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How Can We Help Minority Nursing Students?

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CASE REPORT

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Abstract

This article details the example of remediating an at-risk nursing student who failed two clinical rotations at a large university nursing program. It is a case of working with a minority student using six simulations and two clinical days in the hospital. The author describes the process of how the simulations and clinical experiences were used to assist the student in increasing her confidence and clinical abilities. In addition to the example of the student, an extensive literature review was done prior to working with the student. This aided the author not only in determining methods for assisting the student, but also in understanding the student's culture and ethnicity. The authors of the nursing journal articles discuss the variety of at risk students categories and how faculty and advisors can help these students to be successful. Nursing faculty should find this article helpful in their work with at risk students because the remediation plan outlined could be adapted to help many different students with clinical difficulties.

Key words

Minority students, Remediation, Clinical failure

It is important to have nurses from many cultural and ethnic groups to care for multicultural patients. Thus it is crucial that nursing programs admit and retain nursing students from varied backgrounds. These students from ethnically minority groups can bring desirable characteristics, background, and understanding to the entire cadre of nursing students. The challenge is for one nursing program to work with a wide variety of nursing students and help them all achieve success.

I will review the literature on minority nursing students and suggest ways they can realize their goal of becoming professional nurses. Then I will discuss strategies for minority student recruitment and retention and how to handle academic and clinical difficulties which may occur with these students. Some minority students struggle with or experience language and cultural adjustments which can exhibit as academic or clinical difficulties. One example of cultural difference might be lack of eye contact. This may be a sign of respect in one culture and a sign of disrespect in another. Last, I will use an example to illustrate remediation of one ethnic minority student who failed two clinical rotations.

Minority students

Nurse educators offer many model programs designed to assist at-risk students. At-risk students may include minority students. First, I will discuss issues and programs related to minority students such as recruitment barriers and strategies,

retention barriers and strategies, and remediation. Then I will mention features of cultural awareness such as cultural differences, cultural patterns, language, and characteristics of ESL students. Last, I will report on clinical issues that may arise when working with minority students and some aspects of the faculty role when working with these students.

Recruitment barriers

Some nursing programs consider minority students as at-risk and therefore, recruitment barriers exist. These barriers include: (a) lack of role models for minority students; (b) deficiencies in academic readiness for admission, especially a lack of educational preparation for a rigorous science curriculum; (c) inadequate preparation for the standardized aptitude tests required before university admission; (d) lack of financial resources for a college education; (e) unwillingness to take out loans to finance tuition; (f) ignorance about financial aid programs; (g) disclosure by counselors that they discouraged minority students from pursuing a health careers major, because of the risk of prejudice and communication issues such as language barriers to reading and writing. In addition, the academic performance of some minority students demonstrate the consequences of poor study habits, family and work obligations, lack of adequate social support, and the experience of minority status as a source of stress in predominately White universities [1-2].

Recruitment strategies

The American Association of Colleges of Nursing (AACN) offers many strategies to increase minorities in nursing. AACN mentions the following as recruitment strategies: launch a program to reach certain minority groups, use school counselor education efforts, enhance the school's website, and start a mentoring program. Additional ideas include an interview component to the nursing school's admission process rather than just using a grade point average cutoff, mentor students one on one, set up consultations, offer career counseling, and help with financial planning [3].

Workshops for students and faculty can prove helpful. Nursing programs could send a survey to all students asking them to identify issues for which they might want workshops. These workshops could cover time management or any other issues that students found useful. Faculty workshops to heighten sensitivity to issues that might affect the minority student's ability to succeed would also be important [3].

Other options are to hire a recruiter, update all marketing materials to be minority and male friendly, develop an outreach letter in Spanish, create a letter to parents discussing the shortage of Native American, Hispanic, and African nurses, distribute marketing materials at high school/college fairs including stops at all-male high schools, encourage guidance counselors to steer bright students towards nursing, approach the media about writing stories on the need for a more diverse nursing workforce, attend community job fairs and college job fairs to canvass new recruits, encourage current nursing students to volunteer at recruitment events and local schools, visit Native American reservations, attend minority community events including public school events, job fairs, open houses, and health fairs, place ads in minority newspapers, and encourage job shadowing for both traditional and non-traditional students [3].

Retention barriers

Minority students face many challenges once admitted to a nursing program. Retention barriers are very similar to recruitment barriers. Buchanan mentions several aspects of the nursing program which make it particularly challenging for African-Americans. Many times nursing programs expect students to learn at a more accelerated pace than what they may be accustomed. In addition to the pace, much of the terminology used is new to them and material covered is extremely complex [4].

Soroff and Rich listed several reasons for failure. They found that many minority students are not prepared academically to enter college and need remediation. Students compromise their academic performance initially by poor study habits and lack of a support system at home. An analysis of data and students' responses to a 30-item questionnaire identified the following problems: (a) cultural alienation reported as perceived lack of support from White faculty/classmates; (b) failure to use available counseling; (c) heavy academic workload and a rigorous science curriculum; (d) family obligations; (e) poor study skills; (f) time management problems and (g) difficulties in taking standardized tests revealed several problems of minority students [2].

One specific failure problem facing nursing programs is attrition. Seago and Spetz studied nursing students in California community colleges and found that programs with higher percentages of Asian and African American students had higher attrition rates and that support services do not counteract these rates. Their findings showed that only learning resource centers, out of several options such as a counseling program and a library, have a significant negative relationship with attrition rates [5].

Retention and Success Strategies

Cultural differences

In order to retain minority students and help them succeed, faculty should be aware of the needs that these students may have. Yoder proposed a set of needs in four categories: (a) Personal needs - financial support, insufficient time, family responsibilities, and language difficulties; (b) Academic needs – study workload, the need for tutoring, the need for study groups; (c) Language needs – prejudice experienced because of accents; (d) Cultural needs - lack of ethnic role models, communication, assertiveness [6].

Brown and Marshall mentioned several strategies to meet the needs of at-risk students to succeed: (a) use formative and summative evaluation tools; (b) use specialty and custom exams prior to completion of each clinical course; (c) design prescriptive remediation programs based on student performance on these assessments as the tools identify areas of weakness; (d) strive to create a more diversified curricula to address current health care trends; (e) utilize a number of different surveys to assess student satisfaction and success such as assessments of student satisfaction with learning, campus climate, advisement, faculty evaluations, and perceptions of customer service; (f) assign peer mentors to new students and faculty; (g) offer informational sessions to newly accepted students to prepare them with test-taking strategies, critical thinking, study and writing skills [1].

Most of these strategies pertain to academic issues. Faculty and advisors must institute alternative strategies to help incoming students who have personal, cultural and language needs also. Universities and schools of nursing should create environments that are conducive to the success of these students while building a sense of community [4].

Cultural patterns

In order to create a sense of community, faculty must be aware of their own patterns of responding to cultural differences. Yoder found five Patterns of Responding to Student Ethnic Diversity for faculty to consider [6].

1. Generic – low level of cultural awareness; ethnicity is not considered important; faculty assume that ethnic students do not have difficulties any different than the general population of students. 2. Mainstreaming – high level of cultural awareness and identify many special requirements of ethnic students. Interventions are directed toward assisting students to adapt to mainstream culture. Students are expected to drop styles of behavior that are different and to adopt behaviors that conform to the dominant culture. 3. Nontolerant – faculty are unwilling to tolerate cultural differences and are perceived to exhibit behaviors that create barriers for minority students. 4. Struggling – faculty moving from lower to higher cultural awareness; realize they want to change strategies and experiment with new techniques to assist students.

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5. Bridging – high cultural awareness and high culturally adaptive instructional responses. The educators value diversity, respect cultural differences among students, and encourage students to maintain their ethnic identity and to function biculturally. Faculty adapt as well as the students to create a comfortable learning environment and to bridge the gap between the student's cultural world and the dominant "white world" [6]. The negative consequences which the students experienced as a result of these patterns of responding were: invisibility, cultural isolation, unrecognized needs, pressure for conformity, devalued cultural perspectives, increased responsibility and unacknowledged barriers [6]. Faculty need to be aware of how their responses affect students and work toward the struggling and bridging patterns of responding.

ESL students

English as second language (ESL) students may or may not be minority students but they do have unique challenges because of language. Faculty and advisors need to enable and empower our ESL students and help them reach their goals successfully. Abriam-Yago, Yoder, and Kataoka-Yahiro discussed several teaching/learning strategies for ESL students. Developing effective teaching strategies for ESL students is an ongoing process and differs with each group of students. There should not be a set of principles for majority students and another for ESL students. Teaching and testing strategies must be varied. The first prerequisite is having an open attitude towards improving teaching practices. Second, it is important to have an understanding of one's own cultural perspectives. Third, the faculty must have knowledge of students' cultural experiences that have shaped their learning [7].

Several authors have discussed the academic needs of ESL students. Rogan, San Miguel, Brown and Kilstoff mentioned a need for change in the nursing curriculum and teaching methods because of cultural differences that are not congruent with some minority and ESL students [8]. Sanner and Wilson agreed and spoke about different learning preferences of ESL nursing students and their need to be successful in a nursing program [9].

Adjustment problems may also result from students' concerns about how others perceive their accents. This perception can lead to negative thoughts about themselves. Sanner and Wilson found that ESL students were accustomed to learning through rote memorization. In contrast to a highly structured learning environment, the nursing program requires students to actively participate in their learning through group work and oral presentations [9].

Although the participants in the Sanner and Wilson study spoke about their learning issues, they did not perceive that reading comprehension and speech were the major reasons for their academic difficulty. These participants felt that issues of discrimination and stereotyping were contributing factors. Faculty need to be aware of their tendency to stereotype and disregard students' circumstances [9].

ESL differences in clinical

The differences of ESL students might be more commonly seen in the clinical setting than in the classroom. One such difference comes from ESL students' unfamiliarity with the English language. Nursing faculty may label students as slow when their need to translate what they heard, prepare an answer, and translate it back to answer in English is the issue [10]. Specific problems students experienced in clinical included unclear pronunciation, lack of initiative in communicating with staff, nodding and smiling when asked to do something rather than responding verbally, and failing to explain and reassure patients when providing care [11].

Language problems made it difficult for several students to clarify their role with nursing staff, a difficulty sometimes compounded by cultural issues. Nurses sent messages to students, generally via the instructor, if they perceived that cultural differences interfered with the work of the staff in the clinical setting and that students should mediate this by blending in with others [10]. These differences made the ESL students feel that they did not belong in the clinical setting. The individual and institutional interactions in clinical nursing education privileged whiteness and marginalized those whose differences challenged the ability of teachers and nurses to enact their role [10]. Fortunately, patients also influenced students' sense of belonging and helped students feel satisfied if they contributed to patient care [8].

Faculty role

We cannot underestimate the role that faculty play in dealing with the at-risk student. Paterson et al. felt that a limitation of the literature on cultural diversity in nursing education is generally presented as if instructors need to learn how to relate to students of minority cultural groups so that these students can adapt to the expectations and practices of the predominantly Euro-white female faculty [10]. Few researchers have attempted to break down the privilege of whiteness embedded in nursing education—something that definitely needs attention [10].

However, there are some things that faculty can do. Brown, Neudorf, Poitras, and Rodger listed some success strategies to deal with clinical failure issues. These issues are not specific to minority students, but I found many of them very useful in working with a minority student. These authors found those students experiencing difficulty providing safe care might benefit from additional support strategies such as extra coaching and help with clinical preparation; one-to-one instruction; review of care plans and assignments directly with faculty; and additional lab practice opportunities. Faculty need to make sure that the nursing program and the student share joint responsibility to facilitate student success in providing safe and competent nursing care [12].

Faculty-student interaction

Part of student success is interacting with faculty. According to Gardner, students are more willing to persist in nursing programs if they establish personal ties to faculty or peers [13]. Faculty behavior inside the classroom can create an environment that extends outside of the classroom also helping students to develop personal ties.

A relationship between faculty and student that is devoid of academic evaluation issues provides the type of experience whereby the student feels free to discuss a myriad of perceptions, feelings, and experiences. The process is most effective when students and faculty periodically review the student's progress, and faculty provide positive feedback for accomplishments and make suggestions for improvement when indicated. Faculty serving as supportive role models must use every opportunity to convey to students the belief that they are capable and competent, while conveying needed information about personal and university resources [14].

All ethnic minority students do not have the same problems or need the same resources. Faculty need to become more skillful at assessing and interpreting the perspective of the individual student. There is a need to recognize cultural differences without formulating a fixed set of remedies for the purpose of predicting an individual student's responses [6].

Faculty mentors

Some colleges of nursing have developed a successful faculty mentor program to help at-risk students. Buchanan's qualitative study with 10 African-American students revealed that students' responses to a taped face to face interview revealed the need for a mentoring program. The targeted students would benefit from an orientation to the rigorous nature of nursing school prior to entrance into the nursing program [4]. Buchanan's study revealed the need for an organized study group that would incorporate study techniques and test taking skills. A warm and caring mentor who would encourage and motivate the students to succeed is also important. Student responses to the questionnaire included a sense of belonging, inclusiveness, and identification with a mentor as ongoing themes [4].

One Example

The need for a mentor to help a minority student became a reality for one student and me. In a recent semester, my associate dean asked me to mentor a Mexican-American student. This student was known to me only slightly as someone who sat in my classroom of 64 students the previous semester. She had failed two different clinical rotations—an adult rotation and a pediatric rotation. Due to some special circumstances the admission and progression committee gave the student another chance at continuation in the nursing program provided she went through a remediation program. When

the associate dean asked her who she would like to work with, she mentioned my name. The associate dean had already set up a remediation to bolster her theoretical skills with a graduate student and I was tasked to oversee her clinical remediation. This was a new situation to me and it was both inviting and challenging not to have any definitive program to follow. This left me free to develop my own. Developing a prescriptive remediation program based on areas of weakness is an important strategy mentioned by Brown and Marshall that worked very well for this student [1].

My first step in this endeavor was to search the literature. A graduate assistant using keywords such as academic failure, clinical failure, and minority nursing students found articles for me. After reading approximately 25 nursing journal articles on working with minority, ESL, and at-risk students, I put together a program. Before starting the program, I met with the student to get to know her better and to discuss our relationship and expectations. I knew her to be a quiet unassuming person and I wanted to make sure we would be suited to each other. We had a nice conversation about her background and aspirations. She admitted feeling somewhat invisible and culturally isolated as mentioned by Yoder [6]. She seemed to have adequate family and financial support which I knew to be important for Mexican-American students. Taxis reported on a study of nine Mexican-American students and concluded that ongoing social support from family and peers and financial support were crucial to these students [15].

The remediation program included six simulations in a laboratory setting, one per week, and two clinical sessions in the hospital setting in the fourth and fifth weeks of the remediation. For the first three weeks I created an unfolding case study of an adult post-operative patient who was experiencing a normal post-operative period and then subsequently developed a wound infection, a deep vein thrombosis, and pulmonary embolus on successive weeks. I then worked with a pediatric nurse educator to develop two more simulations--an infant with croup and an adolescent with cystic fibrosis, ending in the sixth and last week with the care of both of these last two patients together.

I sent an email to the student each week that contained the health history, diagnosis, medications, laboratory results, and orders for care. She came to each simulation prepared to care for the patient including assessment, medication administration, wound care, and follow up with her instructor and assigned nurse (simulated) when appropriate. One of the simulation team members performed the voice of the adult and adolescent patient and another member acted as the mother of the infant. This was to help the student gain confidence, not only in physical care of the patients, but in communication with patients, relatives, staff, and instructor. Yet another simulation team member carefully set up the patient rooms and developed patient charts to be as realistic as possible.

The student steadily increased in proficiency and confidence and acted quite naturally with her simulated patients as the weeks progressed. After each hour-long simulation, she and I went to my office, debriefed using standard debriefing questions, viewed the streamed-in simulation on a computer, and discussed her performance. We also discussed the medications and diagnostic results together and set goals for the next simulation. The standard debriefing questions included: What types of communication were used by the various team members and how effective was it? What parts of the simulation did you think went well? What parts of the simulation could be improved? What issues came up during the simulation that you were not expecting? How can nurses prepare for the unexpected? Is there anything else you would like to discuss [16]?

During the fourth and fifth weeks, the student and I went to a hospital unit and I assigned the student a patient for a morning. She was not given specific medication or diagnostic information ahead, but knew that she would be caring for a patient who had heart failure. The first morning of care, the student cared for her patient and I accompanied her and observed all of her actions with her patient. For the second morning of care one week later, I allowed the student more freedom to care for her patient more independently. She only sought help when needed and appropriate. She was able to function safely with minimal assistance. In addition, she completed a nursing care plan for each of her heart failure patients which I reviewed with her.

At the end of the six weeks, the student wrote "The simulations were very positive learning experiences. I had the opportunity to prove to them [faculty] and myself that I have the knowledge to move on. Also these experiences helped me regain that confidence that I lost along the way. The simulations helped me rebuild the skills needed to communicate with professors in a clinical setting. It also gave me the opportunity to practice and make stronger my critical thinking skills (personal communication, 2010).

This student went on to successfully complete both a pediatric and an adult clinical rotation with two different instructors. One of the instructors reported to me that the student was the most competent and confident one in her clinical group of eight. The student also told me that she had joined a Hispanic club on campus to reduce her cultural alienation and provide ethnic role models [2, 6]. This student has now graduated after her last semester of a community health rotation and a precepted experience in the hospital with a staff nurse.

Conclusion

The strategies for success listed by Brown et al. were very effective in working with this minority student [12]. The extra coaching and help with clinical preparation, one-to-one instruction, review of care plans and assignments directly with faculty, and additional lab practice opportunities facilitated her success in providing safe and competent nursing care. There are many problems related to recruitment, retention, academic, and clinical issues that our minority nursing students face today. Faculty need to be aware of and give attention to these issues. I was able to share my experience with my colleagues and we have developed further remediation programs to help other students.

This review of literature is not meant to be an exhaustive collection of ideas to engage our minority students, but gives information for the beginning of an individualized plan to help these students. I am now much more aware of my communication with minority students [6] and I seek out minority and ESL students in my courses to offer any assistance with paper writing and test taking [7].

Because of increased awareness, our nursing college offered educational opportunities to our faculty on topics such as writing and testing skills with minority and ESL students [1]. Hopefully, having so many options will encourage faculty and advisors to make plans to facilitate the success of this important group of students.

References

[1] Brown, J., Marshall, B. L. A historically black university's baccalaureate enrollment and success tactics for Registered Nurses. Journal of Professional Nursing [Internet]. 2008; 24: 21-29. Available from: http://www.professionalnursing.org/article/S8755-7223%2807%2900137-8/fulltext PMid:18206839 http://dx.doi.org/10.1016/j.profnurs.2007.06.006

[2] Soroff, L., Rich, E., Rubin, A., Strickland, R. D., Plotnick, H. D. Diversity: a transcultural nursing educational environment. An imperative for multicultural students. Nurse Educator [Internet]. 2002; 27: 151-154. Available from: http://journals.lww.com/nurseeducatoronline/Citation/2002/07000/A_Transcultural_Nursing_Educational_Environment_.2.aspx PMid: 12131806 http://dx.doi.org/10.1097/00006223-200207000-00002

[3] American Association of Colleges of Nursing. Effective strategies for increasing diversity in nursing programs. AACN Issues Bulletin [Internet]. 2001. Available from: http://apps.aacn.nche.edu/Publications/issues/dec01.htm

[4] Buchanan, B. W. A mentoring pyramid for African American nursing students. The ABNF Journal 1999; 10: 68-70. PMid:10624172

[5] Seago, J. A., Spetz, J. California's minority majority and the white face of nursing. Journal of Nursing Education [Internet]. 2005; 44: 555-562. Available from: http://www.slackjournals.com/article.aspx?rid=35051. PMid:16402738

[6] Yoder, M. K. Instructional responses to ethnically diverse nursing students. Journal of Nursing Education [Internet]. 1996; 35: 315-321. Available from: http://www.slackjournals.com/pastIssue.aspx?pubid=jne. PMid:8892119

[7] Abriam-Yago, K., Yoder, M., Kataoka-Yahiro, J. The Cummins Model: a framework for teaching nursing students for whom English is a second language. Journal of Transcultural Nursing [Internet].1999; 10: 143-149. Available from: http://tcn.sagepub.com/content/10/2/143.full.pdf+html. PMid:8892119 http://dx.doi.org/10.1177/104365969901000208

[8] Rogan, F., San Miguel, C., Brown, D., Kilstoff, K. "You find yourself": perceptions of nursing students from non-English speaking backgrounds of the effect of an intensive language support program on their oral clinical communication skills. Contemporary Nurse [Internet]. 2009; 23: 72. Available from: http://www.contemporarynurse.com/archives/vol/23/issue/1/article/2182/you-find-yourself. PMid:17083321 http://dx.doi.org/10.5172/conu.2006.23.1.72

[9] Sanner, S., Wilson, A. The experiences of students with English as a second language in a baccalaureate nursing program. Nurse Education Today. 2008; 28: 807-813. Available from: http://www.nurseeducationtoday.com/article/S0260-6917%2808%2900028-2/abstract. PMid:18448206 http://dx.doi.org/10.1016/j.nedt.2008.03.004

[10] Paterson, B. L., Osborne, M., Gregory, D. How different can you be and still survive? Homogeneity and difference in clinical nursing education. International Journal of Nursing Education Scholarship. 2004; 1: 1-13. Available from: http://www.bepress.com/ijnes/vol1/iss1/art2. http://www.bepress.com/ijnes/vol1/iss1/art2

[11] Shakya, A., Horsfall, J. M. ESL undergraduate nursing students in Australia: some experiences. Nursing & Health Sciences. 2000; 2: 163-71. Available from: http://onlinelibrary.wiley.com/doi/10.1046/j.1442-2018.2000.00050.x/pdf. http://dx.doi.org/10.1046/j.1442-2018.2000.00050.x

[12] Brown, Y., Neudorf, K., Poitras, C., Rodger, K. Unsafe student clinical performance calls for a systematic approach. Canadian Nurse. 2007; 103: 29-32. Available from: http://www.canadian-nurse.com/index.php?option=com_content&view=article&id=372&Itemid=2&lang=en

[13] Gardner, J. D. A successful minority retention project. Journal of Nursing Education 2005; 44: 566-568. Available from: http://www.slackjournals.com/article.aspx?rid=35053. PMid:16402740

[14] Campbell, A. R., Davis, S. M. Faculty commitment: retaining minority nursing students in majority institutions. Journal of Nursing Education 1996; 35: 298-303. Available from: http://www.slackjournals.com/pastIssue.aspx?pubid=jne. PMid:8892116

[15] Taxis, J. C. Fostering academic success of Mexican Americans in a BSN program: an education imperative. International Journal of Nursing Education Scholarship. 2006; 3: 1-14. Available from: http://www.bepress.com/ijnes/vol3/iss1/art19. PMid:17049039 http://dx.doi.org/10.2202/1548-923X.1298

[16] Jeffries, P. R. Simulation in nursing education: From conceptualization to evaluation. 2007. New York: National League for Nursing.