Personal Growth and the Minority Student

The social, cultural, and political challenge facing nursing today is the need for increased minority people within its ranks. The low representation of minorities, as well as their recruitment and retention in nursing schools, has been an expressed concern by nurse educators and leaders within the community (Crawford & Olinger, 1988; Maclean & O'Brien, 1988). At the same time, the profession of nursing is undergoing radical and progressive changes in its development as a discipline, and this has increased demands for academic and role excellence (Penn, 1982). This change may further deplete minority admissions to nursing school (Gribbin, 1987) and places added responsibility on nurse educators to ensure that the move to increase credentials will be balanced with efforts to increase minorities in the profession.

Various strategies and studies have been developed across Canada and the United States to address adult reentry and minority access to colleges and universities, and the difficulties that such students face (Beatty & Chiste, 1986; Crawford & Olinger, 1988; Kudig, 1987; McDonald, Collins, & Walker, 1983). The most crucial issue for minority students may be that they are not only culturally disparate, but have also experienced social and political powerlessness. This latter experience most certainly affects self-esteem (Lafromboise, 1983). For these reasons, there is a need to address the cultural and affective domain in the nursing education of minorities.

The Southern Nursing Program at Red River Community College addresses needs of “high risk” students who do not have adequate academic prerequisites and who, because of social, economic, and cultural factors, have not had an opportunity to enter the nursing profession. The student population within this group is composed of single parents, aboriginal Canadians, and immigrants. Addressing the diverse cultural/academic student needs in an affirmative action unconventional support program is a unique challenge because approaches to the learning process vary among the native, nonnative, and immigrant groups.

Immigrant students often have a solid history of academics, are assertive in seeking help in the classroom, sit in the front of the class, are studious and competitive. English is a second language recently learned, and still developing. English for academic purposes is an issue.

Native students frequently sit at the back of the classroom, are quiet, and hesitate to ask questions when in doubt. Often English is a second language, but they learned it earlier than the immigrant students. Visibility to instructors is very much an issue for such students. These behaviors are expressed mainly by the heritage-consistent (Zitzow & Estes, 1981) tribal student. The Metis students express behaviors more consistent with the third group classified as nonnative.

The nonnative students in the program are usually single parents with a history of poverty, but are culturally more consistent with dominant society. This student will locate anywhere in the classroom except for the front row. English is the first, and in most cases, the only language, although fluency differs related to lack of exposure to academia and the poverty circumstances under which they have been forced to live.

For all these students, self-confidence, study skills, English, self-esteem, powerlessness, communications, economics, cultural differences, past academic experience, self-consistency, learning styles, and world view are all crucial variables.

In order to clarify which variables may be of concern to Southern Nursing Program students, a random sample of summaries of clinical evaluations were examined, followed by administration of a questionnaire to students, including the use of a Likert-type scale to rate their progress and concerns on such issues as assertiveness, eye contact, confidence, and problem-solving.

The native group, although showing differences between tribal and Metis students, generally indicated the need to initiate and increase comfort and collaboration with teachers. The problem of lack of collaboration with teachers has implications on power/authority relationships. A history of powerlessness, misunderstandings in native and white relations, racism, and poverty can contribute to a student's lack of trust in authority figures (Lafromboise, 1982). Native students' behaviors elicit comments from instructors on the need to “speak up” at peer conferences and group discussions. Comments on evaluations also include expressions such as “hesitant,” “shy,” “timid.” These behaviors may relate to culturally conditioned responses to new situations, and may be subject to misinterpretation by teachers. That is, native students react with an unresponsive and observing attitude, whereas a nonnative will experiment with a variety of responses (Wax & Thomas, 1961). These misinterpretations of intentions have profound implications on the need for instructor sensitivity.

The questionnaire revealed that native students thought they were seen as passive, shy, noninterfering, and reserved by instructors. They indicated that their close friends and community would think that they are noninterfering, and most surprising, many said they were “aggressive” at home. Eye contact, distancing, and touch were issues for native students in assertiveness training. They indicated that they
had more difficulties in this area than other students. "I" messages were also a component that required effort, but this may be related to the absence of this concept in many native languages (Penn, 1982).

Perhaps also, the discomforts in use of assertiveness techniques may be related to the fear that a tribal member's actions will be misinterpreted by other members as rudeness or "un-Indian behaviour" (Laf romboise, 1983). It has been noted, generally, that cultural values and affective issues may be so at odds with success in school that tribal students are often forced to make a decision between remaining a tribal person or continuing in school (Wilson, 1989). Students were asked to rate their growth in these areas, and predictably, native students indicated the most growth in changing from passive to active participants, from low collaboration with teachers to high, from very little eye contact to lots of eye contact.

The nonnative students within this group received comments from instructors on the need to improve confidence and organization skills, and to decrease anxiety. Students who have experienced poverty have an outstanding lack of confidence. Most of this populations' "drop-outs" in school and entered the program with a failure orientation. One comment from an instructor, i.e., "must learn to recognize abilities," probably describes the greatest affective need for this type of student.

Building self-esteem and self-confidence for this type of minority student is an important strategy for nurse educators. In the questionnaire, the group indicated that they thought they were seen by most people as being aggressive and assertive. They felt that they did not have difficulty learning and using assertive techniques, but had difficulty in confidence and problem solving; for a few, becoming assertive rather than aggressive was an issue. They felt that they experienced the most growth in these specific areas.

There are great cultural differences among the European, Eritrean, Southeast Asian, and South American immigrant students in the program. Many are refugees. In clinical evaluations, instructors comment that these students are motivated, anxious, competitive, and that the majority have difficulties in grammar and oral communications. Supports for this type of student include addressing English as a second language, and stressing the "need to balance leisure and study time," as one instructor put it. This type of student may devote most waking hours to studying. Sensitivity is required of the instructor to ensure that idioms and popular English maxims are avoided in formal classroom situations, and explained when situations arise. At times, tribal language-speaking native students who learned English in a classroom may have similar difficulties.

Immigrant students noted that they thought they were seen as assertive by the majority of people, although European and Eritrean students used the word assertive more often than Southeast Asians. They noted that they experienced moderate growth in all areas, but also indicated some difficulty in power/authority relationships.

These observations of nursing instructors and students illustrate that each minority student brings into the classroom a unique set of cognitive and affective issues. Conflicting cultural orientations may create discomfort between instructors and minority students. This demands that extra effort be made by both instructor and student to establish rapport so that cultural biases may be recognized and addressed. The Southern Nursing Program attempts to create an environment where such issues can be discussed.

Many of the difficulties that occur in clinical practice or in the classroom are culturally related. For example, during therapeutic communications exercises, a native student might break off the role play and reclaim, "It feels like I am being nosy!" When asked if he/she feels that this is interfering, the student is able to identify the source of discomfort, and deal with it. Even the way that questions are posed to instructors is important so that the instructor does not conclude that knowledge base is deficient. Disclaimers, so common in tribal interpersonal communications (Lafromboise, 1982), may be misinterpreted by instructors as lack of knowledge base, and graded accordingly.

Therapeutic communications techniques are learned in theory, but often there is insufficient time for students to practice (Duepohl, 1984). For the minority or culturally diverse student, communications practice is crucial. A summer communications experience is offered for Program students. The major portion of this experience is values clarification, therapeutic communications skills, and creative visualization. Creative visualization includes issues such as questioning authority, avoidance versus visibility, self-assessment, dealing with failure, owning behavior, taking criticism, prioritizing, and stress management. The rationale for offering such an experience is to take the time to address these issues, practice and role-play situations, discuss implications, and make sense of communication techniques sufficiently so that the organizing and valuing can take place.

Native student comments expressed a fear of authority figures, and some said they are reminders of supervisors in residential school. Others said some instructors made them feel "insignificant and inferior." One immigrant student's comment perhaps said it for all: "I obey all authority figures." Nonnatives commented, "I learned how to play the game."

Effecting empowerment for the minority student is a key issue for nurse educators who can promote an intellectual understanding of political and cultural dynamics affecting relationships and power. The concept of instilling a sensitivity to power/authority relationships that operate in the classroom must be effected in all courses and teaching strategies for minority students.

It is imperative for nursing to recognize that, because it is a Euro-North American culture-based curriculum, the demand for personal and academic growth of minority students is vastly greater than it is for the majority middle-class Canadian student. Therefore, greater sensitivity and support must be effected in colleges and universities that are committed to the principle of increasing recruitment and retention for minority students, thereby enriching the profession of nursing.

References
Recruitment of Graduate Students for a Rural Health Nursing Program

The generalist nature of nursing practice in rural environments has been identified as a barrier to recruitment and retention of nurses in a rural setting. Simultaneously, the issue of adequate health care in rural settings remains a great concern. Twenty-four percent of the population resides in rural counties, yet only 18% of all employed registered nurses reside in rural areas (Moses, 1984).

However, recruiting registered nurses with advanced/graduate education has successfully increased the availability and accessibility of health care in rural areas. These nurses provide primary care, maternal-child health care, and public and occupational health services, often in areas unable to attract or retain an adequate number of other primary care providers (Secretary's Commission on Nursing, 1986). The need for rural health nursing specialists will continue to grow. Schools located in rural areas are the logical sites to prepare graduate nursing students for rural nursing practice. However, recruitment of students to such schools takes extra effort due to the small pool of local nurses.

Strategies
Implementation of marketing and recruitment strategies has been a major component of the University of Wyoming's graduate program expansion project for its Master's in Nursing in Rural Health. Central to evaluating recruitment strategies was a brochure about the graduate program, which was redesigned and revised early in the project. A self-addressed, return postcard requesting more information was added to the brochure, which identified the full-time option and highlighted the rural health focus of the program. To track responses, each postcard was coded to indicate the type of recruitment strategy from which the postcard came. Over 2,000 brochures have been distributed since the beginning of the project.

Several recruitment strategies were implemented during the first year of the project. These include: designing a recruitment display; graduate program recruitment meetings at local and regional hospitals; exhibiting the recruitment display at national and regional conferences, particularly those with a rural focus; exhibiting the display at regional state nurses' conventions; placing an ad in a special section of a national nursing journal; sending a mass mailing to 1,450 BSN-level nurses, by use of a purchased state board mailing list of BSN graduates; and contacting by telephone over 100 people who had either inquired about the program or who were in the application process. The recruitment display, designed by the graphic arts department, was eye-catching and included photographs of the area, as well as pertinent information.

During the second year of the project the following recruitment strategies were continued: local and regional graduate program recruitment meetings; national and regional advertising; a second mass mailing to BSN-level nurses; and continuation of phone contacts to inquirers. Less successful strategies, which included recruitment display at conferences and conventions, were continued on a limited, more selective basis.

New strategies were instituted during the second year: the use of MS graduates from the program at the various graduate program recruitment meetings and as community contacts; advertising in specialty nursing journals, as well as in a guide on graduate programs in health professions; and development of a videotape by the media department. The videotape has been used at meetings and has been loaned to a sample of nurses who inquired about the program.

Results
Since the beginning of the recruitment project in July 1987, inquiries into the program have increased steadily. The average inquiry rate for the period July 1, 1989 to June 30, 1990 was 36 inquiries per month. During the initial 6 months the rate was nine inquiries per month. Thus, inquiries have increased approximately 400% since the project began. The costs of the recruitment strategies detailed below do not include staff time. They reflect costs of postage, travel, fees, etc., as needed for each strategy.

Regional and local hospital meetings
The graduate recruitment meetings in local and regional hospitals have been the most cost-effective in generating inquiry responses. During the first year of the project, 11 meetings were held in local and regional hospitals at an approximate total cost of $480. These meetings resulted in 22 inquiries, with a cost per inquiry rate of $22. During the second year of the project, 18 meetings were held at a cost of $1,300. These meetings resulted in 69 inquiries, making the cost per inquiry $19. Inquiries from meetings have resulted in four enrollees into the program. This makes the average cost of each of these enrollees $445 to date. Delayed enrollment from this group may yet occur.

Journal advertising
National advertising has also been an