Catalyst for Growth: The Implications of Co-Curricular Experiences for Nursing Education
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ABSTRACT

Background: Co-curricular experiences provide an opportunity for learning outside of a university classroom. A co-curricular retreat was developed to engage students, faculty, and staff in learning about social justice. Through guided activities and deep discussions, participants explored privileged and oppressed identities in a safe environment.

Method: Pre- and postsurveys were collected. Quantitative and qualitative data, including personal narratives from two nurse educators, were described.

Results: Participants reported feeling less confident about their knowledge about socially constructed identities after the retreat, with deepened awareness of a need to learn.

Conclusion: Co-curricular retreat exercises led to new insights among student and nurse educator participants, which stimulated ongoing education. Exploration of personal identities is a beginning step toward cultural competence—an essential quality in the nursing profession. Co-curricular experiences focused on social justice having implications for promoting social justice—a core nursing value—as well as developing cultural competence among nursing students and nurse educators. [J Nurs Educ. 2018;57(2):110-114.]

Not all student learning occurs in the classroom; knowledge and skills can also grow from co-curricular experiences (Mayhew et al., 2016). This is especially evident in co-curricular experiences that provide opportunities for students to reflect and learn about their own identities in our diverse society (Bowman, Denson, & Park, 2016). In recent years, universities have been implementing workshops and retreats focused on developing a greater understanding of self and others; this quality is foundational for cultural competence among nurses (American Association of Colleges of Nursing, 2008). Faculty and staff have been included in these experiences.

Co-curricular experiences offer the opportunity for learning from the various university-wide disciplines; interactions with people from Psychology, Africana Studies, Education, and other disciplines provide valuable new perspectives. This article seeks to highlight, through descriptive data and anecdotal stories from faculty, how co-curricular education regarding identity and social justice can have profound implications for nursing education.

One University’s Program: Catalyst Social Justice Retreat

At the University of Northern Colorado, a co-curricular program named the Catalyst Social Justice Retreat operates through the Office of Student Life. Borrowed from models at neighboring institutions, the retreat engages participants in conversations and exercises to deconstruct the multiple layers of identity. During the retreat, participants delve into the interplay of identities and the dynamics of oppression on an individual, systemic, and institutional level. They begin to explore advocacy for self and others.

The Catalyst Retreat is held annually at a conference center in the Rocky Mountains to entice students away from campus, and to create an environment where difficult conversations around identities, inclusion, and social justice may occur. There is a strong emphasis on support and care during the retreat, but there is an equally strong emphasis on challenge. Participants include graduate and undergraduate students, staff and faculty from both University of Northern Colorado, and a neighboring community college, selected through a rigorous application process that includes personal essays. Volunteer facilitators interview for their positions and undergo training. The diversity of the retreat is astounding as it represents a true cross-section of the university. A student insightfully noted that, “Catalyst is an
equalizer,” as everyone is there as a person, rather than a title. The group composition alone is inherently powerful and contributes significantly to the learning environment.

Exploring the Big Eight, Privilege, and Oppression

To explore identity and social justice, Catalyst Retreat facilitators focus on the main social constructs of identity; these are casually referred to as the big eight. The big eight consist of race, gender, sexual orientation, age, religion or spirituality, national origin, ability, and social economic status (Independent School Diversity Network, 2016). Although the big eight does not capture all elements of identity, they provide a useful framework for beginning exploration of identity.

In the retreat, participants are guided through activities that reveal societal values associated with their own personal identities, often interpreted as privilege or oppression. The effects of privilege and oppression in society can be invisible to individuals who are not directly affected. Privilege roughly refers to the unearned benefits conferred on particular identities by society. For example, job applicants with Anglo-sounding names received twice as many interviews than those with Arab-sounding names (Widner & Chicoine, 2011); privilege was conferred by ethnic identity, and the preferential treatment probably was not noticed by the applicants with Anglo-sounding names. A secondary analysis of national nursing salary data found that men made significantly more money than women working full time in nursing, even when adjustments were made for intervening variables such as position and workplace setting (Muench, Sindelar, Busch, & Buerhaus, 2015). This is an example of privilege tied to the social identity of gender. Privilege arises from society and is different than prejudice or discrimination that may arise from a person.

The Big Eight and Nursing

Nurses are educated to provide nondiscriminatory and nonjudgmental care through their individual actions, and they are commonly taught to view the big eight as unique patient characteristics requiring an individualized care plan. They may not be taught to recognize power structures, privilege, and oppression in health care systems. The consideration of emotion-laden issues, such as the power differentials among groups or the cultural inclusion and exclusion of people, may be missing from the nursing curriculum (Ackerman-Barger & Hummel, 2015).

Nursing faculty commonly strive to infuse concepts of social justice into teaching, but they may lack the expertise to do so effectively (Ackerman-Barger & Hummel, 2015; Tengelin, & Dahlborg-Lyckhage, 2017). The average age of professors of nursing who hold a doctorate degree is 61.2 years (American Nurses Association, 2014), indicating that many were originally educated in a different time and within a different society. For example, a professor of nursing obtaining an entry-level degree in the 1970s may be an expert on care of the diabetic patient, yet he or she still may understand gender as male, female, and intersex. Gender reassignment surgery was not performed in the United States until 1965 and remained rare for many years thereafter (“Hopkins Hospital,” 2014), and gender expression was not a concept considered in the basic nursing curriculum of the 1970s. This societal and educational milieu left many current nurse educators unprepared to work with people holding nonbinary gender identities.

The American nursing workforce is 83% White (American Association of Colleges of Nursing, 2015) and 90% female (American Nurses Association, 2014). The idea of an unintentional color blindness has been discussed in nursing; as caring professionals, faculty may teach students to treat everyone the same (Schroeder & DiAngelo, 2010; Tengelin, & Dahlborg-Lyckhage, 2017). Yet, an implicit assumption of Whiteness underlies a common nursing education exercise of learning about other cultures. According to Allen (2006), “More than any other social group, Whites can remove ourselves from the field and demand others approach us on our ground. No strategy more clearly manifests this privilege than the professionalist ideology of nursing” (p. 73). International conversations about racism and privilege in nursing are gradually emerging as globalization affects practice but remain rare in the United States.

Discussions about identities, differences, oppression, and privilege are difficult and can often evoke painful feelings (Ackerman-Barger & Hummel, 2015). In a discussion of racism within nursing, Mapedzahama, Rudge, West, and Perron, (2012), stated “the silence on racism turns into a denial of racism” (p. 154). The ability to engage in crucial conversations around difficult topics is a skill sorely needed by nurses in today’s health care environment and becomes a priority for nursing education. The Catalyst Social Justice Retreat provided an opportunity to develop this important skill.

Beginning Exploration of Program Impact: Analysis of Outcomes

The Institutional Review Board of the University of Northern Colorado approved data collection for program evaluation of a 2016 Catalyst retreat. The program associate director collaboratively developed and refined a program evaluation tool, based on program objectives and feedback from previous retreats. Although reliability and validity of the quantitative items in the tool have not been established, interesting descriptive data emerged from the evaluation. Qualitative data were also collected and are reported here in raw form. Field notes, peer review, and an audit trail contribute to the confirmability of this report; and a full qualitative data analysis was not attempted in this exploratory report.

Fifty-three participants completed a self-assessment of their comfort discussing the big eight identities prior to and at the end of the 3-day workshop (Figure 1). The group of participants had diverse socioeconomic, sexual, and gender identities, consisting of 66% female, with no more than 45% sharing one religious identity, and only 33% sharing one ethnic identity. Mean survey responses are presented in Figure 2, representing the level of participant comfort with engaging in discussion of big eight concepts. Participants responded on a Likert scale from 1 to 6, where 1 = I feel uncomfortable and 6 = I feel comfortable.

An initial examination of data suggests that results are mixed; overall comfort increased in some topics and decreased in others. One participant said, “I’ll never be absolutely comfortable about
it all. I have a lot to learn.” Another participant stated, “I am very well educated, but [Catalyst] tremendously expanded my knowledge.” The comparison of these results demonstrates that despite the educational attainment or life experiences of participants, they can further develop their comfort in discussing social identities.

Faculty participants responded on a Likert scale from 1 to 6, where 1 = I feel uncomfortable and 6 = I feel comfortable. Faculty came from three different academic disciplines: Nursing, Psychology, and Biological Sciences. Faculty demonstrated an even more pronounced gap before and after the Catalyst retreat. Figure 3 shows that in nearly every social identity, faculty walked into the retreat feeling more confident in discussing identities. Yet, after participating in the retreat they reported levels that were much lower. One nursing faculty member clarified that after the retreat, they felt more comfortable in certain ways such as “listening, acknowledging, and being open,” but acknowledged they struggled in other unanticipated areas. The participant stated, “I feel comfortable speaking objectively, but need to work on subjective (person-to-person) sensitivity.”

In the following section, two nursing faculty members reflect on their participation.

**Nursing Faculty Narratives**

**Dr. X’s Story**

As a Latina, I thought I knew who I was and where I fit in the world. I clearly identified myself through gender and ethnicity, and those were the major lenses through which I viewed my world. I completed my PhD and took a job at my alma mater’s school of nursing with excitement and anticipation. In the first week on campus, I recognized that I was very different from other faculty, and even the student body. There were mostly White faculty and students, and not as many people that looked like me. Ethnicity is such a tangible identity, as it is what can easily be seen, even if conclusions are jumped to in deciphering how to categorize someone.

The Catalyst experience opened my eyes in a way that has shifted my worldview and as a result, I will not ever be the same. I am still learning and I accept that this will be a lifelong journey. Two of the biggest “aha” moments of this experience for me included the awakening to the privilege I hold as an educated Latina. I learned that I was living with a blindfold of sorts to my own identities, and sort of taking things for granted. One of the most profound growth exercises at the weekend retreat was assisting participants in identifying their privilege. I have been one to break through glass ceilings professionally, and in reflection this has always made me feel the differences more than the privilege that my successes provided for me. The social justice retreat offered me an opportunity to recognize and begin to own my privilege so that I can learn to stand in it every day and utilize it in positive ways in my personal and professional worlds.

Another important lesson for me included the way in which we identify ourselves through gender. I have been trained to use binary labels for gender, even though I was aware of other categories and I have been an advocate for those outside of the binary labeling system. However, I did not know what I did not know. It has been a humbling experience and a steep learning curve in many ways. Each of us as health care providers has a responsibility to broaden our knowledge base for social justice to provide optimal care to our patients and clients. There is much work to be done and while it is difficult to look deeply at ourselves the reward can be immensely profound and life-altering in positive ways.

**Dr. Y’s Story**

As a child of the Civil Rights Era, I have been concerned about racism and social justice for most of my life. By age 6, I had accepted that I could not play with my friends Janet and Billy together; Janet was forbidden to go to Billy’s house because he was Black. Although I knew then that the world was unfair, it would be years before I could even begin to understand how power and privilege influenced all our lives. By age 30, I had formally learned about White privilege and decided...
to incorporate this concept into my teaching during a nursing seminar on culture. But when I arrived, I saw that I was the only White person in the room; these students knew more about White privilege than I ever would! I had unconsciously made assumptions about what a nursing student would look like. I have bumped up against my own assumptions and cultural blindness repeatedly over the years. With this background, I came to Catalyst.

As I worked in small groups with students, staff, and faculty, I found that I was doing profound inner work. It was heartrending to hear the pain and discrimination faced by others based on social identities that I had not even considered before. I realized that I knew nothing about gender identity, sexual identity, gender expression, or sexual expression; to me, gender and sex had seemed the same thing. Because I am a woman who identifies and expresses herself as a straight cisgender woman, I was not affected by the structures in society that marginalize people with other gender identities and expressions. I had thought I was doing fine by treating gender- nonconforming people like everyone else. It was painful to realize that I had a PhD and extensive nursing experience and was still so ignorant that I could damage and marginalize students unintentionally by my words and behavior. I began to realize how much I had to learn, and how I needed to develop my sensitivity to identities in the classroom. There were tears and anger throughout the retreat, and through it all, I learned. I can do better. Nursing education can do better. Our nursing profession can do better.

Lessons Learned

Both nursing faculty members left the retreat shaken by new insights. We had assumed we were caring experts, but had neglected to learn new ways of demonstrating caring in a constantly evolving society. As nurses and educators, we are always learning, but had we sought out essential knowledge about discrimination, oppression, and the power structures in society that influence all people? Had we become accustomed to seeing nursing as existing within an artificial bubble? This beginning program evaluation raised many questions for us as nurse educators, and we look forward to more dialogue and some answers as our profession continues to change with society. In the interim, we have personally committed to two basic strategies: (a) a renewed commitment to lifelong learning and interdisciplinary encounters, especially regarding power differentials among people, and (b) a renewed commitment to reflective practice.

This commitment has led to our formal continued education about identities and dissemination of our new knowledge to nurses, students, and nurse educators. We are sharing knowledge on many levels: through school of nursing and campus diversity initiatives, local and national conferences, and publication. For example, a syllabus statement about students’ gender pronoun preferences is now included in a class syllabus. We are continuing to learn how to best promote social justice in our own nursing practice and environment.

Discussion

The nursing profession is deeply committed to the core values of social justice and lifelong learning (American Nurses Association, 2017). Co-curricular social justice workshops can be an untapped resource for infusing cultural competence into nursing education, and stimulating lifelong learning among students and faculty. Nursing has established that a strong liberal arts foundation is at the core of our profession (Arnone & Fitzsimons, 2015). Nursing education courses should continually reinforce learned concepts and challenge the student to question assumptions; the challenge holds true for faculty as well.

Learning about social identities can also help faculty begin to develop a tacit knowledge and comfort in classroom discussions, potentially mitigating harm to students by recognizing and avoiding insensitive communication and actions. The willingness of faculty to engage in difficult conversations provides a powerful role model for students as well. Vulnerability, stretching, and growing from conflict are key characteristics in nurse leaders (Porter-O’Grady & Malloch, 2015); facing and engaging respectfully in conflict provides role models for healthy growth of our profession. Nurse educators need to support each other in continuing to stretch and transform nursing education.

While living and practicing within a global society, nurses and students need to step outside the School of Nursing and engage in our diverse society as much as possible. Clinical and service learning offer hands-on experience, but deep reflection and engagement with others can come from other sources as well. The university setting is an area rich in diverse scholarship; co-curricular experiences may well offer nurses a priceless opportunity to grow in cultural competence and embrace nursing values.

References


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