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Teaching and Learning in a Multicultural Setting

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Abstract

In the early 1980s, Dr. Rita Carty, the Dean of George Mason University's College of Nursing and Health Science established its international program. The program has provided degree programs for students at all levels, consultation visits for faculty from universities around the world and programs of orientation to the US healthcare system for international official visitors. Over the years the College of Nursing and Health Science has proven that by reaching out to the world and sharing expertise and technology, we can learn together. Collaboration has been the focus and the goal and along the way we have gained greater understanding of many countries and their cultures. This monograph describes some of those experiences-an extensive program with students from Saudi Arabia and an ongoing one with Nicaragua. It elaborates on the issues, the challenges and the success of the efforts.

Key words

George Mason University, nursing, international program, multicultural setting

Introduction

Twelve students are coming from Saudi Arabia to begin a Baccalaureate degree program in nursing. Do they speak English? Are they all men? How can we cope when our cultures, and therefore our values, are so different from theirs?

George Mason University College of Nursing and Health Science has been facing these questions for several years. Not just with students from Saudi Arabia, but with students from all over the world. Yes, the students must be able to speak, read, and understand English. And they may be men as well as women. But, all will bring their individual cultures with them. Their culture, and its inherent value, influences what they will learn, how they will learn

and how they will apply the learning.

Let me describe one experience at our university.

Background

Since the early 1980s, under the leadership of the Dean, Dr. Rita Carty, George Mason University has emphasized its international program. The College of Nursing and Health Science has proven time and again that we can reach out to the world, share expertise and technology and learn together. Indeed, it has truly been an experience of collaboration.

First a project is identified for the international student. A plan must be developed and then negotiated until there is acceptance by both the foreign institution and the university. Then, the real work begins. What is foremost in this process is the need to gain a thorough understanding of the country and the culture of the people who will be coming. The

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effort requires the faculty to become involved in educational orientation classes. These are classes that focus on cultural beliefs and practices—both everyday living and educational and learning practices. Then, careful and clear comparisons of these beliefs and practices with American perspectives must be studied. Each faculty member involved in the project must take the time to examine his or her own prejudices and feelings and begin to realize that their practices and beliefs are just as unusual to the visitor as the visitor's are to the faculty member.

The Saudi Arabian Project

To provide you with a clearer picture of this process and outcome, I would like to share with you some of the highlights of an ongoing project between George Mason University College of Nursing and Health Science (GMU-CNHS) and King Faisal Specialist Hospital and Research Centre (KFSH & RC) in the Kingdom of Saudi Arabia.

The GMU-CNHS Saudi Nursing Education Program originated in the Saudi-US University Project, which involved a relationship between KFSH & RC and several US universities, including Duke, Yale, Baylor, and George Mason University.

In 1994, a team from GMU-CNHS headed by the dean, Dr. Rita Carty, traveled to Riyadh, Saudi Arabia to evaluate nursing education resources and recommend a program that would prepare competent nurses to provide care and ultimately rise to positions of leadership in practice, education and research. This effort was in response to a clinical mandate to “deliver the most advanced tertiary care possible, particularly for the designated disease categories of cancer, cardiovascular disease, genetic diseases/inborn errors of metabolism, infectious disease/immunology, diabetes mellitus, and other endocrine disorders” (SUSUP, 1993).

Though Saudi Arabia had an excellent health care system, the Kingdom was extremely short of health care providers—especially nurses. In fact, there were few Saudi nurses in the hospitals. The hospitals, instead, were staffed with foreign health care providers. Because of this international focus, English

was the spoken and written language. The team learned that (the Kingdom of) Saudi Arabia's goal was to create a population of Saudi nurses prepared at the baccalaureate level to enter leadership positions but yet to maintain Saudi customs and practices based on culture and religion.

Ultimately, the Saudis accepted George Mason University's plan to provide college graduates who had majored in the natural sciences with an accelerated pathway toward achievement of a Bachelor of Science degree in nursing.

Why Would They Come?

One might wonder why these students were interested in pursuing a nursing degree outside their country. The answers varied. The team learned that some applicants wanted to become nurses. Others believed that their previous degree had not prepared them for a lifelong career. Still others desired the prestige of a degree from an American university. Incentives made the opportunity more attractive and included a full paid scholarship, a stipend for living expenses and a round trip airfare to return to Saudi Arabia midway through the program.

The program that they were about to undertake would last 15 months, building on their science background. It included requirements for intensive English study, a requirement to achieve the stated outcomes of the program. The program had been implemented before to accommodate other students with science backgrounds. Previously, the course length requirement was 12 months, but with the additional courses in English and human anatomy and physiology, the course was extended to 15 months.

Cultural Variations

Much preparation was needed for both faculty and students to be ready for the program. It is known that the Saudi culture is a traditional one with evidence of strong family, religious, and social values. Because of this, the students faced several difficult challenges.

First, men and women in Saudi Arabia are educated separately throughout all levels of education, including

medical training. There are some co-educational universities, but interactions between women and men are strictly limited. Students usually study with same gender instructors. And, as the team observed the Saudi health care setting, the patient's care was always provided by same gender caregivers.

Saudis strongly value their families and take pride in their profession. They often marry early, have families and believe in spending a large amount of time with the family, which can exclude working at night, or being in class all day. This posed some concern, obviously, for American educators and had to be discussed. As in some other countries, Saudi Arabian health care professionals are not held in high esteem. Nurses are considered to be subservient to the physician and even lower class citizens. Men, never consider nursing as a profession for these reasons.

The faculty also addressed the Muslim religion requirement for prayer 5 times a day. The university offered religious services on Friday afternoons, and set aside a private lounge for students to pray. However, on long clinical days, the five prayer sessions could not be accommodated. After much discussion of clinical and cultural requirements, one prayer break during the day was scheduled.

Most of the students were not ready to live independently in the US. They had come from homes in Saudi Arabia where foreigners did household duties and repairs. In short, they needed to learn to manage their own daily lives. They had to buy food, cook, clean, wash clothes, and iron, as well as accomplish household maintenance and repairs.

The concept of deadlines or due dates in western culture was another difficult concept for the Saudi students. In many countries, deadlines are not considered as seriously or held as importantly as they are in the US. After the first several months, however, the students quickly learned that assignment due dates and clinical start times were very important. They also grew to realize the work of organizations depends on all staff adhering to such guidelines and policies.

Social adjustment was necessary for the students and

sometimes very difficult, especially regarding relationships with women. In Saudi Arabia, there is little opportunity for interaction with women in social or in academic settings. The casual dress and assertive behavior of western women and the reluctance of accepting women in authority were major issues to resolve. As time passed, and with greater understanding of the American culture, the students became more and more comfortable being in such social situations and more readily accepted direction from their female instructors.

To manage some of their concerns, the college offered the students the opportunity to attend seminars on the various western religions, western educational styles, social interaction, and the roles of women in western cultures. To offer the students a way to resolve more personal concerns, a faculty member was designated as their student advisor.

Effective, frequent and open communication helped resolve difficulties encountered during the students' transition. The faculty scheduled a weekly forum for the students to discuss academic, personal, cultural and social issues. It offered open discussion, an opportunity to learn and a means to strengthen the bond between the students and faculty. The forum contributed to a more relaxed and interactive educational environment.

Technology also helped this process. One of the more unique resources available to the university is satellite teleconferencing capability. This resource supported a teleconference with families and the administration of King Faisal Specialist Hospital and Research Centre every three months. This capability also served to ground the students to their responsibility at home.

How to Individualize Their Program?

Concerned with individualizing the educational program, faculty met frequently to discuss how best to meet the students learning needs. Teaching methods and styles were reviewed regularly and evaluated according to expected outcomes. Because the students at first had little understanding of the profession of nursing or the science of psychology, key concepts and terms that are heavily integrated into

nursing such as caring, sensitivity, and family relationships needed in-depth explanation. Intensive English language study seemed to provide the most support for the students as they struggled to understand.

Though English is studied in Saudi Arabia, the focus is more on conversation and not on reading comprehension. As they studied, their comprehension progressed, but language remained their greatest challenge. Because of their difficulty with the language, taking tests often perplexed them. They had difficulty recognizing questions repeated in an examination or questions that were grouped together by a topic. At first, the students were tested using fill in the blank questions exclusively because they performed best on this type of exam, but concerns were often raised by the faculty about true learning. Test taking ability improved as faculty tried different approaches to ascertain the students' comprehension. Also, tests were analyzed to remove as much cultural bias as possible. A myriad of strategies and teaching methods were used to help students—picture cards, detailed study guides and simple, clear, uncluttered lectures.

Many times, cultural behaviors lead us to falsely assume that a student does not comprehend or care to participate. In this case, the faculty wanted to be sure that the students learned and that the process did not mask the learning that took place. By doing so, the effort helped greatly to determine their true comprehension.

One of the most important lessons learned was that a positive learning environment supports strong self-esteem. Because the Saudi culture places high value on pride, embarrassment in front of peers was always avoided. Students were encouraged to raise their hand for an answer in class as opposed to being called on to answer and possibly suffer embarrassment. If a student had difficulty in answering a question, the instructor would say, "This is a difficult question." and ask the rest of the class to help with the answer. The intent was to move the focus from the individual to the group.

How Did We Manage in the Clinical Setting?

So that the faculty would have a clear understanding of the clinical issues in Saudi Arabia, two members of the Saudi program faculty traveled to Saudi Arabia to visit the hospital and talk with health care providers. We wanted to know what health care issues would await the newly graduated nurses on their return. We wanted to identify the appropriate roles for the graduates, to discuss their one-year preceptorship, and to identify the disease processes and culturally specific caring practices that were different from those common in the US. Some of the latter included tropical diseases, congenital anomalies and metabolic disorders. As a result of this visit, "accommodations and adaptations were temporarily and sometimes permanently incorporated into the program to adjust to the Saudi's learning styles as a group and as individuals".

In the clinical setting, the students worked well in small groups with defined structure. They liked hands-on learning, especially the technical skills involving equipment. Although they were initially fearful of working with patients, they overcame the fear and became very conscientious during their clinical experiences.

Perhaps the most difficult area of study was women's health. Even though the Saudi culture prohibited working with women, the faculty at the college determined the curriculum would not be valid unless all objectives were met. The faculty emphasized an understanding of women's health would be helpful to them in the care of their own wives and families. Because intimate care of patients is a necessity in nursing, work with students was accomplished using a low student to faculty ratio. During periods of extreme discomfort, faculty were always with the student. Students were never expected to bathe female patients' intimate areas, but they were expected to be present while the instructor did so. They were expected to help the instructor and to hold and position the patient for the procedure. Students did, however, perform technical procedures such as catheterization on female patients. Regardless of whether the patient was male or female, bathing was a

complicated issue. To ease the situation, it was explained that some aspects of nursing are unpleasant, but are necessary to provide comfort to the patient. Occasionally, when confronted with an uncomfortable situation, a student would walk off the ward. At times like this, the event was discussed between the student and the faculty member to obtain resolution. The faculty and students found that the use of a journal kept by each student to document daily activities and reactions to various situations, proved to be a very valuable learning tool and a source of discussion material.

As a result of this experience, The GMU-CNHS faculty truly feel they were and continue to be in a partnership with the Kingdom of Saudi Arabia and the Saudi-US University Project in the preparation of future nursing leaders. Throughout the project, both cultures were enriched and each learned from the other. The faculty and the students found that tradition, and “the way we have always done it”, had to be reconsidered. Those who participated in the program say that the real keys to its success were communication, dedication, educational integrity and flexibility.

Other Experiences

The experience with students from Saudi Arabia is not unique. Over the years, George Mason University College of Nursing and Health Science has directed many programs for students, faculty, and government officials from other countries. Students in our baccalaureate and graduate programs represent China, Korea, Japan, Taiwan, Thailand, Oman, Qatar, Bahrain, Egypt, Nicaragua and Chile, as well as Saudi Arabia.

George Mason University has also worked closely with specialized programs. In collaboration with Operation Smile, we have provided training programs for nurses from Nicaragua. We assist Nicaraguan efforts through several on-site programs. These programs are helping to rebuild the hurricane and earthquake devastated areas in that country.

Our programs focus on a broad range of issues. Some students, including those who come for short-term

study, have gained specific postgraduate clinical or administrative expertise and expertise in curriculum development. And, over the last several years, we have hosted several groups coming to study America's experience with health care reform. We have learned various lessons as our faculty have become more and more involved in international programs: First and foremost, working with our international visitors requires acceptance of foreign cultures. The faculty must be educated and oriented to understand the impact of culture on learning and the overall educational experience. Time must be taken for each faculty member to explore their own feelings and any views they may hold as part of their viewpoint toward other countries. Gaining understanding of cultural practices helps to encourage acceptance of culturally determined behavior patterns and social values. Understanding our own American behaviors and practices is also important. American values can be unfamiliar to our visitors and realizing our own style is critical to ensuring others understand us.

- Flexibility and responsiveness, a level beyond usual work patterns, is another requirement for the faculty. We too often become wedded to the way we have always accomplished a certain task. This can be an educational function or a practice in nursing. Faculty need to be able to question if the same outcome can be achieved by doing the job differently. Having our international visitors with us has forced us to address that question. We have examined both the curriculum and the nursing practices with a different eye. We have been compelled to determine ways to achieve the same objectives by different means.

- Faculty have also learned to prepare for the unexpected. Some concerns on the part of foreign students have arisen from the prejudicial reactions of other students. The faculty have needed to provide opportunities for discussion and exploration of these feelings and concerns. The most effective means to deal with such episodes has been through student-to-student dialogue—facilitating discussion that helps students understand both the immediate situation and the cultural background that may bring misunderstanding. Some faculty have found themselves after hours and on the weekend intervening in personal circumstances to assist a

student or visitor who has become involved in a misunderstanding.

Many students find—often gradually—that they adopt American culture for the time that they are in the United States. Of course, upon return to their country, they also return to that country's cultural expectations for behavior.

The faculty have found our experiences to be most

rewarding. We have expanded our view of the world and learned about international nursing, not just American nursing. The experiences have helped us see the profession far more internationally than ever before. This experience is vital as health care becomes a global issue. Disease and cost of care know no national boundaries. We must be ready to meet our shared challenges collaboratively. Our program has positioned us to support the process of better understanding the goals and professions we share.