

**Changing Nurse Education Meaningfully: Cross-Cultural Collaboration and Cultural Safety in
Curriculum Development**

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About the Authors

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Abstract

Nurse educators are called to increase diversity in the clinical and faculty workforce, promote safe, inclusive learning environments, develop curricula that provide an anti-biased view of patients and health conditions, and provide students with educational opportunities to learn from individuals with diverse backgrounds. An innovative curriculum design inclusive of Indigenous worldviews was implemented at a tribal college. It provides an exemplar that supports diverse student learning, retention, and graduation. A curriculum inclusive of experiences that promote reflective practices and cultural safety can contribute toward a diverse, inclusive nursing workforce that provides equitable care while addressing social determinants of health.

Key Words

Education And Leadership - Curriculum Development - Indigenous, Minority Nurse Faculty - Cultural Safety

Nursing schools are called to promote inclusive learning environments, develop curricula that demonstrate an anti-biased view of patients and health conditions, recruit and retain faculty and students who reflect the diversity of the population, and dismantle the structural racism that is pervasive in nursing education and continues to affect patient health (National Academies of Sciences, Engineering, and Medicine, [NASEM] et al., 2021).

Underrepresented nursing students described microaggressions from staff and students and its effects on their academic performance and well-being (Ackerman-Barger et al., 2020). To promote inclusion, students recommend diversifying student and faculty bodies and request white allyship with open discussions about race, ethnicity, and racism (Ackerman-Barger et al., 2020). Implementing such suggestions could contribute to the Future of Nursing 2030 goals of building a diverse nursing workforce that can address social determinants of health (SDOH) and health equity (NASEM, 2021).

This article describes a nursing school started in 2016 at Aaniiih Nakoda Tribal college on the Fort Belknap Reservation, Montana. The nursing school designed a program to support retention of Native American nursing students who reported barriers to success including rigid academic environments, lack of support, and lack of cultural understanding from faculty (Dickerson et al., 2000). In response to these concerns, Aaniiih Nakoda College (ANC) formed a team to adapt the nursing curriculum to include Indigenous ways of knowing (IWK), consider the social determinants of education (SDOE) (Sanderson et al., 2021) that affect students and faculty, and provide a supportive learning environment. Our goal was to ensure that faculty and students acquire the educational experiences needed to produce nurses who provide equitable and culturally safe care, address SDOH, and ultimately contribute to a diverse, inclusive clinical

workforce. The team consisted of Native nursing faculty with cultural knowledge, the ANC nursing director with curriculum development expertise, a member of the Montana Board of Nursing, an ANC professor who acted as a cultural broker with the team and community and a Johns Hopkins school of nursing doctoral student whose dissertation topic incorporated IWK into research.

INDIGENOUS CONTEXT AND WORLDVIEWS

To achieve these goals, we took the state's nursing curriculum requirements and produced assignments and learning activities that incorporate Indigenous perspectives and support more comfortable learning styles for Native students. We emphasized Indigenous worldviews of health and well-being and the Native Medicine Wheel, working these principles into curricular design using language focused on holistic and multidimensional care. The Medicine Wheel consists of four quadrants: directions, seasons, dimensions of the person (physical, mental, emotional, spiritual), and stages on the life course (Moss, 2015). Students use these concepts in structured discussions after clinical practice and in concept mapping.

Indigenous beliefs of relationality (we are all related, and to the land and spiritual world) and ancestral knowledge are incorporated using group rather than individual activities. Lectures include examples of Native American healing practices to support health. The harmful impacts of colonization on Indigenous communities and the importance of promoting self-determination are included by creating assignments that incorporate the effects of intergenerational trauma.

Relevance of Social Determinants of Health

The restructured courses allow instructors to discuss health equity within the concept-based curriculum. For example, Native Americans experience disproportionately high rates of diabetes. Students research how this connects to disparities such as lack of access to healthy foods on reservation land (Crowshoe et al., 2018). They discuss how effects of cultural genocide, forced relocation to reservation land, and the outlawing of traditional practices and language have contributed to harmful epigenetic changes linked to diseases such as diabetes (Brockie et al., 2013). Students further explore how socioeconomic disadvantage and adverse experiences can affect a person's capacity to manage diabetes and potentially create reluctant relationships with health care providers who can assert power while lacking-knowledge of traditional methods of care (Crowshoe et al., 2018).

Cultural Safety for Empowering Nursing Students

Maintaining the needs of a generic curriculum was required to ensure success on the National Council Licensure Exam (NCLEX®-RN). Practicing safely as a nurse while supporting cultural safety and identity was also important for the team. Cultural safety highlights how power imbalances between Indigenous or minority patients can affect well-being and identity. It aims to minimize the disenfranchisement of minority cultures and encourage nurses to reflect on their practice (Wepa et al., 2018). Cultural safety was added to critical thinking maps so students would implement this concept in clinical practice.

We adapted course activities to reflect cultural safety and be inclusive of issues affecting Native American populations.

Following are some examples:

- Gerontology includes tribal elder perspectives.
- Teaching abuse includes helping students recognize signs of abuse in patients and in their own situations and discusses missing and murdered Indigenous women.
- A speaker series includes tribal elders who speak about their cultural views of health and well-being and discuss their experiences and cultural needs when hospitalized.

Students' reflection papers have expressed the empowerment gained by hearing the voices of their elders and the importance of respecting the cultures of patients and families under their care. Students have also indicated their surprise to learn that powerful community leaders have all struggled with many of the same barriers that they face.

CROSS-CULTURAL COLLABORATION

In any academic context faculty must consider that underrepresented students may experience SDOE during a school year. We found students struggling with poverty, homelessness, and mental health issues in their families, including addiction, suicide, and abuse. Allowing for these stressors while providing a strengths-based framework exemplifies a holistic education that supports students and family and community experiences, not simply academic grades.

Adapting teaching concepts to populations in the classrooms takes time, research, and an interest to learn, particularly for majority faculty. Native faculty are very aware of students' challenges. In contrast, non-Native faculty described the importance of open questioning, having tough conversations, and, most of all, listening and being mindful of the student's situation, rather than prioritizing what is happening within the nursing program. Evidence suggests that majority faculty and students can demonstrate allyship through listening and proactively learning to mitigate the burden that minority faculty and students bear, including

the need to address diversity issues (Ackerman-Barger et al., 2020). In our specific context non-Native faculty also found that Native faculty and student stress needed to be viewed within the larger context of past harms, with Native students and faculty potentially struggling with depression, anxiety, or posttraumatic stress disorder (O'Neill et al., 2016).

OUTCOMES

Restructuring course work to include IWK and cultural safety is one example of curriculum design based on community needs and supporting underrepresented students toward success (Ackerman-Barger et al., 2020; Dickerson et al., 2000). Our goal was to lower distress, promote well-being, strengthen cultural connections, improve academic functioning, and achieve successful graduation for students.

Native American students are underrepresented in higher education, with one of the highest dropout rates of any group in the United States (Guillory & Wolverton, 2008). ANC “Grow our Own” nursing program hopes to change this and is collecting formative and summative outcome data. The goal of increasing the Native nursing workforce is promising as graduation rates and the number of graduates employed in areas serving Native communities grow. Data shows employers are pleased with our graduates and students are meeting end-of-program learning outcomes. Twenty-five of 26 students have passed NCLEX; 14 reservation-based nurses who had dropped out of or could not attend nursing schools elsewhere have graduated the program. Applications from non-Native students have increased as they report hearing that the school environment is supportive. Faculty continue to evolve the cultural focus, applying evidence-based teaching methods to keep improving success.

CONCLUSION AND IMPLICATIONS

If we are to evolve the nursing academic and clinical culture to be inclusive, equitable, and diverse, we must recognize the effects of marginalization and oppression on minority student confidence and performance. Implemented within a unique environment, our experience demonstrates that with inventive curricular models, we can create a rich, supportive experience for students. By utilizing active teaching and learning activities that translate to the clinical area we have the potential to help an increasingly diverse nursing workforce implement culturally safe patient care and advance health equity.

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