University of Lethbridge Research Repository

OPUS   **http://opus.uleth.ca**

Faculty Research and Publications   Harrowing, Jean

2010

Pedagogy as influencing nursing students' essentialized understanding of culture

Gregory, David M.

International Journal of Nursing Education Scholarship

International Journal of Nursing Education Scholarship

Pedagogy as Influencing Nursing Students' Essentialized Understanding of Culture

David Gregory*   Jean Harrowing[†]   Bonnie Lee[‡]

Lisa Doolittle[**]   Patrick S. O'Sullivan[††]

[*]University of Lethbridge, david.gregory@uleth.ca
[†]University of Lethbridge, harrjn@uleth.ca
[‡]University of Lethbridge, bonnie.lee@uleth.ca
[**]University of Lethbridge, doolittle@uleth.ca
[††]University of Lethbridge, ps.osullivan@uleth.ca

Pedagogy as Influencing Nursing Students' Essentialized Understanding of Culture*

David Gregory, Jean Harrowing, Bonnie Lee, Lisa Doolittle, and Patrick S. O'Sullivan

Abstract

In this qualitative study, we explored how students understood "culture." Participants defined culture and wrote narratives regarding specific cultural encounters. The sample comprised both nursing (n=14) and non-nursing (n=8) students to allow for comparison groups. Content analysis of the narratives revealed two broad paradigms of cultural understanding: essentialist and constructivist. Essentialist narratives comprised four themes: determinism (culture defied individual resistance); relativism (the possibility of making value judgments disappeared); Othering (culture was equated to exotica, and emphasized difference); and, reductionism (personhood was eclipsed by culture). In contrast, the constructivist narratives were characterized by influence (non-determinism), dynamism (culture was dynamic and evolutionary); and, relationship-building. The unintended negative consequences of essentialist notions of culture were revealed in the nursing students' narratives. Pedagogy is implicated in nursing students' essentialized understanding of culture.

KEYWORDS: pedagogy, nursing students, essentialist, culture

To better care for increasingly diverse and heterogeneous clients, nurses are shifting their attention away from institutionalized experiences of illness to a focus on clients' health needs in the broader context of their lives (Richardson & Carryer, 2005). Such a shift requires greater client involvement in decisions about their health. As clients and nurses engage in the relationship-building process, they should be aware of how power affects their interactions. To support an individual's identity and autonomy, care providers must offer services that are deemed by the client to be appropriate and respectful. Such care reflects the minimum standard from an ethical standpoint within the nursing profession (Canadian Nurses Association, 2008) and is consistent with cultural safety (Aboriginal Nurses Association of Canada, 2009a, 2009b).

To uphold this standard, nurses need to recognize the impact of cultural constructs on clients' care experiences. We believe that nursing education is poised to shift from a static, fixed understanding of culture (essentialism) to a notion of culture as a dynamic process understood contextually through historical, social, political, and economic lenses (constructivism). Culture will thus be reconceptualized as a verb rather than a noun, i.e., culture as an organic living process. However, we suggest that essentialized notions of culture prevail in the teaching and learning of culture, despite the clarion call almost a decade ago to address how nursing students learn about culture (Duffy, 2001). For example, Vandenberg (2008), in her observations of interactions between nursing students and instructors, noted that classroom instructors presented essentialist views of culture; this stance was further reinforced by practicing nurses in various settings.

Research regarding nursing students' understanding of culture is limited (Maltby, 2008; Vandenberg, 2008; Warren, 2003). The comparative strengths and limitations of an essentialist versus a constructivist perspective of culture remain largely theoretical. Furthermore, there is a considerable knowledge gap concerning how nursing students actually enact the concept of culture, whether essentialist or constructivist, in the direct care of clients.

Theoretical Framework

The work of Gray and Thomas (2006) served as the theoretical orientation for this study. In particular, their general notions of *essentialism* and *constructivism* provided an understanding of the concept of *culture*. Essentialism holds that culture has a fixed "essence," comprising a rigid set of defining qualities that exist independent of human perception and are unchanging over time. Nursing students are typically taught that understanding the common knowledge shared by a particular ethno-cultural group leads to culturally

competent care (e.g., Astle & Barton, 2009; Donahue, 2009; Fahrenwald, Boysen, Fischer, & Maurer, 2001). *Cultural competency* is defined as both the theoretical knowledge and the interpersonal skills necessary for nurses to understand and navigate the differences and similarities between groups of individuals (Aboriginal Nurses Association of Canada, 2009a, 2009b; Felder, 1995; Gray & Thomas, 2006).

In contrast, other educators implicate concepts such as stereotyping, institutionalized racism, dominant-group privilege, and socio-political and historical contexts as shaping nurse-patient relationships and undermining the provision of culturally safe care (Aboriginal Nurses Association of Canada, 2009a, 2009b; Browne & Fiske, 2001; Browne et al., 2009; Kleinman & Benson, 2006; Papps & Ramsden, 1996; Spence, 2001; Varcoe, 2004). The Nursing Council of New Zealand defines *culturally unsafe practice* as "any actions that diminish, demean, or disempower the cultural identity and well being of an individual" (as cited in National Aboriginal Health Organization, Key Concepts, first bullet, 2006). This alternative understanding of culture, constructivism, holds that culture is a socially constructed concept and occurs within a particular historical context (Gray & Thomas, 2006). This modern anthropological perspective denies that culture is static, but emphasizes its dynamic, multifaceted, and lived nature that varies among different individuals (Kleinman & Benson, 2006).

METHODOLOGY

Research Design and Ethics

We explored university students' understanding of culture through their involvement in a new, elective course offered by a Canadian Faculty of Health Sciences in 2008. Students engaged in critical reflection about contextual influences on health and illness in a low-income African country. The class comprised both nursing and non-nursing students. Two of the authors co-taught the course. At the end of the first class, informed consent was obtained by a non-teaching member of the research team. A convenience sample was accrued with 22 of 24 students agreeing to participate. Ethical approval was obtained from the University's Human Subject Research Committee.

The intent of the study was to gain insight into nursing students' understanding of culture and to discover if and how that understanding differed from that of non-nursing students. Narrative inquiry elicited the voice of participants to describe culture and to relate stories that embodied the meaning of

culture. Culture is intimately connected to the concept of narrative (Blyler & Perkins, 1999). The purpose of narrative inquiry is to understand experience (Clandinin & Connelly, 2000, p. 20) and to "suggest possible coherence, possible connectiveness and possible explanations" (Gill, 2001, p. 336).

Participants wrote narratives at three time points. On the first day of the course (Time 1) and prior to any instruction regarding cultural safety, students were asked to write a personal reflection in which they defined culture and gave an example of an experience that shaped their understanding. Following completion of the course (Time 2), students were given the opportunity to rewrite their original narratives based on how their understanding of culture had or had not changed. At the end of the course, 9 students (4 nursing and 5 non-nursing) participated in an immersion experience in Malawi. These students wrote a reflective narrative on culture based on their time in Africa (Time 3) and participated in a post-trip focus group (Time 4). This article reports our findings at Time 1.

Data Collection and Analysis

Student narratives (n=22) were anonymized, photocopied, and stored securely by a co-investigator not responsible for grade assignment. Data analysis did not commence until after course completion. The focus of narrative analysis is on "how do people make sense of what happened?" rather than "what actually happened?" (Bryman, 2004). Riessman's (1993, 2004) approach guided the analysis, in which data were analyzed for themes, structure, interaction, and performance. Three research team members read the narratives independently.

Although Gray and Thomas (2006) provided a theoretical orientation to the concept of culture, i.e. essentialist and constructivist perspectives, we did not develop an *a priori* coding template based on these perspectives. Rather, each investigator engaged in open-coding of the narratives. Thus, patterns of essentialism and constructivism were discovered in the narrative transcripts through inductive analysis. Subsequently, each narrative was located within one of these two distinct paradigms based on the prominence of particular themes within the narratives; for example, the concept of individual resistance to cultural norms was prominent only in the narratives classified as constructivist.

The research team held round-table discussions to reach consensus regarding data interpretation. The potential of bias was offset in part by a diverse research team with authors from four disciplines (Nursing, Addictions Counselling, Fine Arts, and Management), each of whom held differing

understandings of culture, whether essentialist, constructivist, or critical. These various ideological alignments ensured transparency regarding the trustworthiness (rigor) of the inquiry process, including data analysis and interpretation. The categorization of the participants' narratives is outlined in Table 1:

Table 1

Distribution of Narratives

	Nursing	Non-Nursing	Combined
Essentialist	13 (92.9%)	3 (37.5%)	16 (72.7%)
Constructivist	1 (7.1%)	5 (62.5%)	6 (27.3%)
Total	14 (100%)	8 (100%)	22 (100%)

Only one nursing student's narrative (Nadine) was classified as constructivist. Thus, the comparison between the nursing and non-nursing students' narratives became a contrast between the essentialist and the constructivist paradigms of cultural understanding. Brief excerpts from two non-nursing students (Willow and Naomi) are included in the essentialist understandings of culture.

Demographics

Of the 22 participants, 14 (63.6%) were nursing majors; 8 (36.4%) were majors in neuroscience, biology, psychology, addictions counselling, and drama. All were in their third or fourth year of study, except for one non-nursing student in second year. Information about students' previous academic learning about culture was not collected. Only one male, a non-nursing student, participated. All self-identified as Canadian, including one immigrant Canadian. The participants comprised an ethno-culturally and racially homogeneous group and only one of the students was non-White. Nursing students ranged in age from 21 to 36 (mean age = 24.2), while non-nursing students were 20 to 25 (mean age = 22.4**). A**lthough previous travel experience data were collected, no substantial difference was found between nursing and non-nursing students vis-à-vis categorization of the narratives.

NURSING AND NON-NURSING STUDENTS' UNDERSTANDING OF CULTURE

Four broad themes dominated the essentialist narratives: *determinism*, in which culture defied individual resistance; *relativism*, in which the possibility of making value judgments disappeared; *Othering*, in which culture was seen from the standpoint of a White, middle-class individual; and *reductionism*, in which personhood was eclipsed by culture. In contrast, the constructivist narratives offered much more social and perspectival accounts in which three prominent themes were revealed: *influence*, in which culture was seen as a non-deterministic, shaping force which can be actively resisted; *dynamism*, in which culture was complex, changing, and evolutionary; and *relationship-building*, in which cultural understanding was achieved at an individual level through personal interaction and immersion. These two paradigms are summarized in Table 2.

Table 2

Two Paradigms of Cultural Understanding

Essentialist Paradigm	Constructivist Paradigm
Determinism • Culture is a static, definitive blueprint for human behaviour	Influence • Culture is shaping, but not deterministic
Relativism • Critical judgment of another's culture is morally impossible	Dynamism • Culture is constantly changing and evolving
Othering • Culture is situated outside the "normal" standpoint, i.e. White, middle class, Canadian	Relationship-building • Cultural understanding is achieved through human interaction
Reductionism • Individuals are merely manifestations of culture	

ESSENTIALIST UNDERSTANDING OF CULTURE

Determinism

Participants within the essentialist paradigm defined culture at an individual level, equating it with personhood. For these students, culture was the sum-total of the self. Thus, Kristin (pseudonym) explained, "culture defines me." Similarly, Lily observed that "my culture is unique; it defines who I am." This ascription of identity to culture was the most broadly recurring theme in the essentialist narratives and it was perhaps best summarized by Ariel: "Culture encompasses everything a person is and why they are the way they are." Within the essentialist paradigm, culture was viewed as a normative input which necessarily produced a corresponding behavioral or psychological output. Little allowance was made for individual rejection of cultural norms, much less for individual resistance to those norms.

Insofar as culture was viewed as a normative input, this input was passed down to the present generation like a baton. Layla explained that "Culture is passed down from generation to generation and is apparent in music, writings, lifestyle, art, plays, theatre and artifacts." Culture, in this view, was passively accepted, but never resisted. As Willow (non-nursing student) elaborated, "Culture is a very multifaceted element, which we unknowingly acquire from a very young age. We blindly learn what our own culture is, and how to properly interact in our daily lives by following our continually engrained cultural framework."

Given that culture is passed down from generation to generation, it follows that culture must be unchanging. While there was broad agreement within the essentialist paradigm that culture was static, the nature of that stasis was a source of disagreement. As Ariel illustrated in a telling metaphor, "Culture can be molded in many ways." While all of the participants within the essentialist perspective thought of culture as a human mold, two distinct views of the mold emerged.

In the first view, culture was simple and unchanging, leaving little room for individual autonomy. Heidi argued that "every person needs to have a sense of security in their lives and culture allows us to have that. It is not something that changes on a regular basis." Reflecting on her perception of the importance of family in a foreign culture, she despaired that "I would love to consider the fact that I can one day take care of my parents but I don't believe our society allows

for that." In this view of the cultural mold, culture was deterministic, allowing no possibility of individual resistance, not even to care for one's elderly family.

In the second view, which was more nuanced, culture was radically atomized into an almost infinite number of deterministic "sub-cultures" or "roles." The unusual use of these words stemmed from the equation of culture with personal identity. Thus, Lily explained that "in every role that we take we are presented with a different culture, as a student I am presented with one type of culture, as an employee another, and as a volunteer yet another." Superficially, culture was in flux in so far as it changed with each assumed role; but at its heart, culture remained static since each role prescribed behavior, allowing limited deviation from its unchanging blueprint.

Relativism

A natural corollary to the idea that culture must be defined on an individual level is that critical judgment of another's behaviour is morally impossible. Jennifer succinctly explained the logic of this ethical outlook: "Every person has their own culture, and how can we judge someone for being their own person?" Kristen retreated further into relativism, arguing that culture can only be defined in subjective terms: "I think that culture looks how one wants it to look … and that everyone would have their own individualized definition of it." If these arguments are correct, it follows that there are as many different cultures and definitions of culture as there are people on the planet. Rather than retreating from this paradox and acknowledging the relational nature of culture, Naomi (non-nursing student) conceded that "if culture is what makes us think and feel a certain way, there may be six billion interpretations of culture and its implications on life." Culture, then, was not socially constructed, but individually inherited and subjectively defined.

Reductionism

By conflating the concepts of culture and personhood, the narratives in the essentialist paradigm often reduced unique individuals to generic cultural blueprints. Thus, it was common for these students to make sweeping generalizations, such as Sara who referred to "the culture of Africans". Within this paradigm, culture was routinely painted with a broad brush and the individual was left off the canvas. Here, an entire continent of individuals, families, and distinct societies was reduced to a single cultural blueprint, which was, in turn, reified. This view of culture was admittedly paradoxical. By reducing individuals to cultures and vice versa, the students argued that culture was simultaneously

unique to each individual, and at the same time, a generic, social blueprint capable of explaining vast numbers of people from diverse societies. For students within this paradigm, a person *was* a culture and a culture *was* a person. As Ariel wrote of culture, "I see it as a person." Accordingly, individuals do not engage one another socially; rather, "cultures interact" (Naomi)**.**

The narratives in this paradigm were characterized by the facile manner through which new experiences were interpreted. Complex social phenomena were routinely reduced to simple, superficial understandings. Reflecting on landing in Cuba for the first time, Kristen wrote,

> The minute we got into the airport, which was outside, I could not believe my eyes. There were men with machine guns everywhere, and nobody looked overly friendly. I started to wonder why people liked to travel here because it seemed scary to me. Well of course this all changed once we got to our resort and I realized how beautiful of a place it *actually* was. (Italics added for emphasis.)

In this passage reality has been transposed so as to maintain an illusion. Thus, the resort is the "actual" Cuba, whereas the country that surrounds it is less real.

The essentialist narratives equated single, unique observations to widespread cultural norms. Leigh recounted the experience of waiting several hours for a sweat ceremony to begin because of the lateness of a First Nations Chief. While acknowledging that the sweat itself was an "amazing cultural experience," Leigh reflected that

> it was not the sweat lodge practices that expanded my understanding of the various aspects of culture….We returned to our clinical instructor to explain everything that had happened, and how upset we were about it, and that we could not believe how rude we had been treated. However, she did not share in our feelings at all, and immediately began to explain some aspects of the native lifestyle, that we had not previously understood. You see, there is very little sense of time, deadlines, or schedules within this special population. No one really worries if people are late for work, miss an appointment, or even start an event 5 hours after the originally scheduled time, because it is not part of their lifestyle to worry about time.

Leigh's narrative exemplified the powerful appeal of generalizations, i.e., cultural blueprints, which allowed students to reserve judgment by ignoring context. In this case, the student made no attempt to understand or contextualize the Chief's

lateness at an individual level; rather, he was reduced to the manifestation of an Aboriginal blueprint which was itself the construction of Leigh's instructor.

Like Leigh, Laura used a singular experience from the practice setting to define an entire culture. She recounted her experience caring for a dying Aboriginal man and his family:

> They are very spiritual people and utilize their connections with their spirit to cope. … This culture has an amazing connection to their spirituality. The fact that I found most interesting about this, was that these connections are life-long. They don't just come in times of despair or grief. Spirituality is just as prevalent when life is good, and individuals within First Nations culture continually evaluate and reflect upon this.

In this heartfelt, well-meaning passage, a single experience with an Aboriginal family was sufficient to give Laura the confidence to speak authoritatively on a topic as profound and complicated as Aboriginal spirituality. In effect, Laura was not caring for a family in her narrative, but an entire culture. Thus, she wrote that "the culture has an amazing connection to their spirituality," as opposed to this particular family.

Othering

Narratives within the essentialist paradigm reflected culture from the standpoint of a White, middle-class individual, wherein anything deviating from this perception of normalcy was quickly identified as cultural. Sara observed that "to me, culture was anything different than me." Culture, for these students, was framed in terms of the "Other," who was often defined by visual cues, language accents, or other such exotica.

When participants described encountering individuals that they perceived to be culturally different from themselves, their language frequently carried a negative tone, often revealing fear. Consider how Sara wrote of meeting her new roommate for the first time:

> As she pulled up, I screamed to myself, SHE'S ASIAN! Now, I had no experience with Asians, except for a [sic] several annoying people at the College who liked to shout across the library in some form of Asian, which I obviously didn't understand. I was scared of what I was about to learn about this person. I don't even know what I could have been thinking that would have been so terrible.

These initial negative perceptions of the Other were usually set in the past. However, participants were quick to inform us that through their brief encounter with the cultural Other, they became kinder, wiser, and more tolerant.

The nursing students readily idealized cultures different from their own, ascribing moral superiority to cultural Others. Invariably, when cultures were contrasted, the participants' own culture was found to be lacking. The culture of the Other was a source of wonder and awe. Heidi ruminated on Chinese culture:

> The family loyalty absolutely astounds me. It just makes me wonder how our society would be if everyone was obligated to care for their own parents. There are so many lonely elderly people in nursing homes that are lucky to see their families once a month. It is just really sad to see. Are we that busy in today's society to put our elderly parents in nursing homes and basically forget about them?

Like Heidi, Laura reflected on the cultural knowledge she gleaned through a single encounter with the Other:

> How great was it to gain a different cultural perspective about processing death within the family. There was a great deal of prayer and talk of family, and yet this process, while distressing, was manageable. That was the pivotal moment for me. Why in my own culture have I seen so many times, someone who is suddenly facing the end of their life but is now trying to embrace and desperately search for their spirituality? … This experience left me feeling humble.

In both cases, a single experience was sufficient to convince the student of the moral superiority of the Other vis-à-vis the White, middle-class standpoint. Heidi and Laura were "astounded" and "humbled" by the superior treatment of the elderly in Chinese culture and the spiritual self-assurance of Native Canadians. It was as if elder abuse were an entirely unknown phenomenon in China and agnosticism wholly foreign to anyone of Aboriginal heritage. Heidi and Laura were not so much building individual relationships as they were interacting with other cultures, i.e., blueprints as opposed to people.

The equation of culture with personal identity raised a profound and troubling question: *Who speaks for whom*? If a person is merely the passive vessel of his or her culture, it naturally follows that the authority on any given individual is the cultural "blueprint" to which he or she belongs. In other words, individuals

cease to speak for themselves, particularly those who are vulnerable and powerless outside of the privileged standpoint. Ariel wrote of her experience caring for an Aboriginal woman:

> She seemed very distant from me as she would not look me in the eye and seemed very nervous to be in that setting; this spiked my suspicion of something being wrong. After completing the assessment, I went to my [clinical] instructor with my 'suspicions' and soon found out that my assessment was complete when seen on paper but my visual and personal assessment of my client was lacking. … After further discussing the Native American culture with my instructor and reviewing my textbooks regarding the culture, I soon found that the within Native American culture, not making eye contact is a sign of respect.

Ariel deferred to external "expertise" rather than building a relationship with her patient and inquiring as to whether something was amiss. The patient was no longer the authority on herself; rather, she was spoken for by a textbook detailing her "blueprint" and an instructor who likely shared Ariel's standpoint.

Jennifer recounted her experience nursing for a new Hutterite mother, Helene, who seemed sad, withdrawn, and distant from her child:

> Kim [the supervising nurse] simply said that Hutterite women were like that and I shouldn't worry about it. But I was worried about it, I knew I had learned in school that sometimes Hutterite women seemed shy and reserved, but it seemed odd to me that she didn't even want to hold her baby. … We went into the room prepared to give baby John his first bath and as I undressed him I asked Helene if she would like to help, or even just watch the bath, she shook her head no, but I persisted a little just to be sure she was not just being shy, and still she refused. As I carried John over to the bath Kim looked at me and then rolled her eyes, as if she was annoyed by Helene not wanting to be involved. I felt sad and upset that a nurse would be demonstrating this kind of ignorance towards someone *because of their culture*. … I decided that it would be best for me to discuss the feelings I had towards Kim's actions with my instructor at the end of the day in our post-conference. (Italics added for emphasis.)

Jennifer was rightly concerned about Kim's possible prejudice toward Hutterites, and she did well in assessing the patient to determine that a serious health issue, such as post-partum depression, might be present.

Disturbingly, however, the protagonists in Jennifer's story were herself and Kim; we never learned what became of Helene, or what, if anything, was done to help her. Jennifer's concern was not so much with the patient's mental health status, which she reluctantly accepted as a culturally-mediated behaviour; rather, she was concerned with expressing her feelings about Kim's prejudice toward Hutterites. It was a foregone conclusion that Helene did not speak for herself; at issue was *how* Jennifer's standpoint would speak for Hutterite culture.

CONSTRUCTIVIST UNDERSTANDING OF CULTURE

Influence

The narratives classified as constructivist (n=6) defined culture as a social construct, or "a filter that affects how people interpret the world" (Brianne). Culture was seen as a shaping force which "plays a large role in forming personality" (Emily) but it was not seen as an individual's sole source of identity. As Jane explained, "We are products of the complex interaction between our genes and our environment. So to me, culture is the by-product of our sociality and group living." Far from being deterministic, culture allowed for the possibility of resistance. Nadine, the only nursing student in the constructivist paradigm, wrote of her experience as a teenager who immigrated to Canada from the Middle East and actively resisted the cultural pressure of her parents:

> Being able to hang out with friends used to be a constant struggle because it was quite common to [go] out even late at night. My parents would be quick to remind me by saying this or that is not acceptable in 'our culture'. Another favourite line of theirs was, 'just because we are in Canada doesn't mean we should forget our culture'.

In the constructivist paradigm, students accorded greater autonomy to individuals, including the ability to change one's perspective and to create new identities.

Dynamism

The constructivist narratives described culture as complex and evolutionary, as opposed to superficial and static. These students were careful to note that "culture is not a color, race, or ethnicity" (May). Moreover, it is "constantly evolving and changing" (May). Brianne explained,

> One specific example of this is the adoption of rap and hip-hop music by Japanese youth. Some would argue that they are losing their culture by

adopting music from another culture; however, the way in which they share their music, and the lyrics and style of their hip-hop is uniquely Japanese. It seems more realistic to describe their exposure to and adoption of rap music not as a loss of culture, but as an evolution of their culture.

Relationship-building

The most prevalent theme in the constructivist-based narratives was the importance of building relationships at the individual level. It was individuals, not cultures, that interacted. Brianne explained, "Being empathetic towards another individual's culture and understanding the biases of one's own culture can allow interactions *between people* of different cultures" (italics added for emphasis). Brianne told us of her summer experience teaching English to Afghani refugees. When planning a lunch for the students, she failed to ask them what they liked to eat, leading to uneaten Western staples such as ice cream and pork hot dogs. She cautioned, "Culture cannot be used to definitively stereotype how particular people will react in various situations, but cultural differences must be considered in our day-to- day lives." The lesson of Brianne's narrative was that individuals are the final authority on themselves. Rather than assuming that an Afghani girl would enjoy eating ice cream at a barbeque or that an Aboriginal woman avoids making eye contact as a sign of respect, one must actively engage these individuals and consider them as self-authorities.

DISCUSSION

The findings reflect the participants' perspectives; however, we suggest that nursing pedagogy is contributing to essentialist understandings of culture. As Jennifer wrote, "It was not until I reached college and entered into the nursing program that I really began to understand how culture affects each of us." Our findings suggest that when translated into practice, an essentialist understanding potentially compromises care by inhibiting relationships between nursing students and patients, masking power structures and structural inequities, and making culturally safe care challenging, if not impossible.

Pedagogy and Knowledge Translation

With one exception, all of the nursing students' narratives reflected an essentialist view of culture. Nursing students struggled to build relationships with

cultural "Others," to ask them questions, and to consider them as self-authorities. Browne and Fiske (2001) powerfully documented how the failure to ask questions and to critically examine one's assumptions can lead to compromised care and culturally unsafe practices. Moreover, our findings supported Vandenberg's (2008) finding that the teaching and learning of culture was based on essentialist understandings. Some prevalent themes we discovered in the nursing students' narratives, such as relativism (non-judgmentalism), were also present in Maltby's (2008) research.

Interestingly, the four predominant themes within the essentialist paradigm, determinism, relativism, reductionism, and Othering, correspond respectively to cultural knowledge, cultural sensitivity, cultural skill, and cultural encounter, which are four of the six constructs of cultural competence (Campinha-Bacote, 1999; Gray & Thomas, 2006). In this sample of nursing students, the intent of the cultural competence model was somehow lost in the translation from theory into practice as cultural knowledge became a static collection of facts, cultural sensitivity precluded the possibility of critical judgment, cultural skill in assessing a patient obscured the social and historic forces that have shaped an individual's life, and cultural encounters were narrowly defined in terms of the exotic and the "Other" (Gray & Thomas, 2006). Combined, these may lead to compromised clinical care for patients outside of the privileged standpoint (i.e., White, middle to upper class). As illustrated by Ariel, Leigh, and Jennifer's narratives, many nursing students appealed to textbooks and instructors as definitive cultural authorities, even over the cultural "Others" themselves.

Implications

The primary impediments to equity in health care comprise structural constraints and restricted life opportunities, as opposed to cultural beliefs and barriers (Anderson et al., 2003; Browne et al., 2009). In their cultural narratives, none of the 22 participants used the word *power*, and the essays generally lacked awareness of the historical and sociopolitical dimensions of people's lives. Within the essentialist paradigm, narratives were characterized by racialism and culturalism, in which stereotypes were treated as definitive blueprints to explain human behaviour. Browne et al. (2009) argued that superior care would be provided to patients if health care professionals were more critical of their assumptions and concerned with understanding the social context of their patients.

Given that our findings confirmed previous critiques of the essentialist cultural competency model (Gray & Thomas, 2006; Kleinman & Benson, 2006), which is ubiquitous in nursing education, we suggest that nursing pedagogy

concerning culture may be reinforcing existing culturalist and racialist discourses, while masking historic, sociopolitical power structures and relations. For example, Vandenberg (2008) recently discovered an essentialist account of culture was taught to nursing students in a Canadian baccalaureate program. Within such pedagogical contexts, cultural safety would be difficult to translate into practice given that culturally safe care requires a critical understanding of these structures and the active engagement of practitioners to learn about their patients as individuals (Aboriginal Nurses Association of Canada, 2009a, 2009b).

CONCLUSION

This modest qualitative study suggests an ongoing issue in nursing education with respect to the concept of culture (Duffy, 2001). Further research is required to investigate why culture is understood so differently between nursing and non-nursing students. Moreover, there is a need for nurse educators to achieve clarity regarding the concept of culture and how it is taught to nursing students. Our findings, along with others (e.g., Vandenberg, 2008), implicate nursing pedagogy in replicating essentialist understandings of culture.

REFERENCES

Aboriginal Nurses Association of Canada. (2009a). *Cultural competence and cultural safety in First Nations, Inuit, and Métis nursing education*. Ottawa, ON: Author.

Aboriginal Nurses Association of Canada. (2009b). *Cultural competence and cultural safety in nursing education.* Ottawa, ON: Author.

Anderson, J. M., Perry, J., Blue, C., Browne, A., Henderson, A., Basu Khan, K., et al.. (2003). "Rewriting" cultural safety within the postcolonial and postnational feminist project: Toward new epistemologies of healing. *Advances in Nursing Science, 26*, 196-214.

Astle, B. J., & Barton, S. (2009). Culture and ethnicity. In J. C. Ross-Kerr & M. J. Wood (Eds.), *Canadian Fundamentals of Nursing* (4th ed., pp. 114-131). Toronto, ON: Elsevier Canada.

Blyler, N., & Perkins, J. (1999). Culture and the power of narrative. *Journal of Business and Technical Communication, 13*, 245-248. doi: 10.1177/105065199901300301

Browne, A. J., & Fiske, J.-A. (2001). First Nations women's encounters with mainstream health care services. *Western Journal of Nursing Research, 23*, 126-147. doi: 10.1177/019394590102300203

Browne, A. J., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M. J., & Wong, S. (2009). Cultural safety and the challenges of translating critically oriented knowledge in practice. *Nursing Philosophy, 10,* 167-179. doi: 10.1111/j.1466-769X.2009.00406.x

Bryman, A. (2004). *Social research methods* (2nd ed.). Oxford, UK: Oxford University Press.

Campinha-Bacote, J. (1999). A model and instrument for addressing cultural competence in health care. *Journal of Nursing Education, 38,* 203-206.

Canadian Nurses Association. (2008). Code of ethics for registered nurses. Ottawa, ON: Author.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research.* San Francisco: Jossey-Bass.

Donahue, N. (2009). Embracing diversity among students and patients. *Teaching and Learning in Nursing, 4,* 119-121. doi:10.1016/j.teln.2009.02.005

Duffy, M. (2001). A critique of cultural education in nursing. *Journal of Advanced Nursing, 36,* 487-495. doi: 10.1046/j.1365-2648.2001.02000.x

Fahrenwald, N. L., Boysen, R., Fischer, C., & Maurer, R. (2001). Developing cultural competence in the baccalaureate nursing student: A population-based project with the Hutterites. *Journal of Transcultural Nursing, 12,* 48-55. doi: 10.1177/104365960101200107

Felder, E. (1995). Integrating cultural diversity theoretical concepts into the educational preparation of the advanced practice nurse: The cultural diversity practice model. *The Journal of Cultural Diversity, 2,* 88-92.

Gill, P. B. (2001). Narrative inquiry: Designing the processes, pathways and patterns of change. *Systems Research and Behavioural Science, 18,* 335-344. doi: 10.1002/sres.428

Gray, D. P., & Thomas, D. J. (2006). Critical reflections on culture in nursing. *Journal of Cultural Diversity, 13,* 76-82.

Kleinman, A. & Benson, P. (2006). Anthropology in the clinic: The problem of cultural competency and how to fix it. *PLoS Med 3*(10), e294. doi10.1371/journal.pmed.0030294

Maltby, H. J. (2008). A reflection on culture over time by Baccalaureate nursing students. *Contemporary Nurse, 28,* 111-118.

National Aboriginal Health Organization. (2006). *Fact sheet: Cultural safety.* Retrieved from
http://www.naho.ca/english/documents/Culturalsafetyfactsheet.pdf

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

Papps, E., & Ramsden, I. (1996). Cultural safety in nursing: The New Zealand experience. *International Journal for Quality in Health Care, 8,* 491-497. doi: 10.1093/intqhc/8.5.491

Richardson, F., & Carryer, J. (2005). Teaching cultural safety in a New Zealand nursing education program. *Journal of Nursing Education, 44*, 201-208.

Riessman, C. K. (1993). *Narrative analysis*. Newbury Park, CA: Sage.

Riessman, C. K. (2004). Narrative analysis. In M. S. Lewis-Beck, A. Bryman & T. F. Liao (Eds.), *The Sage encyclopedia of social science research methods*. Thousand Oaks, CA: Sage.

Spence, D. (2001). Hermeneutic notions illuminate cross cultural nursing experiences. *Journal of Advanced Nursing*, *35*, 624-630. doi:10.1046/j.1365-2648.2001.01879.x

Vandenberg, H. (2008). *Concepts of culture, diversity and cultural care among undergraduate nursing students: A nursing education perspective.* M.Sc. Thesis, University of Lethbridge, Lethbridge, AB.

Varcoe, C. (2004). Advancing nursing scholarship in diversity: Complexity and equity. *Canadian Journal of Nursing Research, 36*(4), 7-9.

Warren, S. (2003, June). How students understand cultural safety. *Kai Tiaki: Nursing New Zealand*, *9*(5), 26-28.