who must see things in print, my color coding of text from the printed transcripts and diaries certainly helped me identify the emerging and dominant themes that were present in all my participants' words. My transcripts were a rainbow of colors and I even continued the color coding in my actual writing in efforts to help better organize all my data and interpretations. One piece of advice I would give other novice researchers is to identify the methodology and data analysis techniques that work best early in the process. The many discussions and readings on methodology were applied and methodology was no longer viewed in the abstract—it guided my research. Novice researchers can also benefit from collaborating with a methodologist.

I grew to understand the importance of peer debriefing, not only to the entire research process, but for my own motivation. As an off-campus student, once my classes were over, I felt isolated and missed the interaction and feedback generated through class discussions. Peer debriefing provided that much-needed interaction when I was in the actual draft writing phase. In addition, my external auditor, a director of a radiologic technology education program, provided me with motivation as she gave me feedback that the drafts of my chapters were enlightening and she was particularly interested in the application of my research to her program. I understood the concepts of credibility and transferability of data analysis in "real life" rather than abstract terms.

I know my research findings (as often discussed in classes) won't change the world, but my research did provide understanding to the meanings this small group of individuals associated with a particular lived experience. As a result of my research, I learned so much about one of my college's own courses and its role in our nursing curriculum. I believe my institution can benefit from my efforts. Faculty members currently teaching the Caring and Diversity course have expressed interest in my research and its findings. Their interest affirmed that my research was useful and could provide value to our educational programs. The recommendations in this study will be shared with our nursing and liberal arts deans for their consideration in future course design and curriculum sequencing for the Caring and Diversity course. In addition, I have applied my knowledge of qualitative research methods to additional initiatives at my institution. One of my earlier research assignments encouraged my institution to examine our services for students with limited English skills and embark on an initiative to provide additional services in efforts to help them succeed.

My doctoral journey has given me a new confidence and comfort in my administrative role. Individuals choosing student services as their career can find it challenging to convey the importance of student services to the overall success of a student's education. I believe I am a more effective advocate for our students as a result of my participation in the Educational Leadership and Policy Studies program. All the reading and writing assignments certainly contributed to my confidence, but the most important component for me was the networking with other higher education professionals and our class discussions.

I believe my institution can benefit from my doctoral experience in other ways. My research also opened up new ideas or areas I would like to explore. My best "aha" moment came at a local restaurant over dinner while I was subjecting my poor husband to my research findings and how there were other areas that I thought could be examined. It hit me this was like Rebecca's "aha" moment when she put the concepts from the Caring and Diversity class together with the physical needs of patient care and understood that their combination is what "provides integrated and holistic care." For me the moment signified understanding that I had identified new or additional ideas to explore as a result of my *own* current research. It brought back the concept from various classes that qualitative research is never done—it is a process that leads to further exploration. My learning and understanding of the dissertation process were evident in the same principles explicated in cultural, transcultural, and experiential learning theory—my own self-examination and increased awareness of different experiences in the research process led to understanding that experience and, in turn, applying that understanding to new research opportunities.

Finally, this self-reflection, the final component of my dissertation experience, allowed me to draw parallels between my participants' experiences and my own. Questioning my ideas, themes, and findings in the context of my review of literature reinforced my interest in my topic, *An Exploration of Perceptions of Associate of Science in Nursing Students Related to Transcultural Nursing Experiences,* and validated the time devoted to my research study. I had not anticipated how closely the themes presented in their perceptions, self-awareness and respect for individuals, would mirror my own interests and beliefs but yet this is not surprising after all. All my life I have cultivated an appreciation and awareness of cultures, and I strive daily to display respect for individuals.

REFERENCES

Achenbach, K., & Arthur, N. (2002). Experiential learning: Bridging theory to practice in multicultural counseling. *Guidance & Counseling, 17*(2), 39-46. Retrieved January 17, 2008, from http://web/ebscohost.com/ehost/delivery?vid=18 &hid=4&sid=926cb096-6c0f-45f9

Alaszewski, A. (2006). *Using diaries for social research.* Thousand Oaks, CA: Sage.

Andrews, M., & Boyce, J. (1999). *Transcultural concepts in nursing care* (3rd ed.) Philadelphia: Lippincott.

Anthony, A. (2004). Gender bias and discrimination in nursing education: Can we change it? *Nurse Educator, 29*(3), 121-125.

Barbour, R., & Schostak, J. (2005). Interviewing and focus groups. In B. Somekh & C. Levin (Eds.), *Research methods in the social sciences* (pp. 41-47). London: Sage.

Belenky, M., Clinchy, B., Goldberger, N., & Tarule, J. (1986). *Women's ways of knowing.* New York: Basic Books.

Bolger, N., Davis, A., & Rafael, E. (2003). Diary methods: Capturing life as it is lived. *Annual review of psychology, 54*, 579-616.

Brady, M., & Sherrod, D. (2003). Retaining men in nursing: Programs designed for women. *Journal of Nursing Education, 42*(4), 159-162.

Brown, S., & Kysilka, M. (2002). *Applying multicultural and global concepts in the classroom and beyond.* Boston: Allyn & Bacon.

Bush, P. (1976). The male nurse: A challenge to traditional role identities. *Nursing Forum, 15*(4), 390-405.

Campinha-Bacote, J. (1996). The challenge of cultural diversity for nurse educators. *The Journal of Continuing Education in Nursing, 27*(2), 59-64.

Canales, M., & Bowers, B. (2001). Expanding conceptualizations of culturally competent care. *Journal of Advanced Nursing, 36*(1), 102-111.

Candela, L, Cyrkiel, D., Kowalski, S., & Warner, D. (2004). Meeting the at-risk challenge: Empowering nursing students through mentoring. *International Journal of Nursing Education Scholarship, 1*(1), 1-13.

Corti, L. (1993). Using diaries in social research. *Social Research Update,* Issue 2. Retrieved March 18, 2007, from http://sru.soc.sirreu.ac.uk/SRU2.html

Côté-Arsenault, D., & Morrison-Beedy. (2005). Focus on research methods: Maintaining your focus in focus groups: Avoiding common mistakes. *Research in Nursing & Health, 28,* 172-79.

Creswell, J. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Crotty, M. (2003). *The foundations of social research: Meaning and perspective in the research process*. Thousand Oaks, CA: Sage.

Cross, T., Bazron, F., Dennis, K., & Issacs, M. (1989). *Towards a culturally competent system of care.* Washington, DC: Georgetown University Child Development Center.

Elwood, S., & Martin, D. (2000). "Placing" interviews: Location and scales of power in qualitative research. *Professional Geographer, (52)*4, 649-657.

Esterberg, K. (2002). *Qualitative methods in social research.* Boston: McGraw-Hill.

Evans, J. (2004). Nursing and healthcare managements and policy: Men nurses: A historical and feminist perspective. *Journal of Advanced Nursing, 47*(3), 321-328.

Galambos, C. (2003). Moving cultural diversity toward cultural competence in health care. *Health and Social Work, 28*(1), 3-6.

Griffee, D. (2005). Research tips: Interview data collection. *Journal of Developmental Education (28)*3, 36-37.

Hyers, L., Swim, J., & Mallett, R. (2006). The personal is political: Using daily diaries to examine everyday prejudice-related experiences. In S. N. Hesse-Biber & P. L. Leavy (Eds.), *Emergent methods in social research* (pp. 313-225). Thousand Oaks, CA: Sage.

Kalish, P., & Kalish, B. (1995). *The advance of American nursing* (3rd ed.). Philadelphia: Lippincott.

Krathwohl, S. (1998). *Methods of educational & social science research: An integrated approach* (2nd ed.). New York: Waveland.

Kelley, M., & Fitzsimons, V. (2000). *Understanding cultural diversity, culture, curriculum and community in nursing.* Sudbury, MA: Jones & Bartlett.

Kemp, C., & Bhungalia, S. (2002). Culture and the end of life: A review of major world religions. *Journal of Hospice and Palliative Nursing, 4*(4), 235-242.

Kolb, D. (1984). *Experiential learning: Experience as the source of learning and development.* Englewood Cliffs, NJ: Prentice-Hall.

Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing.* Thousand Oaks, CA: Sage.

Leininger, M. (1995). *Transcultural nursing: Concepts, theories, research and approaches* (2nd ed.). New York: McGraw Hill.

Like, R., Steiner, R., & Rubel, A. (1996). Recommended core curriculum guidelines in culturally sensitive and competent health care. *Family Medicine, 28*(4), 291-297.

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry* (3rd ed.). Beverly Hills, CA: Sage.

Lindsey, R., Robins, K., & Terrell, R. (2003). *Cultural proficiency: A manual for school leaders* (2nd ed.). Thousand Oaks, CA: Corwin Press.

Maxwell, J. (2005). *Qualitative research design: An interactive approach* (2nd ed.). Thousand Oaks, CA: Sage.

Meadus, R. (2000). Men in nursing: Barriers to recruitment. *Nursing Forum, 35*(3), 5-12.

Merriam, S. B. (2002). *Qualitative research in practice: Examples for discussion and analysis.* San Francisco: Jossey-Bass.

Mishler, E. (1986). *Research interviewing: Context and narrative.* Cambridge, MA: Harvard University Press.

O'Lynn, C. (2004). Gender-based barriers for male students in nursing education programs: Prevalence and perceived importance. *Journal of Nursing Education, 43*(5), 229-236.

Perkins, J., Bennett, D., & Dorman, R. (1993). Why men choose nursing. *Nursing and Health Care, 14*(1), 34-38.

Pope-Davis, D., Eliason, M., & Ottavi, T., (1994). Are nursing students multiculturally competent? An exploratory investigation. *Journal of Nursing Education, 33*(1), 31-33.

Prasad, P. (2005). *Crafting qualitative research: Working in the postpositivist traditions.* Armonk, NY: M.E. Sharpe.

Price, B. (2002). Laddered questions and qualitative data research interviews. *Journal of Advanced Nursing 37*(3), 273-81.

Quay, J. (2003). Experience and participation: Relating theories of learning. *The Journal of Experiential Education 26*(2), 105-116.

Rendon, L., & Hope, R. (1996). *Educating a new majority: Transforming America's educational system for diversity.* San Francisco: Jossey Bass.

Rhoades, S. (2007). *An assessment of cultural competence curriculum by Associate/Bachelor of Science in nursing students.* Unpublished capstone project, Iowa State University, Ames.

Roorda, L. (1993). Knowledge and attitudes of nurses toward culturally different patients: Implications for nursing education. *Journal of Nursing Education, 32*(5), 209-213.

Rosenjack Burchum, J. (2002). Cultural competence: An evolutionary perspective. *Nursing Forum, 37*(4), 5-15.

Sa, J. (2002). Diary writing: An interpretative research method of teaching and learning. *Educational research and evaluation: An international journal on theory and practice, (8)*2, 149-68.

Shuh, E. (2004). The model of cultural competence through an evolutionary concept analysis. *Journal of Transcultural Nursing, 15*(2), 93-102.

The Sullivan Commission Report. (2004). *Missing persons: Minorities in health professions*. Washington, DC: Author.

Tiedt, P., & Tiedt. I. (2002). *Multicultural teaching: A handbook of activities, information and resources* (6th ed.). Boston: Allyn & Bacon.

Weise, E. (2006, July 20). Language barriers plague hospitals. *USA Today,* p. 1A.

APPENDIX A
PHI 104 CARING AND DIVERSITY COURSE SYLLABUS

Philosophy of Caring - Phil 104
Syllabus, Fall, 2006
Mercy College of Health Sciences

Course Professor:
Phone: (w) please leave a voicemail if I'm not available when you call
Office: West-side of 2nd floor, Building 1
Office Hours: Posted on Blackboard Course site and by Office
E-mail:

Course Description: This required course examines both personal and professional aspects of caregiving, including the professional's need to understand care of self as well as the care of patients. In addition, caregiving for diverse populations, including those with cultural, racial, socioeconomic, religious, and lifestyle variations, will be addressed. Students will be encouraged to recognize, understand, and adapt caregiving for vulnerable, as well as culturally diverse, populations. The holistic care of self and others is developed for focused content areas including suffering, hope, healing, faith, and death and dying.

Rationale: To be a health care professional means caring for others, and that care encompasses far more than the physical person. This course is designed to see the whole picture, which includes the physical, emotional, cultural, cognitive, socioeconomic, racial, and spiritual needs of those for whom you care. Cultural and lifestyle variations and needs of special population groups will be included. But the caring doesn't begin or end there. The most effective caregivers are those who not only seek to understand and care for others, but also make the attempt to understand themselves. That self-care: your physical, emotional, cultural, and spiritual priorities - will be seen as the foundation and preparation for how to effectively care for others.

Objectives: By the end of the course you should:

1. Identify major theories, authors, and historical information related to the concepts of caring and cultural diversity.
2. Comprehend basic terminology and concepts related to caring and cultural diversity.
3. Examine the socio-cultural, racial, and ethnic needs of diverse population groups.
4. Analyze feelings, assumptions, prejudices, and biases toward culturally diverse populations.
5. Evaluate the role of the caregiver in caring for someone from a different culture or vulnerable population group.
6. Apply critical thinking and writing skills to course content.
7. Apply information from other fields to the concepts of caring and cultural diversity.
8. Integrate knowledge of cultural variation and caring concepts into professional practice.
9. Discuss strategies to minimize cultural and caring barriers for diverse population groups.
10. Develop a personal and professional philosophy of caring that reflects a priority of personal commitment to self-care and caring for others as a health care professional.

11. Participate in personal reflection through journaling, individual, and group assignments to expand self-awareness of the impact of the course content on self.
12. Participate in an in-depth interview project on the topic of suffering.

Text/Course Packet:

Course Packet: There is no course packet to purchase for this course. All course documents (syllabus, calendar, assignment guidelines, journal articles, and powerpoint presentations) are posted in the Course Essentials or Course Content areas on Blackboard. A copy of the course syllabus and calendar will be distributed the first day of class, all other printing expenses are incurred by the students.

Required Texts & Journal Articles: **Refer to the course calendar for due dates for assigned readings:**

Munoz, C. & Luckmann, J.. (2005). *Transcultural Communication in Nursing (2nd ed.)*. Clifton Park, N.Y.: Delmar.

Sherbun, M.A. (2006). *Caring for the caregiver: Eight truths to prolong your career.* Boston, MA: Jones & Bartlett.

Required journal articles – All required and recommended journal articles are included in the "Electronic Reserves Journal Articles" folder located in the Course Content section of Blackboard. The reading schedule is included in the course calendar for each class session.

The student is responsible for the information from the assigned readings for class discussion, assignments, and exams. This content may not always be discussed in class, but you are responsible for the content of these assigned readings. Unannounced quizzes will be given based on selected required readings.

Recommended text (optional):

Galanti, G. (2004). *Caring for patients from different cultures (3rd ed.)*. Philadelphia: University of Pennsylvania Press.

Mayeroff, M. (1971). *On Caring*. N.Y.: Harper-Perennial.

The course is web-assisted and utilizes a Blackboard web-site for posting course information, course documents, and selected course assignments. Students will be given log-in and password information and orientation during the first class session. To access the Blackboard course site go to http://www.coursesites.blackboard.com or access the "distance education" toolbar on the college web page at http://www.mchs.edu . Log-in with your user number (your student e-mail address which includes your first initial, last name and your 2 digit number) and then insert your password, which is "mchs." After you have successfully logged into the course, it is essential that you change your password to protect your privacy since your individual grades will be posted here.

Class Sessions: Class sessions will include seminar/lecture/discussion/small group formats. There will be occasional videos and guest speakers.

Course Policies:

1. Attendance - Attendance is critical. You are a vital resource for this class that relies on extensive class participation from each student. More than two absences or tardies will affect your final grade. Students who miss more than three times will result in my requesting you withdraw from the course. Each absence after the drop date will result in a 10% reduction in your final grade. It is a courtesy to notify your professor regarding any tardiness or absence. Refer to the Attendance Policy, p. 21 of the Student Handbook for further details for college attendance policies.
2. All assignments must show evidence of college level grammar, spelling, and a professional appearance.
3. Classroom Conduct: Arrive on time. Cell phones must be turned off completely during class, unless you obtain permission from the faculty. Considerate and respectful class conduct is expected during class sessions. Small group participation and projects are a requirement of this course. Failure to demonstrate appropriate class conduct and to actively participate in class and group activities will be noted by the professor and applicable project points will be deducted. Refer to the "Professional and Ethical Conduct Policy" in the Student Handbook, pp. 19-20 for further information on class conduct guidelines for this course.
4. Rewrite of major paper: You may choose to rewrite the major paper with documentation of an appointment with the composition tutor. A deadline will be given. The paper may be used for the college writing competency requirement with a passing rubric.
5. Academic Integrity: Plagiarism of any material is a serious offense and will result in failure of this course. Please consult your Student handbook or talk with me about any questions you may have about what constitutes, how to avoid, or the consequences of plagiarism.

Course Assignments/Exams/Quizzes: The requirements for this course include:

Tests & Quizzes:

Unscheduled quizzes (over required readings)……..20 points
Midterm (30 pts)& final exam (50 pts)…….. 80 points

Projects:

Suffering Interview Project

Written summary…….. 40 points
Oral presentation…….. ..10 points

Caring Philosophy Paper ……50 points

Group Project & Presentation

Diversity or Vulnerable Group Research & Video Presentations……..50 points

Diversity Experience Summary …… 20 points

On-line Assignments …………..50 points

Total course points = 320 points

See the course calendar for due dates. All on-line assignments must be completed by the due date, or all points will be forfeited. LATE ASSIGNMENTS AUTOMATICALLY LOSE 20% of the

POINTS. If the assignment is more than 1 week late, the entire assignment points will be forfeited, unless prior arrangements have been made with the professor. It is the student's responsibility to clarify any questions related to course assignments/projects prior to the due date.

Faculty reserves the right to make changes in the syllabus or assignments to meet the learning needs of students and course outcomes.

Exams & Quizzes: There will be two (2) major exams. Exam and quiz material will be based on assigned reading assignments, lectures, and class discussion. See the exam schedule on the course calendar for exam dates. It is the student's responsibility to contact the professor for missed quizzes or exams and they must be made-up within one week. 10% of the points will be deducted for missed quizzes or exams beyond the first one missed. Students who arrive later than 10 minutes for an exam will be asked to complete the exam at a later time and and will be penalized 10% of the exam grade.

Grading policy: Your grade will be based on the following scale, according to the total points possible for the semester (320 points total). The accumulation of points will consist of the two major exams and all course assignments, less any deductions for late or uncompleted assignments. All assignments must be completed for the semester in order to receive a cumulative final course grade. Your personal gradebook is maintained on Blackboard.

94 – 100	A	77 – 79	C +
90 – 93	A -	74 – 76	C
87 – 89	B +	70 - 73	C -
84 - 86	B	60 - 69	D
80 - 83	B -	0 - 59	F

SPECIAL NOTE: If you're having difficulty understanding reading assignments, discussions, lectures, or assigned projects, please talk with the faculty. It is your responsibility to notify me regarding any accommodations that you require for a disability (see Student Handbook).

APPENDIX B
STUDENT PARTICIPANT RECRUITMENT LETTER

June 22, 2007
Dear Student:

My name is Susan Rhoades and I am a doctoral student enrolled in the Educational Leadership and Policy Studies program at Iowa State University. I hope you also remember me as Dean of Students from your Mercy College of Health Sciences Orientation sessions. For my Ph. D. dissertation I am exploring the perceptions of nursing students in relation to their transcultural or cultural diversity experiences in their college or clinical education environments. This study will provide insights to perceptions students have of their transcultural nursing course. Your participation will be instrumental in describing those perceptions as related to your class and clinical educational experiences.

You are being asked to participate in this study of experiences because you successfully completed the course, PHI 104, Caring and Diversity as part of the requirement for the college's Associate of Science in Nursing program. Participation in this study is voluntary.

If you agree to participate in this study you will participate in two interviews and a diary activity. The two interviews will occur approximately two weeks apart. The first interview will last approximately 30 minutes; the second approximately 60 minutes. You will be provided an outline of questions that will serve as a guide for each interview. You will also be asked to record any transcultural nursing experiences during the period between interviews in a diary provided by me.

It is my hope that you will choose to participate in this study. If you are interested, please contact me via email, srhoades@mercydesmoines.org or by phone at 515-643-6609 by June 29, 2007. I will follow up with a phone call as well within a few days after that date.

Thank you for your consideration of this study. I look forward to your participation in my study.

Sincerely,

Susan Rhoades, M.S.
Doctoral Student
Educational Leadership and Policy Studies
Iowa State University

APPENDIX C
INFORMED CONSENT

INFORMED CONSENT DOCUMENT

Title of Study: **An Exploration of Perceptions of Associate of Science in Nursing Students Related to Transcultural Nursing Experiences**
Investigators: **Susan Rhoades, B.A., M.S.**

This is a research study. Please take your time in deciding if you would like to participate. Please feel free to ask questions at any time.

INTRODUCTION

The purpose of this study is to explore the perceptions of Associate of Science in Nursing (ASN) students related to their transcultural nursing experiences in their college and work environments. In addition, this study will explore what role, if any, gender has in these perceptions. You are being invited to participate in this study because you are a student in the ASN program who successfully completed the transcultural nursing course, PHI 104, Caring and Diversity. **If you choose not to participate in this study you will not incur any penalty or loss of benefits to which you are otherwise entitled.**

DESCRIPTION OF PROCEDURES

If you agree to participate in this study, your active participation will last for approximately four months and will involve participating in a focus group discussion and two interviews. The purpose of the focus group is to gather participant's general perceptions of the Caring and Diversity course experiences.The first interview will last approximately 30 minutes; the second approximately 60 minutes. Transcription summaries will be emailed or mailed to you for review and authentication prior to the second interview. You will also be asked to record any transcultural nursing experiences for a two week period in a diary provided by the researcher. You will be provided an opportunity to review and comment on the research findings during the second interview. During the study you may expect the following study procedures to be followed. You will receive a list of tentative questions for each interview. You will receive a diary notebook for recording experiences and perceptions of any experiences related to transcultural nursing during the period between the interviews. **No confidential information about patients will be recorded in the diary entries. In addition, any description of patient care situations should be provided in terms that do not reveal the patient's identity.**

The focus group and two interviews will be audio recorded. The tapes of the focus group, interviews and diaries will be destroyed upon completion of the study and defense of the dissertation. During the interviews you may skip any question that you do not wish to

answer or that makes you feel uncomfortable. Your diary entries and interview responses will be kept anonymous.

RISKS

While participating in this study you may experience the following risks: I do not foresee any risks to you as the respondent participating in this study.

BENEFITS

If you decide to participate in this study there will be no direct benefit to you. It is hoped that the information gained in this study will benefit society by providing useful information regarding student experiences with transcultural nursing and that this information may prove useful to nurse educators.

COSTS AND COMPENSATION

You will not have any costs from participating in this study. You will not be compensated for participating in this study but you will be provided a gas gift card in the amount of $10 at the end of the second interview to defray any mileage expenses incurred traveling for the interviews.

PARTICIPANT RIGHTS

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

CONFIDENTIALITY

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies and the Institutional Review Board (a committee that reviews and approves human subject research studies) at Iowa State University and Mercy Medical Center, Des Moines, may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken: Pseudonyms will be assigned to each participant. All tapes, transcriptions, diaries, and notes will be housed in the researcher's locked study in her home. All data will be maintained on the researcher's personal laptop computer, password protected. All tapes

and journals will be destroyed upon completion of the study and defense of the dissertation. If the results are published, your identity will remain confidential.

QUESTIONS OR PROBLEMS

You are encouraged to ask questions at any time during this study.

- For further information about the study contact Susan Rhoades at 515-643-6609 or email srhoades@mercydesmoines.org or Dr. Larry Ebbers at 515-294-8067.
- If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, IRB@iastate.edu, or Diane Ament, Research Compliance Officer (515) 294-3115, dament@iastate.edu.

****

SUBJECT SIGNATURE

Your signature indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered. You will receive a copy of the signed and dated written informed consent prior to your participation in the study.

Subject's Name (printed) _____

_____ _____

(Subject's Signature) (Date)

INVESTIGATOR STATEMENT

I certify that the participant has been given adequate time to read and learn about the study and all of their questions have been answered It is my opinion that the participant understands the purpose, risks, benefits and the procedures that will be followed in this study and has voluntarily agreed to participate.

_____ _____

(Signature of Person Obtaining Informed Consent) (Date)

APPENDIX D
FOCUS GROUP PROTOCOL QUESTIONS

1. What did you enjoy about your Caring and Diversity class?
2. In what ways was that course connected to your nursing class?
3. Did this course help you assess your own awareness of cultural diversity? Was the assessment process or tool appropriate or helpful? If so, why? If not, why not?
4. Describe for me your first experience with someone from a different culture and how it impacted you.
5. How could current or future students enrolled in this course best apply the concepts and experiences provided throughout the course?
6. Based on your experiences since completing the class, what was the single most important concept or application you gained from the class?

APPENDIX E
FIRST INTERVIEW PROTOCOL QUESTIONS

1. Please tell me a little about yourself – where you grew up, why you chose the nursing profession, where are you currently working, etc.
2. Share with me your recollections of your transcultural nursing class here at the college.
3. Was that class connected or related to your other nursing classes? If so, how?
4. Was that class connected or related to your liberal arts and sciences classes? If so, in what ways?
5. What opportunities did other nursing instructors or classes provide for you to use or refer to the concepts presented in the transcultural nursing class?
6. What have been your transcultural nursing (TCN) experiences as a student in clinical assignments? Describe those for me.
7. How do you feel you changed, or didn't change, as a result of the course?
8. Diary entry instructions:

   I'm giving you a diary to keep until we meet for our second interview. Please write down and describe any experiences where you encountered the need to provide culturally competent patient care during the time between the two interviews. Describe the situation(s) and patient care needed. Describe you how assessed the patient's needs. What, if anything, did you do differently to ensure the patient(s) received culturally competent care?

APPENDIX F
SECOND INTERVIEW PROTOCOL QUESTIONS

1. Did any other recollections or memories of your transcultural nursing experiences come to you since we met? A situation we didn't discuss? If so, did you describe it in your diary?
2. Let's look at your diary entries. Share with me what you wrote. Describe your experiences. Tell me how you assessed the needs of your patient(s)?
3. In what ways did the transcultural nursing course you took help you be better prepared to provide culturally competent care? If not, why didn't it help?
4. In what ways do you think you have changed, or not changed, as a result of the TCN nursing class you had as a student?
5. What experiences and knowledge would help prepare future nursing students to provide culturally competent care for patients?
6. If you were given the opportunity to create a course to prepare future nursing students for the many diverse population groups they will be working with, what might that course look like?

APPENDIX G
DIARY ENTRY GUIDELINES

It is extremely important that you adhere to the HIPPA guidelines regarding patient confidentiality in your diary entries. All patient information and/or care descriptions (such as name, room number, etc) must be kept confidential by using pseudonyms and/or fictional room assignments. In addition, your diary entries must be written in such a way that the patient's identity will remain anonymous.

Listed below are some thoughts to consider for your diary entries but these are by no means the definitive guidelines for your entries. Please feel free to elaborate or include other information regarding your experiences and perceptions. If, during the next two weeks, a culturally diverse patient care need is not present in your clinical setting, please feel free to write about a previous experience you may have encountered in your previous work experience or as a result of your other nursing classes.

1. During the next two weeks when you are in a clinical setting (whether as clinical assignment for NSG 128 or as a result of your job) consider any patient care needs in response to the concepts presented in the Caring and Diversity class you took.
2. Describe in the diary how you made the decision that there was a need for culturally competent patient care.
3. What steps or techniques did you follow in making that decision? Were the concepts presented in your Caring & Diversity class a factor in your decision process?
4. What communication techniques were used by you and the patient?
5. What was the outcome of the patient care assessment and delivery of the care?
6. Were the patient's needs met in a culturally competent way and how did you determine that they were or weren't met?
7. What were your overall perceptions and/or feelings about the experience?

APPENDIX H
FINAL SUMMARY OF FINDINGS

January 17, 2008

Dear :

I want to thank you so much for participating in my doctoral research project, Perceptions of ASN students with respect to their transcultural nursing experiences. I know how precious your time is as a Mercy College nursing student and truly appreciate your contributions.

The transcripts of the focus group, interviews, and diaries provided many pages of data for me to analyze and interpret! I tried to keep the summary as brief as possible but there were so many important perspectives and ideas to share. Your contributions were very helpful and provided a unique perspective from the other participants.

I am enclosing the Final Summary of Findings for your review. This is your final opportunity to provide feedback. We had discussed the possibility of a final focus group but given your intense schedules this term, and my anticipated defense date later this spring I do not think that will be feasible. However, I do value your review and comments on my interpretations of your collective contributions. Please feel free to provide feedback to me via email at srhoades@mercydesmoines.org or feel free to stop by my office anytime before Monday, January 28th. This deadline enables me to include any comments in my dissertation before submitting it to my committee.

Again, I want to thank you for your time and valuable insights. I will let you know the final outcome of my dissertation defense. I couldn't have done it without you!

Sincerely,

Susan Rhoades

Final Summary of Findings

Summary of Findings

In the participants' perceptions, the class, Caring and Diversity, provided important opportunities to develop and increase their own cultural *self awareness* and understanding of the concept of *respect for individuals*. While these two themes were often discussed in the context of their patient care education, the participants also talked about them in regard to their own personal development and understanding.

Discussion, a key technique used in the Caring and Diversity classes, allowed for an exploration of their own beliefs and values related to culture as well as application to the real world by enabling them to relate those discussions to the medical world and clinical education assignments. Understanding "who I am" was an important step for all of them as they began to link belief and value concepts to their own idea of nursing. For some, breaking down stereotypes was the first step in understanding and applying *respect for individuals* to situations, regardless of patient backgrounds.

All but one participant felt better prepared to "give nursing care – culturally sensitive nursing care" as a result of the class. They demonstrated an increased comfort level when encountering new, unfamiliar, or difficult patient care situations and attributed that increase to the tools, techniques, and resources shared throughout the class. The diaries enabled the participants to describe the application of some of these techniques in their own words. In addition, the diaries recounted patient care stories that could not be observed by the researcher.

Holistic care, as described in their nursing classes, took on new meaning as it was addressed in the context of individual patient care. Because of their transcultural nursing

class, most the participants view holistic care as going beyond the physical care aspect. For them, holistic care is not just the physical care aspect; it encompasses knowing and respecting the circumstances each patient presents to them as a nurse.

They acknowledged their own personal idea or plan of care for a patient may be at odds with the patient's ideas and the role of the care giver is to find a way "to make that mesh." Every participant stated at least once that you can't treat every patient in the same way. They now have *awareness* that every patient is unique and deserves their *individual respect.*

Finally, gender as an influencing factor in their perceptions was discussed by a few of the participants in relation to understanding the communication dynamics between male and female patients. The perceptions of the participants' experiences with transcultural nursing did not differ because of gender.

Interpretations of Findings

The purpose of this research study was to interpret the perceptions of Associate of Science in Nursing (ASN) students as these perceptions relate to their transcultural nursing experiences in their college and clinical education environments. This research sought to provide insight on how the student participants reflected upon and interpreted the concepts presented through the course. Further, it sought to interpret how they apply class concepts to care giving in their clinical education experiences. This study also explored the potential influence of gender in the students' perceptions. The researcher anticipated gaining an understanding of how their perceptions of their class experiences impact their nursing and clinical education. This section on the interpretation of findings articulates the meanings found in their perceptions. The interpretations of the findings are

situated in the context of the two major themes: *self awareness* and *respect for individuals.*

Self Awareness

The key to developing and/or increasing *self awareness* in relation to transcultural nursing was articulated as the participants began to understand "who I am." Their perceptions and understanding of who they are as nurses began with understanding who they are as a person. They emphasized you have to know that your attitudes and perspectives, based on your values and beliefs, impact your interactions with the world around you, whether that is in a hospital or a classroom.

For the participants, the design of the Caring and Diversity classes, with the emphasis on class and small group discussion, facilitated their understanding of "who I am". The opportunities to be introspective became turning points for some of them as they began to associate the concepts of holistic care with situations discussed in class.

Self awareness of how "much I thought I knew but didn't" about culturally competent patient care developed as a result of class assignments that focused on cultural differences in communication, family dynamics, spirituality, and end-of-lifeviews. Discussion on these assignments led to probing their own attitudes and acknowledging the influence their own value systems impact their perspectives. They all perceived the need to continually examine their beliefs and philosophies of patient care. This *awareness* evolved from discussions and activities in their transcultural nursing class, not their nursing courses. The Caring and Diversity course examined in depth those topics encompassed in holistic care foundations presented in nursing courses. With the exception of the one participant they reiterated the concepts presented and discussed in

the course increased their *self awareness* and as a result, their level of cultural awareness increased as well. Even for the one participant who did not perceive the course as positively as the others, she still noted that the course served to bring "things to a more conscious level."

Respect for individuals

As their *self awareness* increased so did their *respect for individuals*, particularly in the medical setting. Participants began to identify and break down various stereotypes. The emphasis on challenging patients enabled the participants to expand their scope of patient care and engage in more culturally-focused competent care. Before this class most hadn't thought a great deal about what it might be like to care for a pedophile, drug addict, or a patient who refuses treatment that is recommended for them by medical professionals. They perceived the focus of their care would first have to demonstrate *respect for the individual*, regardless of the circumstances of the patient and how their lifestyle or beliefs may conflict the caregiver's (participant's) own values. The course challenged them to break down their own stereotypes as a first step in developing a caring philosophy that focused on *respect for the individuals* they care for. Although most of their immediate focus and application was in a clinical environment, the participants also demonstrated respect for individuals through class discussions.

Being better prepared was a very positive outcome from the class for the participants. This feeling of being better prepared came, in part, from the communication techniques and resources shared in the class. The application of these was evident in their diaries. As their *self awareness* increased so did their *respect for individuals.* Participants began to identify and break down various stereotypes. The emphasis on the less than

"nicey-nice" patients challenged them to expand their scope of culturally competent patient care.

Likewise, the combination of information from their nursing classes and the application of that information to their Caring and Diversity class discussions, were perceived by the students as beneficial and increased their understanding of holistic care. The science of nursing holistic care was applied in the cultural context of the Caring and Diversity course. Participants developed a clearer understanding of conducting patient assessments that exhibited cultural sensitivity. Several noted that, before the class, they would not have considered how a patient's family or culture factored into their assessment which had primarily focused on the physical condition presented. The *respect for individuals* influences the entire care plan for a patient, encompassing the physical, emotional, family, and belief and cultural systems.

Recommendations for Future Course Design

Many suggestions were offered when asked about designing or changing the Caring and Diversity course but on the whole, the class design and organization were viewed positively by the group. Class discussion and introspection appeared to be the keys to the effectiveness of the course. *Self awareness* and *respect for individuals* seemed to develop and/or increase in classes where lots of discussion and small group activities took place. Introspection often took place as a result of these discussions and that introspection was instrumental in the increased levels of *self awareness* and *respect for individuals.* One of the participants suggested bringing the "real world in" by increasing the use of culturally diverse presenters into the class.

The key topics participants would like to see introduced in the class were: pain control issues based on cultural beliefs, geriatric and pediatric care and communication techniques, mental health/well being (not just mental illness), nursing philosophers and theorists, and a greater emphasis on teaching techniques related to patient care instructions and discharge care.

There wasn't a clear consensus on the sequencing for the course. All participants took the course prior to their third semester nursing course. Four participants felt the course should be earlier, not later, in the curriculum. It serves as a foundational, companion, and important application course to the more scientific-based nursing courses. This group also felt it was important to be introduced to the concepts of transcultural nursing, as taught in the class, prior to beginning the more intense nursing specialty rotations (pediatrics, obstetrics, and mental health). Currently, the college requires it be taken with the third semester nursing course which one participant felt was appropriate. That placed the course before the rotations but after the introductory nursing courses where the clinical application opportunities are fewer. Finally, one participant recommended it be placed with the fourth semester nursing specialty rotations from an application process.

Summary

The six participants provided valuable time and insights to their perceptions on their transcultural nursing class, Caring and Diversity. During the course of their conversations, it became clear that the discussions in class that probed "who I am" were, as noted by Brown and Kysilka (2002), the best and ultimate teaching tool because those discussion drew on the students' personal experiences to construct meaning that was tied

back to their vision of who they were as a nurse. Most often this increased *self awareness* was presented in the sense of being better prepared for their clinical assignments but often they defined their *self awareness* by "acquiring knowledge, skills, attitudes, and behaviors" to understand human beings and society as a whole (Galambos, 2003).

During the meetings the participants demonstrated the value and importance of considering a patient's religion, beliefs, culture, socioeconomic status, etc. as an integral part of their care and maintained this knowledge was a direct result of class discussions and projects. They revealed a better understanding the importance non-physical assessment takes in patient care. The majority of the participants perceived their transcultural nursing class as beneficial and pivotal in their development and education as a nurse. Their perceptions represent achievement of the course objective: the most effective caregivers are those who not only seek to understand and care for others, but also make the attempt to understand themselves.

References

Brown, S. & Kysilka, M. (2002). *Applying multicultural and global concepts in the classroom and beyond.* Boston, MA: Allyn & Bacon.

Galambos, C. (2003). Moving cultural diversity toward cultural competence in health care. *Health and Social Work, 28*(1), 3-6.

APPENDIX I
INSTITUTIONAL REVIEW

Mercy
MEDICAL CENTER
DES MOINES
A member of Mercy Health Network

July 12, 2007

Susan Rhoades
Mercy College of Health and Sciences

RE: Doctoral Research Conducted at Mercy College – Receipt

Dear Susan,

On July 11, 2007 you notified the Mercy Institutional Review Committee office regarding a clinical trial you will be doing for a continuing education course that you are taking at Iowa State University.

In your notification letter you stated that you will be overseeing focus groups and conducting interviews at Mercy College of Health and Sciences. You continued to state that you have submitted to the ISU Institutional Review Board and have received approval through them.

It is understood that you have gone through the proper procedures for submission and that this protocol would have received the same approval from the Mercy Institutional Review Committee.

Please continue to submit items to the ISU Institutional Review Board and Mercy will recognize them as your IRB of record.

Should you have any questions regarding this submission, please feel free to contact the IRC office at (515) 247-3985.

This IRC operates in accordance with all local and federal applicable laws, regulations, and guidelines for research. Compliance is maintained with the FDA Code of Federal Regulations, Office for Human Rights Protections (OHRP), Good Clinical Practice (GCP) guidelines, and International Conference of Harmonization (ICH). All documentation is maintained in the study file per FDA/DHHS Regulations and IRC Guidelines.

Sincerely,

[redacted]

Rosemary Mullin, R.N., M.S.
Coordinator, IRC, MMC-DM