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Suzanne Burke Lehman
St. Catherine University

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Supporting Inclusivity and Social Justice Literacy in Nursing Education Programs

Final Scholarly Paper
Submitted in Partial Fulfillment
of the Requirements for the Degree of
Masters of Arts in Nursing Education

St. Catherine University
St. Paul, Minnesota

Suzanne Burke Lehman

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ST. CATHERINE UNIVERSITY
ST. PAUL, MINNESOTA

This is to certify that I have examined this
Master of Arts in Nursing Education Scholarly Project
written by

Suzanne Burke Lehman

and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
the final examining committee have been made.

Graduate Program Faculty

Name of Faculty Project Advisor

Date

DEPARTMENT OF NURSING

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TABLE OF CONTENTS

I. ABSTRACT.....v

II. INTRODUCTION..... 6

III. PROGRAM PRACTICES.....8

 a. Mission and Vision.....9

 b. Environment.....9

 c. Relationships.....10

 d. Reflection.....11

IV. CONCLUSION.....14

V. REFERENCES.....15

Abstract

Healthcare in the United States is not meeting the needs of its citizens. Inequality based on race and economics has been well documented in recent years. Nurses have the power to positively influence healthcare inequities and change the landscape of today's healthcare system. Nursing education programs can be a catalyst for this change. Through the creation of supportive practices, nursing education programs can be instrumental in helping future nurses increase their awareness and understanding of culture, race, and social justice in healthcare.

According to the United States Bureau of Labor and Statistics registered nurses constitute the largest health care occupation with 2.6 million registered nurses practicing nationwide (2011). Our position as the largest group of direct patient caregivers gives nurses a tremendous opportunity and professional responsibility to influence the nation's health (Smith, 2007). National reports have repeatedly documented healthcare disparities in the United States, and underscored the urgent need for action to correct the deficiencies in care received by racial minorities and individuals living in poverty (Agency for Healthcare Research and Quality [AHRQ], 2009). Gloria Smith said it well when she said, "health disparities produce avoidable suffering, lost productivity, and discarded human resources" (2007). Ultimately, nurses must step forward to serve as patient advocates and change agents in creating health care equality. (Giddings, 2005, Johnstone, 2006).

Nurse educators are at the forefront of ushering in this professional change. It is not enough for us to educate students to carry out the knowledge and professional abilities of nursing (Clark & Robinson, 1999). We must educate students to become nurses in the context of a healthcare system that does not adequately address the needs of the entire population (AHRQ, 2009). Educators must be leaders in helping students understand the nature of these inequities and their role, as nurses, in facilitating change and dismantling systems and practices that support bias (Vickers, 2008). If we continue to tolerate the belief that everyone is "equal" in terms of healthcare opportunity and resources, we will continue to support the existing system of prejudice and inequality. The issues of racial disparity plaguing the healthcare system are also present in higher education (Slaughter, 2009). This means nurse educators are in the challenging position of needing to develop effective ways to educate students to be unbiased practitioners,

while at the same time working to dismantle inequities that exist in the nursing education system. This is challenging, and yet our ability to successfully re-vision ourselves and create inclusive learning and nursing programs will impact patients.

Educational environments, particularly higher education, are an ideal place to address issues of social justice and bias (hooks, 2003; Lee, 2005; Nunan, George & McCausland, 2000). Institutions of higher learning bring students together in a shared space with the goal of increasing their knowledge in a chosen field of study. The convergence of humanity in an environment dedicated to knowledge and enlightenment creates opportunities to share ideas, life experience and viewpoints that are rarely encountered outside of an educational setting. Nursing programs can use this intersection as a backdrop for introducing students to the value of exploring and honoring diverse life perspectives with the goal of guiding students beyond the confines of their current thinking.

In order to deliver effective, responsible care nurses must possess the cultural self-awareness and competence necessary to provide non-discriminative and socially just care (Abrums & Leppa, 2001). Nurses must also learn to widen the focus of their attention around culture to include a critical look at themselves and the programs and institutions that perpetuate unequal care in today's healthcare system. Social justice oriented approaches in education call for an educator to consciously guide students toward critical self-reflection regarding their place in the structure of socially and historically constructed unequal relationships around race, class, gender, sexual orientation and ability. Social justice literacy specifically speaks to a student's ability to recognize these inequalities and challenge their existence and learn how to be advocates for justice on behalf of oppressed and marginalized people (Cochran-Smith, 2004).

Educators nationally have worked diligently to develop curriculum and teaching strategies directed towards increasing cultural and social justice awareness in nursing education. Unfortunately, the committed effort of a small group of faculty alone is rarely enough to support the successful integration of social justice and culture based curriculum in a nursing program. It takes an infrastructure of support, inside and outside the classroom, to create the lasting change needed to transform thinking and practice, and dismantle the bias that perpetuate healthcare disparities. This paper synthesizes and interprets current literature in an attempt to identify and discuss program attributes that successfully support inclusive nursing education and practice.

Program Practices

Department and organizational practices that support the work of faculty in the classroom are essential (Nairn, Hardy, Parumal, & Williams, 2004; Sensoy & DiAngelo, 2009). The following areas of focus should be taken into consideration when looking at programmatic integration of cultural and social justice literacy curriculum. These areas are not mutually exclusive or exhaustive in nature. They are meant to be used as a starting point for examining program progress. They speak both to the attitudes and practices necessary to support the creation of an education environment that role models the equality we hope to see mirrored in nursing practice.

I. Mission and Vision

The identified mission and vision of a nursing program, and the higher education institution of which it is a part, acts as a compass and foundation for program decision making and practice. A mission that speaks to the values of inclusion and social justice is a powerful tool for ensuring issues of social justice and equality are reflected in the academic community

and its practices (National Academy of Sciences, 2003; Nunan et al., 2000). Well defined institutional expectations can serve as a foundation for defining and supporting action on a program level. A strong commitment to inclusivity serves as a guide in moments of ambiguity and establishes expectations related to social justice within a nursing education program (Griffith et al., 2007, Smith, 2007). Decisions regarding student recruitment and retention, utilization of resources, curriculum and faculty hiring are all impacted by the direction outlined in the mission and vision. A vision that clearly articulates goals around social justice will help members of the nursing department build learning environments that, not only reflect their professional responsibility to address social justice issues, but reinforce the values of the college.

II. Environment

Nursing programs and the space they create for students and faculty influence the value of the overall learning experience and are instrumental in role modeling healthy personal and professional collaboration. A safe, respectful environment that rejects' exclusive behaviors and practices and actively seeks to invite students to become members of a learning community is the foundation for strong educational experiences (hooks, 2003; Smith 2007; Terhune, 2006). Curriculum, interactions in classes, responsiveness to faculty and students' histories and experiences are a powerful means of supporting equality, diversity, and creating a vision for professional change (Jessop & Williams, 2009).

The nursing program environment should reflect an appreciation for flexibility and critical reflection. There should not be an expectation that faculty and students from non-dominant groups assimilate into the dominant norm or change themselves to accommodate or fit in with prevailing opinions and organizational norms (Allen, 2006, Puzan, 2003). Faculty and

students should feel safe to make contributions to the discussion however unsafe or uncomfortable the subject matter may feel to those involved in the dialogue (hooks, 2003).

Faculty and students will eventually grow comfortable with the notion that an environment that honors and supports diverse viewpoints may sacrifice some harmony, but in the end, will lead to greater strides in professional growth, and mutual understanding.

III. Relationships

As nurses, our work is conducted within the context of relationships. Strong relationships are a similarly integral part of building program support for cultural and social justice curriculum and values. Who we decide to build relationships with, and how we conduct those relationships will influence the personal and professional attitudes our students adopt. The creation of vital, dynamic nursing programs means bringing people together with differing viewpoints and perspectives within the context of a relationship to establish a shared vision for nursing education and health.

We need to intentionally cultivate relationships with students, colleagues and community partners that are outside of the white, female majority that comprises most nursing education programs. A priority should be placed on hiring a diverse faculty, admitting a diverse student body and cultivating ongoing relationships with the external community in an effort to build dialogue and relationships with the communities we serve, particularly communities of color, and underserved populations (Coleman, 2008; Griffith et al., 2007, Slaughter, 2009).

Creating an environment that is diverse is not intended to fulfill some arbitrary quota for the sake of appearances. It is a dedicated effort to give voice to the richness of ideas and perspective found in our community (Freire, 1970). Hiring non-white faculty encourages

students of color and positively influences minority student retention. Increased minority nurse representation in the healthcare workforce will improve access and quality of care for underserved minority populations (National Advisory Council on Nurse Education and Practice [NACNEP], 2010; Smedley, 2004). We commit to justice in action by building strong relationships with a diverse community inside and outside our nursing programs. If we continue to cultivate a culture of sameness, the nursing profession and healthcare will remain fixed in place.

We also need to be willing to engage in tough conversations around race, culture and health care justice. The initial and even ongoing dissonance and discomfort of these relationships and conversations can be challenging and exhausting, but ultimately rewarding. These interactions help us role model the value of listening to new ideas and the importance of actively seeking out rarely heard voices and perspectives in nursing. As students and faculty engage in this process, they will develop the stamina and courage to tackle other challenging conversations in their professional lives (Sensoy & DiAngelo, 2009).

IV. Reflection

Reflection and self awareness around the topic of inclusivity and justice are essential to supporting the work of cultural and social justice literacy (hooks, 2003; Karis, 2008; Terhune, 2006). Nursing programs and educators must role model a humble and courageous practice of self-reflection in examining program effectiveness, and relationships between colleagues, faculty and students. Programs that claim to “be for social justice” must engage in reflection on their role in perpetuating patterns that support exclusivity, and continually seek to counter those patterns (Sensoy & DiAngelo, 2010). Members of the department must realize that individual experiential knowledge is central to our interpretation of “meaning” (Closson, 2010). In other

words who you are and where you're "coming from" determines how you understand and interpret the world around you. This notion is particularly powerful when you examine programmatic decisions based on a collective lens that has historically excluded members of our community. Faculty and administrators must seek to understand the unconscious lenses they look through as they make decisions. There is a particular need to examine who is involved in making decisions. Nursing and nursing education is predominantly white and female (American Association of Colleges of Nursing [AACN], 2011; Sullivan Commission, 2004; United States Department of Health and Human Services, 2010). The homogeneity of the nursing profession has an impact on how nursing education, health, and nursing care is interpreted for patients and communities. Programmatic decisions that reflect homogeneity in thinking and perspectives can serve as a barrier to instituting policies and practices that are reflective of a diverse learning and healthcare community (Hassouneh, 2008). This often translates into a tendency to develop programs and practices aimed at "fixing" students and faculty that don't reflect the departmental perspective rather than putting our energy toward examining how we can be inclusive of all ways of thinking and being (Wilby, 2009). It is unreasonable to think that a homogenous group of practitioners can be successful in deciding the future of healthcare for a diverse population.

There needs to be a priority placed on hiring and supporting faculty of color in an effort to not only represent the communities we serve, but to diversify the range of perspectives and "lenses" through which programmatic decisions are made (Smedley, Stith & Nelson, 2003). It will always take effort to recognize the needs of people who fall outside the dominant group, but it is a professional mandate. This means faculty and administration have to consciously step back and let divergent opinions emerge. The goal is to examine and increase awareness of

personal perspectives and institutional practices that create bias and inequity and make sure there is representation and participation from all members of the program and community.

Dedicating ourselves to individual and programmatic self-discovery empowers us to effectively serve as mentors to our students as they embark on their own, sometimes painful, journeys of self-reflection (Allen, 2006). . We must create an educational environment where students learn the value of creating space within themselves to receive and thoughtfully consider the thoughts and perspectives of people who are dissimilar from themselves. This willingness to hear another point of view creates an environment that isn't about conversion, but conversation. Programs and faculty cannot role model and guide students through this process if we lack awareness and commitment to evaluating our own progress.

We begin the process of programmatic self-reflection by collecting data regarding our progress, listening to the stories of our students and faculty about their experiences in the program and their perceptions of "how are we doing?" and "what is needed?". Reflection is a vital step in creating positive change (Griffith et al., 2007; Smith, 2007; Terhune, 2006). The process will need to include a systematic examination of the effectiveness of current practice and a willingness to challenge the homogeneity of current practice and open the door to a broader interpretation of health and nursing practice (Hassouneh, 2008).

Conclusion

Faculty can't create inclusive nursing education environments on their own. They need the support of strong program policies and practices. There must be a web of faculty and departmental relationships that serve as infrastructure to support students, faculty and, administrators during the often difficult and ambiguous process of resistance and vigilance

required to breakdown structures of bias (Smith, 2007). The nursing code of ethics and leadership statements demand we step forward and actively engage in fighting inequality wherever we encounter it (American Nurses Association [ANA], 2001). When we remain uninformed and uninvolved in issues of social justice we become silent collaborators and partners with injustice (Wise, 2005). Our success, as nurses, in creating health care equality is rooted, in part, in the ability of learning institutions and nursing programs to support the work occurring in the classroom.

We must make a path by walking on it - Joseph Barndt

References

- Abrums, M., & Leppa, C. (2001). Beyond cultural competence: teaching about race, gender, class, and sexual orientation. *Journal of Nursing Education*, 40(6), 270-275.
- Agency for Healthcare Research and Quality. (2009). National healthcare disparities report. Rockville, MD: Agency for Healthcare Research and Quality.
- Allen, D. (2006). Whiteness and difference in nursing. *Nursing Philosophy*, 7(2), 65-78.
- American Nurses Association. (2001). *Code of Ethics for nurses with interpretive statements*. Washington, DC: ANA. Retrieved from <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses.aspx>
- American Association of Colleges of Nursing. (2011). *Race/ethnicity of students enrolled in generic (entry-level) baccalaureate, masters, and doctoral (research-focused) programs in nursing, 2001-2010*. Retrieved from <http://www.aacn.nche.edu/IDS/>.
- Bureau of Labor and Statistics. (2011). *Occupational Outlook Handbook*. United States Department of Labor. Retrieved from <http://bls.gov/oco/ocos083.html>.
- Clark, C., & Robinson, T. (1999). Cultural diversity and transcultural nursing as they impact health care. *Journal of National Black Nurses Association*, 10(2), 46-53
- Closson, R. B. (2010). Critical Race Theory and Adult Education. *Adult Education Quarterly*, 60(3), 261-283.
- Cochran-Smith, M. *Walking the Road: Race, Diversity, and Social Justice in Teacher Education*. New York: Teachers College Press, 2004.
- Coleman, L. D. (2008). Experiences of African American Students in a Predominantly White, Two-Year Nursing Program. *ABNF Journal*, 19(1), 8-13.

- DiAngelo, R., & Sensoy, O. (2010). "OK, I Get It! Now Tell Me How to Do It!": Why We Can't Just Tell You How to Do Critical Multicultural Education. *Multicultural Perspectives*, 12(2), 97-102. doi:10.1080/15210960.2010.481199
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: The Continuum International Publishing Group Inc.
- Giddings, L. (2005). A theoretical model of social consciousness. *Advances in Nursing Science*, 28(3), 224-239.
- Griffith, D.M., Mason, M., Yonas, M., Eng, E., Jeffries, V., Plihcik, S., & Parks, B. (2007). Dismantling institutional racism: Theory and action. *American Journal of Community Psychology*, 39, 381-392.
- hooks, b. (2003). *Teaching community: A pedagogy of hope*. New York: Routledge.
- Hassouneh, D. (2008). Reframing the diversity question: Challenging eurocentric power hierarchies in nursing education. *Journal of Nursing Education*, 47(7), 291-292.
- Johnstone, M. (2006). Guest editorial. Nurses must take a stand against racism in health care. *International Nursing Review*, 53(3), 159-160.
- National Academy of Sciences. (2003). *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*. The National Academies Press, Washington, DC.
- Lee, T. M. (2005). Intercultural teaching in higher education. *Intercultural Education*, 16(3), 201-215. doi:10.1080/14675980500211808
- Nairn, S., Hardy, C., Parumal, L., & Williams, G. (2004). Multicultural or anti-racist teaching in nurse education: a critical appraisal. *Nurse Education Today*, 24(3), 188-195.

National Advisory Council on Nurse Education and Practice. (2010). Addressing new challenges facing nursing education: Solutions for a transforming healthcare environment., 8th annual report.

Retrieved from [http:// bhpr.hrsa.gov/nursing/NACNEP/reports/eighth.pdf](http://bhpr.hrsa.gov/nursing/NACNEP/reports/eighth.pdf)

Puzan, E. (2003). Debates and discourses. The unbearable whiteness of being (in nursing). *Nursing Inquiry*, 10(3), 193-200.

Sensoy, Ö., DiAngelo, R. (2009). Developing Social Justice Literacy. *Phi Delta Kappan*, 90(5), 345-352.

Slaughter, J. B. (2009). It's time to get angry about underserved students. *Chronicle of Higher Education*, 55(20), A68-A68.

Smedley, B. D., Stith, A. Y., & Nelson, A. R. (2003) *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington D.C.: National Academies Press.

Smith, G. R. (2007). Health disparities: What can nursing do? *Policy, Politics, & Nursing Practice*, 8(4), 285-291.

Sullivan Commission. (2004). *Missing persons: Minorities in the healthcare professions*.

W.K. Kellogg Foundation. Retrieved from [http:// www.aacn.nche.edu/media/pdf/sullivanreport.pdf](http://www.aacn.nche.edu/media/pdf/sullivanreport.pdf)

Terhune, C. P. (2006). "Can we talk?" using critical self-reflection and dialogue to build diversity and change organizational culture in nursing schools. *Journal of Cultural Diversity*, 13(3), 141-145.

United States Department of Health and Human Services. (2010). *Initial findings from the 2008 national sample survey of registered nurses*. Retrieved from bhpr.hrsa.gov/healthworkforce/rnsurvey/initialfindings2008.pdf

- Vickers, D. (2008). Social justice: a concept for undergraduate nursing curricula? *Southern Online Journal of Nursing Research*, 8(1), Retrieved from EBSCOhost.
- Wilby, M. (2009). When the world is white. *International Journal for Human Caring*, 13(4), 57-61.
- Wise, T. (2005). *White like me: Reflections on race from a privileged son*. New York: Soft Skull Press.