The Place of Race in Cultural Nursing Education:
The Experience of White BSN Nursing Faculty

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Dedication

This dissertation is dedicated to the ten nurse educators that participated in this study. Their passion for social justice and their dedication to teaching nursing students to value the richness of cultural and racial diversity inspired me throughout this study.

I also dedicate this dissertation to my yet-unborn grandchild. I pray that he or she will experience a world in which racial justice is pursued and realized, and that he or she will be an agent of that change.

Abstract

The growing cultural diversity in the United States confronts human service professions such as nursing with challenges to fundamental values of social justice and caring. Non-White individuals have experienced long-documented and persistent disparities in health outcomes and receipt of health care services when compared to whites. Medical evidence suggests that health care disparities experienced by non-Whites in the U.S. are perpetuated, in part, by bias, discrimination, and stereotyping by health care providers. National experts recommend cultural competence education to fix this problem. The cultural competence focus in nursing education programs has been criticized by some nursing scholars for essentializing culture and failing to examine the dynamics of race and racism in U.S. society. Yet, the call for an explicit focus on race and racism raises the question, "Are nursing faculty, of whom 93% are White, prepared to teach students about race and racism?" This study investigated what White nursing faculty members who teach cultural nursing education think, believe, and teach about race, racism, and anti-racism. The study resulted in four conclusions that are of interest not only to nursing faculty who teach cultural topics, but to any nursing faculty who wish to prepare students to work for justice in a culturally and racially diverse society. First, the findings suggest that the Whiteness of the participants' personal and professional experiences and contexts obscured their understanding and teaching of race, racism, and anti-racism. Second, learning about race, racism, and anti-racism was best understood as a lifelong developmental process and warrants developmental learning goals. Third, teaching about race, racism, and anti-racism was most effective when grounded in relational, holistic pedagogies. Finally, the findings of the study

suggest that the White faculty participants were not well prepared to teach about race, racism, and anti-racism, in most cases lacking the intention and academic knowledge to incorporate these topics into their culture courses. This study has implications for White nursing educators and administrators and offers recommendations to assist them in taking individual and systemic actions that may facilitate teaching and learning about race, racism, and anti-racism.

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Chapter I: Introduction to the Study

My interest in studying cultural education and the teaching of race and racism in nursing education arose quite late in my doctoral studies when I took a course on race and ethnicity in higher education. Yet, the seeds of my passion for this topic were planted years before throughout the course of my professional career. I recall my frustration with colleagues who were impatient with and disrespectful of a Korean RN who I was orienting to the ICU. I experienced moral and ethical uncertainty when African immigrant students failed courses in the associate degree nursing program which I directed. I was compelled to examine my biases and motives when a black student accused me of being racist after I confronted her about plagiarism. Consequently, in some respects, this study represents one step, albeit a major step, in a journey of self-discovery. I sought an answer to the question that served as the impetus for the study for my own benefit as well as for the benefit of the nursing profession.

A course assignment led me to study the scholarly literature about cultural competence. As I read the nursing cultural competence literature, including recent critiques that call for an explicit anti-racist emphasis, a question emerged in my mind: If we (nursing faculty) are to teach differently, to teach about race and racism, to be anti-racist educators, how prepared are we to do so? This question was the impetus for this study, but the significance of the study is grounded in nursing's primary concern—the health of our clients.

Disparities in health and in the quality of health care services experienced by racial and ethnic minorities are an increasing concern among health care professionals and government policy makers in the United States. Equity gains in the post-Civil

Rights era have not reversed historical and persistent health inequities for blacks and

Native Americans (Smith, 1999), and a new era of immigration in the late 20th century

has brought new populations of ethnic and racial minorities to the U.S. that experience

disparities as well (Byrd & Clayton, 2002). The recent Institute of Medicine (IOM)

report, *Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care*,

documented the persistence of health care disparities across many racial and ethnic

groups and recommended cultural competence education for health professionals as a

primary strategy to reduce health provider bias, stereotypes, and prejudice that may

contribute to disparities in diagnosis and treatment decisions (Smedley, Stith, & Nelson,

2002).

Cultural competence education is common in nursing education programs today,

arising initially from the work of Madeleine Leininger, who began developing the field

of transcultural nursing in the 1950s and whose theory of culture care diversity and

universality has been used to guide research studies of care in many cultural groups

around the world. Leininger (1997) defines transcultural nursing as "a formal area of

study and practice focused on comparative holistic cultural care, health, and illness

patterns of people with respect to differences and similarities in their cultural values,

beliefs, and lifeways with the goal to provide culturally congruent, competent, and

compassionate care" (p. 342). Since the 1980s, the field of transcultural nursing has

been expanded by other nurse scholars who have developed models for transcultural

assessment (Giger & Davidhizar, 2002), the delivery of culturally competent care

(Purnell, 2002), and the development of cultural competence in health care providers

(Campinha-Bacote, 2002). The American Association of Colleges of Nursing (AACN)

(2008b) recently published updated cultural education competencies for baccalaureate

nursing education, thereby providing educators with suggested content and learning

experiences to meet accreditation requirements. The AACN cites national disparities in

health and health care, the nursing profession's commitment to social justice, and the

force of globalization as providing the rationale for educating nurses for cultural

competence. The AACN definition of cultural competence, "the attitudes, knowledge,

and skills necessary for providing quality care for diverse populations" (AACN, 2008b,

p. 1), is consistent with definitions found in other health professional literatures in

emphasizing affective, cognitive, and psychomotor dimensions of cultural competence

(Zander, 2007).

While wide support exists for education of nurses for cultural competence,

within the last decade some nurse scholars have begun to criticize the transcultural

nursing models and cultural curricula used in nursing education. A growing discourse

in the nursing literature asserts the deficiencies of the cultural emphasis, particularly in

failing to explicate the socio-political inequities and racialized social norms that

contribute to health disparities in the U.S. (Cortis & Law, 2005; Dreher &

MacNaughton, 2002; Duffy, 2002; Gustafson, 2005). Some nurse scholars argue that

the cultural emphasis in the nursing discourse is based upon an essentialist

understanding of culture, contributing to stereotyping and reductionistic care (Culley,

2006; Duffy, 2002) and allowing racism and discrimination to remain unnamed. In this

context, nurses (and students) are expected to develop self-awareness of their own

cultural beliefs, values and attitudes in order to provide unbiased, equal care to

culturally different others in a presumed morally neutral, and highly individualized,

social context (Culley, 2006). Missing from nursing cultural care theories, models, and content is a critical examination of historical systems and consequences of oppression and domination that contribute to overt, covert, institutional, and systemic racism which prevent people of color from receiving equitable health care services (Allen, 2006; Cortis & Law, 2005; Gustafson, 2005).

Critics of transcultural nursing perspectives argue for the adoption of critical pedagogies that reveal the hidden dimensions of culture, ethnicity, race and whiteness and provoke critical consciousness of privilege within students (Allen, 2006; Duffy, 2002; Puzan, 2003). This argument is particularly salient in a discipline composed predominantly of white Euro-American women, who provide care to an increasingly diverse client population of color (Puzan, 2003). Although the percentage of white U.S. nurses decreased from 92.8 percent in 1980 to 87.8 percent in 2004, the RN population remains far less racially diverse than that of the general U.S. population (Health Resources and Services Administration, 2004). The minority (non-white) population in the U.S. reached 33 percent of the total population in 2005, with Hispanic and Asian American populations increasing faster than the overall population (U.S. Census Bureau, May 10, 2006). Nursing faculty are even whiter than the general nursing workforce. Only 7% of 8,498 nurse educators responding to a 2006 nationwide survey of all U.S. nurse educators reported their race or ethnicity as African American, Hispanic, Asian, or Native American (Kaufman, 2007). Nursing faculty are significantly less racially diverse than U.S. faculty generally, which is 16% non-white (Kaufman, 2007). Consequently, a significant problem is inherent within the call for a critical pedagogical and curricular emphasis on race and culture. Nursing faculty who

must implement these approaches are predominantly Euro-American women who may

not have critical consciousness of their own white privilege, or at least may have

varying degrees of comfort, knowledge, and skill with which to discuss racism and

discrimination.

Before continuing, I want to clarify the language that I use throughout this

dissertation. Wildman and Davis (1997) call attention to the power of language in race

and gender talk. Whether man/woman or black/white, words evoke in our minds

categories and subcategories that are associated with powerful mental images and

stereotypes. Although these words "seem neutral on their face" (p. 314), they mask a

system of power that privileges some and disadvantages others. Wildman and Davis

assert that the words we use to discuss discrimination hide these power inequities.

Racism is a discomforting word for most Americans because it evokes images of

conflict, guilt, and pain. I acknowledge that the frequent use of the terms racism and

anti-racism in this proposal may cause discomfort for some readers, yet to choose other

terms risks masking a critical social problem in our world.

This study necessitates the use of 'race-isms', an expression I use here to mean

the socially recognized terms of difference based primarily upon skin color. In written

texts of our day, non-white categories, like Hispanic and Asian American, are most

frequently capitalized. White, the privileged racial norm in the United States, is

typically written in lower-case, masking the advantage it connotes. I have chosen to

capitalize all 'race-isms' in this dissertation from this point forward. This decision is not

an easy one, since by drawing attention to the 'race-isms' through capitalization, I risk

reifying them. Even so, I am choosing to capitalize all categories so that none receive more or less emphasis that others.

Other language descriptors I use throughout this proposal have been chosen for both symbolic and practical purposes. I acknowledge the personal and political subjective and objective meanings of the terms and the risk that my choices have for offending or confusing readers of this proposal. First, I have chosen to use Black instead of African American because it encompasses dark-skinned individuals born in the United States whose ancestry is Africa as well as immigrants from African nations who might not yet identify themselves as African American. In either case, these individuals experience the disadvantages of being Black in the United States. Use of the term Black, in contrast to White, also calls attention to its position as the primary other race in the minds of most Americans. Second, I have chosen to use the term Hispanic to refer to individuals with origins in Spanish-speaking countries including the formerly Spanish-conquered countries in Central and South America and the Caribbean. Although this ethnic designation is not accepted by many individuals, who may prefer terms such as Latina/o or Chicana/o or identification with their country of origin, i.e. Cuban American, Hispanic is a common designation used in health disparities research and remains the primary designation used by the U.S. Census Bureau (Guzman, 2001). Third, I have chosen to refer to individuals who reside in the United States as American, recognizing that the United States is only one of many nations in the Americas. American is a designation used around the world to describe those living in the U.S., and its usage promotes more fluid sentence construction.

The Problem in Historical and Contemporary Contexts

Health Disparities

Minority populations in the United States have historically and persistently

experienced poorer health than White Americans (Smith, 1999; Byrd & Clayton, 2002).

This history of health disparity was not remedied by the emancipation of enslaved

people in 1863 or by the Civil Rights legislation of 1964. A 1944 study by Myrdal

found that "Area for area, class for class, Negroes cannot get the same advantages in the

way of prevention and care of disease that whites can" (Myrdal, 1944, as cited in

Geiger, 2002, p. 417). Forty years later, the U.S. government reported that Blacks,

Hispanics, Native Americans, and Asian/Pacific Islanders did not fully or equitably

benefit from the surge in scientific, medical, and technologic advances affecting health

in the 20th century (United States Department of Health and Human Services, 1985).

Now, more than 20 years later, the gap in health status between minorities and Whites

has narrowed, but persists at alarming rates (Kington & Nickens, 2001; National Center

for Health Statistics, 2007). For example, the overall mortality rate of Black Americans

was 37% higher than White Americans in 1990 and was still 31% higher than White

Americans in 2004 (NCHS, 2007). Despite declines in the overall infant mortality rate

from 9.2 in 1,000 live births in 1990 to 6.8 in 2004, substantial disparities persist

between minorities and Whites. While the mortality rate for infants of White mothers

was 5.7 in 2004, the mortality rate for infants of non-Hispanic Black mothers was 240%

higher (13.8); of American Indian mothers, 150% higher (8.4); and of Puerto Rican

mothers, 135% higher (7.8) (NCHS, 2007). Race-related gaps exist in health care

access; for example, Hispanic and non-Hispanic Black adults ages 45 to 64 are more likely to report not having a usual source of health care (NCHS, 2007).

Disparities in health outcomes are the result of complex physical, personal, sociological, political, cultural, economic and organizational factors. Socioeconomic status, education level, environmental hazards, poor nutrition, inadequate housing, lifestyle choices, and cultural practices are consistently identified as causes of health disparities (Geiger, 2002). Equal access to health-promoting resources is less attainable for many non-White Americans as a result of race-based socioeconomic stratification and segregation in housing and education that persists from legal and social practices that predominated during the pre-Civil Rights era (Smedley, et. al., 2002; Watts, 2003). Medical researchers in the last quarter of the 20th century began examining factors within the health care system that contribute to health disparities. Smith and colleagues (2007) make a differentiation between the terms health disparities and health care disparities. While the term *health disparities* refers to differences in health outcomes experienced by minorities, the term *health care disparities* refers to the lower-quality care that minorities receive for many medical conditions even with equivalent access to the health care system (Smith, et. al., 2007). A focus on health care disparities is relevant to nursing research since nurses are the largest workforce group within the health care system wherein those disparities occur.

Health Care Disparities

The 2002 IOM report, *Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care*, analyzed an extensive selection of studies drawn from over 600 citations from the medical literature examining racial/ethnic disparities in health

care (Smedley, et.al., 2002). Only the most recent (1992-2002), relevant (primarily examined variation in medical care by race and ethnicity), and rigorous (peer-reviewed publications, scientific research design) were analyzed, resulting in a selection of over 100 studies (Smedley, et. al., 2002). The analysis found that even when controlling for socioeconomic status, insurance status, and other demographic and health risk variables, racial and ethnic minorities receive significantly fewer diagnostic procedures, treatments, and rehabilitative care than their White peers. This disparity exists across many medical specialty and disease-related categories, including cardiovascular care, cancer, cerebrovascular disease, renal transplantation, HIV/AIDS, asthma, analgesia, diabetes, maternal and child health, and mental health services. The study, commissioned by the U. S. Congress, was charged with evaluating potential causes of health care disparities, "including the role of bias, discrimination, and stereotyping at the individual (provider and patient), institutional, and health system levels" (Smedley, et. al., 2002, p. 30) and with providing recommendations to eliminate health care disparities.

The IOM report proposes a model identifying three levels at which racial and ethnic disparities in care might emerge: 1) patient-level, 2) health care system-level, and 3) care process or provider-level. Patient-level variables include patient preferences and treatment refusal that may arise from cultural differences or mistrust and misunderstanding and biological differences in clinical presentation or response to treatment. These variables have only a minor effect on *differences* in care and are differentiated by the study authors from the other two levels, which produce *disparities* in care. Health care system-level variables include language barriers, geographic

availability and access to care, bureaucratic processes, referral patterns, and cost-containment effects such as time constraints on providers. These system-level variables may produce discriminatory effects on racial and ethnic minorities, thus contributing to health care disparities (Smedley, et. al., 2002).

Perhaps the most significant impact of the IOM report has come from its assertion that "bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare" (Smedley, et. al., 2002, p. 178). While acknowledging that no direct evidence exists of the effect of health provider racism, bias or prejudice on the quality of care for minority patients, Smedley and colleagues draw from the broader social sciences literature and the U.S. historical context to support their claims. They conclude that stereotypes and bias may influence clinical providers' diagnosis and treatment decisions, an assertion supported by Geiger. Geiger (2002) analyzed more than 600 sources, including medical research studies, web sites, editorials, commentaries and conference reports primarily published between 1980 and 2001. He, like Smedley and colleagues, concluded that "the preponderance of the evidence strongly suggests that among the multiple causes of racial and ethnic disparities in American health care, provider and institutional bias are significant contributors—a possibility raised repeatedly, if reluctantly, by many researchers" (Geiger, 2002, p. 440). These authors call for prospective, rather than retrospective, studies focused on 1) decision-making by patients and providers (Geiger, 2002; Smedley, et. al., 2002) and 2) "how social cognitive processes may operate to influence patients' and providers' conscious and unconscious perceptions of each other

and affect the structure, processes, and outcomes of care" (Smedley, et. al., 2002, p. 237).

The authors of both studies recommend changes in the education of health care professionals. Smedley and colleagues advocate for the provision of cross-cultural education programs focusing on attitudes, knowledge and skills for health professionals (Smedley, et. al., 2002). Geiger (2002), although less extensive in his description of recommended changes, is more pointed in his focus, stating,

> the problems and nature of stereotyping and bias need to be taught and discussed repeatedly at every level of the undergraduate and graduate medical curriculum, not merely as part of a cultural competency curriculum devoted to the beliefs and behaviors of different groups of patients, but also as efforts at self-awareness and recognition of the culture of medicine itself (p. 443).

The emphasis on medical education in Geiger's recommendation is reflective of the medical context of Geiger's and Smedley, et al.'s studies. Although Smedley and colleagues acknowledge the participation of and implications for other health care professionals in the health care disparities problem, the preponderance of evidence reviewed in their study was conducted by physicians and reported in medical journals. Only eight of the more than 500 citations in the IOM report bibliography were focused on nurses. Four of the citations were government reports providing statistics about the registered nurse population. Only two of the citations were published studies examining care provided by nurses. Surprisingly, more citations in the bibliography focused on unlicensed community health workers or lay advisors than registered nurses (Smedley, et. al., 2002).

This lack of attention to the role of nursing in health care disparities, although distressing, is not entirely surprising. One explanation is the relatively new emphasis on

scholarly research in the nursing profession. Nursing scholars began conducting

research in the 1950s, after nursing programs became established in universities and

nursing faculty obtained doctoral degrees (D'Antonio, 1997). Nursing research

continues to expand, with improvements being made in research design. This effort is

thwarted by dramatic disparities in research funding between the medical and nursing

research communities, with nursing receiving only $137.5 million of the total $29

billion National Institutes of Health FY 2008 budget, and by a shortage of nurse

researchers and faculty (AACN, 2008a). More disappointing than minimal examination

of the role of nursing in health care disparities is the minimal acknowledgement in the

IOM report of the contributions of nursing and nursing research in the development of

culturally focused health care.

Forces Shaping the Provision of Culturally Competent Care by Nurses

Nursing theories to describe, predict, and guide effective cultural care began

emerging in the 1950s and resulted in nursing research, professional organizations,

conferences and journals dedicated to cultural care. A substantial body of literature has

explored cultural competence of students, nurses, and faculty, health practices of

diverse cultural groups, and nursing practices to provide culturally competent care

(Leininger, 1997). Smedley, et al. (2002) mention that "early work in the field [of

cultural competence] is found in the literature of nursing, mental health, and family

medicine" (p. 202), and that the National League for Nursing began requiring cultural

content in nursing curricula in 1977 (Smedley, et. al., 2002). The interest in cultural

competence in medical education is a much newer phenomenon, receiving only

marginal integration in undergraduate medical education programs by 2000

(Betancourt, et. al., 2003). The Liaison Committee for Medical Education, which accredits medical schools, did not mandate cultural curricular content until 2003 (Crosson, et. al., 2004).

Since Smedley and his colleagues (2002) suggest that cultural competence education is a solution for reversing health care disparities, and nursing has a more than 30-year history of teaching students to provide culturally competent care, one might question why nurses have not made greater inroads into decreasing health care disparities. One explanation may be the powerful cultural forces present within the institutions in which nurses are educated and work. Clare (1993) contends that health care and education institutions are hegemonic structures that perpetuate the ideas, values, and beliefs of the dominant groups in society, continuing the power of the dominant groups and resulting in the acceptance of their particular worldviews as common sense. Health care and educational institutions in the United States are firmly fixed within the Western worldview constructed by Euro-American White men.

Altbach (2005) describes the pervasiveness of the Western higher education model throughout the world, and the resultant dominance of the Western knowledge network driven by the institutionalization of the study of science and scientific research. Europeans imposed their higher education model throughout the world through colonization, displacing indigenous institutional forms. In the United States, higher education has evolved over its nearly 400 year history to incorporate uniquely American features of democracy, opportunity, utility, institutional diversity, and corporatization (Brubacher & Rudy, 1997), yet despite forces for change arising from social and student unrest in the mid-20th century, "there was very limited change in the structure or

governance of higher education" (Altbach, 2005, p. 25). The curriculum, originally designed to prepare socially elite White men for a career in law or the clergy, has evolved to incorporate scientific, technical, vocational, and multicultural emphases, yet the curriculum remains "a recognizable stable entity" kept in place by an enduring Western (White) academic culture (Bastedo, 2005, p. 473).

In similar ways, Western colonial expansion and its emphasis on science, technology, and industrialization shaped health care in the United States and throughout the world. Health care institutions in the United States are highly bureaucratic, having taken on the hierarchical structures and relationships typical of corporate America. Nyberg (1991) observed that "hospitals were originally built as factories of health care for the poor and infirm" (p. 245). As medical applications of scientific discoveries expanded in the middle and late 1800's, the hospital became the locus of health care, sickness and cure became the focus of care, treatment focused on individuals rather than families or communities, and White, male physicians controlled the delivery of health care (Bullough & Bullough, 1964). The resulting culture of the American health care system remains fixed in Western (White) cultural values.

Clare (1993) contends that students are socialized in these hegemonic institutions to conform to the dominant beliefs, values, and social and professional practices. Consequently, presentation of cultural content may have little effect on nursing students' beliefs, values, and practices when educational and practice contexts reinforce White norms and signify cultured, raced, or ethnic others as different from, and thus in conflict with, those norms. The predominance of White nurses within the profession contributes little resistance to the dominant (White) norms. Giddings (2005)

found evidence of discrimination and marginalization of nurses who were outside of the stereotypical "White good nurse" in her study of 26 women nurses in the United States and New Zealand, concluding that "the ideological assumptions and associated discriminatory practices captured in the construction of the 'White good nurse' are so integrated within the routines of everyday mainstream nursing that they are normalized" (p. 310). These discriminatory and marginalizing assumptions and practices are likely to affect nurses' provision of care to culturally and racially different patients as well.

Another force shaping nurses' provision of culturally competent care may be the traditional curricula and pedagogies that are deeply rooted in nursing education programs. Since the 1950s, nursing curricula have reflected a behaviorist learning model initially based on the work of Tyler, which emphasized outcomes and the provision or accumulation of information (Ironside, 2001). The typical approach to cultural education in nursing is consistent with the behaviorist approach in that students are taught information about the health practices and beliefs of different cultural groups and are expected to tailor the care they provide based upon this knowledge. Traditional nursing curricula have been criticized as content-laden, highly structured, and excessively concerned with measurable outcomes and competencies (National League for Nursing, 2003). Conventional pedagogy has been faulted for stifling creative and critical thinking in nursing students (Adams, 1999; Ironside, 2004) and perpetuating oppressive relationships and practices that contradict professional values (Bevis & Murray, 1990). The cultural competence concept, with its dimensions of affective, cognitive, and behavioral skills, may be poorly suited to behaviorist learning models, which have been criticized for encouraging student passivity and emphasizing external

incentives rather than self-initiative and intrinsic satisfaction. Reliance on behavioral learning models, while effective for the teaching and measurement of technical skills, may be inadequate for sustaining behavioral change in highly affective learning, particularly when nurses work within an environment with a system of rewards and punishments that do not reinforce the behavior change (Braungart & Braungart, 2008).

Other learning theories have been advocated in the literature for fostering student development in cultural competence and social justice commitment. Bandura (1986) conceptualizes the determinants of behavior as a triadic reciprocal interactionism between cognitive and personal factors, behavior, and the environment. Bandura's social learning theory, although based partially on behaviorist principles, emphasizes the significance of learner motivation in the learning process and the effect of beliefs in mediating knowledge and action. Mezirow's theory of transformational learning emphasizes the role of perspective transformation in learning, which is "the process whereby the assumptions, values, and beliefs that constitute a given meaning perspective come to consciousness, are reflected upon, and are critically analyzed" (Rogers, 1989, p. 112). These theories offer alternative conceptions of learning and suggest alternative pedagogies that may better facilitate sustained provision of culturally competent patient care than the traditional pedagogies that predominate in nursing education programs.

Beginning in the 1980s, a call for pedagogical and curriculum "revolution" has resounded within nursing education as a means to challenge and transform authoritarian, conformist educative practices, develop students' critical thinking skills, and equip nurses to embrace and act upon the profession's values of social justice and

caring. Critical, feminist and phenomenological pedagogies have been proposed as alternatives that teach students to think (Evans et al, 2004; Ironside, 2004; Magnussen et al, 2000) and empower students to challenge the status quo (Fletcher, 2006). Critical pedagogy strives to empower learners through dialogue and critique of sociocultural structures and systems that contribute to oppression and domination. Through the achievement of *conscientizacao*, or critical consciousness, members of oppressed groups are freed to strive for liberation from their oppressors (Freire, 1970). A commitment to social action is an essential goal of critical pedagogy, as critical consciousness empowers individuals to "interrupt particular historic, situated systems of oppression" (Ironside, 2001, 78). Critics of the cultural emphasis in nursing contend that critical pedagogical methods are needed to problematize the dominant norms of the nursing profession and health care practice settings, and to examine and critique the sociopolitical forces that perpetuate unjust health care for people of color.

The characteristics of students enrolled in nursing education programs must be considered within this discussion of learning theory and pedagogy in nursing education. The majority of nursing students obtaining their first nursing degree, and particularly a baccalaureate degree as in this study, are young adults in the traditional college age group. In the United States, these young adults are usually in a stage of quasi-independence from their parents. Mezirow (2000) contends that maturity in childhood is a "formative process that includes assimilation of beliefs concerning oneself and the world, including socialization and learning adult roles" (p. xii), whereas adulthood is a transformative process whereby one questions previously learned roles, reframes perspectives, and engages in greater self-determination. Mezirow's theory is explicitly a

learning theory for adults who have the capability to be responsible for their own actions; therefore, some of the cognitive, affective, and behavioral transformations expected from transformative learning theory may be unrealistic for young college-aged adults. Additionally, formal higher education, and certainly professional nursing education, seeks the student outcomes of assimilation of professional beliefs, socialization, and the learning of professional nursing roles. Consequently, inherent tensions may exist between theories and pedagogies that promote critical perspective transformation and primary expected outcomes of professional nursing education, resulting in oppositional forces at work in cultural competence education.

Nursing's Conflicted History Regarding Social Justice and Race

Since the rise of modern nursing in the mid-nineteenth century, nurses have espoused a value of social justice. The American Association of Colleges of Nursing (AACN) identifies social justice as one of five core professional values, along with altruism, autonomy, human dignity, and integrity (AACN, 1998). The work of early leaders like Florence Nightingale and Lillian Wald forged the association between nursing and justice (Drevdahl, Kneipp, Canales, & Dorcy, 2001; Falk-Rafael, 2005; Kalisch & Kalisch, 1995). Nightingale initiated substantial reforms within the British military and British workhouses (Falk-Rafael, 2005). Wald initiated organized and systematic nursing interventions for communities and the larger society through the development of public health nursing and school-based child health programs. Early public health nurses were social justice activists, operating outside the sphere of physician-controlled medical practice (Drevdahl, et al., 2001).

Margaret Sanger is an early American nursing activist whose story is often told in idealized language in nursing education programs and the nursing literature (Kirkham & Browne, 2006). Sanger became concerned about the suffering that women experienced due to poverty and their inability to control their own fertility. She was concerned for the welfare of children born into families who could not afford to feed them. Sanger campaigned for educating women about birth control measures that were considered immoral in the first half of the 20th century. She was imprisoned many times for her work, which developed into the Planned Parenthood movement. Near the end of her career, Sanger was instrumental in the development of oral contraceptives (Bullough, 1996).

Descriptions of Sanger's work do not often include her less acceptable views and activities. In the 1920s Sanger began to associate with European and American leaders of the eugenics movement. She "capitalized on the alarm many Americans had felt for a generation over the drastically declining birthrate of the White, native, Anglo-Saxon, Protestant stock and the high fertility of immigrants" (Kennedy, 1970, p. 113). Her speeches and publications emphasized the necessity of birth control in reducing the reproduction of the "unfit," reinforcing "the notion that the fertility of the poor, and by extension that of the Black race, was a proper subject of social and governmental control" (Sanger, 2007, p. 217). One might question why the nursing profession uncritically lauds an individual whose views were inconsistent with racial justice. For the answer, one must consider the historical context of nursing and the United States in the early decades of modern nursing.

Nursing's early professional roots in America emerged within a racialized society. The first American nurse training program began in 1870, only two years after the end of the Civil War (Kalisch & Kalisch, 1995). While White nurses in the late 19th and early 20th centuries had to struggle for advancement against the social forces of gender inequity and medical professional authority, Black nurses faced an additional barrier: race. They faced this barrier not only in the society at large, but also within the nursing profession. Black nurses faced a systematic pattern of discrimination within the profession. They were not accepted into White schools of nursing (with few exceptions); they were not hired by White patients for private duty nursing; and they were hired in extremely small numbers by White health care institutions, including hospitals and public health agencies. Black nurses were limited to practicing nursing within the Black community or within hospitals run by Black physicians. In those few instances in which they worked in White institutions, they experienced discrimination from White nurse coworkers, who considered them morally, socially, and intellectually inferior (Hine, 1989).

New laws and requirements supported and enacted by nursing leaders erected barriers to Black nurse advancement. Black nurses were barred from or administered separate registration exams in most Southern states. Training at Black nursing schools was under funded and considered inferior. Within the context of entrenched racism of the late 19th and early 20th century, elite White women in nursing prohibited Black nurses from membership in the organizations created to professionalize nursing and gain autonomy from domination by physicians. Black nurse leaders took steps to advance themselves in the profession and gain status equal to White nurses. The

National Association of Colored Graduate Nurses (NACGN) was established in 1908

and leaders worked persistently to achieve membership for Black nurses in the

American Nurses Association (ANA) (Hine, 1989). Not until 1950 did the ANA allow

membership for Black nurses (Watts, 2003), after which leaders of the NACGN

dissolved the separate organization. Twenty one years later, the National Black Nurses

Association was formed because of continued racism in nursing (Barbee, 1993).

This racialized history shapes the culture and context within which nurses today

are educated and practice. To what extent do nurses today continue the racist attitudes

and practices of earlier eras in professional nursing? How are nurses to recognize and

take action against the forces contributing to health care disparities when the

educational, organizational, and social contexts within which they live, learn, and work

reinforce in subtle and not-so-subtle ways the racial inequities of American society?

How can nurses live out the profession's value of social justice in working for equitable

health care for all people, regardless of race? Geiger's (2002) recommendation for

focused education on bias and stereotyping, and examination of the culture of medicine

is also needed in nursing education. Kirkham and Browne (2006) assert that nursing

must consider the political, economic, and cultural foundations of injustice that affect

health, requiring nursing to examine its own history of professional injustices of racism

and classism. Since nursing faculty members are a primary purveyor of social values,

pedagogy, and curricula to nursing students, an examination of faculty attitudes, beliefs,

and curricular practices about race, racism and discrimination within cultural education

is an important focus of inquiry.

Purpose of the Study

While a small number of studies have directly examined the cultural competence of nursing faculty, I found only three nursing studies that indirectly examined what nursing faculty members think, know and do about race and racism. Since White nursing faculty members comprise 93% of nursing faculty nationwide and constitute the dominant norm in nursing education, I was particularly interested in what White nursing faculty members think, believe, and teach about race and racism. Through phenomenological and case study methods, I sought to understand the everyday meanings of race, racism, and anti-racism that shape the participants' knowledge, attitudes, and teaching practices. The purpose of this study was to investigate the phenomenon of race, racism, and anti-racism among White nursing faculty who teach cultural nursing education. This study sought to answer the following research questions:

1. What are the meanings of race, racism, and anti-racism among White BSN nursing faculty members who teach cultural education?

2. How have the lived experiences of White faculty members influenced their teaching of race, racism, and anti-racism within cultural education?

3. What are the experiences of White BSN nursing faculty members while teaching race, racism, and anti-racism within the context of educating students for cultural competence?

The Research Gap

The limited number of studies examining faculty attitudes, knowledge, and practices of race, racism, and anti-racism in nursing education provide little evidence

that nursing faculty are prepared to teach students about racism, bias, and discrimination, as is recommended by the IOM and anti-racist education proponents. The evidence that does exist suggests that White nursing faculty lack awareness of their racial privilege and the effects of systemic racism on students and colleagues. Theories of cultural competence and racial identity suggest that racially unaware faculty members would be unlikely to make privilege and racism visible in their teaching and guide students to new awareness, knowledge, and action toward eliminating the causes of injustice.

Studies of faculty cultural competence suggest that nursing faculty demonstrate moderate levels of cultural competence and higher levels of cultural competence are associated with more frequent encounters with people from different cultures. Tang, et al. (2003) found that exposure to multicultural educational experiences correlated with positive racial attitudes among medical residents and faculty members. Studies show that cultural education is associated with higher levels of cultural competence, but nursing faculty members report minimal formal education in cultural content. This raises concerns about the adequacy of their preparation, particularly since the emphasis on cultural content has been building in nursing education for more than 30 years. Fewer nursing faculty are likely to have formal or informal education in anti-racism. The dearth of studies that directly examine nursing faculty racial attitudes, knowledge and practices within the context of cultural nursing education provides little evidence upon which to reshape theory, pedagogy, and content to prepare nurses to provide equitable care to people of all races and cultures.

The studies of faculty cultural competence found in the nursing literature examined a broad cross-section of faculty, many of whom may not teach significant content about culture and race, since cultural content is not a major focus in many nursing courses. Although the attitudes and experiences of all nursing faculty members are of interest, particularly in understanding and improving the learning climate for diverse students, this study examined the experience of faculty who teach courses with a more primary focus on culture, and provides an alternate, and intimate, perspective from which to understand the interplay between racial and cultural attitudes, knowledge and experiences. The meanings of race, racism, and anti-racism that shape the teaching practices of White faculty who teach substantial cultural content in nursing education programs have not been studied. This study sought to fill that gap.

The Research Approach

The design of this qualitative study combined hermeneutic phenomenological and case study methods. Hermeneutic phenomenology seeks to make visible the conscious and unconscious meanings within human experience through qualitative methods and textual analysis, and acknowledges the influence of social, historical and political contexts in the lifeworld of individuals (Lopez & Willis, 2004). Race is an uncomfortable social topic in the United States, shaped by political, historical, legal, and social forces of which individuals may be only minimally aware. The majority of White Americans do not perceive themselves as being racist (Bobo, 2001). A hermeneutic phenomenological methodology assisted me in probing beneath the surface of the textual narratives to interpret meanings of race and racism in participants' lives

that they were unable to clearly articulate. Data for textual analysis were collected

through individual interviews with ten participants.

Case study design marries well with hermeneutic phenomenology as case study

research seeks to understand the particularities and complexities of a single case, or

multiple cases, within a unique context. Case study research obtains data through

multiple methods within naturalized settings, relying on intensive and progressive

inquiry to understand meanings that may be yet emerging within participants (Stake,

1995). The research questions sought to understand the lived experience of race, racism,

and anti-racism in White nursing faculty and the impact of that experience on their

teaching of cultural education in BSN nursing programs. The case studies allowed me to

intensively examine the actual teaching experiences of two participants through

classroom observation, document review, and faculty/student interviews.

<div align="center">Researcher Preconceptions of the Phenomenon</div>

I am a White American woman who has lived in predominantly White

communities and been educated in predominantly White institutions throughout my life.

During my childhood, I developed relationships with a few individuals and families of

other races, ethnicities and cultures as a result of my parents' decisions to employ or

host in our home diverse individuals. Consequently, I entered adulthood with trust and

appreciation for these friends, but without an understanding of the prejudice they

experienced or the privilege I enjoyed. In recent years, I have encountered many

situations while serving in leadership and teaching positions that have challenged me to

make decisions, develop policies and procedures, and advise students in ways to

promote equity. My failures, more than my successes, have stirred my interest in diversity and justice.

My interest in anti-racist teaching in cultural nursing education was heightened through study in a doctoral course on race and ethnicity in higher education. Through the readings and assignments for the course, I reflected on the privilege that I have experienced as a White American, and the limited interactions I have in my daily life with people of other races. Gaining knowledge of the history of race in the United States, the ambiguous and contradictory racial attitudes held by Americans, and the pernicious effect of systemic racism on racial and ethnic minorities challenged me to begin a process of rebuilding my personal beliefs, values, and commitments. I took action to see racism around me with new eyes, to seek out opportunities for relationships with people of other races, to make racism visible to my students, and to adopt anti-racist practices in my teaching. This personal experience, therefore, influenced my preconceptions of the experience of White nursing faculty members with race, racism, and anti-racism in cultural nursing education.

I anticipated that many White nursing faculty members might be unconscious of their White privilege as I was. I also anticipated that White nursing faculty might not recognize the dominance of White Eurocentric norms, biases, and practices in the nursing profession, nursing programs, universities, and the health care system. I saw evidence of this in my own nursing program, where only one non-White nurse was mentioned in a detailed 8-page outline of nursing history prepared for students in an introductory course. I anticipated that nursing program documents reviewed in my study might demonstrate similar biases. I also anticipated that many White nursing faculty

members who teach cultural education have not studied scholarly theories of race and racism, thereby being more influenced by socially acquired beliefs about racial difference and less aware of systemic effects of American race ideology (Smedley, 2007). I anticipated that students of difference races might express differing classroom experiences in nursing education programs.

Conversely, I believed that White nursing faculty who teach cultural education might be more aware of and sensitive to issues of race and racism than typical White Americans. Bobo (2001) asserts that better educated people, particularly those who attended college, have typically more positive attitudes toward people of other races. Nursing faculty are highly educated individuals and, therefore, may have more positive attitudes as a result of exposure to diversity through coursework and personal interactions at higher education institutions. Some authors assert that nurses may be more sensitive to the experiences of minority groups because of nursing's own history of oppression by physicians and organizational leaders (Matheson & Bobay, 2007; Roberts, 1983, Roberts, 2000). In addition, studies of faculty racial attitudes and cultural competence suggest that women may have more positive racial attitudes and higher cultural competence than men (Inoue & Johnson, 2002; Pope-Davis, Menefee, & Ottavi, 1993; Pope-Davis & Ottavi, 1992; Schuerholz-Lehr, 2007). A 2006 nationwide survey of faculty teaching in registered nursing education programs found that 96% of respondents were female (Kaufman, 2007). Since the participants in my study were primarily female, I anticipated that they would have positive attitudes toward and interest in issues of race and culture.

I believed that including in my study only faculty who teach courses with primary content in culture might result in the selection of participants with more interest in and exposure to people from diverse cultures, races, and ethnic groups, particularly if the courses include a clinical component. This might result in more positive attitudes, greater knowledge, and increased commitment to teaching about racism and anti-racism, just as cultural encounters were found to increase nursing faculty member's cultural competence (Kardong-Edgren, 2007; Kardong-Edgren, et al., 2005). I guarded against undue optimism, however, since negative interactions with racially different individuals might serve to reinforce pre-existing negative stereotypes and fears within an individual and lead to avoidance and discrimination.

<div align="center">Significance of the Study for Nursing</div>

Since nurses comprise the largest group of health care professionals, the impact of nurses in contributing to health care disparities is worthy of investigation within the nursing research community. As Smedley and colleagues (2002) conclude in the IOM study, this investigation will necessitate the examination of racial biases and stereotypes that may influence nurse decision-making and treatment. Nursing education programs play a critical role in developing the professional values, attitudes, and practices of nurses. Research is needed within nursing education to examine the racial attitudes and beliefs of students and faculty, and to identify pedagogical and curricular strategies to equip nurses to provide equitable care and advocate for system changes necessary to eliminate health care disparities. Just as Geiger (2002) called for an examination of the culture of medicine to expose bias and stereotypes, nursing must examine its own history and culture to prepare self-aware and reflective professionals who will live out

the profession's value of social justice. The results of this study provide rich descriptions of how White nursing faculty think, believe, and teach about race, racism, and anti-racism in cultural education of nursing students, thus this study serves as a preliminary step in incorporating anti-racist content and pedagogy in nursing education.

The nursing professoriate remains predominantly White and the nursing literature contains reports of racial bias and discrimination experienced by students (Hassouneh, 2006; Hassouneh-Phillips & Beckett, 2003; Markey & Tilki, 2007). This study has important implications for understanding faculty's attitudes, knowledge, and practices that may impact their teaching of diverse students. The knowledge gained from this study should motivate nursing program administrators and faculty to examine the cultures of their nursing programs to identify how faculty attitudes, knowledge, and practices affect the learning climate for all students and facilitate learning about the emotionally challenging subject of race. Administrators and faculty may identify a need for faculty development to improve cultural education and promote equitable, respectful faculty/student interaction and dialogue.

In addition, this study adds to the relatively small body of literature examining faculty competence for teaching about culture. This study is the first to directly study nursing faculty racial attitudes, knowledge, and practices, and I hope that other nursing scholars are stimulated to continue research in this area. Nursing education research has focused primarily on outcomes in students that result from particular pedagogical strategies. Rarely are the faculty members who must implement these strategies the direct focus of study. More direct studies of faculty are needed to better understand the dynamics of the teaching-learning dyad.

Organization of the Dissertation

This dissertation is organized in six chapters. Chapter 1 introduced the research problem, the historical and conceptual background of the study, and the research design. Chapter 2 reviews the literature that underpins the study and Chapter 3 presents the methodology used. Chapters 4 and 5 report the study findings, first the phenomenological findings and then the case study findings. Chapter 6 presents the conclusions, discusses selected sources from the literature relevant to the conclusions, and offers recommendations for nursing education, practice, and research.

Chapter II: Review of the Literature

Although support for incorporating anti-racist approaches into cultural education is growing in nursing and other health professions, studies have not directly explored the preparation and propensity of nursing faculty for teaching about race and racism in order to develop anti-racist values and practices in nursing students. To ground my research in this area, this chapter explores theoretical and research literatures in four parts:

- Part One: Theoretical perspectives on race and racism

- Part Two: Theoretical perspectives on cultural competence and anti-racism in nursing

- Part Three: Review of empirical studies of faculty cultural competence in the nursing and educational literatures

- Part Four: Review of empirical studies of faculty racial attitudes and practices in the nursing and educational literatures

Part One: Theoretical Perspectives on Race and Racism

The Concept of Race

The meaning of race in the United States is fluid (Omi, 2001), changing with social movements, political forces, and scientific understandings. Although issues of race and racism are present in many societies around the world, its meaning in the U.S. is forged from historical, cultural, and social events and relationships that are unique to the country (Smedley, 2007). In this section, I summarize the historical development and current understandings of race and racism that contribute to health care disparities in the U.S. and shape the discussion of race and racism in nursing education.

The term race is a relatively recent term in human history. The first usage of race appeared in the 1400s and was used to describe a line of animal breeding stock, or to indicate family lineage from a progenitor (Durodoye, 2003). The meaning of race as we know it today emerged in the 17th century during the colonialist era, when European explorers and colonizers sought economic and political expansion on other continents. These Europeans "discovered" new lands inhabited by exotic and strange people groups whose customs and appearance were different than their own. Central to the emerging meaning of race were the European sociopolitical conquest and subjugation of the colonized societies (Smedley, 2007).

The modern meaning of race is frequently attributed to the unique combination of social, political, economic, religious, and cultural forces that coalesced in the American colonies to create an extreme and rigid form of racism. The English colonizers deemed the American natives savages despite early assistance provided by the natives. Violence, extermination, and subjugation characterized the English response to the natives, similar to the relationship that had existed for centuries between the English and Irish (Smedley, 2007). The importation of African slaves to fuel the agricultural and economic expansion ambitions of the new democracy produced a new ideology about human differences and a new way of structuring society (Smedley & Smedley, 2005). In what Myrdal (1944, as cited in Smedley & Smedley, 2005) described as the "American dilemma," race emerged as a way to justify the subjugation of groups within a society that championed "equality, civil rights, democracy, justice, and freedom for all human beings" (Smedley & Smedley, 2005, p. 22). A folk ideology emerged that other races were not fully human and, therefore, were incapable of and

ineligible for the American colonies' noble ideals (Smedley, 2007). The ordering of the races was debated within, yet ultimately embraced by, the Christian church as God-ordained (Omi & Winant, 1994; Smedley, 2007). Thus, race became a mechanism for assigning human worth and social status, with Europeans, or English in the U.S. experience, conferring upon themselves physical, intellectual, moral, and social superiority, power, and privilege (Smedley, 2007).

Race took on a scientific conception in the 18[th]century, as scientists sought to describe the differences between races, differences that were solely attributed to biology while ignoring social, political, and historical influences (Omi & Winant, 1994). According to Leiber (1997), "the biology of human races from its beginnings has been the invention of researchers trying to objectify and systematize a socially learned pattern of perceptions of human variability" (p. 58). This early research, now widely discredited as racial pseudoscience, was prevalent in the disciplines of comparative biology, anthropology and psychology, and rationalized the differences between the races as fixed and immutable biological truth through such mechanisms as anthropometrics and intelligence testing (Smedley, 2007).

By the end of the Civil War, the American race ideology was firmly entrenched. Smedley (2007) identifies four ideological components that are common to race-based societies: 1) race classifications are identified in law, 2) hierarchical racial classifications are institutionalized, 3) stereotyped behavior is associated with race categories, and 4) racial characteristics (both physical and behavioral) are believed to be innate and unalterable. This ideology, and its associated systemic prejudice and discrimination, prevented emancipated Blacks from gaining opportunity, status, and

wealth following the Civil War (Williams, 1997) and justified the extermination,

exploitation, and relocation of Native Americans throughout American westward

expansion (Smedley, 2007). The hierarchical ranking of races according to skin color,

with Whiteness imbued with superiority and Blackness considered subhuman,

contributed to systemic prejudice and discrimination against Asians, Jews, and even

darker-skinned southern and eastern European immigrants in the late 19th century

(Smedley, 2007). Only as some of these immigrant groups were able to establish their

Whiteness through assimilation and acculturation were they able to share in the power

and privilege associated with the American dream.

Social, scientific and political forces emerged in the early 20th century to reshape

the American conception of race. A growing number of scientists questioned the theory

of multiple subspecies of humans. The findings of physical anthropologists, population

geneticists, and other scientists cast doubt on the fixed and unalterable conception of the

races (Smedley, 2007). The revulsion toward Nazi Germany's racially motivated

genocide of the Jews and Gypsies turned the public's ear toward these opposing voices

and those promoting an ethnicity theory of race (Omi & Winant, 1994). According to

Omi (2001):

> Since the end of World War II, there has been an epochal shift in the logic,
> organization, and practices of the centuries-old global racial order. Opposition to
> fascism, anticolonial struggles in Africa, Asia, and Latin America, and the Civil
> Rights Movement in the United States facilitated the rupture with biologic and
> eugenic concepts of race (p. 258).

The Civil Rights Act of 1964 forced a reordering of rights and relationships within

American legal, political, and social systems. Advancements in genetic science around

the turn of the 21st century have documented the existence of greater heterogeneity

within racial groups than between them, as geneticists have determined that "on average, 99.8% of genetic material is common to any two individuals in the world's population" (Feagin & Feagin, 1999). These social, legal, political, and scientific forces have contributed to present-day American race ideology.

The dismantling of biological theories of race and abolition of legal racist practices has led some to argue that the U.S. is now a post-racial society and to advocate for colorblind policies and practices (Barbee, 1993). "Used extensively over the last several decades in the law field to argue for equal treatment of individuals regardless of color, race, or creed, the colorblind notion was considered a progressive response to racial bigotry" (Castro-Atwater, 2008, p. 246). However, Rosenberg (2004) contends that colorblind ideology is extended from the position of Whiteness, which is afforded the privilege of being blind to the dominating effects of White culture. The ideology of colorblindness draws upon democratic egalitarian principles of individualism and merit (Manglitz, Johnson-Bailey & Cervero, 2005), yet ignores the pervasiveness of material, economic, legal, and political stratification along racial lines in the U.S. that disadvantages people of color.

The majority of scholars assert that race remains an undeniable phenomenon in U.S. society, and will not just go away through denial or benign neglect. Race is a socially constructed way of differentiating human beings, "a particular worldview perpetuated as much by the continuing use of the term in our daily lives and in the media as it is by the stereotypes to which so many of us have been, often unconsciously, conditioned" (Smedley, 2007, p. 6). Race, racism, and discrimination remain potent forces in U.S. society. The recent election and inauguration of Barack Obama as the

first Black President of the United States focused the nation's attention on the ongoing

significance of race in the life experiences of people of color in the United States and

the world. While the ascendance of a Black man to the most powerful position in the

U.S. offers hope for racial equity, the ongoing discrimination experienced by people of

color testifies to the embedded racism in our society.

Omi and Winant (1994) assert that race is a political phenomenon and remains

"a fundamental axis of social organization in the U.S." (p. 13). Economic advantage,

social status, education, and health, among other societal goods, are linked to Whiteness

through centuries of White power and privilege (Smedley, 2007). Segregation is

maintained through home ownership, family and community relationships, access to

transportation, and the overt and covert practices of discrimination by banks, realtors,

and home owners. Racial categories are built into government and institutional data

acquisition, management, and reporting systems.

Racial categorization has been complicated in recent decades by the immigration

of many new groups of people to the U.S., many of whom do not identify with the five

racial categories (Caucasian, Asian, Native Hawaiian/Pacific Islander, Native

American/Alaska Native, Black or African-American) and two ethnic categories

(Hispanic origin, not of Hispanic origin) that are commonly used by government,

public, and private organizations (Byrd & Clayton, 2002). In addition, the prominence

of the use of ethnicity to differentiate human groups has caused confusion between the

concepts of race and ethnicity. For instance, Hispanic ethnicity is recognized separate

from race by the U.S. government, yet the U.S. citizenry may perceive Hispanics as a

separate race. This racialization of Hispanics is consistent with the ongoing reality of

race as a primary unit of social organization in the U.S. The distinctions between race

and ethnicity, as well as culture, are relevant to this study, as I investigated faculty

attitudes about race within cultural education in nursing. In the following section, I

provide definitions of race, ethnicity, and culture as reflected in the literature.

Definitions of Culture, Ethnicity, and Race

Culture, ethnicity, and race are commonly used terms to describe differences in

people. The meanings of these terms vary depending on the perspective and

interpretation of the individuals using them (Martin, 1997), leading to confusion and

uncertainty in their use. As the diversity of people in the U.S. and other countries

increases, these varying meanings and perspectives can have far-reaching impacts on

interpersonal interaction, societal attitudes, and educational practices. In the following

paragraphs, I will present definitions of these terms. Martin (1997) has described an

ideological orientation associated with each concept which provides one framework for

understanding individuals' responses to problematic interactions with diverse others. I

include Martin's orientations framework because it illuminates the misunderstandings

or conflicts that might arise in health care or educational settings when individuals of

different cultures, ethnicities, or races interact.

Culture

The concept of culture emerged from the discipline of anthropology and is a

human construction which attempts to describe an abstract phenomenon (Naylor, 1997).

The definition first proposed by anthropologist E. B. Tylor in 1871 continues to serve as

a foundation for current definitions: "Culture is that complex whole which includes

knowledge, belief, art, morals, law, custom, and any other capability and habits

acquired by man as a member of society" (Smedley & Smedley, 2005, p. 17).

Definitions of culture emphasize the shared meanings held by members of a group that

shape their behavior. Anthropologists agree that culture is not innate, or inborn; it is

"learned, shared, integrated, and always changing" (Naylor, 1997, p. 8). Although living

within geographical proximity contributes to the development of a shared culture, it is

inaccurate to associate physical, biological characteristics to any specific cultural

identity (Naylor, 1997; Smedley & Smedley, 2005). Culture includes the ideas, beliefs,

and products shared by members of groups, "which serve to distinguish the individual

and the group from other individuals and groups" (Naylor, 1997, p. 9). Members within

a culture are inclined to view their shared ideas, beliefs, and products as normal and

superior, perceiving the culture of other groups as foreign and inferior to theirs, a

phenomenon called ethnocentrism. An individual's awareness of cultural beliefs, forms,

and biases typically operates on an unconscious level, emerging only when the

individual confronts an individual or group unlike herself. Individuals may experience

anxiety, confusion, anger, or fear as people who are operating under different sets of

(unconscious) cultural rules interact (Martin, 1997).

Individuals may approach problems in diversity-based interactions from a

primarily cultural orientation. This orientation assumes that conflict between diverse

individuals can be resolved through gaining knowledge about one's own and others

cultural standards and rules, and by correcting faulty ethnocentric assumptions about

one's own cultural superiority (Martin, 1997). This primary emphasis on culture is

consistent with the predominant cultural nursing theories and models, including those of

Leininger (1997, 2006), Purnell and Paulanka (2003, 2005), and Campihna-Bacote (2002).

Problems occur when one assumes that one can know an individual by knowing a set of beliefs and practices associated with her culture. This essentialization of culture naively assumes that all individuals within a culture are the same. Although culture is a unifying force within people groups, heterogeneity exists because of individual differences in experience, language, intellect, education, values, and other personal and social identities and influences. Members of a shared culture can differ from each other in physical characteristics, national origin, religion, and socioeconomic class, particularly in modern societies characterized by advanced technology and transportation (Naylor, 1997).

Ethnicity

Ethnicity and culture are closely related concepts, and distinctions between them are often unclear. According to Smedley and Smedley (2005), "ethnicity refers to clusters of people who have common culture traits that they distinguish from those of other people" (p. 17). Whereas culture lies beneath the surface of individuals' awareness, ethnicity is subject to one's personal identification with a given group (Martin, 1997). Ethnicity is often associated with tribal, national, or geographic origins. Personal identification, culture and origins coalesce in Omi and Winant's description of ethnicity as "the result of a group formation process based on culture and descent" (1994, p. 15). Like culture, ethnicity is not inherently associated with biophysical characteristics (Smedley & Smedley, 2005), nor should ethnicity be equated with race, since different ethnic groups may share the same racial categorization (Omi & Winant,

1994). Ethnic groups share behavioral markers such as clothing, vocabulary and social conventions, but these markers are only outward symbols of the distinct heritage and shared experiences that are valued by group members (Martin, 1997).

Boundaries between insiders and outsiders are an important distinction made by ethnic groups (Salamone, 1997). Whereas culture is viewed as a permeable concept, wherein cultural newcomers may become acculturated by integrating the shared meanings and symbols of the dominant culture, ethnic outsiders who adopt behavioral markers of the dominant ethnic group may encounter resistance and anger from ethnic insiders because the outsiders lack the shared heritage of the group (Martin, 1997). Martin asserts that some individuals may frame differences among diverse individuals primarily through an ethnic lens or orientation. Several assumptions of the ethnicity orientation are: 1) ethnic affiliation is essential to personal identity, 2) all ethnic identities are entitled to equal respect and accommodation, and 3) minority ethnic groups should not be expected to assimilate with the dominant society.

Race

The evolving nature of race has been discussed previously, detailing the shift from biologically based to socially constructed definitions of race. Current definitions of race emphasize socially constructed meanings and classifications given to arbitrary physical or cultural characteristics within a context of power inequities and discrimination. Members of the group(s) with greater power benefit from privilege that accrues from individual, institutional, and systemic practices that oppress groups lower on the racial hierarchy (Martin, 1997; Omi & Winant, 1994; Smedley, 2007). Members of oppressed groups, commonly called minority groups regardless of their relative

numbers in the society, learn to expect mistreatment as a result of the lived experience of discrimination, and may express frustration, cynicism, and rage toward majority group members and social systems (Martin, 1997).

Oppression is a common theme in current race definitions and discussions, reflecting the influence of sociopolitical forces in sustaining racial inequities (Omi & Winant, 1994). Social attitudes have changed to embrace a more racially egalitarian vision of the U.S. as evidenced by a decrease in overt prejudice and discrimination (Bobo, 2001), yet scholars emphasize the continued power of White privilege that advantages even well-intentioned Whites over racial minorities (McIntosh, 1990). Individuals may operate from an oppression orientation in their encounters with others of different cultures, ethnicities, or races, believing that, whether consciously perpetrated or not, minority individuals and groups will always be mistreated. According to Martin (1997), this orientation assumes that power must be redistributed, either by choice or by force, and reparation for past wrongs must occur to improve relations between racial groups. Racial healing requires acknowledgement of responsibility by dominant group members (Martin, 1997). This oppression orientation underlies critical theory and critical pedagogy, which proponents of anti-racist education in nursing often espouse.

The United States Context

The highly racialized context of U.S. society influences how citizens of the U.S. understand the terms race, ethnicity, and culture. The lens of race powerfully influences how Americans view human difference. Although culture and ethnicity are non-racial concepts, Americans struggle to distinguish ethnicity and race, or culture and race

(Smedley & Smedley, 2005). Barbee (1993) contends that these concepts are indistinct in cultural nursing education, resulting in an emphasis on acquiring knowledge of cultural groups:

> As the issue of race is subsumed under cultural diversity, racism becomes reduced to ethnocentrism…One consequence of reducing racism to ethnocentrism is the deflection of emphasis away from structural issues…Furthermore, the notion of ethnocentrism implies that the problem is one of cultural bias, resulting from ignorance, and to be overcome through the presentation of cultural knowledge (p. 351).

The power of cultural and behavioral stereotypes associated with race and ethnicity in America has fused culture, ethnicity and race in our thinking. Perhaps as powerful as these stereotypes are in muddying the distinctions is the tendency of Whites in America to view themselves as non-cultured, non-ethnic, and non-racial (Omi, 2001). The pervasiveness of White influence and the effects of cultural assimilation have made culture, ethnicity, and race seemingly inconsequential to the dominant (White) group members. The following section explores the nature of attitudes and beliefs about race and racism in the United States.

Attitudes about Race and Racism

Definitions of Racism and Related Concepts

A discussion of attitudes about race and racism requires definitions of key attitudinal and behavioral constructs. These constructs can be conceived as building blocks, with each successive construct built upon the foundation of previous constructs. Stereotypes are "cognitive structures that contain the perceiver's knowledge, beliefs, and expectations about human groups" (Bobo, 2001, p. 275). Stereotypes develop from individual and social experiences, including education; can be transmitted through

cultural means; and are both positive and negative (Bobo, 2001). Prejudice involves judging of individuals or groups based upon negative stereotypes, assuming the worst about them, and possessing attitudes of aversion or hatred toward them, even in the presence of countervailing evidence (Bobo, 2001; Clark, 2004). Discrimination is the *acting out* of prejudices through attempts to gain advantage or enact barriers that limit the opportunities of members of other groups (Clark, 2004). Social categorization research has shown that "people favor ingroup members over outgroup members in their evaluations, feelings, and action" (Gaertner & Dovidio, 2005, p. 627); therefore all people, no matter their group affiliation, can possess stereotypes and prejudice and demonstrate discrimination against both racial and non-racial groups (Clark, 2004).

The concept of racism emerged in the middle of the 20th century amidst progress and strife in relations between the races in America. Early definitions of racism emphasized negative attitudes, beliefs, and actions of individuals toward people of so-called inferior races (Bonilla-Silva, 1996). While contemporary understandings of racism recognize individual racism, significant emphasis is given to systemic socio-political, institutional, and structural components of racialized societies that perpetuate and naturalize racial ideology and norms and the resulting inequities, marginalization, and oppression (Bobo, 2001; Bonilla-Silva, 1996; Omi & Winant, 1994; Smedley, 2007; Thompson, 1997). Bobo (2001) advocates the use of the term prejudice when speaking of the individual level, and the use of the term racism when describing the cultural and societal levels, but this distinction is not consistent throughout the literature. Critical to both individual and systemic racism is the possession of power by

the dominant individual or group(s) "to magnify the effects of racial discrimination" (Clark, 2004).

These contemporary understandings of racism result in several implications. First, individuals within the dominant (White) group may reject racial stereotypes, prejudices, and discriminating behaviors, yet still live, work, and learn within a system that provides them with often invisible advantages over minority individuals. This phenomenon, known as White privilege (McIntosh, 1990), is a topic of increasing interest in social science research today (Manglitz, et al., 2005; Schick & St. Denis, 2005) and has particular relevance to this study of White nursing faculty. A second implication of contemporary understandings of racism is this: although minority, or oppressed, individuals may possess racial stereotypes and prejudices, they lack the power which is necessary to label their beliefs and actions as racist. Therefore, conceptualizations of racism typically infer attitudes and behaviors of Whites toward racial minorities.

Racial Attitudes in the United States

Racial attitudes have undergone dramatic change in recent decades in the United States. National survey data from the 1940's into the 1980's showed substantial increases in the number of White Americans who reported positive attitudes toward principles of equal treatment between Whites and Blacks; for example, those supporting the principle of White and Black children attending the same schools increased from approximately 30% to nearly 90% (Schuman, Steehe, & Bobo, 1985). In more recent decades, Bobo (2001) confirms these trends, noting a transition from attitudes of overt racial prejudice and discrimination toward "general endorsement of the principles of

racial equality and integration" (p. 269). Despite this movement toward egalitarian principles, the evidence depicts a mixed bag of attitudes, including:

- Negative stereotypes of minority groups persist, particularly of Blacks and Hispanics.

- Positive White attitudes toward integration founder as the arena of integration approaches more personal and non-public spheres, such as neighborhoods and marriage.

- Support for government policy to minimize and eradicate inequities in education, employment, and housing for racial and ethnic minorities has stagnated.

- Whites and non-Whites differ in their perceptions of the prevalence of discrimination in U.S. society, and

- There is deepening pessimism and alienation among minorities about the state of race relations (Bobo, 2001).

Dominative racism, referring to the "open/overt derogation and oppression of a racial minority group" (Bobo, 2001, p. 290) has substantially decreased since the mid-20th century, according to public surveys. A large body of social science research confirming these racial attitude trends has led to alternative conceptualizations of racism proposed by scholars. Gaertner and Dovidio (1986) describe a new kind of racism, aversive racism, which has been called racism among the well intentioned. Aversive racism is more subtle and describes Whites who sincerely and openly support principles of equality and believe themselves to be nonprejudiced, but who harbor negative stereotypes (possibly unconscious) about Blacks and other minority groups

(Gaertner & Dovidio, 2005). The research on aversive racism has revealed that Whites have ambivalent attitudes toward Blacks which may result in discomfort, avoidance, and discrimination (Bobo, 2001).

Sears and his colleagues (1981) proposed a theory of symbolic racism to describe anti-Black prejudice linked with conservative American individualistic values of hard work and fairness which result in White opposition to integration, affirmative action, and immigration policies. According to Sears and Henry (2003), symbolic racism is "an explicitly political belief system, expressing beliefs about Black's position both in the American social structure and in American politics" (p. 272). Research has documented the persistence of White Americans' negative views of Blacks and the resulting political consequences, including support for political candidates (Bobo, 2001; Sears & Henry, 2003).

A third conceptualization of racism, called laissez-faire racism, is a "free-market ideology" of racism that "incorporates negative stereotypes of Blacks; a preference for individualistic, and rejection of structural, accounts of racial identity; and an unwillingness to see government actively work to dismantle racial inequality" (Bobo, 2001, p. 292). Although similar to symbolic racism, laissez-faire racism emphasizes less a political belief system of the traditional Protestant work ethic and more a 'let-the-chips-fall-where-they-may' hands-off philosophy.

These conceptions of racism in modern America only scratch the surface of possible attitudes about race, yet provide a necessary background for this study of White nursing faculty. How might these attitudes manifest themselves within the higher education environment? Several authors have described their experiences and

subsequent conclusions in anti-racist teaching in higher education settings (St. Denis &
Schick, 2003; Tatum, 1992). Although the attitudes and behaviors described are of
students, these articles are relevant because both students and faculty are shaped by the
racialized society in which they live and are educated.

Common Student Assumptions about Race and Racism

Tatum (1992) identifies three major sources of student resistance to talking and
learning about race, drawn from her ten-year experience in teaching an undergraduate
course on the psychology of racism and thematic analyses of student works from the
classes. These three assumptions are:

1. Race is considered a taboo topic for discussion, especially in racially
   mixed settings.

2. Many students, regardless of racial-group membership, have been
   socialized to think of the United States as a just society.

3. Many students, particularly White students, initially deny any personal
   prejudice, recognizing the impact of racism on other people's lives, but
   failing to acknowledge its impact on their own (Tatum, 1992, p. 5).

St. Denis and Schick (2003) identify three ideological assumptions held by
students that frequently interfere with students' understandings of inequality and
racism. Assumption #1: "Race doesn't matter (culture does)" (p. 61) positions
discussion within the more comfortable realm of cultural difference in which power
inequities can be ignored. Assumption #2: "Meritocracy—Everyone has equal
opportunity" (p. 63) places blame for disadvantage upon individual effort rather than
social and institutional structures that impede success. Assumption #3: "Goodness and

innocence—by individual acts and good intentions, one can secure innocence as well as superiority" (p. 65) maintains the status quo of dominance and moral virtue in White privilege. Since these ideological assumptions are embedded in our society (St. Denis & Schick, 2003), they may influence the beliefs of nursing faculty as well. Henze, Lucas, and Scott (1998) found that the teachers they studied ascribed to the meritocracy ideology, and suggested that scrutiny of this ideology is essential to substantive teacher discussions of power, privilege, and racism.

Theoretical Approaches to Understanding Racism and Racial Identity

Critical Race Theory

Since racial difference and inequity continue to impact American society, institutions, and the health and socioeconomic prospects of minorities, scholars have devised theoretical approaches from which to analyze social phenomena such as education, health, or law. Since the 1980s, critical race scholars have responded to the persistent influence of race in society by conceptualizing critical race theory (CRT). CRT is a theoretical framework that challenges dominant ideologies such as color blindness, race neutrality, equal opportunity, meritocracy, and objectivity (Solorzano & Yosso, 2002). Critical race theorists recognize race as a social construct, foreground race and racism among other forms of subordination, and advocate for the eradication of racial subjugation through the amelioration of structural racism, in which racial stratification and disadvantage are embedded in social, political, legal, and economic structures and systems. CRT posits the centrality of experiential knowledge through storytelling and contends that narratives of people of color are legitimate approaches through which to examine race and racism in the law and society (Parker & Lynn,

2002). CRT has been used as a conceptual framework in educational research to critically interrogate race and racism in education (Ladson-Billings & Tate IV, 1995; Lynn & Parker, 2006; Parker & Lynn, 2002; Solorzano & Yosso, 2002). Bergerson (2003) posits that although White researchers may not be fully able to utilize CRT in education research because counterstories must be told from the perspective of the oppressed individual or group, CRT can be used by White researchers committed to social justice. Bergerson argues for White researchers to center race in their work, incorporating CRT's tenets as a lens for analysis.

Critical Whiteness Studies

The development of critical Whiteness studies and theories of White racial identity development to examine the influence of race in Whites has paralleled the development of critical race theory. Critical Whiteness scholars conceptualize Whiteness as a personal and social position or identity associated with White skin color and its associated material, political, psychological, and social privileges. Frankenberg (2003) identifies three dimensions of Whiteness:

- Whiteness is a position of structural advantage, or privilege.

- Whiteness is a standpoint from which to view oneself, others, and society.

- Whiteness is a set of cultural practices looked on by White individuals as American or normal.

White privilege results from a system of individual and societal advantages that "derives from the race power system of White supremacy" (Wildman & Davis, 1997, p. 316). Linking White privilege with White supremacy may elicit a negative reaction

within well-meaning White Americans, yet the association highlights the grounding of White privilege within the historical and ongoing hierarchical status of races in the U.S. and around the world. Rabaka (2007) contends that White supremacy is not a relic of the past—an embarrassing vestige of former dominative racism remaining in only a few extreme individuals and groups—but an appropriate way to characterize the current racial foundations of U.S. and global society. Winant (2004) asserts that Whites inherit the legacy of White supremacy and its continuing benefits, yet experience unsettling challenges to their White racial (un)consciousness as a consequence of contestations of White advantage and social, material, legal, and political gains won by people of color in the latter half of the 20th century.

Examining White privilege requires consideration of non-White subordination, disadvantage, and discrimination, and problematizes the American ideology of individualism. This ideology is built upon the assumption that benefits I experience are the result of my individual effort, while disadvantages I experience are due to my individual failures, whether moral, physical, or intellectual. The ideology of individualism, or meritocracy, ignores social and structural factors that limit the life choices, chances, and consequent life experiences of non-White people in the U.S. McIntosh (1990) describes 46 advantages that she did not earn, but enjoys as a result of being born White in the U.S., and that non-White persons could not expect to enjoy. The advantages span her experiences within the realms of education, politics, law, community, and health care, to name only a few. The inability to see White culture reinforces the ideology of individualism which in turn furthers Whites' rejection of a categorization of Whiteness (Mahoney, 1997).

Wildman and Davis (1997) assert that even the power to ignore race and deny racism is a privilege of Whiteness. The irony of Whiteness and White privilege is that its invisibility to Whites is made possible only through the visibility of the color of raced others. Allen's (2006) metaphor of a bowl of marbles illustrates this phenomenon: "[T]he bowl within which the marbles sit is White. Whiteness is not just one marble among others, it is the defining one. In Western societies, the marbles are coloured by and against the White context" (p. 69). Within this metaphoric bowl, the White bowl recedes into the background, effectively invisible, while the colored marbles emerge in stark relief. Allen's metaphor also highlights the normative effect of Whiteness, as it provides the defining criteria for determining what is American or normal (Frankenberg, 2003).

Winant (2004) emphasizes the evolving nature of Whiteness in America that has resulted from changing racial norms and attitudes: "The contemporary crisis of Whiteness—its dualistic allegiances to privilege and equality, to color consciousness and color blindness, to formally equal justice and to substantive social justice—can be discerned in the contradictory character of White identity today" (p. 5). Scholars in the fields of psychology and counseling have developed theories of White identity development that contribute to our understanding of Whiteness.

White Racial Identity Development

Theories of White identity development place greater emphasis on psychological aspects of Whiteness in contrast to the structural emphasis of critical Whiteness studies. Helms (1990) developed a cognitive developmental model of White racial identity consisting of six hierarchical, but not necessarily linear, statuses (initially

theorized as five stages). White identity develops sequentially through successive

statuses in response to racial encounters. White racial identity begins with Contact, a

status of racial naiveté and ignorance. The status of Disintegration is one of conflict

between societal forces and internal standards resulting in discomfort with interactions

with Blacks. In the third status of Reintegration, the White person embraces White

culture and expresses hostility toward non-White people. The next status of Pseudo-

Independence is characterized by intellectual acceptance of, yet emotional distance

from, racial differences. Individuals in the fifth status, Immersion/Emersion, actively

explore their Whiteness from a nonracist perspective. In the final status, Autonomy, the

White person internalizes a nonracist White identity. Individuals who attain the final

status, Autonomy, value diversity, are problem-centered rather than self-centered, and

seek out experiences with people of other races to enhance personal growth (Thompson,

2003). Because of their positive White antiracist identity, individuals in the Autonomy

stage have been characterized as allies of people of color (Lawrence & Tatum, 2004).

White individuals who act as allies of people of color fall within Broido's

(2000) definition of social justice allies as "members of dominant social groups (e.g.

men, Whites, heterosexuals) who are working to end the system of oppression that gives

them greater privilege and power based on their social-group membership" (p. 3). The

call for anti-racist education in nursing implies the adoption of racial ally behavior by

faculty who then would advocate for the development of racial ally behavior in nursing

students. Studies of ally development in college students have found several factors

critical to ally development, including 1) open and accepting attitudes toward different

others, 2) acquisition of knowledge about social justice issues such as race through

formal coursework and informal relationships, 3) self-confidence, and 4) engagement in self-reflection and alternative perspective-taking (Broido, 2000; Broido & Reason, 2005; Reason, Millar, & Scales, 2005). These factors would be critical to the development of ally behavior in faculty as well.

Thompson (2003) problematizes the anti-racist teaching efforts of White educators. Her insights offer cautions for myself as a researcher and for myself and the participants of this study as teachers. Thompson asserts that "the entire White identity model is organized around individuals getting to feel good about being White in nonracist ways…Despite their commitment to decentering and denormalizing Whiteness, White identity theories keep Whiteness at the center of antiracism" (p. 15). She contends that antiracist educators must give up the desire to be defined unproblematically as good Whites, but rather, accept the contradictions of antiracism as inescapable. She asserts that we must never forget race and racism, but not be trapped by it; we must express the ways we have come to understand racism, yet not reify it (Thompson, 2003).

Critical Whiteness studies, White identity development theories, and critical race theory hold significant import for this study of White nursing faculty, providing a theoretical lens through which interview questions were developed and data were analyzed. They are inevitably a knowledge base which influenced my pre-assumptions as I conducted the study. Helms (1993) asserts that White researchers' racial identities have implications for the design and ultimate contribution of race-related research. The assumptions underlying identity statuses will influence every aspect of the research process, "from conceptualization to dissemination" (Helms, 1993, p. 242).

Part Two: Theoretical Perspectives on Cultural Competence and Anti-Racism in

Nursing

Cultural Competence in Nursing Education

Although nursing curricula since the early twentieth century have incorporated

theories from the social sciences that emphasize aspects of culture, content in

transcultural nursing and cultural competence significantly expanded as a result of the

empirical knowledge gained from nursing theory and research that emerged in the mid-

20th century (DeSantis & Lipson, 2007; Suh, 2004). Professional organizations and

accrediting bodies incorporated cultural content and competence into standards of

practice, curricular recommendations, and accreditation requirements during the 1970s

and 1980s. This has resulted in widespread incorporation of cultural content in nursing

education programs today, although the amount and focus ranges from curricular

frameworks based upon transcultural theories to scattered content in individual courses

within a curriculum (Campinha-Bacote, 2006; DeSantis & Lipson, 2007).

Madeleine Leininger, a nurse scholar and doctorally prepared anthropologist,

was the forerunner in developing transcultural nursing theory and research and first

coined the term cultural competence. Leininger (1997) defines transcultural nursing as:

> a formal area of study and practice focused on comparative holistic cultural care,
> health, and illness patterns of people with respect to differences and similarities
> in their cultural values, beliefs, and lifeways with the goal to provide culturally
> congruent, competent, and compassionate care (p. 342).

Whereas other nursing theorists base their theories upon the four metaparadigms of

client, environment, health and nursing, Leininger (2006) argues that culture and care

are foundational elements of nursing practice and, therefore, essential for provision of

nursing care in a multicultural and global world. According to Leininger (2006), culture is "the broadest, most comprehensive, holistic, and universal feature of human beings" (p. 3). She considers ethnicity and race to be narrower in scope and subsumed with the holistic concept of culture (Leininger, 1997). Her Theory of Culture Care Diversity and Universality conceptualizes culture care as "essential to human health, well-being, and survival" (Leininger, 2006, p. 4). The theory is founded on four theoretical tenets:

- Culture care expressions, meanings, patterns, and practices are both diverse and, in part, universal.

- Cultural care patterns that predict health, illness, and responses to disability and death are strongly influenced by the cultural worldview and social, structural, and environmental factors.

- Health and illness outcomes are influenced by both folk (emic) and professional (etic) care.

- Culturally congruent, safe, and meaningful health care requires three culturally based professional nursing action and decision modes: 1) culture care preservation and/or maintenance, 2) culture care accommodation and/or negotiation, and 3) culture care repatterning and/or restructuring (Leininger, 2006, pp. 15-16).

Whereas Leininger's culture care theory is intended to guide the discovery of new knowledge to help people of diverse cultures (Leininger, 2006), the Purnell Model for Cultural Competence is oriented toward practical application through assessment and implementation of culturally relevant nursing care to diverse clients (Purnell & Paulanka, 2003). Purnell and Paulanka (2003) use the terms transcultural, crosscultural,

and intercultural interchangeably, "meaning 'crossing', 'spanning', or 'interacting' with a culture other than one's own" (p. 5). The Purnell model identifies 12 domains that are essential for assessing the ethnocultural attributes of a client within the context of the individual, family, community, and global society. Several of the 12 domains are family roles and organization, communication, pregnancy and childbearing practices, and health care practice. The Purnell model describes cultural competence as "the adaptation of care in a manner that is consistent with the culture of the client" (Purnell, 2002, p. 193), and conceptualizes an individual's cultural competence as falling along a spectrum from unconsciously incompetent to conscious incompetence to conscious competence and, finally, unconsciously competent (Purnell & Paulanka, 2003). In the Purnell model, race is categorized as a primary characteristic of culture, along with nationality, color, gender, age and religious affiliation. Primary and secondary characteristics of culture are described as "major influences that shape people's worldview and the extent to which people identify with their cultural group of origin" (Purnell & Paulanka, 2003, p. 2). Secondary characteristics include such influences as educational status, socioeconomic status, urban vs. rural residence, and enclave identity.

Campinha-Bacote (2002) developed The Process of Cultural Competence in the Delivery of Healthcare Services Model through the blending of the fields of transcultural nursing, medical anthropology, and multicultural counseling. Campinha-Bacote defines cultural competence as "the ongoing process in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, community)" (p. 181). The emphasis is on the process of becoming, rather than being, competent. The five major constructs of

the model are cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire. The health care provider becomes more culturally competent through growth in the separate five constructs and through the increasing intersection and internalization of those constructs. The construct of cultural desire is a unique feature of the model and overlies the other four constructs as a major influence in an individual's development of cultural competence (Campinha-Bacote, 2002).

The aforementioned three models of cultural care and cultural competence have been utilized to varying degrees in nursing education, practice, and research. In nursing education programs, use of the models has ranged from guiding the whole curriculum to the use of selected domains or concepts within individual courses. A recent Health Resources and Services Administration (HRSA) grant funded the implementation of Campinha-Bacote's model in about 20 schools of nursing (Lipson & Desantis, 2007). Leininger's transcultural nursing theory has provided the framework for hundreds of clinical studies in Western and non-Western countries (Leininger, 1997). Most of the studies investigate the cultural health values, beliefs, and practices of non-White cultures, although some explicitly examine dominant, primarily White cultural groups (Leininger, 2006). Purnell and Campinha-Bacote's models were developed in 1995 and 2002, respectively, and have a smaller research base. Campinha-Bacote (2010) lists 57 research articles that have utilized her model and/or her assessment instrument to evaluate the cultural competence of students and faculty since 2003. Purnell's model has served as the framework for only a few clinical research studies, two of which were conducted by Purnell (Phelps & Johnson, 2004; Purnell, 1999; Purnell, 2001; Sasnett, Royal, & Ross, 2010). My own review of the nursing literature found an absence of

rigorous testing of Leininger's theory and Purnell's and Campinha-Bacote's models.

The summary of anti-racism in nursing education in the following section offers a

critical examination of major assumptions and implications of these cultural theories

and models.

Several nursing scholars have conducted concept and critical analyses of cultural

competence from a broad literature base. Smith (1998) found that definitions of cultural

competence and related terms in the literature sources of archeology, anthropology,

history, psychology, policy, criminal justice, occupational therapy, medicine, nursing,

and education consistently emphasize abilities in the cognitive, affective, and

psychomotor domains. These same domains are evident in the elements of cultural

awareness (affective), cultural knowledge (cognitive), and cultural skill (psychomotor)

found in the literature by Zander (2007). According to Zander (2007), cultural

awareness involves becoming knowledgeable about the values, beliefs, and practices of

one's self and others and includes sensitivity to and respect for cultural differences.

Cultural knowledge should not be understood as learning textbook descriptions of

cultural groups, but rather as a lifelong endeavor of learning the knowledge and skills

necessary to obtain cultural knowledge from individual patients that is necessary for

delivering culturally congruent care. Cultural skill encompasses effective

communication and the development of proficiency in approaches and interventions in

the care of diverse individuals (Zander, 2007).

Suh (2004) conducted a concept analysis of cultural competence through a

systemic, comprehensive review and analysis of the medicine, psychology, education,

social work, and nursing literatures. Common to each of the fields is an understanding

of cultural competence as a process involving cultural awareness, attitudes, knowledge, and skills. Through the literature review and analysis, Suh developed a conceptual model in which cultural awareness, knowledge, sensitivity, skills, and encounters precede cultural competence, which can only be effectively demonstrated through the attributes of ability, openness, and flexibility. Suh constructed a definition of cultural competence from the contributions of the various disciplines: "an ongoing process with a goal of achieving ability to work effectively with culturally diverse groups and communities with a detailed awareness, specific knowledge, refined skills, and personal and professional respect for cultural attributes, both differences and similarities" (p. 96).

Anti-Racism in Nursing Education

The nursing discourse of anti-racism has gained prominence within the past ten years in the U.S., Australia, New Zealand, and the United Kingdom, emerging from critiques of the transcultural nursing and cultural competence discourse. Critics assert that transculturalism and cultural competence in nursing is founded on an essentialist understanding of ethnicity and culture, wherein an individual can be known by knowing his/her culture (Culley, 2006). "An essentialist approach identifies people as belonging to a category which can be both social and biological, and assigns traits to that category" (Hagey & MacKay, 2000, p. 47). Culture is constructed as a fixed and predictable force that shapes individuals' identities and consequent behaviors. A primary method of educating students about cultural care is through the provision of cultural profiles of various ethnic groups. This construction of culture advances stereotyping by homogenizing groups of people based upon unique characteristics (Duffy, 2002). Since "the process of definition is the marking of boundaries, identifying

similarities and differences with some adjacent term" (Allen, 2006, p. 69), such

conceptions focus on the differentiation of self from the other (Duffy, 2002).

Dreher and MacNaughton (2002) warn that culture, a group construct, is

misapplied in the clinical setting to the care of individuals. The current emphasis on

applying culturally competent care to individuals cloaks the overarching problems of

health disparities for some groups which are bound up in the institutional and systemic

inequities caused by racism, sexism and other discriminatory oppressions (Dreher &

MacNaughton, 2002; Duffy, 2002; Gustafson, 2005). "Even if nurses are committed to

addressing health disparities by rendering culturally competent care, their best

intentions are no match for a power structure that perpetuates inequities in health and

access" (Dreher & MacNaughton, 2002, p. 185). Cortis and Law (2005) assert that

Eurocentrism and Whiteness must be made visible to reveal their dominance within

higher education institutions and nursing education programs that disadvantage those

individuals outside of the White norm.

Advocates of explicit anti-racist education propose wide-ranging

recommendations for transforming cultural education in nursing through pedagogies

that:

- engage the intrinsic ambiguities within the multicultural and anti-racist
  philosophies (Nairn, Hardy, Parumal, & Williams, 2003)

- challenge students to reflect upon their own privilege, biases and racism (Allen,
  2006) and

- confront the colonialist dimensions of the healthcare system (Duffy, 2002).

Anti-racist advocates call upon faculty to be confident and equipped with skills in using

an anti-racist pedagogy (Cortis & Law, 2005).

These descriptions of the anti-racist discourse highlight a conceptual

commonality between the cultural competence and anti-racist nursing discourses.

Specifically, both discourses support education in the affective, cognitive, and

psychomotor domains. These domains were presented as essential constructs of cultural

competence in the previous section. Cortis (2003) effectively summarizes these

domains of the anti-racist discourse by stating:

> Anti-racism therefore should involve a degree of both self-awareness [*affective*] and a recognition of important issues relating to the circumstances of minority ethnic groups, including incidents of racism that can have such a profound effect in shaping the experiences of patients and/or staff [*cognitive*]…Challenging racism needs to be 'elegant'…Such 'elegant challenging' is a skilful activity, which draws on the resources of interpersonal and communication skills [*psychomotor*] [italics added] (p. 62).

The application of a critical social theory lens to the construct of culture is a

common thread in the anti-racism literature (Allen, 2006; Cortis & Law, 2005; Culley,

2006; Duffy, 2002; Gustafson, 2005). Culley (2006) proposes the development of a

critical transculturalism in nursing education which views culture as complex and fluid,

considers differences both between groups and within them, and explicates the health

implications of racism and racialization. Similarly, Gray and Thomas (2006) propose

the adoption of a critical constructivist view of culture, in which "concepts and their

definitions and meanings are seen as socially constructed artifacts that arise within a

specific historical context" (Rosenblum & Travis, 2000, as cited in Gray & Thomas,

2006, p. 77). A constructivist view of culture which makes visible the political,

sociological, and economic purposes and processes by which culture is created,

developed, and maintained (Gray & Thomas, 2006) is akin to contemporary

conceptions of race, in that race is understood to be a socially constructed and

institutionally reinforced phenomenon, as presented in previous sections of this paper.

This constructivist perspective may be useful in bridging the gap between cultural

competence and anti-racism in nursing theory and education by questioning the

consequences of social constructions of difference such as culture and race, and

fostering individual and collective advocacy for respect, equity, and justice in health

care. In summary, these theories point out that educators must guard against the

teaching and application of deterministic conceptualizations of both culture and race in

order to avoid dehumanizing and disempowering consequences for patients.

Part Three: Review of Empirical Studies of Faculty Cultural Competence in the

Nursing and Educational Literature

Faculty Cultural Competence

Few studies have examined the cultural competence of nursing faculty. Studies

of nursing student cultural competence are more common than studies of faculty. Also

more common are non-empirical articles detailing methods and strategies for teaching

cultural competence. Studies of faculty reported in other academic disciplines use

various terms to describe similar concepts, such as cultural competence, global

competence, and cross-cultural competence, and are also limited in number. Many of

the research studies share methodological weaknesses common to much educational

research, including the use of a single site, convenience sampling, and reliance on self-

report instruments which are susceptible to social desirability bias, particularly in highly

educated populations such as university faculty.

Faculty Cultural Competence in Nursing

Two nursing studies, separated by nearly 25 years, gathered data through the use of the Cultural Attitude Scale (CAS) (Bonaparte, 1977, as cited in Ruiz, 1981). Ruiz (1981) found a positive correlation between high ethnocentrism scores and negative attitudes toward culturally different patients in a convenience sample of 163 nursing faculty from 19 baccalaureate schools of nursing in three eastern states. 86% of the respondents were White and all were female. Ruiz calls for more research to confirm if highly ethnocentric faculty members are less inclined to teach cultural differences or convey a positive attitude toward culturally different patients to students. This recommendation was not heeded, as a gap of 24 years exists between this and the next study of nursing faculty cultural competence.

Kardong-Edgren, et al. (2005) sought to describe nursing faculty attitudes, perceived cultural knowledge, and cultural skill in caring for patients from four ethnic groups and to explore the relationships between the respondents' attitudes and perceived level of confidence in knowledge and selected demographic characteristics. In this descriptive study, a convenience sample of 94 faculty completed Bonaparte's Cultural Attitudes Scale (CAS), Bernal and Froman's Cultural Self-Efficacy Scale (CSES), a demographic survey and an open-ended question designed by the investigators. The convenience sample of this study limits the findings. Faculty with strong negative attitudes toward other cultural groups or with low confidence levels may have chosen not to participate, resulting in a skewed respondent group.

Respondents held moderately positive attitudes toward four ethnic groups (Asian, Hispanic, Anglo, and African American) and moderate levels of confidence in

their knowledge of each culture. The participants, of whom 81% were White, were most confident in their knowledge of White culture and lowest in their knowledge of Asian culture. Respondents had moderate to high levels of confidence in their knowledge of culture concepts and in their skill in transcultural care (Kardong-Edgren, et al., 2005).

The presence or absence of cultural content in the respondents' employing nursing program significantly correlated with their perceived knowledge of cultural competence and skill in transcultural care. Two additional variables that predicted the level of confidence in skill in transcultural care were taking continuing education courses and the predominant ethnicity of patients for which the faculty provided care. The study found that only 53% of respondents could remember the presence of cultural content in their nursing education, yet 97% of respondents teach transcultural concepts. This may explain the significance of continuing education in influencing perceived skill in transcultural care. Additionally, the correlation between perceived competence and skill and the presence or absence of cultural content in the respondents' program may be explained by their "need-to-know"; faculty who may be assigned to teach cultural content may likely be more inclined to study it and gain knowledge and competence. The authors conclude that faculty members are not prepared in or prepared to teach cultural content, and recommend more research on cultural competency in nursing faculty (Kardong-Edgren, et al., 2005).

Two empirical studies of faculty cultural competence utilized a self-report questionnaire developed by Campinha-Bacote (1999). These studies did not evaluate cultural competence within a patient care context as did the previous two studies. Kardong-Edgren (2007) conducted a descriptive study of nursing faculty cultural

competence using Campinha-Bacote's Inventory for Assessing the Process of Cultural

Competence Among Healthcare Professionals-Revised (IAPCC-R). The instrument

scores participants as culturally proficient (high), culturally competent, culturally aware,

and culturally incompetent (low). The study used a cross-sectional survey design with a

convenience sample of 170 randomly selected BSN program faculty stratified into

faculty in the states with the most immigrants (n = 87) and the least immigrants (n =

83).

The mean score for participants was 75.72, which falls in the culturally

competent category. Faculty from low immigrant states were on average culturally

aware, versus faculty from high immigrant states who were culturally competent,

representing a statistically significant difference. Responses to an open ended question

revealed that an increased comfort level teaching and taking care of people from other

cultures most frequently resulted from immersion or working in another culture.

Respondents reported much more incorporation of cultural content in the programs in

which they teach than in their own nursing preparation programs. This is not surprising

since most of these faculty members would have received their initial nursing education

before the 1980's when cultural content began to be more widely integrated into nursing

curricula.

In a study that compared nursing student and faculty cultural competence,

Sargent, Sedlak, and Martsolf (2005) found a statistically significant difference in the

level of self-reported cultural competence between baccalaureate students and faculty.

The researchers compared faculty and student competence because "the assumption that

faculty members are more culturally competent than students is not widely supported in

the literature" (Sargent, et al., 2005, p. 217). The Inventory for Assessing the Process of Cultural Competence (IAPCC) (Campinha-Bacote, 1999) was administered to 201 students and 51 nursing faculty from one baccalaureate nursing program. 56.9% of faculty members were culturally aware, 39.2% were culturally competent, and 3.9% were culturally proficient. Analysis using one-way ANOVA indicated a statistically significant mean score difference between first year students, fourth year students, and faculty, from lower to higher competence respectively.

Although the Kardong-Edgren (2007) and Sargent, et al. (2005) studies used the Campinha-Bacote instrument, the different versions used in the studies prevent direct comparisons of their findings. The IAPCC is a 20-item questionnaire with a total possible score ranging from 20 to 80 (Sargent, et al., 2005). The IAPCC-R is a 25-item questionnaire with a total possible score ranging from 25 to 100 (Kardong-Edgren, 2007). The tool is susceptible to social desirability bias common to other cultural competence tools, in that the most socially acceptable responses are apparent in many of the questions (Capell, Veenstra, & Dean, 2007). Both tools identify score ranges for four intermediate competence levels of cultural incompetence, cultural awareness, cultural competence, and cultural proficiency, but Kardong-Edgren does not report the findings for each of the intermediate levels. Means and standard deviations are not comparable because of the differing scales of the instruments. Despite these barriers to comparison, one conclusion can be made: in both studies, the mean scores for nursing faculty fall near the cut score between cultural awareness (Level 2) and cultural proficiency (Level 3).

Sealey, Burnett, and Johnson (2006) examined the level of cultural competence among faculty teaching in baccalaureate nursing programs in Louisiana using the Cultural Diversity Questionnaire for Nurse Educators, a researcher-designed instrument based on Campinha-Bacote's model of cultural competence. The instrument measured self-reported scores on subscales of cultural awareness, desire, knowledge, skill, encounters, and overall cultural competence, as well as the inclusion of transcultural teaching. A convenience sample of 163 faculty, of whom 96.3% were female and 74% were White, responded to the survey (Sealey, et al., 2006).

Respondents scored highest on the cultural awareness index (M = 4.14 on a 5-point Likert scale) with moderate scores (M = 3.56-3.67) on cultural desire, knowledge, skill, and encounter. Respondents agreed (M = 3.97) that they included content in transcultural nursing in both classroom and clinical teaching settings, but a close examination of the subscale revealed that they were least in agreement with an item that described screening teaching materials for negative cultural, racial, or ethnic stereotypes (M = 3.29). A stepwise multiple regression analysis revealed that "cultural knowledge and cultural encounter were the components of cultural competence that were most critical to predicting the overall cultural competence of the respondents" (Sealey, et al., 2006, p. 137).

Although this study is strengthened by the inclusion of faculty across one state, the convenience sample limits generalizability to all nursing faculty. The researchers do not provide psychometric data for the instrument, nor do they cite previous studies in which the instrument was used. Despite these weaknesses, several research conclusions and recommendations are relevant to my study. The authors recommend that nursing

faculty develop greater knowledge regarding cultural competence and strategies for teaching cultural competence. They also recommend the review of instructional materials with the intent to reduce bias, as well as critical self-examination by faculty of their readiness to teach transcultural nursing.

Canales and Bowers (2001) conducted a grounded theory study to examine cultural competence from the perspectives of Latina nursing faculty. The aim of the study was to generate a theory of teaching practice based on the participants' perspectives. Purposive sampling was accomplished through informal networking and snowball techniques, while theoretical sampling influenced the selection of participants and the interview questions as the study progressed. Theoretical sampling was reached after individual interviews with 10 participants. The 10 doctorally prepared Latina faculty participants represented one-fifth of all doctorally prepared Latino nursing faculty in the U.S. at the time of the study. Data were analyzed using methods consistent with grounded theory.

The grounded theory that emerged from the data described the participants' purpose of teaching, which the researchers expressed as Changing Perceptions of the Other. The participants perceived that "competent care includes cultural competence" (Canales & Bowers, 2001, p. 106), consequently, the phrase culturally competent care does not appear in the theory. Content knowledge about cultures was not what matters, rather "what matters is understanding the Other, from the Other's perspective" (p. 107). Teaching strategies focused on assisting students to simultaneously deconstruct and reconstruct their perceptions of the Other, regardless of the category of difference, through connecting personally and professionally with multiple communities.

Participants worked toward changing perceptions within students, but also among colleagues and within institutions at various levels of their practice. The participants' self-perception as different (Other) influenced their teaching.

Canales and Bowers' study provides a valuable view of cultural competence from both the margins (Latina "minority") and the center (doctorally prepared academics) of nursing education. They offer an alternative theory of nursing competence which incorporates care for all who are culturally, and in other ways, different from the nurse. The theory takes Leininger's assertion that culture and care are foundational to nursing practice a leap forward and conceptualizes how nurses might attend to difference without objectifying it.

Faculty Cultural Competence in Other Disciplines

Studies of faculty cultural competence were sought from other academic disciplines and the broader higher education literature. Such studies were found predominantly in the health professional education and international education literatures.

Velde, Wittman, and Bamberg (2003) studied the cultural competence of faculty and students in a southern U.S. school of allied health. Contrary to the findings of Sargent, et al. (2005), students were found to be more culturally competent than faculty. The researchers used instruments which measured the respondents' knowledge of communities of color and personal involvement with people of color in their community. The students (N = 151) had higher, yet not significantly higher, scores on the two scales and total cultural competence than faculty (N = 35). Mean scores for both faculty and students were close to the median of possible score ranges. The faculty

respondents were 97% White while students were 82% White. Both groups were predominantly female. The researchers conclude that the higher scores of the students may be a reflection of the greater racial/ethnic diversity of that group.

Study results are limited by the convenience sample at one university, variable response rates of students and faculty from various programs, possible confusion about definitions of communities of color, and an acknowledged negative faculty attitude toward the survey instrument, which asked for indications of action-oriented community involvement behaviors (Velde, et al., 2003). Despite these weaknesses, this study raises challenging questions about faculty members' personal preparation to teach cultural content to students.

Shapiro, Hollingshead, and Morrison (2002) conducted a qualitative study examining the perceptions of medical school faculty, medical residents and patients regarding cross-cultural barriers encountered in clinical settings and the skills required to overcome them. Interpretive content analysis from verbatim transcriptions of focus groups of each participant type revealed that faculty placed greater importance on cultural understanding and culturally sensitive attitudes in clinical encounters than residents and were more likely to identify systemic barriers such as socioeconomic class or access problems. Residents were skeptical of the value of didactic cultural education in developing cross-cultural competence; faculty members were more supportive of didactic education, but thought that faculty role-modeling was more effective in developing the cross-cultural skills of medical students.

Although this study examines faculty cultural competence indirectly, the data (see Shapiro, et al., 2002, Table 3, p. 755) reflect that faculty verbalized higher levels of

Campinha-Bacote's dimensions of cultural awareness, desire, knowledge, and skill than residents. Faculty was more averse to cultural stereotypes and emphasized individualized (patient-centered) care to a greater extent than residents. This is consistent with higher levels of cultural competence in the nursing models previously presented.

Dogra, Giordano, and France (2007) studied the views related to the teaching and learning of cultural diversity held by key stakeholders in medical education in the United Kingdom, including diversity and communication teachers, policymakers, and students. Using qualitative, phenomenological methods, the researchers conducted semi-structured interviews to elicit the views of participants related to cultural diversity definitions, course content, and processes. Sixty one participants, selected by purposive sampling techniques, from fourteen different medical schools and eleven policymaking organizations were recruited. Dogra, et al., found a variety of views about the meaning of the term cultural diversity and the necessary content of cultural diversity programs. The researchers interpreted variation in the findings as reflecting participants' comfort with ambiguity and uncertainty in medical practice. Students preferred a factual emphasis that provided information about cultural groups, reflecting their discomfort with uncertainty. Faculty, while expressing more subjective definitions of cultural diversity, felt pressure to provide cultural group information to meet the students' needs for certainty.

Although the authors report these findings for students and faculty, the structure of the written report of the research did not permit easy reader confirmation of these distinctions. The relatively small number of student participants (7) compared to

teachers (20) offers less confirmation of the student findings and is a limitation of this study. Despite these limitations, this study highlights a unique dimension of cultural competence education, specifically, that the ambiguity inherent in medical, and likewise nursing, practice may lead students and practitioners to prefer objective, group-based knowledge and strategies for providing care to culturally different patients. Consequently, if faculty members embrace a non-essentialist view of culture and wish their students to engage in personally transformative education that emphasizes subjective human differences, they may expect student resistance. Since nursing curricula largely reinforce students' desire for knowledge-laden, unambiguous content, a different approach to cultural education would certainly go against the grain of students' expectations.

Martínez Alemán and Salkever (2004) examined faculty perceptions of the relationship between multiculturalism and liberal education pedagogy at a small liberal arts college in the U.S. They conducted individual interviews with 24 faculty and administrators and identified themes through qualitative analysis of the transcribed texts. They found that faculty perceived the institution's identity as firmly linked with the traditional Western tenets of liberal education, and faculty differed in their perceptions of whether multicultural education threatened the integrity of liberal education or positively transformed it. Most faculty members expressed an essentialist view of race and ethnicity, and incorporating multiculturalism in the classroom often was limited to adapting to different learning styles, with racially and ethnically different students assumed to learn differently. Multiculturalism was most often viewed as a natural fit with interdisciplinary programs such as women's studies, or the social

sciences. There was little evidence of faculty adoption of critical pedagogies or non-Western, non-positivistic epistemologies that challenge traditional beliefs of knowledge construction. The authors recommend a more direct and formal assessment of faculty attitudes about multiculturalism and liberal arts education in order to better understand the ideological positionings that might counteract the integration of multiculturalism in higher education.

Several studies of faculty cultural competence were found in the literature of international education. Schuerholz-Lehr (2007) conducted a literature review of empirical research from the international education literature that examined faculty's attitudes, values, and beliefs regarding global awareness, their pedagogical approaches in teaching global awareness, and the effect of targeted interventions for influencing faculty's attitudes and classroom practices. From a total of 159 items, including journal articles, book chapters, and one Web site, Schuerholz-Lehr found only 7 doctoral dissertations and journal articles that specifically focused on her research interest. Several of those seven publications were studies of school teachers rather than university faculty. I report on those studies that are relevant to my research study in following paragraphs.

Several conclusions from Schuerholz-Lehr's (2007) literature review inform my study of faculty cultural competence and anti-racism. First, findings conflict on the correlation of gender with world-mindedness, with most concluding that females are more world-minded than males. Since most nursing faculty are female, gender differences may be difficult to detect, and if the findings of the majority of these studies are confirmed, the prevalence of female gender may contribute to greater cultural

competence among nursing faculty than is typical of university faculty. Second, the prevalence of survey methodologies in many of the studies introduces substantial self-reporting bias on highly subjective criteria and indices. Third, qualitative studies "that can shed some light on the relationship between faculty traits, knowledge, and attitudes, on one hand and classroom practice on the other hand" are needed (Schuerholz-Lehr, 2007, p. 200). Since most studies of nursing faculty cultural competence have employed quantitative survey methods, the use of qualitative methods such as classroom observations, document review, and in-depth interviews with faculty and their students may reduce self-report bias and reveal richer descriptions of and insight into faculty attitudes, knowledge, and practices that comprise competency.

One study reviewed by Schuerholz-Lehr was conducted by Olson and Kroeger (2001). Olson and Kroeger conducted a study of global competency and intercultural communication with a sample of faculty and staff in one urban university setting. Their motivation was to understand how faculty might need to enhance their own global competency and skills if they aspire to educate their students to be globally competent. They defined global competence as having "enough substantive knowledge, perceptual understanding, and intercultural communication skills to effectively interact in our globally interdependent world" (p. 117). These components—knowledge, understanding, and skills—mirror the primary components of cultural competence identified by nursing theorists.

In Olson and Kroeger's study, fifty-two faculty, administrators, and staff, of whom 67% held teaching positions, responded to a survey sent to 500 individuals in faculty, staff, and administrator positions at the university. The researcher-developed

survey was based upon anthropologist Milton Bennett's Development Model of Intercultural Sensitivity (Bennett, 1993, as cited in Olson & Kroeger, 2001). Bennett's stage model describes six stages of intercultural sensitivity, of which three are categorized as ethnocentric and three are ethnorelative. Individuals growing in intercultural sensitivity progress from denial of cultural difference, through intermediate stages of defense, minimization, acceptance, and adaptation, and culminating in the stage of integration (Olson & Kroeger, 2001). The authors do not describe how the survey was constructed, or provide information on the psychometrics of the instrument.

The survey did not categorize respondents to a single stage; instead the authors reported percentages of respondents who averaged 4.0 or more (on a 5 point scale) on each stage index. It was possible for respondents to score 4.0 or more on more than one index. It is likely that respondents might score highly on two adjacent stages because individuals in transition between stages might identify strongly with questions in either stage. Scoring overlap of the stages was evidenced by a table that displayed the percentage of respondents who averaged 4.0 or greater on the six scales as equal to 140%. None of the respondents to the survey had a high denial or defense index, while only ten percent had a high minimization index. The majority of respondents scored highly (4.0 or more) in the ethnorelative stages: 69% in stage 4—acceptance, 44% in stage 5—adaptation, and 17% in stage 6—integration (Olson & Kroeger, 2001). Multiple language proficiency and having substantive experience abroad were associated with higher levels of global competency, intercultural sensitivity, and intercultural communication skills. The authors conclude that faculty development for

global competence should include work in another culture and language (Olson &
Kroeger, 2001).

The results of this study are limited by the small sample size and low response
rate at a single site. The reliability and validity of the survey used are not reported, and
the authors fail to report tests of statistical significance with their findings. The
association of findings with demographic variables such as age, sex, race, academic
discipline, or position is not reported, leaving many questions unanswered.

In a two-phase study, Inoue and Johnson (2000) examined the attitudes and
practices of university faculty toward diversity and multiculturalism in one institution
with a predominantly white faculty (~60%) and predominantly Asian/Pacific Islander
student body (~90%). Fifty one percent of the faculty (N = 104) responded to a survey
instrument developed and pilot tested by the researchers. Respondents were
predominantly male (56%) and 50% were White. The instrument contained items
related to 5 subscales: relationship skills, community knowledge, empathy, cultural
conflicts, and relevant curriculum, and measures of reliability and validity were not
reported. Two significant findings emerged: first, women reported heightened
sensitivity and awareness of issues of diversity and multiculturalism in comparison with
men, and second, years of teaching experience negatively influenced attitudes about
diversity. A third finding indicated that non-White faculty chose to associate with
people of similar ethnic backgrounds in their personal and professional lives to a greater
extent than White faculty, although the authors cite the limited White population of the
region as a potential important influence on this finding.

In Phase II conducted one year later, Johnson and Inoue (2003) attempted to measure the relationship between faculty attitudes toward multiculturalism and their self-reported perceptions of their teaching practices. A smaller sample returned usable surveys in Phase II (N = 65) than in Phase I (N = 104). Respondent scores were high on most indicators of multicultural pedagogy and addressing diversity needs of students. The researchers highlight the disconnect between this finding and the relatively high degree of ethnocentric attitudes reported by faculty in Phase I. Their conclusion is salient to my study:

> What seem like contradictions, however, are more likely the leaking of underlying attitudes and beliefs of these respondents. University faculty members are probably the one group that is most aware and cognizant of what they say and how they say it. This educated segment of the population does appear to want to incorporate multicultural pedagogy into their teaching and many do. However, the underlying ethnocentric attitudes that we as members of society all share to varying degrees raises great concerns, especially when harbored by those who are so involved in educating and shaping the minds and lives of our next generation of leaders and policy-makers (Johnson & Inoue, 2003, p. 273).

The authors conclude that observations, ethnographic methodologies, and faculty/student interviews are needed to measure the actual practices of faculty.

Helms (2003) studied the level of cultural sensitivity and cultural competence of full-time faculty at three liberal arts institutions (N = 91). Conducting quantitative ANOVA and paired t-tests analysis of data from Bennett's Intercultural Development Inventory (Bennett, 1993, as cited in Helms, 2003) and qualitative content analysis of King and Howard-Hamilton's Multicultural Competency Questionnaire (2001, as cited in Helms, 2003), Helms identified four elements that contribute to cultural competence in academic settings: preparation in the area of cultural competence in graduate school,

on-going cultural competence training and skill development once hired as a faculty

member, the incorporation of cultural events into campus life, and faculty mentoring.

No differences on the actual level of intercultural sensitivity were found between

faculty members within five different disciplinary groups. Significant differences did

exist for all five disciplinary groups between respondents' scores on perceived

intercultural sensitivity level measured by the Multicultural Competency Questionnaire

and the actual developmental level on the Intercultural Development Inventory. Faculty

from all five disciplines were functioning at Bennett's stage of minimization, but

perceived themselves to be functioning at the acceptance/adaptation stage. These results

confirm the tenuous nature of self-reported competence and support the examination of

faculty cultural competence through intensive, multi-dimensional, and contextual

qualitative methods.

Summary of Faculty Cultural Competence Research

The studies found in nursing and international education share several common

findings. First, faculty members are found to have moderate or moderately high levels

of cultural competence (Helms, 2003; Kardong-Edgren, et al., 2005; Kardong-Edgren,

2007; Olson & Kroeger, 2001; Sargent, Sedlak, & Martsolf, 2005; Sealey, Burnett, &

Johnson, 2006). Second, higher levels of encounters with or immersion in diverse

cultural settings are associated with increased scores in cultural competence (Kardong-

Edgren, et al., 2005; Kardong-Edgren, 2007; Olson & Kroeger, 2001; Sealey, Burnett,

& Johnson, 2006). Third, higher levels of cultural competence are associated with

educational preparation in cultural topics through either formal academic coursework or

continuing education (Helms, 2003; Kardong-Edgren, et al., 2005; Sealey, Burnett, &
Johnson, 2006).

Contradictory findings are reported in several studies. Women were found to
score at higher levels of competence than men (Inoue & Johnson, 2000; Schuerholz-
Lehr, 2007), although Schuerholz-Lehr's broad analysis of the higher education
literature found some studies with contradictory results. Two studies, in nursing and
medicine, found a higher level of cultural competence in faculty than students (Sargent,
Sedlak, & Martsolf, 2005; Shapiro, Hollingshead, & Morrison; 2002), but Velde,
Wittman, and Bamberg (2003) report opposite findings in a sample of allied health
faculty and students.

Several of the studies reveal the influence of faculty members' epistemic beliefs
on their attitudes and practices regarding cultural competence (Canales & Bowers,
2001; Martínez Alemán & Salkever, 2004). The forces of hegemonic institutions that
shape the teaching of cultural competence were apparent as well, in the preference for
objective knowledge and the traditional tenets and practices of Western liberal
education (Dogra, Giordano, & France, 2007; Martínez Alemán & Salkever, 2004.

Part Four: Review of Empirical Studies of Faculty Racial Attitudes and Practices in the

Nursing and Educational Literature

The nursing literature is nearly void of empirical studies that examine faculty
attitudes, behaviors or teaching about racism and anti-racism. A small number of
empirical studies of faculty are reported in other academic disciplines. This section
summarizes the empirical studies of nursing and non-nursing faculty in higher
education settings and a selection of non-empirical reports that represent a variety of

issues related to anti-racist pedagogy. I have chosen to omit studies that examine

primarily the effect of anti-racist pedagogy on students, focusing instead on reports of

teaching practices, typically non-empirical reflections, by faculty on their teaching

experiences. This is consistent with my primary interest in faculty lived experience.

Racial Attitudes and Practices of Nursing Faculty

Markey and Tilki (2007) report the results of a qualitative study conducted in

one school of nursing in the United Kingdom that examined student and faculty

experiences with racism in the classroom. The report is structured primarily around the

personal learning of the secondary author. She reflected on the superficiality of her

insights about racism at the outset of the research and her discomfort with managing

classroom discussion and conflict. Student and faculty respondents described their

experience of overt, covert, and institutional racism, including faculty success and

failure in managing racist behaviors in the classroom. The researchers conclude that

further exploration of the skills and knowledge of faculty to be transculturally

competent is needed, and in particular, those that prepare faculty to guide students in

exploring the issue of racism (Markey & Tilki, 2007).

Hassouneh-Phillips and Beckett (2003) examined the experience of women of

color in nursing doctoral programs, concluding that Euro-American dominance is

maintained by "the unwillingness of the majority of Euro-American faculty and

students to face racism within themselves, among their colleagues, and within their

institutions" (p. 264). The researchers adopted a critical hermeneutic design, in which

the interplay of the individuals' lived experience and the power relations and structures

of society were examined through the perspective of critical social theory. The nine

female students of color who participated in this qualitative study described feelings of anger, surprise, and moral outrage in the face of overt, covert and institutional racism and oppression perpetrated by often unaware and oblivious faculty (Hassouneh-Phillips & Beckett, 2003).

In a non-empirical article, Hassouneh (2006) reflected on her own experiences as a faculty of color implementing anti-racist pedagogy in a school of nursing. Of particular relevance to my study, the author describes the comfort of many White faculty members with the status quo of Eurocentrism and their resistance to explicating the realities of racism. She asserts that the development of allies among White students and faculty is important to break the history of oppression that disadvantages students of color (Hassouneh, 2006). This same ally behavior is needed in nursing practice to reduce health disparities caused by racism. Since the reported faculty behavior reflects lower levels of White racial identify development (Helms, 1990), one implication of Hassouneh's study is that nursing faculty members may not be prepared to facilitate ally behavior.

Hagey and MacKay (2000) reported on a research study conducted within their Canadian university nursing program that sought to identify issues and perceptions of students, faculty, preceptors, and staff prior to the integration of cultural and antiracism education into the undergraduate curriculum. Only one faculty, one preceptor, and one staff person agreed to participate, compared with 80 students, allowing the researchers to report only on students' perceptions and experiences. Despite the absence of faculty data in the study, the student findings revealed faculty, student and institutional practices that deny racism and yet reproduce "the dominant paradigm as that of

Whiteness/otherness which segments groupings into ingroup/outgroup" (p. 55).

Excerpts from student interviews provided powerful testimony to the influence of this

paradigm in the conscious and unconscious experiences of both White students

(dominance and privilege) and students of color (subordination and disadvantage).

Hagey and MacKay alluded to tensions about racism among the nursing faculty

resulting from a prior national investigation of racist practices against nurses of color.

Because of faculty discomfort, the researchers abandoned their plans to conduct a pre-

and post-implementation faculty survey to measure change. Faculty reluctance to

participate in this programmatic self-study may reflect the faculty ambivalence and

resistance toward racism noted by the authors of the previous three studies. The results

of these studies provide evidence that individual and structural racism shapes the

education of nursing students, adding significance to my study of White nursing faculty.

Racial Attitudes and Practices of Non-Nursing Faculty

Tang, et al. (2003) compared medical resident and medical faculty members'

attitudes toward diversity. Although the context of the study is a cultural competency

medical education program, race and ethnicity rather than culture were the dimensions

assessed on the study questionnaire making the study relevant to this section on racism

and antiracism. Faculty, fellows, and residents (N = 198) attending a required cultural

competency education program at a university medical school completed a voluntary

pre-session questionnaire about sociocultural attitudes in medicine. The tool included

questions about personal and professional attitudes regarding various dimensions of

diversity, including sexual orientation, race, ethnicity, disabilities, and alternative

medicine within the context of medicine and clinical care. Data analysis compared

resident and faculty attitudes and sought predictors of attitudes. No significant

difference between residents and faculty was found for attitudes about race and

ethnicity. Significant differences were found related to sexual orientation issues and

alternative medicine, with residents indicating more comfort. When demographic and

background variables were controlled, however, group differences disappeared. Past

exposure to multiculturalism during college and medical school was the significant

predictor for both dimensions, leading the authors to conclude that educational

experiences across all levels of education, including faculty development, are critical to

the development of positive diversity attitudes.

Talbot and Kocarek (1997) reported on the results of two studies examining the

comfort, knowledge, skills, and behaviors of student affairs graduate faculty toward

issues of diversity. Diversity was defined as including only women, people of color, and

gays, lesbians, and bisexuals. A total of 137 faculty members from large student affairs

graduate programs participated in the two studies. Data were collected using a

researcher-designed instrument which drew concepts, questions, and ideas from

previously developed instruments. Talbot and Kocarek reported on the procedures to

establish validity and reliability through expert review, pilot study, and reliability

testing.

Talbot and Kocarek analyzed the relationship between faculty knowledge, skills,

and comfort scores and demographic variables using ANOVA statistical analysis. They

found that faculty reported the highest levels of comfort, skills, knowledge, and

behavior for issues related to women, followed by race, with the lowest reported levels

for items related to gays, lesbians, and bisexuals. Total mean scores for the comfort and

skills scales were well above the midpoints. Faculty reported lower levels of knowledge than comfort or skills about all diversity topics. They lacked the specific, thorough knowledge required to teach the respective content to students. Women scored significantly higher on the knowledge scale than men, but gender differences were not significant for the other scales. The authors conclude that faculty development is needed to ensure that faculty members are equipped to teach and mentor student affairs students about issues of diversity. They advocate the recruitment and mentoring of faculty from diverse backgrounds, since the participants were largely White, male, heterosexual, and able-bodied.

Pope-Davis and Ottavi (1992) examined the relationship between White racial identity attitudes and racism among White faculty from one large Midwestern university using two self-report surveys: the White Racial Identity Attitude Scale (Helms & Carter, 1990) and the New Racism Scale (Jacobsen, 1985). The White Racial Identity Attitude Scale measures attitudes of White racial identity development as theorized by Helms (1990). Using univariate ANOVA and multiple regression data analysis, Pope-Davis and Ottavi found: 1) that faculty member's racial identity attitudes were predictive of racism and 2) that men had higher levels of Disintegration attitudes than women. They express caution in interpretation of their findings, citing the bias introduced by self-report instruments, voluntary self-selection of participants (153 faculty from a randomly selected sample of 250), and the single site studied.

A subsequent study by Pope-Davis, Menefee, and Ottavi (1993) compared White racial attitudes among faculty and students using the Pope-Davis and Ottavi (1992) study of faculty and a similar study of student racial identity and racism. Both

studies used the White Racial Identity Attitude Scale (Helms & Carter, 1990), the New

Racism Scale (Jacobson, 1985), and a demographic questionnaire developed by the

researchers. The results from the New Racism Scale were not included in this

comparison study. Pope-Davis and colleagues found that students had significantly

higher levels of Contact, Disintegration, and Reintegration attitudes, while faculty had

significantly higher levels of Pseudo-independence and Autonomy attitudes. The

researchers postulate that the greater age of the faculty (M = 45.14) than the students (M

= 20.78) may be a reason for their higher stages of White identity attitudes, yet they

provide no supporting evidence for their assertion. Gender differences were found,

wherein men had significantly higher levels of Disintegration and Reintegration

attitudes than women, and women had significantly higher levels of Pseudo-

independence attitudes than men. Pope-Davis, et al. (1993) apply the results of their

study to the training of psychologists and suggest "that racial identities of faculty and

students should be taken into consideration in designing interventions and educating

students about cultural diversity" (p. 447). This assertion is consistent with the

recommendations of advocates of anti-racist education in nursing. Since 93% percent of

nursing faculty members are White (Kaufman, 2007), examination of White nursing

faculty's racial identities is relevant and important in conjunction with implementing

change in nursing cultural education; thus, my study meets a significant research need

in nursing education.

Jacobs (2006) conducted a qualitative study in the United Kingdom,

interviewing 34 sociology faculty members about their experiences of teaching courses

that focused on race. Eight focus group interviews with students enrolled in race-

focused courses were also conducted. Although the larger research project examined broader issues, this report focused on the experience of conflict within race-focused courses, namely, the content of conflicts, who experiences them, and what factors underlie the conflicts. Both faculty and students reported classroom conflicts, although descriptions of overt conflict were reported infrequently. Conflict was expressed through overt racist talk, indirect racist comments, silence, and angry, aggressive, or distressed interactions between individuals or groups. Conflicts occurred most frequently about overt and covert expressions of racism about Muslims and Jews. Anti-Black racism was less frequent. Since this research was conducted in the UK, it reflects the localized racial dynamics of the UK, which are likely different than the U.S., where anti-Black sentiments often typify racism. Conflicts about issues of gender and sexuality were also reported. Faculty reported that their experiences of teaching race-focused courses were different than in the teaching of other sociology courses, as evidenced by higher emotions, student distress, and the visibility of social identities. Female faculty experienced more conflicts in their courses than male, which Jacobs theorized as resulting from differences in power. The faculty sample was quite diverse, but Jacobs did not report on differences in conflict experienced by racially or ethnically different faculty.

Jacobs posited that four factors may create more frequent conflicts in race-focused courses: 1) learning about severe discrimination and racialized violence may be inherently upsetting to students, 2) students bring into the classroom beliefs about wider political issues and events, 3) student identification with ethnic, racial, cultural, or other groups of differing power bases (identity politics) may result in polarization, and 4)

emotional response to learning about race is more frequent, stronger, and more often negative. Jacobs emphasized the importance of faculty members' communication abilities and their toleration of conflict in race teaching.

Several non-empirical sources are included here that represent a variety of emphases related to anti-racist pedagogy by higher education faculty. Murray-Garcia, Harrell, Garcia, Gizzi, and Simms-Mackey (2005) asserted the value of racial identity development theory in designing antiracist physician training programs, echoing the recommendation of Pope-Davis, Menefee, and Ottavi (1993). They reported six examples from their teaching experience to illustrate how teachers can anticipate variability in student reactions resulting from varying levels of racial identity development, and they recommended theory-guided teaching practices that facilitated genuine self-reflection and change in students. The practices they recommend include: 1) explicit articulation of the anticipated discomfort that the study of racism elicits to students and institutional leaders prior to the training, 2) facilitation of confidential and emotionally safe discussions in small groups, 3) preparation of institutional leaders and program planners for potential backlash from students in early stages of racial identity, and 4) unflinching commitment to and support for sustained education and dialogue to facilitate personal and institutional transformation.

Locke and Kiselica (1999) described teaching strategies they used in a graduate level multicultural counseling course. They emphasized teacher-student and student-student collaboration, problem solving, reflection, and discussion. A strong foundation of the scholarship of racism was laid to support active learning strategies. Strategies included one-minute papers and journals to encourage student reflection upon feelings

and thoughts. Thorough descriptions were provided of strategies to discuss privilege, merit, and interpersonal interactions with racially different others. Locke and Kiselica emphasized the importance of faculty role modeling and mentoring in leading and supporting students in personal and professional growth toward anti-racist practice.

Ahmed (2007) advocated the use of reflexive pedagogy in anti-racist teaching. Reflexivity "refers to a recognition and self-awareness of who we are, what we are doing, and how our actions might affect those with whom we are working" (p. 64). Teachers using reflexive pedagogy are transparent about their own subjectivities and the assumptions that shape their teaching, and guide students to reflect on their own subjective understandings and reflect critically on learning, theory, and practice to "reveal taken-for-granted assumptions that are often overlooked" (p. 64). Ahmed contends that the institutional context of the university, particularly in departments with a strong foundation in positivist science such as her department of psychology, often constrains anti-racist teaching by privileging certain types of knowledge and failing to challenge the hegemony of Whiteness. I previously discussed the influence of White hegemony in health care and educational institutions and in the nursing profession. My study of White nursing faculty who teach culture allows a glimpse into these contexts through the teachers' perspectives.

Wagner (2005) emphasized the importance of the process, in contrast to the content, of antiracist pedagogy because of the emotionally-laden and conflict-producing effect of teaching about racism. Since learning about racism and antiracism engages students at both cognitive and affective levels, she advocates giving significant time and effort at the beginning of a course to building skills for managing conflict, collective

negotiation of ground rules for classroom behavior, and foreshadowing possible feelings and reactions they may experience. Like Murray-Garcia, et al., Wagner asserts that antiracist educators must be prepared for conflict and backlash, requiring them to be able to tolerate conflict. She echoes Ahmed's call for reflexive pedagogy, acknowledging our own social positions, and working collectively with students and colleagues to problematize and deconstruct unquestioned forms of knowledge.

Summary of Faculty Racial Attitudes and Practices Research

The empirical research on faculty racism and anti-racism reinforces the invisibility of Whiteness in American higher education. White faculty resistance or denial of racism may perpetuate dominative relationships in nursing programs and may hinder White faculty from pursuing attitudes, knowledge, and skills that promote anti-racist practice in their students.

One study (Tang, et al., 2003) found that exposure to multiculturalism in college and medical school predicted positive racial attitudes. In two studies using the Helms White Racial Identity Attitude Scale, researchers found that racial attitudes were predictive of racism (Pope-Davis & Ottavi, 1992), faculty members scored at higher levels than students (Pope-Davis, Menefee, & Ottavi, 1993), and men scored at lower levels than women (Pope-Davis, Menefee, & Ottavi, 1993; Pope-Davis & Ottavi, 1992).

The sources reviewed in this section suggest that teaching about racism provokes powerful, often negative, emotions and classroom conflict. Excellent communication skills and a tolerance for conflict are viewed as essential for faculty. Also important are institutional commitment to anti-racist teaching and ongoing institutional change.

Conclusion

This review of the literature provides a broad and deep foundation for my investigation of what White BSN nursing faculty members think, believe, and teach about race, racism, and anti-racism within the context of educating students for cultural competence. In the following chapter, I describe in detail the methodology used to conduct the study.

Chapter III: Methodology

The Qualitative Paradigm

Qualitative research is grounded in a worldview, or paradigm, which understands reality as subjective experience and which seeks to understand reality through people's situated, or contextual, experiences. In this worldview, what can be known is fundamentally and essentially associated with the contexts within which a person lives and individuals' particular experiences within those contexts. Consequently, objective and decontextualized methods of data collection and analysis are not primary in qualitative research. Instead, meanings associated with human experience are elicited through methods of human interaction and the researcher serves as the primary research instrument and analytic device. Because the use of language is a fundamental and universal means by which people come to understand human experience (Ray, 1994), qualitative research methods primarily rely on linguistic data. The product of qualitative research is both textual and contextual, bringing experience to life as written narrative.

Study Design

The specific aim of this study was to understand what White nursing faculty members who teach cultural nursing education think, believe, and teach about race, racism, and anti-racism. I used qualitative methodology to seek this understanding.

This study sought the answer to the following research questions:

1. What are the meanings of race, racism, and anti-racism among White BSN faculty members who teach cultural education?

2. How have the lived experiences of White BSN faculty members influenced their teaching of race, racism, and anti-racism within cultural education?

3. What are the experiences of White BSN faculty members while teaching race, racism, and anti-racism within the context of educating students for cultural competence?

A combined phenomenological/case study design was chosen to gain an in-depth understanding of the meanings of race, racism, and anti-racism in the lives of the participants and their experiences with teaching these topics. The aim of phenomenology is to provide a description of human experience that explicates the "most common, most familiar, most self-evident" meanings of a phenomenon (van Manen, 1997, p. 19). Phenomenological descriptions are at once particular and universal. The findings of phenomenology, although drawn from the subjective experiences of individuals, offer insight into broader human experience. The subjective becomes universal because as human beings, "it is possible to understand what it is like to be another human being; all human beings are rooted in the social world that makes possible the understanding a human being would have of another's personal or social reality" (Ray, 1994, p. 124). The findings of phenomenology are a co-construction of the researcher and participants, drawn from dialogic interaction and dialectic interpretation.

The phenomenological phase of the study was grounded in hermeneutic, or interpretive, phenomenology. Hermeneutic phenomenology seeks to make visible the hidden, essential meanings within human experience through textual interpretation as opposed to descriptive phenomenology's focus on what individuals consciously know

and express (Cohen & Omery, 1994). Hermeneutic phenomenology acknowledges the influence of social, historical and political forces on the lifeworld of individuals; therefore, the interpretation of textual narratives is contextual. Hermeneutic phenomenologists assert that a researcher's theoretical knowledge base and preconceptions contribute "specific ideas about how the inquiry needs to proceed to produce useful knowledge" (Lopez & Willis, 2004, p. 729-730). Therefore, a researcher may use a theoretical or conceptual framework to focus the study, and makes her or his biases and preconceptions explicit, but does not attempt to neutralize, or bracket, them as is required in descriptive phenomenology. The goal in hermeneutic phenomenology is to use a researcher's personal knowledge to inform the interpretive decisions, yet minimize bias that would distort the narratives of the participants (Lopez & Willis, 2004). According to van Manen (1997):

> to *do* hermeneutic phenomenology is to attempt to accomplish the impossible: to construct a full interpretive description of some aspect of the lifeworld, and yet to remain aware that lived life is always more complex than any explication of meaning can reveal (p. 18).

The tenets of hermeneutic phenomenology were well suited to this study of White nursing faculty members' experiences with race, racism, and anti-racism in several ways. First, individuals' understandings and experiences of racism depend upon influences such as age, gender, parental influences, education, geographic locations of residency, and socioeconomic class. Since each participant's life history is unique, their lived experience is best understood within the context of their life experiences. Second, Whites in America tend to view themselves as not having a race and the pervasiveness

of White influence and the effects of cultural assimilation have made race invisible, and

seemingly inconsequential, in the lives of White people. Consequently, seeking through

hermeneutic phenomenology to reveal the hidden meanings White participants made of

race and racism was likely to produce rich knowledge not readily apparent through

descriptive phenomenological methods. Third, the social, historical, and political

context of race and racism within nursing education and U.S. society offers a

perspective through which to examine the meanings of race and racism among

contemporary White nursing faculty. Interpretive phenomenology acknowledges the

researcher as a co-constructor of knowledge with the study participants, and legitimizes

the influence of conceptual frameworks and researcher preconceptions in interpretation.

In this study, I utilized tenets of critical race theory, critical Whiteness studies, and my

own experiences as a White nursing educator to shape interview questions and inform

the interpretation of the study findings.

The case study phase of this study corresponded most closely with the third

research question: What are the experiences of White BSN nursing faculty members

while teaching race, racism, and anti-racism through their education of students for

cultural competence? Case studies are intense descriptions and analyses of a single unit

or system with clearly demarcated boundaries (Stake, 1995). The case could be an

individual person, a classroom of children, or a single nursing program. In this study,

ten White BSN nurse educators participated in the phenomenological component of the

study. Two of these ten participants were selected for study as individual cases.

I conducted instrumental case study, which Stake (1995) describes as the use of

case study to describe something else. My interest was the participants' experiences of

teaching race, racism, and antiracism, not the totality of their life and experience and teaching. The selection of two cases qualifies as collective case study. Collective case studies investigate more than one case for the purpose of deeper understanding of the phenomenon by both individual and cross-case analysis. Merriam (1998) asserts that the study of multiple cases is a common strategy for enhancing the generalizability, or transferability, of research findings. The case study method enhanced the phenomenological method in several ways. First, whereas participants in the interview-only portion of the study may have been inclined to offer socially acceptable interview responses to the uncomfortable subjects of race and racism, the deep examination of two cases through multiple data collection methods offered the potential to reveal meaningful, multi-dimensional data about lived experience through observation over time and collection of data from other sources. Second, through classroom observation and student interviews, the lived experience of teaching race, racism, and antiracism can be more fully and contextually understood.

Case study research is typically guided by key issues identified by a researcher. According to Stake (1995), "issues draw us toward observing, even teasing out, the problems of the case, the conflictual outpourings, the complex backgrounds of human concern. . . . Issue questions or statements provide a powerful conceptual structure for organizing the study of a case" (p. 18). In instrumental case study, the issues are dominant, and must be kept in focus throughout the study (Stake, 1995). Since the three research questions that guided my study were phenomenological in focus, six issue questions were developed to guide the case studies:

1. What priority does the teacher place on race, racism, and anti-racism in this class?

2. How are race, racism, and anti-racism conceptualized in this class (by students? teacher? both?)?

3. How are the content and pedagogy determined for this class? How does that process influence the teaching of race, racism, and anti-racism?

4. To what extent does the teaching of race, racism, and anti-racism in this class reflect the teacher's expressed knowledge, values, and beliefs?

5. Do students think there is an emphasis on race, racism, and anti-racism? Does their perception match the teacher's intent or perception?

6. What variables facilitate or restrain the teaching of race, racism, and anti-racism in this class?

Participant Selection and Descriptions

According to Sandelowski (1995), multiple cases are necessary to describe essential features of an experience and 10 to 50 descriptions of a target experience are likely required "in order to discern its necessary and sufficient constituents" (p. 182). I selected a participant sample large enough to explore the full explanatory, interpretive, and descriptive scope of the phenomenon and conducted repeated interviews and observations to obtain rich descriptions of the phenomenon.

Faculty Participants

Three inclusion criteria were used to select faculty participants. Participants must: 1) racially identify as White, 2) teach a course containing significant cultural content in a BSN program in an upper Midwest state, and 3) have taught cultural

nursing education at least three semesters or quarters. I included only faculty who

identified as White because the nursing professoriate remains predominantly White

(Kaufman, 2007), the literature on race emphasizes the invisibility of race to most

White Americans (McIntosh, 1990), and the nursing literature contains evidence that

White faculty are unaware of individual and institutional racism (Hassouneh-Phillips &

Beckett, 2003; Hassouneh, 2006; Markey & Tilki, 2007). Courses with at least one

major course objective focused on culture, ethnicity, or race were considered to contain

significant cultural content. Potential participants were excluded who did not teach a

course that includes major course objectives pertaining to culture and/or nursing care of

culturally diverse clients. Although previous studies of nursing faculty cultural

competence have drawn from a broad cross-section of nursing faculty who might or

might not teach cultural content, I was particularly interested in exploring the meaning

of race, racism and anti-racism among faculty who are more primary teachers of

cultural content in order to gain a more focused understanding of the interplay of racial

and cultural experiences, attitudes, knowledge, and practices. I chose to include faculty

with 3 or more semesters of cultural teaching experience because less experienced

faculty may be less able to provide rich experiential data from the educational context in

interviews.

This study was approved by the University of Minnesota Institutional Review

Board for the Protection of Human Subjects prior to beginning participant recruitment

(Appendix A). In addition, IRB approval was obtained from each of the 17 colleges and

universities from which the participants were recruited. Purposive sampling was

accomplished through contacts with BSN faculty and directors of nursing programs in a

Midwestern state. A letter describing the study (see Appendix B) was sent to 17 BSN

program directors in the state. Directors were asked to recommend faculty who met the

inclusion criteria. A follow-up phone call to the directors was made within 1 week of

sending the letters. I also identified potential participants through personal networking

and Internet searches of nursing program web pages. Through this first stage of

recruitment, I obtained names and contact information for potential participants

employed at thirteen of the seventeen colleges and universities. Program directors at

four of the colleges and universities did not provide names of faculty and I was unable

to independently identify potential participants from those programs by other means.

Thirty seven faculty members from thirteen different colleges and universities

were sent a recruitment letter (see Appendix C) describing the study and the inclusion

criteria and requesting their participation. Follow-up phone calls and/or emails were

made to the potential participants within one week of sending the letters. Twenty two

faculty members expressed willingness to participate. I conducted a brief phone

interview with each of these individuals to confirm eligibility, answer questions, and

confirm interest in study participation. I selected a final participant sample of ten that

represented: 1) diverse educational settings, i.e. public, private, urban, rural, small,

large, research-focused university, and liberal arts college, 2) different student

populations, including traditional, licensure-preparation students and non-traditional

BSN degree completion students, 3) different curricular models, 4) a variety of

participant life experiences, such as international work and travel and professional

experiences with non-White individuals and groups, and 5) both men and women.

The ten selected faculty members agreed to participate in the phenomenological component of the study. The collection of data through classroom observation mandated that the two participants selected for case study be scheduled to teach their cultural course during the data collection period of the study. Five of the ten selected participants were teaching their culture course during the data collection period and were willing to participate in the case study. Stake (1995) asserts that instrumental case studies may seek a typical case or an unusual case and that selection based on balanced representation of sampling attributes is not the highest priority in collective case studies. Ultimately the selection of cases must be made to maximize what can be learned. Two of the participants taught their culture course with a team of colleagues. One participant taught a course in which the culture content was a relatively small portion of the total course content. These characteristics would have limited the opportunities for observation of these participants' teaching; consequently, these three participants were not highly desirable for case study. The two remaining participants taught dedicated culture courses and did not share the teaching assignment with colleagues. One of these two participants taught a traditional, seated class, while the other participant taught a completely online course. This presented a unique opportunity to examine the influence of technology on the teaching of race, racism, and anti-racism, and it also eliminated the possibility of conflict in classroom observational periods. Student demographics varied as well: one participant taught traditional-aged, licensure preparation students, while the other participant taught a mixed class of licensure preparation and degree completion students. I selected these two participants for case study because I expected these characteristics to maximize my learning.

Description of the Faculty Sample

Table 1 presents faculty participant characteristics, including gender, academic

credential, institutional type, and course type. Institutional types were obtained from

The Carnegie Foundation for the Advancement of Teaching website describing the type

of control and program classification (The Carnegie Foundation, n.d.). For this study, a

dedicated culture class was one in which culture, diversity, and/or global health was the

primary focus of the course. An integrated course was one in which culture was an

intentional, but secondary focus. These integrated courses included introductory

professional nursing courses, a mental health course and a family course.

Table 1

Faculty participant and institutional characteristics

Participant alias	Gender	Academic credential	Institutional type	Course type
Janet	F	MS	Public, Master's	Dedicated
Marie	F	PhD	Public, Master's	Dedicated
Tom	M	MS	Private, not-for-profit, Master's	Dedicated
Sarah	F	PhD	Public, Master's	Dedicated
Daniel	M	PhD	Public, Master's	Dedicated
Gloria	F	PhD	Private, not-for-profit, Baccalaureate	Integrated
Lori	F	MS	Public, Master's	Integrated
Annette	F	MS	Private, not-for-profit, Master's	Integrated
Lisa	F	MS	Private, not-for-profit, Baccalaureate	Integrated
Judy	F	PhD	Public, Research	Dedicated

Table 2 presents faculty participant life experiences in foreign countries. Only

two participants had not traveled to a foreign country. Three participants had resided in

a foreign country for at least one year, including Daniel who immigrated to the United

States as a young adult. The ten faculty participants ranged in age from 55 to 65 years

of age (mean = 58).

Table 2

Faculty participant experiences abroad

Participant alias	Foreign travel	Foreign residency	Taught abroad
Janet	No	No	No
Marie	Yes	No	No
Tom	Yes	Yes	Yes
Sarah	Yes	No	Yes
Daniel	Yes	Yes	No
Gloria	Yes	No	Yes
Lori	No	No	No
Annette	Yes	No	Yes
Lisa	Yes	No	Yes
Judy	Yes	Yes	No

Student Participants

I recruited students at the two case study sites to participate in individual interviews. I purposively recruited students who, based upon my classroom observations, represented different ages and life experiences. For Case study 1, Janet (all names are pseudonyms) allowed me to send an email to the entire online class informing them of my study and asking for their participation. The online class presented a unique recruitment challenge since students resided throughout a large geographic area and did not have a scheduled class time on campus. Ten of the forty-six students in the class expressed interest in participating, but conflicts between their schedules and mine limited their participation. Ultimately, I recruited two students who differed in age and life experiences. For Case study 2, which was Marie's seated class of 20 students I approached students before or after class, informed them about my study and asked them to participate in one one-hour interview. I recruited three students who differed in age, gender, life experiences, and class participation patterns.

Description of the Student Sample

Table 3 presents student participant characteristics, such as assigned alias, gender, age by decade, case location, and program type. For this study, RN-BSN completion students were those who had previously attained an RN degree in an associate or diploma-level program and who were enrolled in a program designed to complete the requirements for a baccalaureate degree in nursing. Both students in this category were working as registered nurses in their home communities. First-degree BSN students were those who were pursuing their first degree in nursing through a baccalaureate program designed to prepare them for licensure as registered nurses.

Table 3

Student participant characteristics

Participant alias	Gender	Age by decade	Case location	Program type
Barbara	F	50's	Case study 1	RN-BSN completion
Stacy	F	20's	Case study 1	First-degree BSN
Sandy	F	50's	Case study 2	RN-BSN completion
James	M	20's	Case study 2	First-degree BSN
Kristin	F	20's	Case study 2	First-degree BSN

Although I hoped to recruit students who differed in racial or ethnic identity, all student participants were White. I chose not to mention racial categories in my recruitment email to Janet's online class (Case study 1), so I had no mechanism to identify non-White students other than their own self-identification in discussion postings. A few students self-identified as being non-White or of non-American cultural origin, but I was unable to recruit them to participate in the study. One student in Marie's seated class (Case study 2) identified herself in a class discussion as Hispanic,

but her attendance was so irregular that I was unable to solicit her for study participation.

Participant Consent, Confidentiality, and Protection

All faculty and student participants were given informed consent forms prior to the first interview (Appendix D and E), and ongoing consent was verified verbally throughout the data collection period. Anonymity was assured for the participants by numerically coding the interview audio tapes and transcripts, and by removing all names and locations from the transcripts. Names and places were removed from textual transcription of field observations, document review analysis, and field notes. Transcripts were stored in a locked file drawer in my office. Consents and documents with faculty names and phone numbers and institutional identifiers were kept in a locked file. Audio files were destroyed after the study was completed.

This study presented minimal risks for the participants; however, the subjects of race and racism may be personally intimidating and potentially emotionally upsetting for many Americans. Interviews were conducted in private locations chosen by the participants and I worked to develop trust with participants through full disclosure of study procedures, provision of interview questions prior to our meetings, disclosure of my own background and experiences, and prompt responses to all emails and phone calls from the participants.

Collection of Textual Material

Data were collected through individual semi-structured interviews with all participants. Additional data collection for the case studies included additional interviews with the case study participants, classroom observations of the cultural

classes, review of course and nursing program documents, and individual interviews with students. Data were collected over a period of five months.

Phenomenological Component of the Study

Two semi-structured interviews lasting one to two hours were conducted with each of the ten faculty participants. The first interview occurred early in the fall semester; the second occurred near the end of the fall semester. The interviews were separated by time because I hoped that my interactions with participants might stimulate new awareness and insight within participants which would be expressed in the second interviews. The interviews were conducted in a private space of the participants' choosing.

Participants were sent letters in advance of the interviews instructing them to reflect on a primary interview prompt. The interview prompt for the first faculty interview was: "Describe in as much detail as possible your experiences with race, racism, and anti-racism in your personal and professional life. What meaning have you drawn from these experiences, and what significance has the meaning of your experiences had for your teaching of cultural nursing education?" Participants were encouraged to structure their reflections in a temporal, autobiographical format. This strategy was intended to enhance the telling of the participants' lived experiences and meanings of the phenomenon. Additional probing questions were asked as needed to elicit awareness, attitudes, beliefs, knowledge, and practices of anti-racism, discrimination, and privilege in the faculty's personal and professional lived experience (Appendix F). According to Ray (1994), conceptual, theoretical, or historical traditions can be incorporated into the interviewing question process in hermeneutic

phenomenology. Consequently, the tenets of critical race theory and critical Whiteness studies helped to shape probing questions. Probing and focusing questions evolved throughout the study as findings and themes emerged.

I recorded a minimal amount of field notes during the interviews to allow me to be fully engaged with the interpersonal interaction and be actively listening, responding to, and probing the participants' reflections. Immediately following each interview, I recorded interview notes that described the interaction, the non-verbal responses, emotional reactions of the participants and me, and any unusual or unanticipated occurrences. Each participant provided me with a syllabus for their culture course, which allowed me to verify characteristics of the course and analyze terminology and emphasis of topics.

Case Study Component of the Study

I conducted a third, mid-semester interview with each of the two case study faculty participants. The participants were asked to prepare for the interviews by reflecting on any additional experiences and deeper insights that emerged as they taught their culture class over the course of the study period.

The case study participants were asked to provide copies of syllabi and teaching materials for their cultural courses. In addition, documents describing relevant missional statements of the nursing program and the larger institution were collected to understand the context within which the participants taught.

I observed the online course (Case study 1) by logging into the course website and reading all of the provided material. Official technology access was provided through the institutional technology office. I observed posted audio lectures, documents,

readings, assignments, and student discussions for each of the nine instructional

modules. I observed ten of twelve scheduled class sessions of the seated course (Case

study 2). The first class session for Case 2 occurred before I began data collection. I

chose to not attend a later class session for which the faculty participant was out of town

and had scheduled a guest speaker. During each classroom or module observation, I

recorded field observations that captured content, relational, emotional, communicative,

spatial, structural, and temporal components of the class sessions, as well as date, time

and location of the class, size of class, and demographics of faculty and students, such

as age, gender, and race/ethnicity. Soon after each class, I transcribed my field notes,

recording rich descriptions of the observation experience.

I conducted individual student interviews lasting 30 to 60 minutes. Student

participation was confirmed via email with a letter describing the study and which

directed them to reflect on their experiences with the topics of race, racism, and anti-

racism in their personal lives and in the culture course in which they were enrolled. The

semi-structured interviews began with the following interview prompt: "Tell me about

your experience of learning from (name of faculty) about race, racism, anti-racism, and

culture in nursing. How have your life experiences influenced your learning about these

topics?" The same procedures for asking probing questions (Appendix G) and recording

field notes of the interviews that were used for faculty interviews were also used for the

student interviews. Interviews occurred in a private location and were audio taped with

student permission.

I recorded narrative field notes throughout data collection to capture the

assumptions, questions, insights, and responses that emerged through interaction with

participants and the data. The field notes documented anecdotally the interactions I had with participants outside of the interviews, and with other program and university personnel throughout the study period. These field notes were be an additional source of data entered into data analysis.

<div align="center">Procedures for Analysis of the Text</div>

A professional transcription service was employed to transcribe verbatim the interview audio files, while I transcribed my field observation notes. All transcripts were checked for accuracy against the audio files and original hand written notes. I conducted the analysis of the text with periodic and focused thematic review by members of my doctoral committee who have extensive experience in phenomenological analysis. I journaled my understandings of how faculty members experience and teach about race, racism, and anti-racism prior to and during analysis of the text. This journaling was an important step in clarifying my assumptions and mapping key decision points in the analysis.

<div align="center">*Phenomenological Analysis*</div>

Sandelowski (1995b) describes qualitative data analysis as the breaking up or breaking down of data into forms that will permit interpretation. According to Sandelowski, this interpretive process "is a creation of the researcher that permits the audience to see the target phenomena in a new way" (p. 372). I conducted hermeneutic phenomenological content analysis of the interview texts using a unique process I designed by synthesizing the analytic steps described by van Manen (1997) and Groenewald (2004). The analytic steps resulted in three levels of analysis, moving from

interpretation of the lived experience in the individual faculty participants' lives to a description of the phenomenon for the sample as a whole.

1. I listened to each audio file while reading the transcript. Errors in the transcription were corrected at this time, but the primary purpose of this step was to listen to the tone, emphasis and priorities of the participant, to develop a holistic sense of the data, what Groenewald refers to as "the gestalt" (2004).

2. Starting at the beginning of the transcript, statements or phrases within the text that seemed particularly essential or revelatory about the phenomenon were highlighted and coded. To guide this step, the following questions were asked, "What is going on here?", "What is this an example of?", and "What is the essence of this participant's experience with race, racism, and anti-racism?" Coding was accomplished using Microsoft Word and codes were organized by the research question to which they pertained.

3. The codes were then merged into categories or clusters and redundant codes were eliminated. In this stage, and in future theming stages, exemplars from the text were linked with the clusters.

4. Essential and incidental themes for each research question were derived by combining clusters into groups that expressed a significant dimension of the phenomenon.

5. After these analytic stages were conducted with the full interview texts for an individual participant, a narrative was constructed that attempted to capture the essence of the phenomenon of race, racism, and anti-racism in the lived experience of the participant. van Manen (1997) calls this "composing linguistic

transformations" (p. 96) and asserts its value in the creative, hermeneutic process. The construction of these linguistic transformations allowed me to evaluate how well I had captured "the gestalt" (Groenewald, 2004) for each participant and served a valuable purpose in verifying my analysis with the participants.

6. When individual analysis was completed for all of the participants, the data were merged and the clustering and theming steps were repeated for the data as a whole. During this stage of analysis, the clusters and themes remained organized according to the research questions. Linguistic transformations of these 2nd order themes were written to describe the essential elements of the themes.

7. In a third and final stage of analysis, 3rd order themes were identified that transcended the separate research questions. Linguistic transformations of the 2nd order themes were merged and refined to convey the essence of the 3rd order cross-cutting themes. Exemplars that illustrated dimensions of the themes were selected from the text.

Phenomenological analysis began soon after the commencement of the first interviews and continued throughout the data collection period; therefore, successive phases of data collection were shaped by the emergent themes and interpretations. As themes for the individual participants were identified, they were entered into a spreadsheet organized by the three research questions. This made it possible to visualize in one document the concordance of themes, as well as gaps in the data. For example, I realized prior to conducting the second interviews that I had collected very little data that related to the second research question. I surmised that the answer for this question

related to how the participants' convictions and beliefs had shaped their teaching goals and methods. Consequently, I was able to formulate a more focused second interview prompt and probing questions.

The theoretical frameworks of critical race theory and critical Whiteness studies influenced the analysis in two distinct ways. First, my study of these topics changed me, shaping the ways that I understand race, racism, privilege, oppression, and power. Consequently, as I interacted with the textual data, I 'saw' meanings that only a few years before would have been hidden from me. Second, I asked questions shaped by the theoretical frameworks such as; does this narrative convey an awareness of privilege? or is meritocracy the implied norm here? Both of these processes are consistent with hermeneutic phenomenology, which seeks hidden meanings and acknowledges the researcher as a co-creator of knowledge with the study participants.

Case Study Analysis

The case study analysis sought to understand phenomena or relationships within and between the cases through a search for correspondence, which is "a search for patterns, for consistency within certain conditions" (Stake, 1995, p. 78). Stake (1995) distinguishes between the analytic strategies of direct interpretation and categorical aggregation in case study research. Direct interpretation is similar to many qualitative analytic methods, including hermeneutic phenomenology, such that patterns and interpretations are drawn directly from the textual narrative. Categorical aggregation utilizes quantitative methods like frequencies to draw out patterns. In this study, a combination of direct interpretation and categorical aggregation analysis was conducted.

The study aim, the third research question, and the six issue questions guided the case study analysis. Since the case study method was employed to gain deeper insight into the actual teaching experiences of the two participants, the first and second research questions were not the primary focus of the case study analysis. The first and second research questions had an indirect influence on the case study analysis as the phenomenological analysis was conducted first and phenomenological themes had been previously identified. The phenomenological themes served as a type of lens, or pattern, through which I viewed the case study data. Stake (1995) asserts that the patterns of the case will often be known in advance and will serve as a template for the analysis. In particular, I analyzed the student interview data through the lens of the phenomenological themes.

The case study data were analyzed as follows:

1. The classroom/module observation texts were subjected to direct interpretation and categorical aggregation, using the six issue questions as a guide. For instance, was race conceptualized as a biological reality, a social construction, or an essential category of difference in the participant's teaching?

2. The institutional, program, and course documents were subjected to direct interpretation and categorical aggregation using the six issues questions as a guide. For instance, the number of times that race language was used in the course documents was contrasted with the use of culture language.

3. The student interview transcripts were analyzed by categorical aggregation. Segments of the student interviews were selected for this analysis. Stake (1995) asserts that given the large amount of data that results from case study data

collection, it is reasonable to identify the best data to analyze and set the rest aside. I selected segments of the student interviews for analysis if they focused on life experience, teaching, or learning about race, racism, or anti-racism. For instance, from James' description of his experiences in the Army, I analyzed a segment in which he described developing friendships with Black corpsmen, but did not analyze a segment in which he described his experiences as a medic. Patterns drawn from the student interviews were entered into a spreadsheet to facilitate categorical aggregation and interpretation. Key concepts from the phenomenological themes served as a guide to this pattern identification. Examples of patterns included culture, race, self-awareness, and affective outcomes. I did not predetermine these concepts, but rather, named them through a process of interacting with the data, asking questions like, how is this data related to the phenomenological themes?

4. The faculty participant interviews had already been analyzed using interpretive phenomenological techniques. Because of the extensive volume of narrative text of the faculty interviews and my intimate knowledge of their content, I did not submit the faculty texts to the same analytic process as the student interviews. For this step of analysis, the faculty participant narrative summaries were analyzed using the six issue questions as a guide.

5. The findings of the aforementioned analytic steps were summarized in separate interpretive statements. These interpretive statements were then merged into individual case descriptions. I did not attempt to force these separate case

descriptions into a singular format, since each case demonstrated unique

conceptual patterns that were not prevalent in the other.

6. Finally, cross-case commonalities were identified and described, for instance,

how the use of technology influenced both participants' teaching of race, racism,

and anti-racism.

<div align="center">Considerations of Rigor in the Study</div>

The traditional dimensions of reliability and validity used to evaluate the rigor of

positivist research are transformed in qualitative research into criteria of trustworthiness

that include credibility, confirmability, dependability, and transferability (Koch &

Harrington, 1998). Sandelowski (1993) asserts that trustworthiness or rigor in

qualitative research is achieved through persuasion as researchers make their science

visible and, therefore, auditable, thus allowing the reader to verify if "good science" has

been practiced. The clear and descriptive research design elaborated above that is

consistent with the philosophical paradigm and standards of phenomenological and case

study research makes visible for the reader the "signposts" of "good science,"

enhancing credibility and dependability of the findings.

I used journaling or memoing throughout all phases of the study to enhance the

credibility of the study findings. Personal memos were recorded to capture my reactions

to participants and data, and to make explicit my evolving assumptions that might

influence the analysis and interpretations. I recorded methodological memos to

document my progress in implementing phases of the research design, including IRB

approval, participant recruitment, and data collection. Methodological memoing was

also essential in refining the analytic methods which were outlined prior to commencing

the study, but which required substantial specification and clarification as the study progressed. I recorded interpretive memos throughout the analytic process to capture my evolving understandings of the data and to record critical decision points and interpretations.

Member checking has been utilized in qualitative research to establish the confirmability of researchers' interpretations. In this study, member checking was accomplished by sending the narrative summary of the faculty interviews to each participant for review and feedback. Nine of the ten participants responded that the summary accurately reflected our interviews. One of the participants did not respond to my request for feedback, despite repeated requests. None of the participants who responded asked for revisions, additions, or deletions to the summary.

Confirmability of findings was enhanced by periodic review of key findings and relevant transcripts by my doctoral advisor and one additional member of my doctoral committee. The elaboration of essential phenomenological themes from the participant interviews and the in-depth investigation of the two case studies, and "thick descriptions" of exemplars in the narrative text, support transferability of findings to other faculty and schools of nursing for the development of faculty, curricula and teaching practices. The findings are likely to be transferable to faculty in other disciplines where anti-racist pedagogy and cultural education are advocated as well, since the experiences and understandings of the participants reflect realities that are widely reported in higher education contexts.

Research Design Limitations

Although small sample sizes are not considered a limitation of qualitative research, the ten faculty participants represent only a small subset of White nursing faculty who teach cultural content. The participants lived in a limited geographical region of the Midwest. Thus, their experiences may be regionalized and less transferrable to faculty experiences in other regions of the country. The majority of the participants grew up and continued to live and work in predominantly White environments. The phenomenon of teaching about race, racism, and anti-racism may be different for White faculty who have experienced racially diverse home and work environments in other regions of the country. Despite this fact, this study provides a meaningful view of the phenomenon of race, racism, and anti-racism in the teaching of culture by White nursing faculty.

I did not consider age in the selection criteria for faculty participants. The participants were all older than 54 years. The significance of the ages of the participants did not become apparent to me until I realized after completing the first round of interviews that all of the participants could recall the Civil Rights era. Younger White faculty may be shaped by different social influences than those that shaped these participants, and thus may possess different knowledge, beliefs, and practices. Purposeful selection of participants with varied ages might have contributed to greater transferability of the findings.

I chose to conduct my research with faculty who were experts in teaching culture. The participants represent a small subset of nursing faculty in their own nursing programs as do their peers throughout the country. The larger populations of nursing

faculty who do not teach substantial content about culture are not represented in this study. White faculty who do not teach cultural education may find the study results less transferrable to their practice. The lived experiences of non-White faculty would likely be substantially different, considering their experiences as non-dominant group members in U.S. society.

The limited number and diversity of student participants limited the findings of the case study component of the study. I was satisfied with the number and diversity of the student participants in Case study 2, but not in Case study 1. Recruitment of students in Case study 1 was hindered by our geographic dispersion. The students in the online class were less accessible for in-person interviews, and I was not a familiar presence in the class as I was in Case study 2. My sampling method ended up being more convenience than purposive for the online class. The study would be improved by including five students rather than two, and by including at least one non-White student. Conducting interviews by telephone or live Internet chat would be a reasonable alternative to in-person interviews in future studies with on-line students.

This study was limited by my relative inexperience in qualitative research methods. Members of my doctoral committee served an invaluable role in supervising and reviewing my research to enhance trustworthiness of the findings. My personal experiences and biases were a potential limitation to the study, if I were to allow them to distort my interpretation of the participants' narratives. To counteract this danger, I maintained a journal throughout the study to make apparent my assumptions and biases. In this way, I could use my personal knowledge to inform interpretive decisions, yet

interrogate any biases that might inappropriately influence the data analysis (Lopez &

Willis, 2004).

Conclusion

Qualitative methods were employed in this study to obtain a contextual and

subjective understanding of the phenomenon, the teaching of race, racism, and anti-

racism in cultural nursing education. Chapter 4 presents the phenomenological findings.

Chapter 4: Phenomenological Findings and Interpretations

The Nature of the Phenomenon

This chapter describes the nature of the phenomenon, the teaching of race, racism, and anti-racism in cultural education, drawn from the phenomenological component of the study. The phenomenological analysis occurred in three phases and resulted in 1st, 2nd, and 3rd order themes. This chapter will focus on the 3rd order themes which are: 1) living, learning, and teaching in White spaces, 2) a personal journey toward racial justice, 3) values transformed through human relationships, and 4) race at the margins. I briefly summarize the 1st and 2nd order themes in the following pages for several reasons. First, since phenomenological analysis is a dynamic process, the 3rd order themes can best be understood from what preceded them. Second, readers serve a significant role in determining validity and transferability in qualitative research; therefore, disclosure of the intermediate analytic results permits readers to judge the strengths of this study.

1st Order Themes

The 1st order themes correspond with the analysis of individual participant data. This analytic step resulted in ten to thirteen micro-themes for each participant, with the themes organized according to the relevant research questions. At this level of analysis, I did not develop aggregate themes, yet thematic commonalities became evident early in the analysis and continued to evolve until individual participant analysis was complete. Thematic commonalities among the ten participants at this first level of analysis, presented with the corresponding research questions, included:

Research question #1: What are the meanings of race, racism, and anti-racism among White BSN faculty members who teach cultural education?

- Living in the cocoon of Whiteness.

- Recognizing and taking action against justice.

- Seeing others through personal relationships.

Research question #2: How have the lived experiences of White BSN faculty members influenced their teaching of race, racism, and anti-racism within cultural education?

- Goals in conflict: self-awareness vs. activism.

- Seeking real student transformation through stimulating affective learning.

Research question #3: What are the experiences of White BSN faculty members while teaching race, racism, and anti-racism within the context of educating students for cultural competence?

- Teaching through storytelling and human connections.

- Discussion-based pedagogy elicits the desired affective learning.

- It's really about culture; race doesn't have a place in the teaching of culture, although Whiteness is the unspoken cultural reference point.

<p align="center">*2nd Order Themes*</p>

The 2nd order themes emerged from the analysis of the aggregated interview data. In this phase of analysis, I merged all textual data from the ten faculty participants. This allowed me to analyze all narrative segments associated with a code, or meaning unit, in aggregate. I then sorted the codes into meaning clusters and themes that transcended individual participants. The coding scheme I used ensured that segments of narrative remained identified with the participants who expressed them. This level of

analysis allowed me to judge to a greater extent the significance of the meaning clusters

and the resulting themes for the participants as a whole. Table 4 displays the eleven 2nd

order themes, which remained organized according to the three research questions.

Table 4

2nd Order Phenomenological Themes

RQ #1	RQ #2	RQ #3
Living in the cocoon of Whiteness	Self-awareness is the student learning goal, but is that really enough?	Resistance and risk in the White space of the classroom
Taking action against racism results from a personal commitment to justice	Desiring values transformation through human connection	Student steps toward racial awareness and action
Seeing others through personal relationships		Fostering affective learning through human connections
Unsettled identities and the ambiguity of race		The contested space of institutional contexts
		It's really about culture: race is at the margins

These 2nd order themes retained a substantial connection to the 1st order themes

with some notable exceptions. Discussion-based pedagogy no longer represented an

essential aspect of the phenomenon when viewed in the aggregate. The responses of

students grew in significance in the aggregate, as did the ambiguities and tensions of

identities, relationships, and contexts. For this reason, the number of 2nd order themes

exceeded the number of 1st order themes. The names of some of the themes changed as

the aggregate analysis clarified the essence of the themes in the experiences of the

participants.

3rd Order Themes

In the final level of phenomenological analysis, I identified themes that cut

across the three research questions. I determined that essential relationships existed

between 2nd order themes associated with different research questions. For example, the

concepts of awareness, action, justice, and personal change unified three 2nd order

themes: taking action against racism results from a personal commitment to justice (RQ

#1), self-awareness is the student learning goal, but is that really enough? (RQ #2), and

student steps toward racial awareness (RQ #3). I named this cross-cutting theme "a

personal journey toward anti-racism".

The 3rd order themes unified the findings across the research questions and

depicted the meanings of the participants' experiences with race, racism, and anti-

racism in a holistic way. The holistic 3rd order themes confirmed and illustrated a

relationship that I observed early in my analysis between participants' narratives and the

research questions. Analysis confirmed that the participants' life experiences had

shaped their beliefs and values (the focus of research question #1). Their personal

convictions then shaped the participants' goals for their students and their pedagogical

choices (the focus of research question #2). The participants' beliefs, values, goals, and

pedagogies intersected with the formal curriculum, student predispositions and goals,

and institutional forces to determine their teaching experiences (the focus of research

question #3). The 3rd order themes, which are described in detail in the remainder of this

chapter, reflect this holistic continuum of experience and meaning.

Table 5 visually depicts the relationships between the eleven second order

themes and the four 3rd order themes. The first three columns, like Table 4, display the

2nd order themes organized by their associated research questions, but the location of the

RQ #2 themes has been shifted to align them horizontally with the RQ #1 and RQ #3

themes with which they merged. The final column identifies the 3rd order themes

aligned horizontally with the 2nd order themes from which each 3rd order theme is constructed. For instance, Theme 2, a personal journey toward anti-racism, cuts across all three research questions and is constructed from one 2nd order theme from each research question as I previously described. Theme 4 merged one 2nd order theme from research question 1 and two 2nd order themes from research question 3.

Table 5

Relationships between 2nd Order and 3rd Order Phenomenological Themes

2nd Order Themes			3rd Order Themes
RQ #1	RQ #2	RQ #3	
Living in the cocoon of Whiteness		Resistance and risk in the White space of the classroom	Theme 1: Living, learning and teaching in White spaces
Taking action against racism results from a personal commitment to justice	Self-awareness is the student learning goal, but is that really enough?	Student steps toward racial awareness and action	Theme 2: A personal journey toward anti-racism
Seeing others through personal relationships	Desiring values transformation through human connection	Fostering affective learning through human connections	Theme 3: Values transformed through human relationships
Unsettled identities and the ambiguity of race		The contested space of institutional contexts It's really about culture: race is at the margins	Theme 4: Race at the margins

The remainder of this chapter describes the four 3rd order themes: living, learning, and teaching in White spaces, a personal journey toward racial justice, values transformed through human relationships, and race at the margins. Since the 3rd order themes cut across the three research questions, the themes, rather than the research questions, provide the structure for the presentation of the phenomenological findings.

Theme 1: Living, Learning, and Teaching in White Spaces

In this section, I present my interpretations of Theme 1: living, learning, and teaching in White spaces. Woven into the narrative are the words of the participants,

whose reflections illustrate the many dimensions of the theme. This theme depicts how the life experiences of the participants were characterized by the dominance of Whiteness. Key dimensions of this theme include: childhood immersion in Whiteness, the invisibility of Whiteness, Whiteness perpetuated by segregation and isolation, Whiteness in institutional contexts, and the unconscious nature of Whiteness.

Childhood Immersion in Whiteness

Participants grew up in primarily small towns and suburbs in the relative comfort of White, middle class society. In this context, the rare exceptions to Whiteness were noticeable—they stood out—often being exchange students, adopted children, or international students. Gloria recalled,

> When I was a young child, the racial mix of the community was one black family, who happened to be named the Whites, which is interesting.…We had differences, but we didn't have racial differences, so we had religious differences in the community…. "White [town]" is what they often called [the town] because it was 99.9% white.

Within this context of Whiteness, historical and entrenched prejudices were passed on to children and newcomers through spoken rules and warnings. Authority figures, including clergy, teachers, and family members were agents of White cultural dominance and prejudice. Janet expressed her childhood confusion caused by the mixed messages of her parents.

> If I think about when I was a little kid, I think the first thing is my mother was a nurse, and I think that even though my parents were very prejudiced because they didn't know any people of color or any different race...when I was old enough to figure out that they were prejudiced, I was surprised by that because they weren't judgmental people. It was like, 'I wonder where this comes from?' I wasn't very old when I figured out…. They were going on what they had been told… because they didn't know anybody either.

The Invisibility of Whiteness

One consequence of the dominance of Whiteness was its invisibility. The

participants didn't *have to* think about race. Race was not a part of their day-to-day

reality; they didn't see how it affected them personally, so they weren't tuned into it.

Their lack of exposure to racial difference kept race out of conscious awareness. Marie

stated,

> My jobs when I first got out of college were mostly in small towns, and I just
> don't remember. At that time, you didn't hear a lot of the black and white
> divergence. It wasn't gone, it was just not in the media anymore; it wasn't
> fashionable anymore. It just seemed while I was working in those small towns,
> that was my whole life, and so I don't remember ever thinking too much about
> it.

They were distant observers of exceptions and didn't consider the role of race in others'

experience, perhaps assuming that all things were equal in others' experience. This was

seen in Sarah's childhood friendship with a Korean adoptee.

> Yeah, she was very white. I don't recall there being a lot of concern that she was
> different. There might have been. She might have felt it. I don't recall her ever
> talking about it. I knew her fairly well, but not real close, so it's hard to
> know….She might have [experienced discrimination] but I wasn't tuned into it;
> I wasn't aware of it. But again… she wasn't coming in from Korea with a
> different set of cultures and values and things. She was pretty much raised
> White. Yeah… she was probably raised very compatible with all the rest of us.

As this quote illustrates, even when participants were acquainted with non-Whites, race

usually wasn't part of the conversation.

Whiteness Perpetuated by Segregation and Isolation

Segregation in communities, educational institutions, and employment settings

perpetuated the invisibility of Whiteness. Lori recalled the segregated community in

which she attended school, lived, and practiced nursing.

> In northwest Iowa, we had a very small population of African Americans and then we had a couple reservations just across the river over in Nebraska, so there were some Native Americans. We didn't see them in healthcare in the hospitals much.

Only one participant, Tom, grew up in a heterogeneous community. The process of reflecting for the interviews brought to Tom's awareness the economic, employment, and residential segregation of his community of which he was not consciously aware as a youth.

> So the Chicano folk and Euro-Americans tended to work in different parts of the mine…. As I reflect on it now as a professional, there was some segregation in terms of the town in that the Mexican community did live in a poorer part of town…. I didn't have to think about the disparities that were still present, so I didn't think very deeply about it.

Tom's reflections provided evidence that even when non-Whites weren't out of sight, they, and the different circumstances of their lives, were out of mind.

> The dominance of Whiteness was maintained by the isolation of small town living and life experiences that did not extend beyond hometown locales, as illustrated by Annette.

> And it's funny because I grew up in a very white part of [my hometown], but I grew up in the slums never the less, because there was a white slum. There was no one of any other color and of course, it was an island, so I didn't leave it very much. So I was twelve years old before I saw someone of color.

Janet testified to the isolation that continued to characterize some participants' current communities when she referred to her friends "that have never been out of [my town]." Even within large city/suburban contexts or educational settings, participants did not know non-White individuals even when they lived or learned in close proximity. Lisa described how this relational segregation was perpetuated in her community.

> I've been in [this city] for thirty-four years…. I've lived in my house thirty years. There is some diversity a block or two out; there's a Chinese family across the street, and we're friendly with them, but not on a social level. Not that there's an intention not to be, it's just that they seem to socialize with a lot of Chinese people in their community; they have big gatherings over there.

Lori expressed embarrassment about moving to a predominantly White suburb from a city neighborhood that was undergoing socioeconomic and racial diversification. She admitted that the move was inconsistent with her passion for diversity and attributed the decision to her husband's preferences.

Whiteness in Institutional Contexts

The Whiteness of the participants' experiences extended to their school, nursing program, and health care contexts. Lori stated,

> We had an African American female student in our dorm in the class behind me, and I had a good friend who was assigned to be her roommate in their freshman year. I remember the college, I think, feeling the need to inform the White student that her roommate was going to be Black because that was so unusual there.

This dominance was described by Daniel as "everyone who was in charge was White", such as teachers, priests, doctors, nurses, faculty, and missionaries. The nursing programs that the participants attended were overwhelmingly White, as Gloria described, "My school of nursing program was all White, all the students… We had no racially diverse faculty, either."

The dominance of Whiteness persisted in the participants' current work environments. All participants taught in a program in which the majority of faculty and students were White. As Lisa stated, "There's been very little diversity. We might have had one or two students out of twenty-four in each class that you would consider non-WASP." The life experiences of the participants' White students mirrored the early life

experiences of their White teachers. Gloria attested "many of our students come from communities that are small town communities and don't have a lot of ethnic and racial diversity."

Students Dominated by Whiteness

Participants' White students were acculturated in the normalcy of Whiteness. White students saw culture as a non-White and non-American entity, not something that they also possessed. Tom expressed frustration that despite his efforts to teach about culture in a broad way, "at the end of a formal course, most of the [White] students don't think they have a culture themselves." Participants described the stereotypes, prejudices, assumptions, and White norms that students sometimes retained throughout the semester. Gloria described a classroom discussion in which a student expressed her assumption that Whites stand to lose a lot from increasing diversity.

> I think because of some of their upbringing [they] are very stereotypical in their thinking and have difficulty looking at differences… I think that she was grounded in inaccurate information and her own life experience where anybody and everybody that comes here from another country is taking advantage of social programs that we have and taking money away from the rest of us.

Annette described her encounters with young students who believed that racism is no longer an issue in American society.

> They feel racism isn't as big a deal anymore….[They think] 'We've moved on. We've moved on.' 'We have a Black President now. We've moved on.' And I'm not sure that they really understand that lived experience or that history. I'm sure they don't understand it.

White students were sometimes openly resistant toward the topics of culture or race. Resistance manifested as ethnocentrism, defensiveness, anger, disagreement, and

negative feedback on course evaluations. Daniel expressed how many students

remained ethnocentric and did not engage with the course content.

> [White students responded with] not much engagement, maybe some mild empathy. I think it is basically 'you are in the United States, this is our holiday, this is the way we celebrate--put up or shut up.' If I were to read some of the unspoken messages, that's what it would be. There were rare students who actually would join in that celebration or write about it in their papers, of how they had extended themselves, very bravely, going into another situation, but they were few and far between.

Students reacted defensively when challenged to examine their beliefs about justice,

power, and prejudice. Annette described how,

> I get pushed back. And they don't want to accept it. You know it's like how they respond to racism. 'No, I don't believe it. That's not the way I am. That's not the way it is,' but it is. And they can't see it. They just can't.

These participants were not surprised by student resistance; Tom even explained it as

part of a developmental process.

> Absolutely, in our course it's normative [for White students to feel defensive]. If we don't ever have some anger and that type of frustration, it feels like we haven't got to the affective component of the learning. It feels to me like its part of the developmental process.

> Six participants talked about their experiences with non-White students in class.

Non-White students were limited in number and sometimes only one non-White student

was in the class. Although participants acknowledged the risk and cultural fallacy of

singling out the experience of one student, or a few students, as a representation for a

whole racial or cultural group, the benefit of the White students' learning from the

experience of their non-White classmate(s) sometimes outweighed the potential

risk/fallacy in the participants' judgments. Tom described this tension.

> I hate doing [it], but in order to use the material that I've got right in the classroom and to get the typical White middle-class female students to think a

bit more racially or interracially. We do have that opportunity, and we do it as delicately, sensitively as possible.

Some participants tried to minimize the risks by seeking the non-White student's agreement to share his/her experience prior to class, as Lisa described.

So I do want to talk with him before and say if there's anything I present or say in class that you know to be wrong, or your experience is different, please let me know, or can I ask you in class to verify. I want to make sure it's okay because there is this whole idea, too, of just because there's a Hmong student in the class, it doesn't make that person the spokesperson for all Hmong people. It's the same if there was an African-American in the class. I want to be respectful of that.

This cultural spokesperson strategy is just one example of how the dominance of Whiteness in the participants' nursing programs placed non-White students at risk. Three participants who taught in programs with some racial and cultural diversity described the segregation and conflict that occurred in their classrooms. Like-student groupings formed based upon cultural and racial groups, as Judy described.

There are three girls who look like they've come from Islamic countries, maybe Somalia or Middle Eastern countries, and they all sit together. You know that there are subgroups and that they feel comfortable [sitting together].

Daniel described how segregation extended outside of the classroom, "I notice when we have gatherings, the other races don't go to the picnics. They just don't show up." These three participants attempted to integrate the groups through class activities and group formation processes. Judy described an incident in which she required a White student and a non-White student to work as partners on an in-class activity.

Interestingly, one of the gals who didn't have a pair was from Africa, and then when I went down the row further, giving out the little worksheets and there was a group of three [White students]. 'Oh, we'll just work in three.' 'No you won't; you with the orange… [work with the African student].' They did and they did a great job.

Tom described his efforts to facilitate integration of White and non-White students in

his culture course which occurs mid-way through a two-year program.

> Some of the cohorts… if they are still forming norms that makes it really easy
> and …I can facilitate expansion of norms, and norms would be different from a
> homogenous group, compared to a diverse group. I can make sure that the
> African students and other students of color that what they think is normative
> can be included in the group expectations and understanding of norms.

Participants described the reluctance of non-White students to speak in class and

to share their experiences. When they did speak, the White faculty and students were

often surprised by their experiences or insights. Sarah described the surprise of White

students when non-White students shared their isolation and emotional wounds during

class discussions.

> We have numbers of diverse students in the class, and often times it's this class
> where they'll say, 'this is how I felt in this class,' or 'this is how I thought you
> treated me,' or 'no one invited me home for Thanksgiving; I've been so alone,'
> and usually the other [White] students are going, '[gasps] we never knew.'

These descriptions provided a glimpse into the experiences of non-White students in the

White-dominated classroom environment of these programs. Participants described the

experiences of non-White students using various terms, such as picked on, used, singled

out, sharing stories, interpreting cultural situations, conforming, confined, put on the

spot, misunderstood, outside of the norm, and at risk, as can be seen in the following

quote from Daniel.

> The trouble is I've also found that even those [non-White] students don't access
> their own diversity. They feel the need to conform and be confined to the narrow
> structure we've created for them. Attempts to get even them to think outside the
> academic structure that is imposed on them are very difficult.

The Unconscious Nature of Whiteness

The spoken and unspoken language of the participants revealed the dominance of Whiteness in their classrooms. References to White students did not require a racial or ethnic modifier, while references to non-White students did. This is illustrated in the following statement made by Gloria.

> One, I think it [the cultural interview assignment] helps better integrate our campus, because almost all of our students are Caucasian. It helps my [White] students reach out to students with different ethnic or racial backgrounds that are subgroups of the dominant population here on campus, and I think that that creates some networking and relationships that may not naturally happen. It creates an opportunity for my [White] students to engage with people from different cultures that are on our campus, and it's helpful. I think it helps our students of different cultures be able to talk about their culture and how important that is and how it may be different than the [White] students'. That kind of dialogue, I think, is very, very important.

The bracketed words here and throughout the preceding excerpts are my additions, intended to highlight the unspoken and unconscious norm of Whiteness in the participants' classrooms. The following statement by Daniel, included previously to illustrate the terms participants used to describe non-White students' experiences, subtly illustrates how the non-White students are the other, as evidenced by the expression, "those students".

> The trouble is I've also found that even those [non-White] students don't access their own diversity. They feel the need to conform and be confined to the narrow structure we've created for them. Attempts to get even them to think outside the academic structure that is imposed on them are very difficult.

The participants seemed unaware of their verbal complicity in the norm of Whiteness, which is consistent with the unconscious nature of cultural norms. The participants clearly expressed their values of cultural equality, their desires to challenge student prejudice and ethnocentrism, and their care for their non-White students.

Nonetheless, they and their classrooms were dominated by Whiteness, and their classrooms were arenas of student risk and resistance.

The descriptions of the participants' lived experiences attest to the significance of the theme: living, learning, and teaching in White spaces. Whiteness dominated their past and their present, their personal and professional lives, enveloping and influencing their classrooms in unconscious and invisible ways. Whiteness was an unseen teacher, maintaining the status quo of cultural Whiteness and contending with the participants' efforts to teach about race, racism, and anti-racism.

Theme 2: A Personal Journey toward Anti-Racism

The second theme, a personal journey toward anti-racism, was evident in data corresponding to each of the three research questions. The participants developed personal convictions about racial injustice through the course of their lives and these convictions shaped their goals for their students. Key dimensions of this theme include: a developmental journey, early equity values, the influence of significant adults, emotional responses to injustice, acting against racial injustice, awareness and action—unsettled goals, evidence of student growth, and elusive outcomes. Incongruities were evident throughout this theme: in participants' blindness to colorblind racism in the equity scripts they expressed, in student learning goals of passive self-awareness versus activism against injustice, and in measurement of student learning. The thematic description that follows depicts first the theme's manifestations in the participants' personal lived experiences and then how this personal journey toward anti-racism manifested itself in their goals and experiences with students.

A Developmental Journey

This theme is grounded in a process of personal change that, according to the participants, began with awareness of self, others, and injustice, led to an emotional, sympathetic response, and motivated them to take action. This process, or journey, was articulated by five participants, but was evident in the lives of all of the participants. A developmental quality was evident in this process; change occurred over many years through life experiences and self-reflection. As Judy expressed,

> You always learn things at yet another level. I would say [I've been reflective] after I turned 35, sure. A lot of reflection going on since that time. What is it my mother always said, 'too soon old, too late smart.' My daughter says, 'if age only could, if youth only knew.'

Annette equated this personal change process to peeling an onion, in which each layer represents a new experience and new awareness, saying, "I think we don't burst into awareness. There are these little onion layers that have to come off one thin peel at a time."

Another dimension of this personal change process was less gradual, less subtle. Janet described particular experiences with friends and in her nursing workplace as defining moments.

> I think that was another defining moment, when I realized it wasn't necessarily about color. It was about unfairness and the unethical treatment of other people… but certainly seeing my friends treated… and then seeing the nurses treat my patients the way they did, those were the real defining moments.

Judy described an "awakening" in her 30's. Gloria described becoming aware "all of a sudden". Annette described "sentinel events" in her life that shifted her understandings of herself and others. Although "we don't burst into awareness," as Annette asserted, particular life experiences provide micro-bursts of awareness. For these participants, life

experiences provoked personal change in subtle and not-so-subtle ways, making them aware of human difference, injustice, and motivating anti-racist action.

Early Equity Values

The participants' journeys toward anti-racism began early in their childhoods when they were taught values of equity (racial and gender), fairness, tolerance, civic duty, and human dignity, values that shaped their attitudes about race and racism. Dimensions of the equity value that participants voiced included: all people are of equal worth, but that doesn't mean they want the same treatment; on the surface, we may look and act differently, but our worth comes from innate qualities that are the same in all people; and because people are equally valuable, it is wrong to judge others based upon external differences. Janet described an early childhood commitment to justice for all people that later developed into her passion for racial justice, "I think that my interest in race injustice came from my total not understanding injustice for anybody. It wasn't necessarily attached to race; it was attached to people." Tom described growing up in a home in which racial and gender equity was modeled.

> Respect for the other started… I talked about my dad's respect for his Chicano colleagues, but my mom's self-respect and how she treated the guys and the gals in our family the same. That very core component was very influential in my life.

The Influence of Significant Adults

Adults played a significant role in participants' values development. Parents were particularly influential in childhood, as were, to a lesser degree, grandparents, family friends, and pastors. Adults conveyed their values through verbal messages. Messages that *were not spoken* (absence of expressed negative prejudices) were just as

influential as messages that *were spoken* (expressions of respect, tolerance). Tom's

father made an impression for both what he did and didn't say about his Mexican co-

workers.

> My dad…didn't express any racial bias or prejudice to us at all. He was a mine engineer and a foreman, so he had a position of power, but he always spoke very, very highly of his Mexican colleagues and workers.

Judy received clear messages from her mother that the prejudiced attitudes of previous

generations were not acceptable.

> My mother said, 'you can't ever say the word nigger.' My mother was always very much faith-based, kind of a fairness, equal in God's sight kind of person. This bit about Black people were not OK for my grandma -- it was her mom – was not carried through by her to me.

Sarah attributed her value of human equality to a confluence of familial, ethnic,

religious, and national influences.

> So I think maybe [I was] raised a little bit, it was a very strong kind of Scandinavian-Norwegian value set, and then also the church, small Lutheran church where we believe that all people are created equal. I mean that's from the Bill of Rights, too, but basically that people are equal. They're not the same, but their value is equal.

None of the participants offered a critical commentary on the equity script that was

taught to them in their childhoods. For example, when Marie described the equity value

that her parents taught her, she did not acknowledge or critique the likeness that it bore

to colorblind racism.

> My parents were both very gentle people, and I think that they just thought a person, is a person, is a person, and that you have people you're not going to like and you're not going to approve of everywhere, and it doesn't make a difference what their color is, or what their religion is. There are just going to be people that you're not going to like, and you're not going to like their opinions, but you have to respect what they say.

Later in life, pastors, faculty mentors, and colleagues shaped participants' values through word and deed. Participants admired role models who defied norms, pursued social justice, and took risks to live out their values. Lori recalled an influential professor, who spoke out against racism.

> Now that I'm thinking about it, I remember that one of my philosophy and religion instructors at this school, who also was quite liberal in his views, used to share with students that when he got the job at this college, a real-estate agent took him and his wife around looking for houses. They saw an African American on the street near the college in a little neighborhood where the college was, and the real-estate agent said to this professor and his wife, 'we don't have any of them in this neighborhood. They all live on the west side,' and [I remember] how indignant, angry the professor was about that comment.

Lisa was mentored by a nursing program director who was an activist for equity.

> The director of the program would come right out and say, 'I'm not going to retire until half of our student population is students of color.' When you've got that kind of leadership at the top, that's an expectation where [racism is] not tolerated.

In multiple contexts, participants were encouraged to not conform to cultural standards that violated equity and to pursue justice.

Emotional Responses to Injustice

Participants were aware of words and actions of others that violated their values of human dignity, equity, and justice. They were dismayed when others did not share their values. They encountered these individuals in their families, in their communities, and in the workplace. Racist remarks made a lasting impression on Marie.

> Of course, you tend to remember some of the worst things you hear because they're just so shocking that people could talk like that about other people. 'They should kill them all' and 'we shouldn't have integration', that we should be separate….I just remember at that age, probably twelve or thirteen years old, being just shocked that people were making those comments and saying those things. I looked at it more as one human being to another.

Participants described their emotional reactions to prejudice and racism in a variety of ways; they were angry, shocked, surprised, disturbed, struck in the face, appalled, discouraged, outraged, and hurt. Many participants experienced these emotional responses in childhood; others not until later in life as they, like Sarah, were exposed to inequity through their professional activities.

> I was very struck by the racism that I found in South Dakota….I was just amazed at how racist people were. It just struck me in the face. Like if we were going to drive from Vermillion out to Rapid City, people would say, 'don't take Hwy. 50 because that'll go through the Indian reservations and it's not safe.'

Participants felt sympathy toward those who suffered injustice, and they couldn't understand the indifference or resistance of others. Annette described her growing anger toward health care systems that perpetuated inequity and injustice as well as coworkers that displayed prejudice and racism.

> I resented that I needed to be an advocate to get people into appointments. Why was that even necessary? Why did I have to play a middle man? Why couldn't this person just call, be treated with respect, make an appointment and be seen? It made me angry. I'm starting to get pissed, I guess, at this point in my career.

Acting against Racial Injustice

All participants described acting against racial injustice. Although some of the participants described speaking out against racist talk during their childhood, most began acting against racial injustice in early adulthood, in college or early in their professional careers. This action took various forms. The mildest form of action was speaking out against racist comments or jokes as Lori described in responding to racist talk of relatives.

> At first it was like, oh my gosh, what do I do with a joke that's so incredibly racist that it just makes me churn? I've learned to be assertive and they've learned not to tell those jokes around me. At least I've spoken my truth, that I

find them to be offensive. Just like I've learned not to argue politics with them either; we'll never agree.

Anti-racist actions were lived out in personal and professional contexts. Janet was one of several participants that described intentional efforts to raise their children to reject racism.

> And always, my whole life, and with my kids, I've always worked at a variety of things that would address inequities and inequality. One of my most wonderful cherished memories was we were watching Gopher football. My oldest son was maybe seven or eight. My step-father said, 'you know for a colored man that Clem Haskins has come a long way, hasn't he?' something like that. My son whipped around and looked at me and he said, 'Clem Haskins is Black?' I just thought, 'I've succeeded in raising a boy who doesn't see his color first'.

Participants have invested time and energy in diversity committees, community organizations that assist non-White groups, grant projects to support academic success of non-White students, mentoring non-White students, or influencing state and local policy through positions of leadership. Most participants described participation in activities aimed at institutional or systemic level injustice in communities or education institutions.

Awareness and Action—Unsettled Goals

The participants' personal journeys toward anti-racism influenced their goals for their students. Just as the process of becoming aware was significant in their experience, all of the participants expressed a primary goal of awareness for their students. They viewed awareness as a necessary first step in the personal change process—students can't move to action, to cultural competence or anti-racist practice, without first becoming aware. As Lisa expressed,

> Without that awareness, and then really examining their own beliefs, and their own stereotypes, then how they respond to people, even if it's not something

that ever shows on the outside, but it's on the inside, that's key to ever changing how this country is, where we could ever truly have equality.

Participants most frequently emphasized the development of student self-awareness. Dimensions of self-awareness mentioned by participants included understanding one's own history, culture and experiences, knowing oneself, and self-awareness of one's personal stereotypes, prejudices, and latent racist attitudes. A few participants, like Lori, extended their goal of awareness to an awareness of others or an awareness of racism as a social reality.

> I would hope they'd at least be able to identify or ask themselves, 'I wonder if this anything to do with racism?' in the inequity or the way someone is treated….I most hope that they'll be able to identify it [racism] and name it for what it is.

The participants' primary emphasis on student self-awareness seemed incongruous with their own experience, since the participants' journeys toward anti-racism were greatly influenced by becoming aware of injustice. The theoretical constructs of cultural competence, which emphasize self-awareness, may have been an influential factor since these teachers' courses were built upon those constructs, rather than upon constructs of anti-racist education which emphasize injustice. This tension between self-awareness and awareness of injustice was one of three tensions noted in the participants' student learning goals. Tension also existed between awareness and advocacy, and between advocacy and activism.

Four participants expressed a student learning goal of advocacy that flowed from their values of racial equity and justice. They expressed that nurses should recognize injustice, name racism, and take action against it. Janet's statement that follows illustrate her personal conflict between goals of self-awareness and advocacy.

> In all honesty, it's not enough to be aware. It's a great place to start and it's all I can hope for. Maybe for some people it was to become more aware of their behavior and their belief system, but really, it's about advocating for our clients. What good does it do to provide culturally competent care if we don't see ourselves as that client's, that patient's, that resident's advocate and to not tolerate the injustices. It doesn't mean that you've got to argue or march in a parade or anything else. It just means you just don't tolerate it. You just call it the way it is.

Janet's personal passion for racial justice and her professional beliefs about nursing motivated her goal of advocacy, but she was afraid to hope for such a lofty outcome in her students. Daniel alluded to his compromise between the ideal and the realistic student learning goals stating, "Initially, we were thinking cultural competence and that is a pretty lofty goal. I would be happy with cultural awareness."

Two participants placed greater emphasis on a goal of advocacy and action, while acknowledging the role of self-awareness in preparing students for action. Some participants differentiated between forms of action: advocacy for individual patients and activism at a societal level to influence policy and act against racism in institutions. Lori expressed her desire to see nurses be both aware and involved with their state legislatures and the policy-making process.

> One of your questions here was about how we teach, and what do you want students to gain from this? I just want them to change, to be more aware, but I also want them to be able to identify it, to name it, to get involved, that whole activism piece, that whole social… that issue around social problems. I want a nurse to be able to identify that and say 'Yeah, I have a part in that. I do. I need to be politically aware. I need to know what's going on at the state legislature or what's happening in my hospital around money and layoffs and all of those things that have just snowballed since the economy's crashed.'

None of these participants mentioned the core professional nursing value of social justice as a justification for their goal of advocacy. It seemed instead to be derived from

their personal experiences and values. Tom's Christian faith contributed to his belief

that guiding students to action is necessary.

> A Christian world view, an ethical response, and social justice demand that there
> be some individual and systematic change happen in the practice of nursing in
> the delivery of healthcare….There is something less than God's ideal in the
> current situation and we have a role as salt and light to change the factors that
> have contributed to current status quo; that understanding of the scriptural and
> ethical principals can guide us in changing that status quo.

Tom contrasted what he called empowerment advocacy with the patronizing advocacy

he believed is common in nursing practice. He wanted students to challenge the

hierarchical power dynamics that influence their relationships with patients and with

oppressed-group colleagues, saying, "what do you do with an understanding of class,

race and the history of racism? You learn to change it and change it by doing

empowerment advocacy."

The participants' goals for student learning could be imagined as on a spectrum

from self-awareness to advocacy in individual situations to activism against institutional

racism. Those participants who most explicitly expressed an anti-racist identity also

sought more actively anti-racist outcomes in their students. In this way, the participants'

journeys toward anti-racism could be seen even in their goals for students.

Evidence of Student Growth

Were the participants' goals for student learning being achieved in their

classrooms? Were the participants' students embarking or progressing on their own

journeys toward anti-racism? The first theme illustrated student resistance to learning

about race and racism in White dominated learning environments, yet six participants

shared evidence from their classrooms that students were growing in self-awareness and

new ways of thinking and acting about race and culture. Janet expressed the pleasure

she gained from fostering students' growth, "That's such an 'aha' moment for them. I

just think this is so awesome and I get to be a part of it. Probably the best part for me is

I get to be a part of that journey." Evidence of student change included becoming aware

of racist talk by family members or speaking out against racist talk for the first time. As

Sarah described,

> It always comes up every year. Students would [say], 'I'm so embarrassed by
> my father or by my uncles. I'm so embarrassed by the racist comments they
> make,' and students become even more aware in this class and even talk about
> it. When they talk about themselves and where they come from they realize that
> they're coming from a place that is racist. And then this one gal in there, they
> were talking about it and she goes, 'I just had to talk to my boyfriend. I said you
> can't talk like that. You've got to stop that.' She said, 'it's really hard because
> now I'm really listening to that and it's really not right.'

Participants described evidence of students rejecting personal stereotypes of cultural

and racial groups, recognizing the uniqueness of individuals rather than focusing on

group characteristics, and seeing race and class inequities in health care settings.

Elusive Outcomes

Three participants talked about issues related to student assessment, i.e. how do

we measure student learning from their class? Do we look for behavior change in

clinical encounters with culturally or racially different others? Of what use are objective

tests? Does completion of a class assignment prove that students have learned? Annette

passionately expressed these tensions.

> And my current course doesn't have a lot of assignments with it. In fact, it only
> has a 50 point final exam. It's about discussion and I get away with murder in
> this class. I do, I get away with murder, but I really think they learn a lot. And
> you know how colleges like to measure stuff, so how do you measure that? I
> wanted to ask all along, how do you grade that? That they do the work? That

they journal or that they journal with the right kind of language, using APA format or what is it that you get out of this? That they come up with a project?

Tom debated the adequacy of outcome measurements in assessing the highly individualized journeys of his students.

> I know that in the world of higher ed, competency based measures sound really good. Cultural competency is certainly a laudable goal, but it's still difficult to know if that doesn't truncate the thinking a little. Some of our students come in competent at a particular task...on the first day of class. Does that mean they are done and that's the endpoint and they are competent? [No] Just as that's true with making a bed, I think it's true with understanding of gender, ethnicity and racism. We need competency measures and outcomes, but that's not enough. Some of the students can and should go way beyond that.

These participants expressed that the effect of the class on students is often not known until conversations with students a year or two later. Again, the metaphor of the journey was evoked, as learning about race and culture is not a 'one time, you're done' experience. Sarah hoped for movement on a continuum, recognizing that each student has a different starting point and endpoint.

> Everybody starts at a different place; everybody ends at a different place. But we hope they have really gained at least knowledge and sensitivity at some level. Everybody's at a different place when they leave, and I think they'll say that, too. When we do our exit interviews, they'll say that that's one of the things that they feel well-prepared for. No one's at where we want [them] to be, but they're ready. They're on a journey. They're a little more open for that, I think.

These participants acknowledged that teaching and learning for a commitment to racial justice builds on what the students already know, must continue outside the classroom, and has a lasting effect if students continue to reflect on it and are shaped by it after the class is over.

The faculty participants in this study were in different stages of their personal journeys toward anti-racism, yet their development had progressed in remarkably

similar ways. This theme, a personal journey toward racial justice, illustrates the interconnectedness of experience, convictions/values, and teaching in the participants' lives. They sought to propel students on this journey that they considered essential to nursing practice, but because of the individualized nature of personal development, the participants found the outcome of their efforts to be somewhat elusive and ambiguous.

Theme 3: Values Transformed through Human Relationship

A third theme of the faculty participants' experiences with race, racism, and anti-racism was the power of human relationships in transforming personal values and beliefs. The participants gained emotional insight into the experiences of people who were not White when they developed close, personal relationships with them. Key dimensions of this theme include: impersonal exposure to racial difference; new perspectives through close personal relationships; worldview transformed through empathetic knowing; desiring affective transformation in students; relational, experiential learning is necessary; pedagogies for affective transformation; and barriers to values transformation.

Impersonal Exposure to Racial Difference

As described earlier, the participants grew up in communities dominated by Whiteness where their early exposures to non-White people were typically distant and impersonal. Because of their isolation within White communities, the participants' first recollections of race were often through books, newspapers, movies, and TV. Gloria recalled,

> The image that I get is if I saw somebody from a different race they would be black, but they would be a… like a cartoon kind of Black person.… I don't have a lot of recall about that. TV, we didn't have a TV until I was seven or eight, and

I know the shows we watched were typically the shows my mom and dad liked. "I Love Lucy," I know, and I don't think… I don't know if there was ever a Black person, but there was Ricky Ricardo.

All of the participants except Daniel, who lived his childhood and early adulthood in England, expressed being exposed to race and racism by the civil rights movement. They were children, teens, and college students during the 1960s and 1970s. Marie described her reaction to news reports about the civil rights movement.

[The civil rights era was during] my pre-teen years and going into teenage, and that's when I read a lot of things in the paper. I read the paper from when I was very young, but that's when I read a lot of what was happening in the South, and just thinking from a very safe vantage point, 'oh, that's terrible, thank heaven it's not me.' I don't think I ever realized it could possibly be me. That was the farthest thing from my mind, but I just remember at that time reading about it.

For some, going away for college was the first opportunity for direct interaction with non-White people, as Gloria shared, "I think my first experiences just engaging with people from other races was truly in my experiences at the [university]." Many, like Lori, described how their exposure to racial diversity increased in college, but interactions with non-Whites remained inconsequential to their personal experience.

We did have a Native American student for one year. I recall that she spent a lot of time down in the TV lounge and didn't study much. I just thought, wow, I don't see too many students down here. That was back in the years where nobody had a TV to take to school. I remember thinking, wow, how is she going to make it if she spends her entire evenings down here watching TV, and she didn't. She didn't make it. She was gone the next year. I don't know if I made the connection that it was because she was Native American. Maybe I did. I also remember that she didn't ever seem to be with anyone. She was always kind of by herself.

New Perspectives through Close, Personal Relationships

When participants developed a personal relationship with a non-White person, they gained a new and deeper perspective on race and racism. Judy articulated,

> It's always the person [that] makes the race or racism sense go away because it's the connection person-to-person that makes someone real and become not a stereotype. The whole color question disappears as soon as there's a personality, in my experience.

This new perspective often arose from the emotional interpersonal connections shared between friends. Only a few participants developed friendships with non-White individuals during their childhoods, like Tom, who said "I had lots of friends from a very early age that were Mexican. It just seemed normal and a part of my life." The more common experience was friendships developed in college or after college. Janet described how her first encounters with Black individuals in nursing school grew into lifelong friendships.

> Then I went away to nursing school down in the cities. I went to Lutheran Deaconess and met people from different ethnic backgrounds for the first time really, and [both] my roommate and my best friend from nursing school married black men. I learned so much, especially from Bill, my best friend's husband, and they are still good friends [of mine].

> Many participants described multiple relationships of varying intimacy with non-White individuals in various contexts. Sarah was interested in Native Americans as a child and studied Native American issues in college, but she was transformed by personal relationships with Native Americans formed later in her professional life.

> So my knowledge base increased and my interest increased, and I really got… it's almost like it's layers. You peel off layers. You know this and you see this, but then when you get to the emotion or you get close to someone, I think, as a friend or as a closer person [rather] than just an acquaintance and you see how that impacts them. I think it gives you a whole different understanding of the feeling of someone not liking you.

At the same time that Sarah was gaining new perspectives through personal relationships forged in her professional setting, she was learning from her daughter's friendship with a Native American girl.

I also got to see a lot of racism in the community because like one time [her friend] was crying and [my daughter] was so upset because their group of girlfriends were talking about how dumb Indians were, and they were actually talking about her brother right in front of her like she wasn't even there.…They were talking about her brother, that he was dumb… and then she would feel so bad, and in fact, that family invited [my daughter] to go with them out to Rapid City to an Indian basketball tournament and she went, and so many people said to me, 'are you crazy? You're not letting your daughter go with an Indian family!' So I really saw and actually almost felt some of that racism from the other side.

Several participants described the changes in their personal perspectives that accompanied bi-racial marriages or adoption of non-White children in their families. Tom grew up in a heterogeneous community and developed personal relationships with non-White individuals through overseas mission work and urban church ministries, but his adoption of two Black children brought race and racism home in deeply personal ways. Racism became personal for Gloria through the experiences of her bi-racial adopted niece and nephew.

But then probably my first real experiences dealing with racism was my husband's sister and her husband adopted two multi-racial children, and they lived in the [town] area. One was adopted from Korea, and he was Korean and Black, and the other was an American citizen who was Black and American Indian and White, but both of them have predominantly Black physical features. Probably my understanding or at least awareness in hearing the issues of racism and discrimination against people of color really came through their experiences, primarily in the high school here in [town]…so I really started hearing their experiences and stories about discrimination and the issues that they were dealing with the white privilege kind of… that there was a real difference, even though their parents were White, that they definitely were treated differently.

Most of the participants described significant experiences in foreign countries or diverse communities in their adult lives that increased their exposure to and facilitated the development of personal relationships with non-White individuals. Five had lived abroad in non-White cultures and/or have taken students on study abroad experiences

for one or more months. Tom described how a lifetime of experiences and relationships

with individuals different than him has helped him to overcome interpersonal and racial

barriers.

> When we learn to encounter the other, when we learn to come over barriers, I think that being a nurse and working with so many women helped me work with Ugandans, and I think working with Ugandans helps me work with other tribes. When we came back after six years in Uganda, the church that we had started, that when we left was Caucasian, Vietnamese and Eritrean, when we came back, because of the lower-end high rise that we were at, it was elderly people and African Americans, and yet in the leadership team, there had been an influx of Chinese graduate students—engineering students and computer scientists.

Judy developed deep friendships during three years of missionary service in Papua New Guinea.

> I had friends, I had dear friends also in Papua New Guinea who were New Guineans, and we could have really heartfelt conversations. I remember I celebrated my 31 birthday with my baby daughter and I was surrounded by women friends from my church and their little babies and families.

> Seven participants had practiced nursing in communities or health care

institutions in which they had significant encounters with non-White individuals.

Diverse communities were often encountered in public health nursing practice, as

described by Gloria and then Annette.

> Well, because we were focused on communities and populations, we went into the…large American Indian community that lived there, and we worked within that American Indian community [and another], where there was a larger population of African American families. That's where I did lots of my work, and that, of course, was eye-opening and expanding for me to be immersed in those kinds of experiences.

> When I came back from Africa I worked in public health. And as a public health person, I worked with a teen-parent program and with high risk single moms. So it was again, most of them were not White. Coming into someone else's home, you know the whole public health experience, it's not your home, it's their home. This is how they live. You fit yourself in here. And then making your teaching fit the reality of their lives.

Only two participants, Janet and Marie, had not lived or practiced in heterogeneous

communities throughout their lives, yet these two described significant experiences with

non-White individuals that shaped their values and perspectives on race and racism.

Worldview Transformed through Empathetic Knowing

Exposure to diverse others through personal relationships, through whole-

culture immersion, or through immersion with diverse populations within a White

cultural context opened to participants a different way of experiencing the world, a new

worldview. Participants used sight metaphors to describe this new understanding:

opened my eyes, through the lens of the other, getting an inside look, and seeing

through a different set of eyes. Sarah's close friendships with Native Americans offered

her an "inside look" into the private lives of the Native American community.

> As I got more involved with the Indian community, like I'd be out at Pine Ridge
> and maybe I'd be talking to an elder, an older Indian woman, and she'd go, 'you
> know, we can forgive you for bringing all the diseases and we can forgive you
> for all the wars and killing us, but it's really hard to forgive you when you took
> our children away,' because you know, with boarding schools… they would just
> come and grab the kids, and a lot of them would die. A lot of them never came
> back, so I just got to see the whole story, not from the dominant culture
> perspective but from the other.

The cultural concept of worldview gained new meaning as participants understood that

others have a different way of viewing and living in the world. Janet's worldview was

enlarged through her friendships with the Black husbands of her college friends.

Annette saw the world differently through the eyes of her Indian friend in graduate

school.

> But some of the things that she told me made me start to see the world in a
> different way….We were studying in the library one day when the power went
> out. And I said, 'Well, let's just go sit by the windows.' There weren't any chairs,
> there was just the floor, so we went and sat by the windows. I sat down and

crossed my legs and she looked at me. I said 'What's the matter.' She said, 'In India, we don't think white people can sit like this.' Because they never see us sitting on the ground….I could no longer see the world the same.

This new understanding was facilitated by empathetic knowing, as participants gained a perspective on the challenges, barriers, discrimination, and racism that non-White individuals experienced. Gloria articulated the empathy that developed through her relationships with Mexican individuals while conducting her dissertation research.

> I didn't have a good understanding of poverty, so that really opened my eyes; and it also opened my eyes to the struggles that people were having in just day-to-day existence, that because of the race that they were, the color of their skin, that they were treated differently and there was no question about that, and there was also some skepticism about having Caucasian nursing students coming in and working within their community because they had been poorly treated.

This emotional response was not sympathy, but empathy borne out of respect and admiration for others. Lisa expressed the admiration she gained through working closely with non-White students as the director of a diversity grant at her college.

> If I was a Hmong woman, for example, immigrating from Laos, and I had to learn a new language, adapt to a new culture, and then start in an education program where you have another set of language on top of the English language, I was so admiring of the students who were coming, who overcame so many obstacles to get to do what they were doing, thinking I could never do that.

Desiring Affective Transformation in Students

The personal relationships that participants formed with non-White individuals transformed their attitudes, beliefs, and values. Personal, human connections in both professional encounters and personal friendships fostered emotional insight into the experiences of oppression, prejudice, and discrimination and caused participants to value the differences they encountered in others. Participants wanted their students to experience similar change. For some participants, their primary goal for student

learning was personal change or transformation that went beyond cognitive knowledge gain; it was related to affective learning, i.e. changes in attitudes and values. Annette expressed this priority.

> It's the emotional piece that nails it for you. It's not the intellectual understanding of being seen as different or whatever, it's the emotional piece, which is why I teach from the affective domain when I teach cultural nursing.

> Seven participants expressed a student learning goal of affective learning, which involves changes in motivation, attitudes, perceptions, and values. Janet articulated her goal.

> When you're talking attitude and some of those more difficult concepts to teach, it almost has to be an effect in the affective domain. You almost have to have an effect on people. Sometimes just reading or talking is difficult for people to assimilate, and that affective domain is so much more feelings and thoughts and change.

Participants described the value of eliciting emotional feelings such as shock, fear, anger, and anxiety in their students. Lisa wanted her students to understand the hurt non-White others feel.

> In order to know somebody, you have to try to understand them. I can't ever be in that person's shoes and have that history, but students should know the reason behind the negative reaction they might have to certain behaviors. That makes me think of the Hispanic immigrants and when they read in the paper, these negative things like they should all go back to Mexico, and they're this, and they're that, how that has to just hurt down to their DNA. It just has to hurt so much, and so to understand what they've gone through.

In the participants' view, when students experienced these emotional responses to the experiences of others, learning occurred at a deeper level. Participants made a distinction between cognitive knowing about and affective learning with. They believed that true understanding of another's experience comes from making a human connection to the other. As Gloria expressed,

We've got to…encourage the engagement, the conversation, the getting over that walking into another person's cultural world and being able to experience it rather than just read about it…and my belief is that both through our research and through my own personal experiences, when I've seen students engage with people who are different, they are learning at a level that you can't do by having someone read a book.

Relational, Experiential Learning is Necessary

Eight participants expressed a conviction about the importance of human interaction through experiential learning in creating values change in their students. Although some described actual experiential learning activities built into their course(s), some spoke of this only when they described an ideal course about race, racism, and anti-racism. This disparity led me to understand that their personal convictions and learning goals were not always enacted in their real world curricula.

Participants expressed a preference for learning activities that allowed student interactions over time with individuals who are different, through immersion in communities of different cultures, races, socioeconomic status, and sexual orientation. Isolated experiences were not as valuable as repeated interactions. Tom emphasized,

In an ideal course there is some personal reflection [for] understanding their own culture, and then important interaction over a period of time with someone with a different culture, a different experience with racism. The hard part is that single experiences with that person, no matter how much you reflect on that individual's experience, I don't think that's enough to ignite the thought process. We don't have just one med-surg clinical time. We don't have them just see one patient and then go take the NCLEX. There is repetitiveness.

Tom shared his hope that curricular change occurring in his department would enhance his students' affective learning through sustained human relationships, thus fulfilling his personal convictions and goals in a greater way.

But I wish and am hopeful in a new curriculum, because it's not just a one month immersion, but important community connections over a 2 ½ year

period....I am hopeful that the affective driver and motivator, because it can be sustained over a longer period of time, will then impact them.

Annette revealed the limitations in her curriculum for sustained human connections, but she remained hopeful that students would pursue meaningful relationships with non-White others beyond her course.

Participants believed that students need to meet and talk with, to engage in personal conversations that allow students to step into another person's or community's world. Participants expressed that students need to put a face on difference, to humanize the information that they are learning and reading in the classroom. Lisa reflected on a special relationship that influenced her belief in personal, face-to-face learning.

> A very wise African-American woman said to me many years later, each one teach one, it's only on a one-to-one level; when you know somebody, they can teach you something about themselves and about life in their world. It's not abstract anymore, it's 'this is my friend who happens to be African-American, but what I care about are the same things I care about in any friendship.'

Pedagogies for Affective Transformation

The participants shared many examples from their teaching in which they attempted to foster affective, transformation learning through human relationships. They described their successes, failures, and limitations in achieving this goal. Teaching strategies to engage students in the life stories of others were a primary means by which the participants pursued the affective, relational student learning that they desired. Many participants described how they tell stories from their own life experiences, including their professional encounters with individuals of different races or cultures, such as the stories Lori tells her students about her interactions with Hmong families. Participants also encouraged students to share their stories. Marie shared how her

students learned about themselves and their classmates from the life stories they told

during a class discussion about racism.

> Everyone said they loved the class, that it was one of the best classes that
> they've had. They learned a lot. They learned a lot about their classmates, but
> they also learned through listening to their classmates' stories and experiences.

Many of the participants engaged students in the subjective, etic experiences of

others through the use of guest speakers. Janet saw her students make emotional and

personal connections to guest speakers who told their stories.

> When I taught the one-credit cultural diversity course, did I tell you I had those
> [non-White] people who came in? And it was in those stories that I could see my
> students connect to these people. It was putting flesh on the problem. When they
> could connect the person and the personhood, they got it, but before that, it was
> theory that they had to get and assignments that they had to get past. But there
> was no denying the power of those people to come in and bare their souls and
> tell us where they'd been and why they were where they were today.

Some participants described having limited access to guest speakers from non-White

racial and cultural groups because of the rural, homogeneously White communities in

which their institution were located. Videos and novels were sometimes used in

substitution for guest speakers, but as Marie expressed, these media don't allow the

personal interaction and exchange that is possible with classroom guests. Janet assigned

her students to read *The spirit catches you and you fall down* because, "although it isn't

a person in the flesh, it is the story of a little girl and it tugs at their hearts because

they're nurses."

All participants described a class assignment which required students to meet

with an individual of a different race or culture. Sarah described how her affective

learning goals were met with an assignment in which students research a particular

cultural group and interview an individual from that cultural group.

> In this particular assignment we want the students to not only research it, but go talk to somebody, because that's pushing you a little bit out of your comfort zone and then you're surprised. 'Oh, it's not like that at all' or 'I don't think that at all' or 'that isn't really how I think.' Then you learn that you stereotype but then you realize that everybody's really different because everybody comes with their own story even if they're in the [same] culture, so you almost have to learn that there's a different way to think.

Gloria emphasized how she expects her students to not only learn about the culture of the other, but also to gain personal insight and examine their own values through the cultural group assignment. The cultural group assignment was required in the majority of the participants' classes. It was the most common strategy for creating human connections for student learning although it did not fulfill the participants' desires for prolonged human interaction.

Some participants taught a course with a clinical component and described the positive impact of clinical experiences with non-White others. Tom explained how clinical experiences, whether in a study abroad setting or a local setting, offer fodder for rich holistic learning.

> We have the privilege as a clinical course that there are important active learning strategies employed. Uganda can be very much hands on in some of the settings of working with nurses of color, patients of color, African; then even here [in the U.S.], whether in our CAPS program, where it's a cultural guide [assignment], or College of Arts and Science with clinical experiences. So it's go, look, see, smell, touch, taste and do, and then think about it, reflect on that.

Gloria described the meaningful affective learning that occurred through clinical encounters in a study abroad course.

> I took a group of students to South Africa in May. We worked in the townships and it was quite powerful to hear the students talk about going into the townships. They're very poor and they live in those shacks that you see in pictures and whatever, and the students went in and did home visits, and probably the most incredible thing was how they came out and talked about how proud these people were of their homes and how they were really committed to

doing the best for their family and it had nothing to do with what they had or didn't have, but the acknowledgement and the ability for them to hear what these people were talking about in terms of this being their home and how powerful that was for them.

Barriers to Values Transformation

A common perception among the participants was that achieving the outcome of transformed student values through human relationships was limited by certain characteristics of their students and teaching contexts. Six participants talked about how the young age and cultural isolation of most of their students limited the students' life experiences with non-White others. Participants perceived that less life experience made students less ready or able to make meaning of their cultural and racial learning. Janet stated,

> I think part of the challenge for nursing instructors is that you're dealing, number one, often with young people whose life experiences may not have equipped them yet to get the depth of the meaning of that.

Judy expressed,

> I'm noticing that the foreign students, the students who are maybe US citizens but from another country and the older students tend to be the ones that are getting a great deal out of the class, so maybe more developed thinking, further along in their brain maturity.

Four participants described teaching environments that they perceived interfered with their goal of values transformation. They discussed how large class sizes and distance education formats reduced the human connection that they deemed necessary for the kind of learning they want to foster. These participants shared a belief that affective learning, i.e. change in attitudes, values, and beliefs, happens at the human-to-human, face-to-face interface. Janet taught an entirely online culture course, but had

taught traditional seated cultural courses in the past. She questioned if the online format

could achieve the same effect on affective learning as a face-to-face format.

> I have done a lot of thinking about how teaching online is one of the things I'd
> like to see more research done in….Is the impact of online education the same
> as the impact of face to face? When you're talking attitude and some of those
> more difficult concepts to teach, it almost has to be an effect in the affective
> domain. You almost have to have an effect on people. Sometimes just reading or
> talking is difficult for people to assimilate, and that affective domain is so much
> more feelings and thoughts and change, and it's hard sometimes. But it is
> difficult in an online course, I think, to have that same effect that you could have
> face to face.

Lori questioned the effectiveness of online discussions for the topic of race in her

family course, saying "I think what prohibits a really decent discussion on race, and that

is that it's online."

In these participants' experience, high tech, whether on-line or ITV, was not

high touch, and large class size diluted the effect. Judy taught her course via interactive

television (ITV), but she wondered how the human connection that she deemed so

necessary to learning about race, racism, and anti-racism could be maintained as online

technology becomes more fully utilized.

> When we're talking here, it seems to me, because more and more of our stuff is
> going to be online, how are we going to humanize nursing education when it's
> all going to be so available and packaged in modules?

Daniel discussed the ways that ITV and large class size interrupted the human

connection.

> An ITV connection [is a barrier to learning], plus technical difficulties that
> would invade the classroom every week. It was like having one of those long
> distance phone calls where you could hardly hear the other person and there was
> so much noise and static on the line that you knew you weren't communicating
> …but I think that anything that interrupts the connection, which is so important
> for this class, is a barrier.

In Daniel's experience, large class size contributed to student disengagement and less meaningful discussion.

> We were fortunate that we had a smaller class down here than in the classes [at the other ITV site]. Believe me, when we would break off from them to do our own diversity discussions down here, whoa, it was like night and day. The students down here were far less intimidated now by that huge class [at the other ITV site] whose form of energy was now wiped away and they would come alive. I thought that I wish I could do more of this and not be part of the large group.

These participants felt thwarted in accomplishing their goals for affective transformation through human connection by variables in their teaching environments.

This third phenomenological theme attests to the significance of personal relationships with people who are not White in the participants' experiences of race, racism, and anti-racism. These participants wished for their students the emotional insight into the experiences of others that, in the participants' experience, could only be developed through personal relationships. Consequently, the participants pursued pedagogical strategies to connect students with people who were different than themselves and considered themselves successful when students demonstrated transformed desires, attitudes, and values.

<center>Theme 4: Race at the Margins</center>

The fourth phenomenological theme, race at the margins, is characterized by ambiguity, contestation, and marginalization of race in the personal lives of the participants and the professional settings in which they work. Race played a minor role in their personal identities, and race and racism were in many ways unsettled and ambiguous phenomena. In their professional lives, their employing colleges and universities were contested spaces where support, indifference, and inertia about race,

racism, and anti-racism comingled. Interviews with the participants revealed that the

teaching of race occupied only a marginal space in the teaching of culture. Key

dimensions of this theme include: identity shaped marginally by race; White privilege—

unsettled, unexamined, and unconscious; race and racism—ambiguous and uncertain;

the place of culture in the curriculum; feeling unqualified to teach about race; lacking

intention and attention; and race—contested and marginalized in institutional settings.

Identity Shaped Marginally by Race

Race played a marginal role in the participants' personal identities. Although

the participants' lived experiences of race, racism, and anti-racism shaped their

individual identities, race was not a primary category of difference by which most

participants identified. Categories of identity mentioned by participants included

gender, parenthood, social class, religion, educational status, marital status, and race.

When I asked the participants how their White racial identity influenced their teaching

of race, two participants seemed to resist identification by race, naming other categories

with which they strongly defined themselves. Daniel's identity was most powerfully

shaped by his status as an immigrant. His statement that follows illustrates how other

categories of identity, such as race, gender, and economic status, were submerged

within his immigrant identity.

> Oh, I represent the patriarchy. I've had students or others just tell me, 'you
> seem to represent White upper-middle class wealthy,' and so I have to, right in
> front of my students, break down that if it's there, to peel that away as much as
> I can and expose who I really am and come out from under that silent minority
> that I talked about, because it's so easy to be put in that category and people not
> having any inkling, because there's no inkling from the exterior that this
> [immigrant] might be my experience. It's a good opportunity to sort of fracture
> their notions, their preconceived notions about the way things are, and so it… it
> leaves me exhausted sometimes.

Judy's White race was of marginal influence to her identity.

> I probably identify more, say, as a mother than I do as a White mother because tears come easily to me if I see a mother who can't get food or someone has died. I think my heart is more of a shared identity with anyone who is in a struggle.

Judy seemed to prefer an identity that unified her with other mothers regardless of their race, rather than acknowledge a status that might separate.

Participants described ways in which they experienced identity conflict and crisis, but race played a marginal role in these identity conflicts. Tom and Daniel described the challenges of being male in the female profession of nursing. Both men experienced the duality of fitting and yet not fitting. As Daniel expressed,

> If anything I had more difficulty being a male than White. And that's always been an issue all through nursing. So I was not a very typical White, middle-class young female. So I never quite fit in. I always had that.

Annette described several life experiences in which she became a "non-person", essentially losing an important component of her identity, for instance, when she was widowed and was no longer included or recognized by previous friends.

> When my husband died, the people who had been close to us, who I would have considered like my brother or my sister or my closest anything, treated me differently. My husband's best friend, who was also my best friend, was a physician and a male and he would no longer be in the same room with me alone. He would come to my house, stand on the porch and he wouldn't come in. He said, 'I'm not treating you differently.' I said, 'Yes you are.' He said, 'Well, a guy has to watch out for his reputation.' And I thought to myself, 'A guy has to watch out for his reputation?' You mean a White, male, married man has to watch out for his reputation, which says something about me, not about him. It says something about me. I am an untouchable. I am the same person I was the instant my husband died and all those years before, but now I am somehow different.

Tom shared the painful identity crises experienced by his adopted Black children. His

own Whiteness was made more apparent by their disadvantaged Blackness.

> Our home culture—we white. We try to be multicultural; my wife teaches
> intercultural studies….We're into this in lots of ways, big-time, fully committed,
> but we White, and it makes it difficult for our kids. They're both going to make
> it and will be fine long-term, but the really personal nature of seeing that has
> changed my teaching some, but it's made me really want to be seen as an ally in
> an anti-racism effort, not just an educator talking about race, not just a
> researcher trying to reduce health disparities, but to be seen as an activist and an
> ally with a formal, anti-racism agenda. It's difficult.

In most cases, with Tom being one of the exceptions, race was at the margins of the

participants' personal identities and identity conflicts.

White Privilege: Unsettled, Unexamined, and Unconscious

Although most participants did not acknowledge race as a significant part of

their identity, some participants expressed an awareness of the privilege they enjoy by

being White. Participants' narratives made apparent an often unsettled experience of

being White. Four participants explicitly used the term White privilege, perhaps

indicating that they had learned this language of race scholars. Janet described how her

Whiteness produced within her conflicting feelings of fear, shame, privilege, and

vigilance.

> How does that [being White] affect me? I do fear that I am missing something,
> which is probably what motivates me to want to bring in people from other
> cultures. You see out of your own eyes and no matter how hard you try there's
> always going to be a bit of that – maybe more than a bit – of where you came
> from. I catch myself, like I did talking about the people that were African
> American in [my hometown]. I still catch myself making assumptions that I
> don't believe people from other cultures would have made and would have seen
> differently. My friend Doc would have seen that situation differently, just
> because he's not White, and I can't change that. I can only try to be aware of the
> things I say and where they came from. I do feel privileged to be White. I feel
> like I've been privileged to grow up in a society that valued being White, but
> I'm not necessarily proud of that.

Tom acknowledged his doubly privileged status as a White male.

> In formal trainings to understand racism and specifically anti-racism, there's often discussion about White privilege and White male privilege. It's just profound. In my own family, the three guys all received full-ride academic scholarships from this mining company—wherever you want to go, whatever it costs, you just go. None of my sisters received that. That's absolutely related to gender.

Lori expressed her discomfort with the disparities wrought by race in her nursing

program and her own unmerited privilege of Whiteness.

> I think race for me is a very important part of my worldview, that I know that I've had extreme privilege by being White. I see that privilege played out all the time. I see it played out when we do the admissions… We all get to read – we are all mandated – to read those admission essays. I see that being played out there, where some of our students of color just do not write as well. And why is that? Is it because they're dumb? Of course not. Is it because they're a poor nurse? Of course not. It's just they didn't have the privilege of an American education where they would learn to write in a more sophisticated or clearer manner. Yet those essays have huge weight in terms of whether they're going to get into this program or not.

> Four participants expressed an awareness of their White privilege, but did not

explicitly name it as such. These four exhibited differing levels of awareness and

examination of privilege. For instance, Lisa's comments demonstrated that she had

examined racial disparity from the standpoint of her advantage.

> I always wonder what people think in terms of what merit of my own I am White. There's no merit; I did nothing to be born White, so why would I think that it's better than anybody else, and so when I encounter people who make racist comments, that's always my first response—'by what merit of your own were you born White?'.

Marie's statements revealed a less conscious awareness of her racial advantage. She

expressed feeling safe and comfortable, but her examination of racial disparity was

primarily from the standpoint of others' disadvantage, seen in the two quotes that

follow.

> What I feel, I'm sure, is nothing compared to what they were going through. I
> had a very comfortable position. I could say that's terrible, that's not right, and
> then I could go on and do something that maybe they couldn't do.

> For one thing, I think I come at it from a very safe angle. I've never experienced
> any of these things, thankfully.

Daniel's feeling of solidarity with other immigrants was so all-encompassing that the

influence of his White race appeared unexamined, as illustrated in his comments about

his relatively short waiting period for immigration approval.

> So I was able to get in [to the U.S.] that way, but still, all those steps, it took two
> years to get here. Now I understand for many it's closer to 7, 10, 15 years,
> depending. I had no direct relatives so I didn't qualify under the agreement then,
> which was to try and connect families as much as possible.

The location of White racial identity and privilege at the margins of the

participants' experience was made evident in another way. The subject of Whiteness

and White racial identity was rarely mentioned in the participant interviews until I

expressly raised the question. Since the research focus of race, racism, and anti-racism

was clearly known by the participants, their silence about their status as raced White

individuals was telling evidence the marginalization of race in their experience.

Race and Racism: Ambiguous and Uncertain

The participants expressed uncertainties and ambiguities about race and racism

that contributed to the marginalization of race in their lives. All of them empathized

with the plight of non-Whites and they described a spectrum of anti-racist actions.

Nevertheless, their comments implied that race and racism were at times a landmine to

be avoided, a puzzle with alternative and hidden solutions, and a mountain which

seemed insurmountable. Some participants expressed how it's easy to make mistakes or to say the wrong thing in interactions with non-White others. Some lamented the slow and inconsistent progress toward racial equality in the U.S., expressing the sentiment 'we're moving forward, but falling back', which was evident in Gloria's statement.

> I think…the issue of racism has become a point of conversation yet again, and I think maybe there is more racism than we were willing to acknowledge in our country with Obama now being president. I think that there is a fervor…and I think that that has maybe brought to the forefront this kind of undercurrent that we've had that we've been able with some of our legislative changes or whatever to put up a storefront that said that we were successfully addressing these issues and yet there is a fundamental racist attitude among members of our society that, with having Obama in office right now is creating… this whole incivility issue right now.

Sarah expressed uncertainty about the country's, and the nursing profession's, progress in eliminating racial inequality.

> So we're on a learning curve. I guess we each individually move, progress. I think maybe as a society, we definitely have progressed, but I don't know. We're not where we need to be. I think nursing's progressed; however, we're still what, 94% white or something really high, still. We've been talking about this for 30 years.

Many participants expressed uncertainty about what constitutes racism. The types of questions they raised—Am I racist if I don't intend to be? Can Blacks be racist? Is racism more than an individual moral failure?—mirror the ambiguities of racism experienced by many White Americans. This uncertainty was evident in the following quote from Sarah, in which she was torn between two understandings of racism.

> Sometimes we're saying things even when we're trying to be sensitive or we think we are, and it actually is a racist comment even though it's not meant to be. But I also think to be truly racist, you have to have the intent behind the comment, you know what I'm saying?

Lori revealed uncertainty in her beliefs when she said "I believe Black people when they say there's racism in everybody. I think that's probably true both ways; I don't think it's just a White malady." Lori's assertion is inconsistent with the scholarly literature that asserts that racism is associated with power held by White people. Like other participants, Lori appeared to be expressing beliefs that were not fully formed nor previously expressed.

Statements by participants revealed uncertainty about the nature of institutional racism. They used expressions such as "cultural norms", "social problems", and "conservative community" to describe situations in which non-Whites were systematically discriminated against. For instance, Sarah said,

> I think cultural norms are evolving, but a very stark example would be when we had segregation, so a cultural norm was that if you were black you went here but you couldn't go here, and you could be on this team, not this.

The dominance of the culture script in Sarah's course probably influenced her choice of the term "cultural norm" which clouded the reality of institutional racism. Even Gloria, who spoke of the education she received about racism through the experiences of her biracial niece and nephew, struggled with the question, Is this about race? She described her niece's difficulties in the school system.

> So sometimes it was hard to see. Is this just like any other kid who isn't getting the attention that they want? Or is it clearly because she's of a multi-racial background that she's experiencing this?

Submerged within her statement is an uncertainty that characterizes discussions of racism in the U.S., i.e., where to assign responsibility: to the niece who may have "overreacted", to individuals in the school system that may have promulgated individual racism, or to a system in which racism is built in.

The Place of Culture in the Curriculum

When I asked the participants to share their experiences with teaching race, racism, and anti-racism within their teaching of cultural education, they described how culture was the primary focus, and race, racism, and anti-racism received little emphasis. This marginalization of race content occurred both because of personal influences elaborated in previous paragraphs and curricular influences. The historical and traditional nature of curricula exerted significant influence on content selection and participant teaching practices.

Whether participants taught in a program that threaded cultural content throughout the curriculum, or in a program that place cultural content in the dedicated course, most described how culture received marginal emphasis. Annette described how she developed an elective 2 credit cultural course many years ago, but she was unsuccessful in getting it approved as a required course in the program because of insufficient faculty interest and cost. Lisa taught a five hour module on transcultural nursing in an introductory nursing course and then cultural aspects of care were taught in successive courses in the program.

> We incorporate culture care throughout. Like today, I taught a three-hour class on gerontology, and a lot of the last hour was on cultural care of the elderly. It is a thread; it's not just in those five hours and then dropped.

Gloria shared how culture content was historically placed in her course to ensure it was taught, i.e. to "take care of culture", but the curriculum has continued to evolve to reflect a growing emphasis.

Most of the participants expressed concern that the cultural emphasis was not

sufficiently integrated into other courses. Lori expressed how in her program culture

was "at the margins" of essential nursing content,

> [Cultural content is] threaded throughout… and that's interesting because of the presentation we did for our doctoral program about that nurse in New Zealand. She was interviewing nurse educators who taught for… 'social change' is the term she used, and she called those nurses 'at the margins.' Psych., O.B., pediatrics, family and community are the ones she identified…. I would say those are probably the courses here in this curriculum where you're going to see the most emphasis on culture. I mean our basic courses like nursing science and nursing research, I don't ever hear that there's a big emphasis on culture in those classes.

Some participants, like Gloria, expressed how cultural emphasis in other courses

depended on colleagues' interest and commitment.

> Many times it depends on the particular values of that faculty group that's teaching in the next semesters, and unfortunately, I see that we still have predominantly White experiences for our students, so their experiences as sophomores going out talking to individuals from different cultural groups that we have on campus may be their only experience.

Annette questioned whether the cultural thread was strong enough to be transformative.

> It should be part of the regular curriculum. It should be a thread that we weave throughout. The thread that's woven throughout is pretty darn fine. If you look at the traditional undergraduate program it's about the finest silk thread you could find. It's just touched on, you know. Make sure you look at the buccal mucosa in people of African American heritage, if you want to tell if they're pale or not. I mean, that's pretty thin, but it's considered trans-cultural.

In some programs, the culture thread was supplemented by elective courses, including

study abroad. It was apparent that no matter the curricular model for teaching culture,

many of the participants taught in a program in which curricular change was occurring

and the placement and emphasis of cultural topics was being re-examined. For example,

Tom's program was preparing for a curricular revision in which the stand-alone culture

class would be eliminated and cultural content would be threaded throughout which

Tom hoped would have more effect on student learning.

Feeling Unqualified to Teach about Race

Seven participants expressed that race, racism, and anti-racism did not receive

much attention in their teaching. The reasons for this were varied. Participants

expressed uncertainty about their credibility to teach about race and racism. They

confessed to their lack of expertise and wondered if their White race disqualified them

from teaching about race. Lisa stated,

> I'm a little bit leery about getting too much into the racism for a couple of
> reasons. One, it makes me uncomfortable, and I don't feel like I'm any expert on
> it. If I were African-American, I could speak from experience; I don't know that
> I have the credibility, perhaps, to speak to that, and I don't want to alienate
> students. That's a cop-out in some ways, but if there are those feelings out there,
> I don't want them to then not listen to me anymore when I'm talking about
> cultural competence, because maybe that's the way to get them in.

Lisa avoided the topic of racism, fearing that it would turn students off to cultural

competence. In contrast, Lori tried to explicitly bring racial issues into her teaching,

but, like Lisa, she wondered if her White race limited her credibility.

> I think my race makes me not very prepared. Here I am a White woman who
> was raised middle class. How am I credible? might be the question, so I guess
> how I answer that is that I at least hope I can raise the questions for them around
> issues of fairness and access. Why is it that people of color seem to be able to
> not access care as well? Why is it that some of our medications don't work the
> same? What about research? Who do drug companies use for research? All the
> equity and fairness issues, so if I can at least raise the questions in an intelligent
> way, I can feel good myself that I want them to try to learn to always question;
> but then also, maybe that'll raise my credibility.

Tom described a discrepancy between his knowledge, understanding, and passion about

race issues and the emphasis he placed on the topic in class, saying "I don't teach what I

know".

I don't feel nearly as good about my teaching of these very important themes as I do about my individual understanding of them. In a developmental sense that's okay, except that I feel like a slow learner. I should have been able to implement [more of what I know].

Marie admitted that she was learning about racism along with her students, stating, "[I learned] probably more than they have [about racism]. My goal is to know more than them next year." Lisa stated that there is just not time to talk about race in her limited allotment of six hours. She was one of several participants who hoped or assumed that students would learn about race and racism in some other class.

Annette was the only participant who expressed confidence in her ability to teach about race and racism, stating, "I do have enough background to talk comfortably about race, racism." She talked of how she weaved culture and race issues into any course she taught, and shared her philosophy that culture and racism are integrally connected, saying, "you can't pull culture away from racism." In her view, culture, race, and racism were not distinctly different concepts; they couldn't be separated, but must be considered, questioned, and interrogated in relationship.

Lacking Intention and Attention

Many of the participants expressed, either explicitly or implicitly, that they had not examined the teaching of race, racism, and anti-racism in their course prior to our interviews. Their reflections and our discussions over the course of the study period prompted them to consciously examine, perhaps for the first time, the place of these topics in their culture class. Gloria expressed,

I've thought a lot about this since we talked last, since I know that this is a focal point of your work, and I was trying to think, how much do I actually focus on race? There's some readings about race and racism and oppression that the students do, and I guess I don't speak a lot to that issue.

Janet shared that reflecting about the teaching of race, racism, and anti-racism was making her re-think her approach.

> I think the naming of the racism… I think sometimes I've been hesitant to use maybe a little bit harder words, trying to avoid raising certain concerns that people might have, but in fact by not raising those concerns or by not naming what it is, really, that it's about, perhaps we miss the point. I've always been a little sensitive to this, but I've been more sensitive to this now.

Most of the participants did not, or could not, specify a portion of the culture content that was dedicated to the study of race, racism, or anti-racism. Indeed, they almost exclusively talked about culture content. This lack of attention to race, racism, and anti-racism was supported by course syllabi, which contained few references to race in objectives, assignments, or readings. Clearly, these participants' teaching was about culture; race, racism, and anti-racism were at the margins and hanging by a gossamer thread.

Race: Contested and Marginalized in Institutional Settings

When the participants reflected on their teaching experiences, I asked them to consider how the missions, priorities, and cultures of the departments and institutions in which their teaching was situated supported or hindered teaching about race and racism. Their comments provided evidence of the contestation of race in their institutional contexts. Although most participants described evidence of a climate of institutional support for anti-racism or diversity, many also described examples of institutional inertia regarding culture, race, or diversity. Judy described the inconsistency of priorities and initiatives in her department and university that keep race marginalized.

> The goal, the mission and values of [my university] – they're very inclusive, valuing diversity, but it's kind of invisible to me in the school of nursing. We

have a bridge program here, trying to get as many Native American nurses to be PhDs as soon as possible. We try to foster those relationships with North Dakota and Oklahoma, bringing students through….It's [any discussion of race, racism and anti-racism is] more of a positive spin. It's more about 'together we are more' and 'diversity is good'. 'Let's have international day and look at global health.'

Annette felt that her institution's Benedictine values supported anti-racist teaching, but she was discouraged by a lack of sustained financial support for nursing department initiatives begun to increase diversity.

So what the institution does doesn't necessarily continue... It's not sustaining. I mean, they're making little, small changes where they're hiring a more diverse staff, little, little changes. Our [Native American] grant is gone now because no one planned ahead to re-fund it. …So we've got a lot of [Native American students] on campus now, but the funding is gone and the scholarships will be done as of this semester… [It's] not really as well supported as it needs to be.

Sarah's university has required racial diversity training for faculty and students for many years, yet she found past hiring decisions to be counterproductive to improving interracial relationships on campus.

This guy who was my boss had no administrative experience. He had no clue about supervising people. He had no… and he was Muslim, so he didn't think women knew anything, and he was an international, so I just looked at that and I thought, well, [name of university] what are you thinking? But they, I think, had this knee-jerk [response] to the [accusation] that they don't support race, so they quick maybe put some people in positions that they weren't qualified for.

Tom's university allocated time and resources to provide faculty and staff anti-racism training, a chief diversity office, and educational travel programs focused on racism and anti-racism, such as a spring break trip to the American South retracing the events of the Civil Rights Movement. Still, progress toward an explicit institutional priority anti-racism was uneven. As Tom described,

There are a lot of administrative changes at the university, and a part of our faculty community that says we are talking about this stuff too much; there's a fatigue that's developed in our desire to be an antiracist campus.

Tom also talked about the departmental barriers to a greater emphasis on the teaching of race and racism, even in the context of an institution where that would be highly supported. Tom stated,

There are also aspects of the microenvironment of where I teach, the close-knit, collaborative faculty where every course is team taught, where the syllabi and the place of that particular course within the curriculum and that content is carefully and collectively dialogued. That's a good thing, but it makes it hard, even in a whole class in cultural diversity in healthcare, where it clearly is the main topic of that class, it still in some sense inhibits the full exploration and freedom of exploring with students the topic [of race] because you have to take into account the pragmatics of your teammates' approach.

Most participants considered the tightly coordinated, rigid nursing curriculum, with its emphasis on content and objective testing rather than reflective, affective learning, to be the most significant departmental barrier to increased engagement with race and racism. The required content left little time for adding race, racism, and anti-racism to the cultural content.

Lori described an institutional and departmental context in which racially diverse students were desired, present in large numbers, and showcased, but race and racism remained unspoken, invisible topics in the department unless a problem arose.

The most diversity I see is in our baccalaureate completion program, and that's always been the program here where… they've done a good job with it [racial diversity], and yet I feel sad that we don't talk about race very much. I really hadn't thought about that till I saw your questions. I'm thinking back to [discussions about race at my previous university], going, 'gosh, I valued that. That's where I really learned about this, that I learned how important it is,' and every once in a while, somebody will say, kind of with pride, here, about the diversity among our students, and we are known to be a very diverse campus. But we as a faculty do not talk about race very much except during the times where it's hard and we say, 'okay, this person just about didn't pass,' or 'this

one failed, and look here, it's a person of color.' It's like we don't talk about it until we're pushed to having to at least consider, and so that was eye-opening for me just to sit and think about that based on the question that you raised here, and think about how that's got to change. We've got to change that.

Lori also articulated how the very structure of the educational system was grounded in Whiteness.

We teach students from a White middle-class perspective, and I don't think many of those [diverse] students come from a White middle-class perspective. It's just that inference that this is the way it's supposed to be because I'm White; I'm middle-class. I think our education is built around that.

Lori's statement emphasized how the Whiteness of the higher education institutions in which the participants taught contributed to the marginalization of non-White students and talking about race.

The fourth phenomenological theme, race at the margins, is a powerful testimony to the marginalization of race in the lives of these White teachers of culture. The participants' personal experiences of race and racism were often ambiguous, conflicted, and uncertain. As teachers of cultural nursing education, race, racism, and anti-racism occupied a very small space in their thoughts and curricula. Race was also marginalized in the contested White contexts of their educational institutions. These factors combined to place race at the margins in the participants' lived experiences.

Conclusion

The four phenomenological themes provide a powerful portrait of the ten study participants' experiences, both in their personal and professional lives. The following chapter describes the findings from the case studies conducted with two of the participants, offering a more focused portrait of their teaching experiences.

Chapter 5: Case Study Findings and Interpretations

Vignette #1

I sat in my office chair, the computer screen before me, and clicked on the online link for Janet's narrated PowerPoint lecture. Janet's head and shoulders appeared on screen and as she began speaking, I smiled. I had already conducted two interviews with Janet and her voice inflections and mode of expression felt familiar. Janet's topic in this lecture was culturally competent communication and as she talked about the barriers of prejudice and racism, I recalled her passionate reflections about race and racism in our interviews. Her teaching in this lecture didn't convey the depth of experience and feeling that Janet expressed to me. I listened as she shared a story of encountering prejudices of coworkers against single moms on welfare during her early nursing work experience, a story familiar to me because she had shared it in an interview, and I thought of the many moving stories she told me of becoming aware of racism through the experiences of her Black friends. I wondered: why did Janet choose to tell the story about welfare mothers? Where do the stories about her encounters with racism fit into this class? If this module is where Janet teaches about racism, will it make an impact?

Vignette #2

I sat behind the wheel of my car, beginning the drive home and reflecting on my classroom observation of the past two hours. Marie and her students had just concluded a lively discussion of racism. The class began with technical difficulties. In our first session in a newly constructed classroom, Marie had been unable to display her PowerPoint slides because she hadn't been oriented to the technology in the new

classroom. Like any experienced teacher, she quickly adapted. After a brief verbal presentation of definitions of racism drawn from an assigned reading, she asked the students, "What is your experience with racism?" The remaining 1 ½ hours were filled with stories of personal experience and engaging discussion. Why then, was I unsettled about the class? I thought of my understandings of race and racism that have been influenced by the scholarly literature. Perhaps I was unsettled because the class discussion left race unchallenged as a legitimate biological category and explored racism only from the standpoint of individual prejudice. I wondered: is this the conceptualization of race and racism that nurses should know? If this module is where Marie teaches about racism, will it make an impact?

These vignettes provide a glimpse into the teaching experiences of two of the participants, Janet and Marie. The vignettes also illustrate my position as the researcher/observer suspended in the delicate balance between my objective and subjective experiences with these participants, their students, and their classrooms. In addition, the vignettes reflect the conceptual patterns, or lenses, through which the case study data were analyzed, and offer a foreshadowing of my interpretive processes and the themes that resulted from the case studies.

The Case Study Approach

I chose to study two cases in this research study because I hoped to deepen my understanding of the phenomenon of the teaching of race, racism, and anti-racism by White nursing faculty. By stepping into Janet's and Marie's classrooms, offices, and universities over an extended period of time, I gained a richer, more concrete, and contextualized understanding of how they taught these topics in their culture classes.

Janet and Marie welcomed me into the intimate spaces of their classrooms and teaching

selves. They were brave enough to expose the messiness of their lives as teachers,

where knowledge is not perfectly formed, and where personal values and priorities may

be constrained by institutional and personal forces. As a guest in their settings, I felt a

tremendous responsibility to respect their privacy and transparency while honestly and

courageously interpreting what I learned. Consequently, I preface my findings with this

assertion: during the course of my interactions with Janet and Marie, I gained a respect

for their dedication and passion as teachers of culture. The critiques that may be

perceived in my interpretations are as much an indictment of myself and all of nursing

education as on these individuals. I am indebted to these two participants for advancing

our knowledge of the teaching of race, racism, and anti-racism through the revealing of

their personal experiences.

The experiences of these two participants and their students illustrated variations

within the phenomenological themes and highlighted issues of importance in nursing

education such as pedagogy, use of technology, and curricular priorities. The case study

phase of this study corresponded most closely with the third research question: What

are the experiences of White BSN nursing faculty members with teaching race, racism,

and anti-racism within the context of educating students for cultural competence? Six

issue questions guided the interpretation of the case study data:

1. What priority does the teacher place on race, racism, and anti-racism in this

   class?

2. How are race, racism, and anti-racism conceptualized in this class?

3. How are the content and pedagogy determined for this class? How does that process influence the teaching of race, racism, and anti-racism?

4. To what extent does the teaching of race, racism, and anti-racism in this class reflect the teacher's expressed knowledge, values, and beliefs?

5. Do students think there is an emphasis on race, racism, and anti-racism? Does their perception match the teacher's intent or perception?

6. What factors facilitate or restrain the teaching of race, racism, and anti-racism in this class?

The four phenomenological themes also influenced the interpretation of the case study data, offering another pattern through which the data were examined.

This chapter is organized in two parts. The first part presents the individual case study descriptions for Janet and Marie. The second part presents the collective themes that were identified from cross-case analysis.

Case Study Descriptions

Case Study One: Janet's Online Culture Course

Description of the Case and Context

Janet was a full-time nursing faculty member at a public university that was part of a larger state university system. Student enrollment was less than 10,000, and less than 6% of the students were from minority groups. The campus was located in a metropolitan area of greater than 150,000 residents. I visited the campus three times over a three and a half month period and witnessed the progression of summer into autumn into winter. Students wearing flip-flops gave way to parkas; lush greenery gave

way to barren, sculptural branches on the mature trees gracing the expansive commons that bisects the center of campus.

The university website listed the nursing program as one of its ten top majors out of the 75 majors offered. The nursing department offered both undergraduate and graduate programs, with the majority of students enrolled in the RN-BSN completion track. Because the university drew students from a large geographical radius of its surrounding rural region, many of the nursing courses were provided online.

Janet was one of more than ten full-time faculty members in the nursing department. During my visits to the campus, I was struck by the quiet of the nursing departmental offices. I saw some faculty at work in their offices and met just a few of them. I saw no individuals whom I presumed to be students. I wondered whether the preponderance of online teaching reduced the presence of nursing students within the department. I was warmly greeted on each of my visits by the nursing program director that had assisted me in my recruitment by identifying Janet as a faculty member who teaches the cultural course. She and other department members expressed interest in my travels to campus and the progress of my dissertation study.

Janet was a relatively new member of the faculty, coming to this university after a long tenure of teaching at a different college in the state. She was no stranger to this university, however, as she had previously been a student. Janet described the double challenge that she had experienced in her first years at this university: the typical learning curve of a new faculty in a new curriculum and department and the additional challenge of learning to teach online. Janet had many years of experience in teaching cultural nursing education. She developed a culture course at her previous college and

was now a primary teacher of the culture class at this university. Janet and I recalled at our first interview how as directors of nursing programs in the same state, we had some years earlier been members of a statewide directors group that met several times each year. We had not become personally acquainted because of the size of the group, the short overlapping of our tenures, and the distance between our colleges, but our shared experience provided an instant common ground upon which to begin our research-based relationship.

Janet taught a 3-credit course called "Transcultural Nursing". The course was required for students in the first degree BSN program and the RN-BSN completion program. Janet provided me with a syllabus at our first meeting. The syllabus portended the predominance of culture in the course, with topics such as introduction to culture, transcultural nursing theory, and cultural care. The words race, racism, and anti-racism were absent from the syllabus although the word prejudice was used twice and stereotyping once. The course was entirely online, with no required on-campus meetings. The format of the online class was asynchronous, meaning that the participants were not required to be online at the same time, but completed their work and posted their comments on discussion boards when it was convenient for them. A student in the nursing masters program was assisting Janet with teaching the course. Janet delegated some of the teaching responsibilities, including grading and student feedback, to the intern.

Janet assisted me in securing access to her online course through the technology department of the university. After our first interview, I began to log in to the course on a regular basis to read the course modules, view the narrated PowerPoint lectures, and

observe the class interactions. My personal student experiences of taking two online courses helped me to navigate the online course software. Since I wasn't provided any orientation to the online course, I was grateful for my past experience. I had weighed the pros and cons of observing an online course when selecting my case study participants and decided that this would be an opportunity to examine my research topic in a teaching and learning environment that is rapidly expanding in nursing education.

Describing the environment of Janet's online class is more elusive than if I were describing a traditional seated class. The course home page included an announcement board where Janet posted notices to the entire class. Throughout the semester these postings included a welcome to the class, instructions about particular course requirements, general feedback on assignments relevant to all students, and in one instance, a mild rebuke and warning to students about their responsibilities for accessing the course material and independent learning. From the home page, I could access a content section containing nine modules within which learning activities were organized. These learning activities included: assigned readings and Internet links to resources, narrated PowerPoint lectures lasting on average about 15 minutes each, and assignments for the module including required discussion postings. The syllabus and assignments, a discussion board, and a grade book occupied other sections of the online course. I quickly learned my way around the online course as I sat in my office many miles from Janet's university.

Like me, the students in Janet's class accomplished their learning at a distance from Janet and each other. Forty six students, a mixture of RN-BSN completion students and first degree BSN students, were enrolled in the class. The virtual

environment obscured some information, like skin color, about the students, yet made other information readily available. The first discussion board posting required students to share their cultural heritage and this revealed more information that I might have expected to learn in a seated class. I learned that two students were immigrants from Nepal, 'Grace' was a second-generation Mexican American, and 'Jane' had lived in several states and traveled to China. I also learned that the students were more geographically distant that I expected, with several living more than 200 miles away from campus.

My role in the course was exclusively that of observer. I did not participate in any way in course discussions. Janet gave me permission to post a notice on the announcement board about my presence in the class. I informed students of my presence in the online course, my primary interest in Janet's teaching experience, my role as observer only, and my commitment to avoid any access to their grades or graded assignments. Midway through the semester, I began to email students to request their participation in the student interviews, but that was the limited extent of interaction that I had with Janet's students. The following section presents the conceptual issues that emerged in the case study of Janet's cultural class.

Issues Relevant to the Case

The overarching milieu of this case was one of tension, between past and current pedagogies, between personal passions and realistic expectations for students, between the ideal curriculum and the actual curriculum, and between complex and simplistic conceptualizations of racism. These tensions influenced Janet's teaching of race,

racism, and anti-racism in various ways. In this section, I weave together data from various sources to illustrate these tensions.

Tension between past and current pedagogies

The first tension in this case was one between Janet's previous pedagogy of teaching through relationships and her current pedagogy of hands-off facilitation. Janet was in her second year of teaching online. During our first interview, as we sat in her office, she expressed how her use of pedagogies had changed in the transition to online teaching. In the culture course that she developed and taught for many years at her previous college,

> It was one credit, one of my very favorite courses, loved it. I had identified some people from different ethnic backgrounds that came and spoke to my students. I really, really liked that part. I used to say it put flesh on the problem. It's hard to hate someone when you know them.

Janet valued the personalized, affective learning that her students experienced through the stories of her guest speakers.

> When they could connect the person and the personhood, they got it, but before that, it was theory that they had to get and assignments that they had to get past. But there was no denying the power of those people to come in and bare their souls and tell us where they'd been and why they were where they were today.

Now that she was teaching online, the focus was "a little cut and dried" and she didn't have the ability to use guest speakers.

I found Janet to be a delightful storyteller about her personal and professional experiences. As I listened to her tell the story of her colleagues' prejudice against welfare moms on her narrated PowerPoint, I remembered the passionate and expressive way she told the story in our interview. Janet's personal warmth and humor were evident in the narrated lectures, but it was not to the extent that I experienced during our

interviews. She appeared occasionally distracted with technical aspects of managing the computer recording and her non-verbal communication seemed hindered by talking to a camera, e.g. she didn't maintain eye contact and her face and voice were not as expressive as in person. Janet wondered whether the online format could accomplish the emotional connection and learning that she desired.

> Is the impact of online education the same as the impact of face to face? When you're talking attitude and some of those more difficult concepts to teach, it almost has to be an effect in the affective domain. You almost have to have an effect on people.

Janet attempted to make a personal connection with her students through her recorded lectures. She greeted the class, commented about their viewing/listening to the lecture, referred to real-time assignments or issues for clarification, and closed each lecture with a farewell and the expression "Onward!" In her opening comments in the third lecture, Janet stated that she had been reading their discussion postings and was enjoying this narration more because she felt that she was getting to know them, now they were real people that she was talking to. Janet told me that she was considering adding elements to the class to enhance relational, affective learning such as asynchronous narrated lectures by guest speakers, mandatory synchronous sessions that could allow her and the students to interact, and assigning students to watch and reflect on movies that portray powerful stories of racism such as *Something the Lord Made*.

The asynchronous online format influenced Janet's interactions with her students and the students' interactions with each other. Janet communicated to students through the announcement board and the narrated PowerPoint lectures, but she rarely entered into the student discussions that were a required component of each course

module. In her previous seated culture class, Janet saw her role as "a sort of moderator"

of student discussions, facilitating the in-class exchanges and guiding students to deeper

understanding by connecting students' ideas to theoretical concepts of culture. She was

still feeling out her role in online teaching, trying to reconcile what she valued and

practiced in the past and the hands-off approach in vogue in her department.

> That's definitely an issue in online learning that I'm struggling with, and that is, what is my role? Which is why, maybe, another strategy is to add some of those synchronous meetings to sum up that question or to answer the questions that come up. I don't have a good answer yet, but we kick around a lot around here. We talk a lot about what is our role and how much do you get involved? And the feeling right now around here is get involved when you have something that really needs to be addressed, but to let them talk.

Janet clearly wanted to impact her students' personal learning. She said,

> We need to be able to touch our students, but in the transcultural course, you know, I tried to do that. I told the stories where it was appropriate. I designed those 15-minute lectures, trying to make an impact. It certainly isn't the same… Did I really impact them?

> I wasn't privy to the personal emails that she and her students exchanged, but

one of the students I interviewed mentioned that she appreciated her private email

exchanges with Janet. As Stacy, a student in her mid-20's, and I sat a local coffee shop

late in the semester, she confessed,

> In some ways, I was kind of disappointed with some of our discussions. It just seemed [the other students] were just doing the assignment for their points….I think the only time where I felt like there was good conversation and good discussion was just between [Janet] and me on our discussion board, and she was writing back and forth to me. That was the only time where I felt like something [was good]….Sometimes I think people can have better discussions when they're one-on-one, in person talking to each other.

Stacy wasn't averse to online learning. In fact, she had taken two previous courses online, but she viewed the online format as a barrier to the kind of learning that this course sought.

Like Stacy, I found the online student discussions often disappointing. One particular discussion exchange illustrated a common problem—that discussion groups often did not engage in thought-provoking exchanges in which they wrestled together with conflicting beliefs and ideas. Students were divided into consistent groups of four or five for weekly discussions. Midway through the course, students were required to post their thoughts about how the ethical principles of justice were depicted in the assigned book *The Spirit catches you and you fall down*. In one group, four students posted that the patient was not treated justly and stated their reasons for their stance. The fifth student posted that she felt the patient was treated justly. To my surprise, Janet posted a response to this student. Janet had been absent from other discussions thus far in the semester, so this was definitely different, and I could 'feel' her disappointment and disapproval in her comments. During our second interview, Janet brought up this student's email and we had the following discussion,

> Janet: I don't know if you saw this, but I did respond to one student. She had made a statement about how the doctors had done their best.
> Ann: I saw that.
> Janet: Did you see that?
> Ann: I noticed because that was the only time I'd seen that you had personally responded to somebody.
> Janet: Yeah, I'm pretty careful not to get involved, on purpose.
> Ann: Okay.
> Janet: But I couldn't let that go by. I had emailed [my intern] and said, 'you need to read this group,' because actually, I think she was grading that particular module and I had happened to go in and I never had anybody grade for me before, so I at least have to give her the feedback. I looked at her grades and I looked at what she had posted, and then I went back and I read that. I think that

was on number four, on justice. I emailed [my intern] and I said, 'you need to go back in and take a look at this group, because I want to know, one, do you want to respond to this directly as an email just to these people, or do you want to respond to this as the whole class in a summary of that particular thing, what the issue was?' I didn't hear from her right away and I was really bothered, so I went in and I just said to that student, 'but what about justice?' I think I said 'what justice did they owe this family?' or something about ethics, 'what was their ethical obligation to this family?' I think I said, and about informed consent and those kinds of things, and then [my intern] put a very nice little summary out there that talked about that.

Ann: On the home page, yeah, I saw that.

Janet: She did a nice job. Then she emailed me and we talked about that.

Ann: So her posting was in large part because of what you were seeing within that group?

Janet: That student's remarks were the most obvious in defending the doctors and saying that they'd done their best. They didn't do their best. They maybe did what they thought was their best at the time, but certainly, we know in the context of what we're studying, it wasn't right, and that, I'm accepting of. I'm accepting of the students saying, 'well, they did what they thought was best at the time, and now, of course, looking back, we know that…' blah, blah blah. Perfect. That's great insight. They certainly didn't start out to hurt this family, but in fact, by not understanding transcultural theory they did hurt this family, so that's a growth, but I wanted this group… nobody responded to her. They let her say this.

Ann: I noticed that.

Janet: I wanted the group to understand it's okay; call her on this. Be nice about it, be gentle with her because she's growing and you don't want to stomp on her, but no, this isn't… no, no, it can't go unaddressed.

Later in the interview, I shared my observation that this student's posting was made on the final day of the posting period and that it was the last posting made by any group member. Stacy's assertion that the quality of the discussions might be limited because classmates were "just doing the assignment for their points" may have been in play in this instance. Other members of the group possibly did not read this student's posting because they were 'finished' with the requirements of that week's discussion assignment. Janet's desire for relational, affective learning which she facilitated in seated classes by moderating and guiding class discussions appeared to be thwarted by

asynchronous, unfinished, instructor-less online discussions. This incident is a powerful illustration of the pedagogical tension in this case between relational, affective teaching and learning and the hands-off facilitation of content and monitoring of student learning that occurred in this course.

Tension between personal passions and realistic expectations for students

A second tension evident in Janet's culture class was one between Janet's personal passion for activism and her reluctant and 'realistic' goal of self-awareness for her students. Our interviews were replete with examples of this tension. At various points, Janet commented,

> My goal is self-awareness. I love when we get past that because then the real stuff starts to happen.

> Maybe I keep my goals too low…. I need to move beyond awareness, and I think the course does.

> In all honesty, it's not enough to be aware. It's a great place to start and it's all I can hope for. Maybe for some people it was to become more aware of their behavior and their belief system, but really, it's about advocating for our clients. What good does it do to provide culturally competent care if we don't see ourselves as that client's, that patient's, that resident's advocate and to not tolerate the injustices. It doesn't mean that you've got to argue or march in a parade or anything else. It just means you just don't tolerate it. You just call it the way it is.

> I think that passion produces activism and we maybe should all be there, but it begins with being advocates. I think it's safer.

> I don't want them just graduating and going out there and giving shots and following doctors' orders. I really believe that these are the nursing leaders of the future, that regardless of what they do with their careers, we need people who are willing to be active and leading, not just managing but dreaming and running out there.

The philosophical chasm between the first and the last quotes is illustrative of this second tension between self-awareness and activism.

The course syllabus provided a glimpse of the tension between self-awareness and advocacy or activism. The course description named "the nurse's cultural self-awareness", "recognition of health beliefs and practices of selected cultures in the United States", and "awareness of the ethical aspects inherent in professional nursing practice" as the official, intended emphases of the course. Absent from the course description was any mention of advocacy or activism. Advocacy was named as the title of one of the nine modules, but advocacy or activism was not mentioned elsewhere in the syllabus.

Janet emphasized that she was evolving the course to focus more on advocacy, yet my course observations confirmed that the emphasis remained on self-awareness. For instance, Janet's lecture on barriers to communication in module six emphasized that racism, bias, and ethnocentrism can be controlled and overcome through awareness of self, awareness of culture's impact on our beliefs, and questioning our prejudices and stereotypes of people. During our first interview, Janet explained how she brought health disparities to the students' awareness.

> I point out that health disparity is in Healthy People and talk about why it's in there, and culturally congruent and competent care. I can't remember what else we do with that. Maybe that's about all we do is awareness it's out there.

She gave no indication that she presented ways that nurses can take action to reverse health disparities or challenged students to take concrete steps to address health disparities in their practice settings. This seemed to me a missed opportunity to emphasize the nurse's role of advocacy that was so important to Janet.

The students I interviewed in Janet's class offered evidence of achieving Janet's goal of self-awareness. I met Barbara, a 50-something RN-BSN completion student, in

her local library. She surmised that Janet's goal for student learning was self-awareness and theory-driven patient care, "What was she trying to teach? She was trying to make us all aware of what we thought and then direct that using theory to provide good care for a patient and be holistic about it." Stacy described becoming more aware of personal prejudices through watching an assigned video on female circumcision.

> I never really thought that I had any prejudices until I got there and then I thought this would be something that could be hard for me, because is it a human rights issue or is it a cultural issue, and where does it fall when you're here. That was something that was hard for me personally. At the end was when I was challenged.

Neither Stacy nor Barbara offered evidences of embracing values of advocacy or activism as a result of the class, although Barbara described how her life experiences with poverty and other categories of difference have influenced her to counter colleagues' prejudices at work.

> I tend to have more empathy or compassion for people who are maybe outside of the norm. If I hear coworkers talking negatively about somebody, then I tend to say, yeah, but..., and then bring out some positives of that patient.

The student data revealed the tension between achieving the student goals of self-awareness versus advocacy. Janet was pursuing a balance between these emphases in her teaching materials. Adapting the course assignments and interactions with students to achieve the dual outcomes would likely require attention as well.

Tension between the ideal and the actual curriculum

A third tension in this case was one between the ideal curriculum imagined by Janet and the actual curriculum. As I mentioned previously, Janet talked extensively and passionately about her efforts to increase the emphasis on advocacy in class. Janet was teaching the course for the third time and was slowly making her mark on the content,

but the influence of the inherited curriculum remained evident. The course had been

written many years before by the current program director and, to my surprise, four of

the nine narrated PowerPoint lectures were still presented by her. Janet described the

competing priorities that had limited her ability to make the desired changes in the

course.

> It's just my second year, my third semester, so I've inherited some things that because of time's sake I probably had to use some things that were already developed, and then last year I did the whole writing-intensive change that I didn't want to do because I felt it had a different focus, and now we've made it more of an academic rigor sort of focus. It does lend itself to writing-intensive, but I wasn't real happy about it because I felt that this is so much of a feeling sort of a course that I didn't want to do this, but I was voted down, so I put a lot of energy into changing that.

Janet described feeling broken hearted that even in a three credit course dedicated to

cultural topics there was just not enough time to include all important material.

I better understood the retention of the previous teacher's lectures when Janet

described the content changes that she was planning to implement in the next semester.

> I'm going down to four modules, so they'll have four discussion questions. The first module is going to be self-awareness, racism, prejudice, those kinds of things. The second module is going to be theory and ethics. The third module is going to be communication. The fourth module is going to be advocacy and change.

I realized that the lectures presented by the previous teacher were the ones Janet

planned to eliminate. She had put her time into creating the lectures that she intended to

retain. In any program, such a dramatic change in a course might be risky, yet Janet

talked confidently about her relationship with her director and the support of her

colleagues in making changes to the course.

Additional evidence of the tension between the ideal curriculum and the actual curriculum resulted from the reflection prompted by the research study. Our interviews prompted Janet to examine the place that race and racism occupied in her course. In our first interview, she acknowledged that, "my trans-cultural course is probably more about culture and ethnicity. I don't talk a whole lot about race at all." As we started the second interview, Janet conveyed that her reflection over the intervening six weeks had caused her to imagine a new place for race and racism in her class.

> I think the naming of the racism… I think sometimes I've been hesitant to use maybe a little bit harder words, trying to avoid raising certain concerns that people might have, but in fact by not raising those concerns or by not naming what it is, really, that it's about, perhaps we miss the point. I've always been a little sensitive to this, but I've been more sensitive to this now.

During our third and final interview, it was apparent that Janet continued to process what her ideal emphasis on race and racism might be and intended to include the concepts of racism and ethnocentrism more centrally in her class. Janet expressed an interest and intent to obtain more formal education about racism. She showed me on the university website a three-day course for faculty on incorporating anti-racism and multiculturalism across the curriculum as an option she hoped to pursue. Janet indicated how her evolving ideas about the ideal place of race and racism in her course were diffusing into the broader department, "I hadn't thought about it till we started talking, which is going to be another positive impact of your study, it has all of us thinking on a different level." Janet's experiences offered a window into the forces that both constrain (time, tradition, competing priorities, faculty lack of expertise) and propel (faculty interests and values, emerging content topics) curricular change.

Tension between complex and simplistic conceptualizations of racism

The fourth tension evident in the case study of Janet's culture course was complex versus simplistic conceptualizations of racism, between Janet's espoused theory and her theory-in-use. Argyris and Schön (1974) suggested that two theories of action guide our professional practice. Theories-in-use are those that implicitly guide our actual practice, while espoused theories are those words we use to convey what we do or what we want others to think we do. Argyris and Schön argue that achieving congruence between theory and action (between our espoused theory and our theory-in-use) requires reflection—to become aware of the implicit theory-in-use and examine the fit between our theory and practice.

In our interviews, Janet conveyed an understanding of both individual and systemic racism. Her statements revealed a personal theory that it is essential to recognize our own biases and prejudices, to change our personal attitudes and behaviors, but personal change isn't enough to address the forces within our racist society. Janet told me about a grant program some years earlier that attempted to relocate Black inner-city families to her White rural hometown to "give them a second chance at life". The initiative failed quite spectacularly, with most participants leaving within a year of relocation. When I asked Janet what understandings of racism she thought explained that incident, she replied,

> We address the inequities and the injustices in terms of they're people and should be treated equally, but we never get to the actual cultural core of why they may not be like the people in [my hometown]. I did talk about this in my cultural diversity course [in my previous college]. In my [current] trans-cultural course I haven't [talked about it], and maybe this is something I need to think about. If you take a look at the percentages of, for instance, black men that are in prison, or if you look at some of the other statistics that people use to explain

their prejudice, instead of talking about the fact that that many black men are in prison, why? Why aren't we interested in why this seems to be? Or killed before they're 19? It's just appalling in our society. What I don't understand is 'why don't we look at the reason?' We do, but I'm talking now about people I know. Why aren't we willing to address the reasons that this is the ultimate end for so many people, rather than using that as an excuse to continue to stereotype them?

This statement revealed Janet's belief in the systemic forces, "the reasons", that maintain inequity in our society even though she did not have a scholarly vocabulary for describing those forces. This quote also revealed Janet's reflection on the gap between her espoused theory and her theory-in-use in her transcultural course, "In my [current] trans-cultural course I haven't [talked about it], and maybe this is something I need to think about," providing evidence that she had only begun to examine that gap.

Janet again alluded to her theory of systemic racism when we discussed the problem of health disparities. Janet said,

Health disparities are arising from the same problems that we've had. That's my feeling about it, and we have to address the root causes. The racism has to be addressed first before we're going to be able to address the symptoms of the racism, and health disparity is another symptom of racism. We feel in our society that it is OK to give them less than acceptable healthcare, less than acceptable education, less than acceptable standards of living, just because of who they are, just because they happen to be of a different ethnic group than I am. I believe the health disparities thing is part of that covert prejudice. We would never allow overt prejudice, but we still have that covert stuff going on at the bottom of the whole thing and it comes out like this. This is the manifestation of it. That's my theory.

This statement was further evidence that Janet lacked a sophisticated, scholarly vocabulary with which to discuss systemic racism, yet her "theory" incorporated the "root causes" of racism in our schools and healthcare institutions that perpetuate inequities in our society.

The gap between Janet's espoused theory and her actual practice, her theory-in-use, was evident in my observations of her online course. Racism was discussed in module 6 as a barrier to culturally competent communication. Racism was defined as "prejudice based on race/ethnic group". She contrasted overt and covert racism, both types of individual racism, emphasizing that covert racism is still a problem today. Janet's use of the term covert racism to describe the systemic forces that create health disparities in the previous quote begged the question of whether she was trying to raise the issue of systemic racism in module 6. If this was her intent, the terms she used and the definitions she provided masked an effective and clear presentation of systemic racism. The solutions to racism that she posed incorporated only individual level interventions such as self-awareness and change in personal attitudes and beliefs. In later modules that mentioned advocacy, Janet did not challenge students to take action beyond the personal nurse-patient relationship. She missed opportunities to highlight the institutional forces that perpetuate inequity in healthcare settings and communities and challenge students to advocate for change in their employment settings and communities.

Janet's actual practice, her theory-in-use, reinforced a simplistic, individualistic understanding of racism. She hinted at a possible cause for the gap between her espoused theory and her theory-in-use, i.e. a lack of education or knowledge, saying, "I'm not smart enough or educated enough" about racism. She perhaps defaulted to individualistic understandings and solutions because she had not fully examined and developed a knowledge base from which to teach more complex understandings of racism.

The students that I interviewed verified the individualistic emphasis in the course. Both students talked of Janet's effort to elicit students' examination of their prejudices, but that was the only teaching about race, racism, or anti-racism that either student remembered, and even that was only recalled after I prompted reflection on specific modules. The content on racism had receded into the dominance of culture talk. Stacy's asserted,

> I remember nothing about racism. The only time that racism ever came up during the course was when I was doing my interview with somebody and I asked them their experiences with racism.

Barbara seconded Stacy's perception, noting both the predominance of culture talk and the emphasis on learning at the personal, individualistic level of self-awareness.

> She did start out the class really well because she went through the whole self-awareness, and then she went into cultural competency. Did she address racism? I don't think so per se, but she addressed culture. To me that wasn't tied in together.

Case Summary

Janet's case illustrated tensions that may arise in the teaching of race, racism, and anti-racism within a course dedicated to the study of transcultural nursing. Despite Janet's passionate beliefs and values about race, racism, and anti-racism that had been formed from her life experiences, her teaching of these topics was constrained by established curricular priorities, an insufficient scholarly knowledge base about race and racism, limitations of enacted online teaching and learning practices, and the emerging awareness and examination of her own theory that guided that teaching. This case offered a singular, yet powerful illustration of forces that are present in many nursing program settings across the country.

This case also illustrated the developmental nature of teaching and the impact of reflection. Janet's reflection on her experiences with race, racism, and anti-racism influenced her goals and approaches to teaching as the study progressed. I received two emails from Janet after the completion of the data collection period in which she shared her progress in implementing changes to her class in the following semester. She had implemented a module on racism in which students were required to view their choice of several movies and discuss dimensions and effects of prejudice that were depicted in the movies. She was taking a more active, although still limited, role in responding to and guiding students' online discussions. Janet expressed how our discussions helped her to form ideas for her course.

Case Study Two: Marie's Culture Course

Description of the Case and Context

Marie was a full-time faculty member at a public university that was part of a larger state university system. According to the university website, student enrollment was approximately 5,000, of which 6% were students of color. The university was a major employer and source of pride in a city of approximately 30,000 people. The campus was nestled on the shore of a lake, and its surrounding region was filled with lakes, rivers, and forests. I appreciated the natural beauty of the region as I visited the campus weekly during the three and a half month study period, driving through forests that turned from green to gold before dropping their leaves, and watching as fishers transitioned from boats to ice houses on the lakes.

The nursing program was one of 65 majors in the university. The nursing program had been in existence for 25 years, offering first-degree BSN and RN-BSN

completion undergraduate programs. The RN-BSN completion program was the department's largest program, with many online course options for its geographically dispersed students.

Marie was a new faculty member in the department of approximately 10 full-time faculty members. She had previously taught at a college in another state and she was still becoming familiar with the university and its surrounding community. I visited Marie's office three times and had little interaction with other department members who were either at work in their offices or out of the office at the time of my visits. On most of my visits to campus, I went directly to the classroom in which Marie taught.

Marie taught a 2-credit course titled Transcultural Nursing. The course was required for all students in the first-degree BSN and RN-BSN completion programs. Culture terminology dominated the syllabus. Terms threaded throughout the syllabus included culture, transcultural, cultural, diverse, global, intercultural, and ethnic. The words race or racism appeared only three times in the syllabus, twice in the title of assigned readings and once in a reflective writing assignment that directed students to "reflect on your childhood experiences that may have contributed to your feelings toward members of another race or ethnic group, or to your feelings about your own ethnicity." The course content was divided into five units which related to aspects of transcultural nursing, theoretical frameworks, and application of cultural considerations in patient care.

Marie was teaching two sections of the course during the semester in which I conducted the case study. One section was a seated class primarily for first-degree BSN students, while the other section was online primarily for RN-BSN completion students.

I sought to observe both sections and Marie was open to this request, but she was unable to obtain approval for me to obtain technology access to the online course. Consequently, I observed only her seated section of the course.

I began classroom observations during the second week of the course. The class was a traditional seated class with 19 enrolled students. Marie was the sole teacher. The class met one evening each week for approximately 1 ¾ hours. The classroom where most classes took place was a large, bright, obviously new space with large windows overlooking the lake. Tables and chairs were arranged in evenly spaced clusters with each cluster accommodating four students. The class size was small enough that we occupied only one half of the room—the side of the room closest to the lake. A teacher/technology podium was located at the front of this side of the room, with a large flat screen monitor mounted on the front wall.

The 19 students were primarily first-degree BSN students who appeared to be in their early 20's. One older student was enrolled in the RN-BSN completion program and had chosen to attend this seated class rather than take the class online as was most common in her program. All of the students appeared to be White, but I learned during my second observation that one of the traditional-aged women was also Hispanic.

Students interacted with each other amiably before and after class. They talked quietly in small groups prior to class. By the second evening in the new classroom, seating preferences became clear. Students sat at the same tables with the same classmates with little variation through the semester. The primary source of variation in seating clusters was variation in attendance. Attendance varied from 19 students to as few as 11 students. Several students always sat alone. One traditional-aged student

always sat facing away from the rest of the class and rarely spoke to other students or engaged in class discussions. In contrast, the non-traditional aged RN-BSN completion student was an active participant in class discussions even though she was not integrated into the social structure of the class.

At the beginning of my first classroom observation, Marie invited me to the front of the classroom. I introduced myself and informed the students of my purposes for observing the class and my role as a researcher and observer. I routinely sat on the outskirts of the student clusters at the rear or side of the classroom in order to readily observe all classroom activity. During the semester, I conversed informally with some of the students, particularly those who arrived early for class, as I usually did. We talked about their nursing program experiences, such as their clinical settings, exams, and other classes, as well as hunting, plans for school breaks, university events, and their hometowns. During a few class sessions when students were working on individual or small group activities, I talked with students who were sitting near me about the activity on which they were working.

Issues Relevant to the Case

The overarching milieu of Marie's culture course was one of conventional conceptualizations and teaching approaches. The tensions that were evident in Janet's case were not present in Marie's case. Rather, Marie's personal beliefs and values expressed in our interviews were aligned with the conventional practices that I observed in her classroom.

Conventional pedagogical practices

The pedagogy and content of Marie's culture course were reflective of conventional nursing education approaches, i.e. an emphasis on acquiring knowledge, delivering content, and knowing about cultural groups. Marie's class sessions were typically centered around lectures facilitated by PowerPoint presentations. Lecture was not the only pedagogical strategy; in fact, Marie incorporated a variety of activities into all sessions, including videos, group work, and discussion. Nevertheless, delivery of content and knowledge acquisition remained the primary focus. I observed evidence of this during the seventh classroom observation when Marie directed the students to work individually or in small groups to complete a worksheet which they would then discuss as a class. I deduced from the students' quiet conversations that the worksheet related to components of culture. The worksheet questions seemed merely to require students to copy information from their textbook. During the thirty minutes that the students completed the worksheets, Marie sat quietly reading at the front of the class. When Marie commenced the class discussion, she accepted textbook answers from the students and didn't press students to demonstrate critical thinking, to synthesize the factual information, or to process affective responses to the content. Despite the group work and discussion, the worksheet activity served to reinforce the emphasis on acquisition of knowledge.

This focus on knowledge acquisition through traditional textbook sources was consistent with Marie's personal inclinations. In our first interview, Marie shared how her parents, who had very little post-high school education, "read a lot". When Marie encountered the injustice of the Civil Rights movement during her youth, she educated

herself through reading the newspaper and books, "I think I became interested in racial issues then, just kind of out of anger, so then I read a lot of Eldridge Cleaver, and Angela Davis, Malcolm X". Marie conveyed a preference for cognitive learning during our conversations.

The focus on the 'what' rather than the 'why' was a strong subtext that threaded through Marie's class. Prior to my first classroom observation, Marie described changes that she was making to the course to provide more content about specified cultural groups. The course had not included content about cultural groups in the past and Marie believed that content was essential.

> One of my students on-line…said 'I work with these cultures, and these cultures, and these cultures', and so I thought the students need to know about those. People here have had very few cultural encounters, but if they're going to be nurses anywhere else, they need to know about other cultures, and at least have an idea of the background and where they came from, and so I incorporated that into class this year.

Marie's content choices were consistent with her personal beliefs about cultural learning as she said, "the way to overcome those ideas and those prejudices is to learn as much about the culture as you can."

Marie's students valued the content about cultural groups, viewing it as an essential precursor to providing effective and respectful care to people of different cultures. James named learning about cultural groups as one of the primary goals of the course.

> I think one goal for our class is to understand how culture works or where culture comes from and how to treat and provide care for them, without disrespecting their culture and bringing their culture into the picture of care.

James described how he overcame fear and racism through building friendships with non-White Army comrades, but he deemed his Army experience of getting to know through personal relationships as insufficient for his nursing practice because "before I just talked to them, but I didn't know anything about their culture… of where they come from when talking to somebody". He valued learning about cultural group practices in Marie's class, believing that his ability to care for individuals from different cultural groups was enhanced through knowledge of group practices and beliefs.

Marie's third class session represented a dramatic departure from a conventional, lecture-centered, content-focused pedagogy, a fact that I wouldn't fully appreciate until later in the semester after more class sessions were complete. In our final interview, Marie reflected,

> I had a PowerPoint all ready that talked about racism and the different classifications of racism, and I couldn't get the machinery to work. It started out as kind of a negative—[I thought] 'this class is not going to work, I wonder what I'm going to do, well, let's just discuss, what could possibly happen.' It turned out to be probably one of the better classes I've had. It was definitely the best class I've had this semester.

What Marie had intended as a ten or fifteen minute lecture on racism became a one and one half hour discussion in which students shared their experiences and opinions. As we walked to our cars after class, Marie expressed her amazement and pleasure with the class discussion. She marveled at the students' range of experiences and the emotions they expressed, saying, "usually I have to drag things out of them, but they were just so willing to talk."

The engagement of her young students in the racism discussion appeared to challenge Marie's conventional assumptions about nursing education. Content driven,

knowledge-focused pedagogies presume that students are empty vessels needing to be

filled. Conventional pedagogies place little emphasis on constructing knowledge upon

the existing knowledge and experiences of students. Marie's comments revealed an

underlying assumption that she held about traditional-aged students, that they do not

have enough life experience to engage in good discussion. Marie learned that her

students had life experiences, albeit not nursing work experience, that informed their

discussion of racism, and they were eager to talk about it.

Conventional conceptualizations about race and racism

Marie's teaching about racism in this class discussion reflected a non-critical

approach to the examination of race and racism, focusing instead on conventional ways

that racism has been understood in dominant White culture. Marie, like many of the

participants in this study, was self-taught about race and racism. She had read about

race and racism, yet her personal understandings failed to acknowledge institutional and

structural racism and did not challenge conventional White, American assumptions

about race: that race is a legitimate, biological classification and racism is an individual,

moral failure. When I asked Marie to define race during one of our interviews, she

stated, "Well, I think when we think of race, we think of color. We think of color, we

think of religion, we think of that fine line that separates people into groups". Like

religion, Marie described race as a legitimate, concrete category of difference. Marie

described her understanding of racism as an individual phenomenon.

> We'll talk about different types of racism today, but what I think of for me, is
> the covert and the overt racism, where you have those people who are not at all
> afraid to make some racial statement, and it's most of the time derogatory. Even
> if it's meant as a compliment, it's derogatory, because it still separates people,
> but I think you have those people who very openly express those comments,

because that's really what they believe. Some of them, I think, are meant to be malicious, but some aren't, and I think that covert racism is sort of pandering; it's saying gee, I think all people are equal, except…but then going on to make comments that make people question whether you really believe that or not. We'll talk about other different types, but I think most racism can fall under overt or covert.

The types of racism to which Marie referred were drawn from the course textbook and an assigned article that offered different definitions of racism. The definitions presented in the textbook were grounded in an individualistic paradigm, while the definitions presented in the article described conceptualizations of racism from individual to systemic. Marie resonated with the individualistic definitions.

Marie related several life experiences that caused her to ponder institutional racism, including time spent in Australia interacting with Aboriginal people. She likened the Aboriginal experience to the experiences of Native Americans and Blacks in the U.S.

The American Indian children used to be taken away from their parents and educated according to the white man's ways, and so were the Aboriginal children, so that's a huge part right there. We had plantations; they had stations, but basically, they were the workers of the stations and you had the head master of the station, and the head master fathered many, many children, similar to what our plantation owners did. Because they're definitely a different color, they were also easier to identify when it came to racism, so that many of the issues that they faced as far as getting an adequate education, or adequate housing, or anything like that, are very similar to what the blacks faced. They had really combined components of the racism that the blacks faced, along with the Native American Indians.

Marie's statement hinted at non-individualistic definitions of racism, yet she had not yet integrated a scholarly vocabulary and ideology into her personal understandings and belief system. Marie acknowledged that she was no expert on race and racism and that

assigned readings for the course that had been selected by previous teachers were propelling her own understandings of these concepts.

> I always knew I had prejudices and certain feelings about other cultures, but it really wasn't until this semester when I got into the [definitions of racism] that I understood more about myself and where my attitudes came from.

Marie's students conveyed conventional understandings of race and racism during our interviews and in the class discussion. The students I interviewed conceptualized race as skin color. Racism was always depicted by the students as an individual-level phenomenon. Kristin's definitions of race, racism, and anti-racism reflected conventional understandings of the terms, saying "I see race as more identifying the skin color; I guess not to stigmatize…but skin color, yeah" and anti-racism is "being against the negative, the things that aren't true about a race." Kristin described racism as,

> [Racism] would encompass stereotypes and biases about certain races, not necessarily bad or good. I guess racism is considered bad, but stereotypes and biases that can be either true or false about a race.

Case Summary

Marie's case illustrated the influence of conventional educational paradigms and conventional conceptualizations of race and racism in the teaching of race, racism, and anti-racism in cultural nursing education. Conventional teaching approaches were consistent with Marie's personal beliefs and values, and the unexpected success of the class discussion on racism caused her to reexamine her assumptions and practices. She told me that she planned to facilitate a similar class discussion on racism the next time she taught the class. In contrast, Marie's conventional conceptualizations of race and racism were not jolted by the class discussion or other events during the study period.

Whether Marie will develop non-conventional, scholarly understandings of race and racism or not is uncertain. Marie's case offers a singular, but important examination of the persistence of conventional methods and ideologies in nursing education, and hints at the need for faculty development in accomplishing current priorities in educating nurses.

<div align="center">*Collective Case Study Themes*</div>

The individual case studies yielded distinctive characteristics, unique to the personalities, priorities, and contexts of the participants. Nevertheless, commonalities were seen in the two cases that contributed to an understanding of the teaching experiences of White nurse educators with the topics of race, racism, and anti-racism in cultural courses. These commonalities coalesced into four thematic influences: conventional understandings of race and racism, stories of life experience, historical educational practices, and technology. This section presents these collective themes.

Conventional Understandings of Race and Racism

The content about race and racism in Janet and Marie's culture courses reflected conventional understandings of race and racism. Despite the differences in the personal meanings of race and racism for Janet and Marie, the content they taught did not differ. In turn, their students' expressed understandings of race and racism reflected the conventional understandings that Janet and Marie taught.

The concept of race was conveyed in both cases as a legitimate and unexamined category of difference. The understanding of race as a biological reality was not challenged. I observed an example of this during one of Marie's final class sessions when she presented a review of course concepts. Referring to a PowerPoint slide

entitled "Biological (Genetic) Variations", Marie taught that sickle cell anemia was a condition of Black or African American populations, PKU was a condition of primarily White or Northern European populations, and Tay-Sachs disease was a condition of primarily Jewish populations. She did not present alternative explanations for disease prevalence, such as the association of sickle cell anemia with populations from malarial regions. Neither Marie nor Janet explicitly stated a conventional, biological definition of race, but the effect was to reinforce the dominant, de facto, understandings that were likely to be culturally 'wired' within their students.

Historical, social, and political frameworks in the examination of difference were hinted at in several of the readings assigned in Marie's course, including the IOM report, *Unequal Treatment*, an article about health disparities with American Indian populations, an article about Native American culture and historical trauma, and two readings related to caring for victims of torture. I understood that these reading assignments were selected by the previous teacher(s) of the course, and it is impossible to know if the previous teacher explicated the critical perspectives conveyed in the readings. The course objectives and course units did not convey an emphasis on historical, social, and political perspectives of difference, and Marie did not raise these perspectives in her teaching. Thus, students were on their own in making meaning of the content of the articles.

Racism was reinforced in both courses as an individual-level phenomenon which may be overcome through self-awareness, good intentions, and individual attitude and behavior change. Although Janet personally understood racism in societal-level ways, her teaching was limited to individual-level definitions and illustrations.

Janet was beginning to transition emphasis in the course from a singular focus on self-awareness to a dual emphasis on self-awareness and advocacy. Nevertheless, she had not yet incorporated any references to societal-level racism toward which nurses should focus their actions.

Neither Janet nor Marie possessed a vocabulary with which to discuss a scholarly or critical understanding of racism. The ways in which they defined terms were inconsistent with scholarly definitions, e.g. Janet's equation of covert racism to institutional racism. In the brief presentation of definitions of racism that Marie made to her class prior to the lengthy class discussion about racism, she defined colorblindness as "aware of the difference between people and focus on treating everyone alike". The implication of Marie's words and tone of voice was that colorblindness was progressive and enlightened. The scholarly literature on racism contests this interpretation, yet it would be unfair to fault Marie for what she taught. The course textbook from which the definitions were drawn supplied this interpretation. Colorblindness was depicted in a non-critical manner and was implied to be a preferred attitude. Thus, unless Marie were to pursue further reading in the scholarly literature about race, she would naturally default to summaries provided by accepted nursing sources.

The final evidence of the conventional way in which race and racism were taught was revealed in the very invisibility of the topics in the students' perceptions. Despite my repeated questioning using race terminology, the students consistently reverted to the terminology of culture. In every case, I had to specifically mention the class session or module in which race or racism was taught before the five students recalled the content. Certainly, the course syllabi, readings, assignments, and content

prioritized the teaching of culture over race, as one would expect in courses titled

Transcultural Nursing. We might ask, 'What kind of emphasis or teaching on race and

racism would be necessary for students to retain this learning?'

Stories of Life Experience

A second collective influence from the two cases was stories of life experience.

The power of stories of life experience in shaping learning was a dimension of the third

phenomenological theme: values transformed through human relationships. Janet and

Marie drew me into their life experiences with race and racism by sharing many stories

of personal experience in our interviews. Janet, in particular, described moving stories

of friendships and experiences that shaped her understandings of race, racism, and anti-

racism. She described the storytelling pedagogical methods, i.e. personal stories, guest

speakers and videos, which she used in a previous course. Janet shared how her

pedagogy of storytelling had evolved, how she learned that merely telling a story

without explicating the theoretical or practical relevance for students did not produce

the learning that she wanted.

For Janet, the power of life stories was their ability to make the abstract

concrete, to "put flesh on the problem", yet she incorporated little of these methods into

her current course. The narrated PowerPoint lectures offered little time in which to tell

stories from her personal experiences and the story she chose to share in the lecture

about prejudice and racism was not about racism at all. Janet lamented about her

reduced ability to interact with and influence her online students.

> Unfortunately I'm not there; it isn't a classroom where you can affect what they
> take away from that, but it's effective in that they have to look at it through the
> assignment, that they have to meet the objectives of the assignment.

Janet felt she had to rely more fully on the written curriculum to shape her online

students. The online format required new strategies for incorporating guest speakers,

strategies that Janet had not yet enacted. During our three interviews, Janet thought out

loud about ways she could incorporate the power of stories in her online course.

Marie sprinkled stories of her personal experiences throughout her class

sessions. Most of the stories that she shared with her students were ones she shared with

me in our interviews. Kristin appreciated the practical relevance of Marie's stories.

> [Stories from Marie's experiences have] been beneficial because she would
> bring in her experiences as a nurse in working with culture and racism, with
> different races, and then use experiences that she has learned.

Sandy respected and valued the human, caring perspective that Marie's stories

demonstrated.

> One of the things I noticed about [Marie], and I hope this would be true about
> other White instructors or faculty teaching about race, is that you can tell from
> the conversation she shares in classes that she has a heart for people, that she is a
> culturally competent healthcare provider. It comes through, and her heart for
> people of diverse ethnic backgrounds. That comes through in the way she
> speaks.

Like Janet, the stories that Marie told in class were more broadly about culture than

about race or racism.

In Marie's class, the class discussion about racism allowed students to share

their own stories of life experience. For James, the sharing of classmates' stories was

the most valuable aspect of the discussion. The stories exposed the pre-understandings

of race and racism that students possessed, which caused Kristin to evaluate her own

thinking.

I know I had some reactions where some people said things that I [thought] 'whoa, I can't believe you're saying that.' It seemed that more of the stereotypes were coming out, and the types of biases that people had. You could actually hear some of those. I think it was a good discussion to facilitate thinking about your biases.

Marie's class discussion illustrated a dimension of this second theme of stories of life experience—that students have life experiences upon which to build new knowledge. Four of the five students I interviewed shared stories of life experience that had significantly shaped their understandings of culture, race, and racism prior to taking the culture course. Neither Janet nor Marie talked about purposefully utilizing their students' stories in building new understandings of culture, race, or racism, yet some of their assignments had that effect. In Janet's course, I read many student stories in some of the online discussion assignments, but Janet's absence from those discussions failed to maximize the integration of course content with the students' pre-understandings achieved through their life experiences.

Janet's and Marie's teaching offered new knowledge with which to shape their students' pre-understandings, yet these cases illustrated the importance of content choices, faculty preparation, and pedagogical strategies in achieving significant learning about race and racism. Marie admitted her surprise at the eagerness of the students to share their stories and, because the class discussion was unplanned, she was unprepared to facilitate the maximal amount of learning from student stories. Stories of life experience, whether from students, faculty, or guests, offered great opportunity for practical and affective learning, but did not reach their full potential without purposeful enactment.

Historical Educational Practices

A third thematic influence common to the two cases was historical educational practices. Historical curricula and pedagogies influenced the teaching of race, racism, and anti-racism in each case. These cases also provided insight into the evolution of curricula and pedagogies and the ways that the participants adapted their educational practices.

Janet and Marie were both newer members of their departments and had inherited long established courses. The course descriptions, objectives, and modules/units of content were clearly about culture and suggested or required little teaching about race, racism, or anti-racism. The courses drew content from respected cultural nursing models and theories and the syllabi did not hint at the use of critical perspectives in examining culture or race. Course documents and classroom content reflected conventional perspectives about culture and race.

The influence of previous teachers was strong in each case. Four of the nine PowerPoint lectures in Janet's course were narrated by the previous teacher. Marie was teaching from the assigned readings selected by the previous teacher(s). Marie shared her ambivalence about the course textbook, saying, "I thought it needed to be more comprehensive in looking at other transcultural models." The assigned readings about racism in Marie's current course required her to learn along with her students. She admitted that her goal was "to know more than them next year."

The influence of historical nursing pedagogies was most evident in Marie's course. Her reliance on lecture to convey content and foster cognitive learning was

firmly grounded in nursing education's historical practices. Many times, this focus on

content caused me to yearn for engagement of the students in reflective discussion,

critical thinking, critical questioning, and practical, affective application, yet the

discussion format of the online course did not produce the depth of cognitive and

affective learning that I thought possible either. Many of the online group discussions,

unguided by Janet, failed to evoke critical thought and challenge students in new ways

of thinking. As Stacy said, it seemed that many of her classmates "were just doing the

assignment for their points."

Janet and Marie shared changes that they planned or were considering to make

in future semesters. Janet planned to increase the emphasis on prejudice, racism, and

advocacy. Her plan to reduce the number of modules from four to nine would likely

eliminate the narrated PowerPoint presentations of the previous teacher. Marie spoke of

her idea of threading the concepts of prejudice and racism more throughout the course

content so that students would see the influence of those concepts on their perceptions

and interactions with different others. Janet and Marie's involvement in this research

study had clearly influenced their plans. Exposure to and reflection on the topics of

race, racism, and anti-racism had influenced their values and priorities, perhaps

accelerating the evolution of content in their courses.

Janet and Marie intended to make pedagogical changes in their courses as well.

After the positive experience with the class discussion about racism, Marie planned to

repeat this strategy next year. What was less clear to me was if Marie would incorporate

more student-centered teaching strategies like discussion into her teaching of other

course topics. Janet planned to be more active in student online discussions, guiding

students in making connections between theory and their life experiences. Both teachers

intended to incorporate more guest speakers, reflecting their growing belief in teaching

through stories of life experiences. These cases illustrated how the influence of

historical educational practices was mediated by the values of the teachers which were

being transformed by their real-time experiences.

Technology

The fourth collective theme from these case studies was the influence of

technology. Technology presented barriers to the two teachers, influencing their

methods of teaching about culture, race, racism, and anti-racism. Technology presented

barriers to students as well, offering insights into issues teachers might consider when

preparing to teach.

The most obvious example of the influence of technology was Janet's online

course. The transition to online teaching had altered Janet's preferred pedagogy and in

her third semester of teaching the course she was continuing to process this change and

strategize ways to recapture what she valued. In emails following the end of the study

period, Janet shared how she was surmounting the technology barrier by engaging more

actively in student discussions and adding a movie assignment to incorporate more

learning from "storytelling". In our interviews, she talked about other options she might

consider in the future, such as synchronous sessions to facilitate personal interaction

between her and her students and asynchronous videos of guest speakers. The online

format did not present insurmountable barriers, but did require thoughtful consideration

of pedagogical values, development of new teaching skills, and adequate time to enact

changes in order to accomplish the outcomes that Janet desired.

Technology played a primary role in the barriers that Janet's students experienced in the course. When I asked about barriers to their learning about race, racism, and anti-racism, Barbara and Stacy each mentioned only one barrier. Barbara spoke of her difficulty in accessing some of the online resources provided for the course. Her residence in a rural part of the state offered her limited Internet access. She had to use computers at the library and her workplace to access some of the resources. Stacy lived in the metropolitan community in which the university was located, so she did not have Internet access issues as did Barbara. Instead, Stacy perceived the online format to be a deterrent to meaningful discussions. These students' experiences highlight issues online teachers must consider when making content and pedagogical choices.

Technology played a lesser, but noticeable, role in Marie's teaching. Two of the nine class sessions I observed were significantly impacted because of Marie's inability to utilize the computerized projection system. The incident that precipitated the class discussion on racism was one of the sessions. The second incident occurred three weeks later and resulted in Marie teaching from a paper copy of her PowerPoint lecture displayed on a document camera. She began her classroom presentation 20 minutes late after she and a student were unable to resolve the technology problem. Although this session's content was not about race, racism, or anti-racism, the incidents highlight the vulnerability of the classroom experience to unanticipated technology problems. The first incident occurred because Marie had not been oriented to the technology in the new classroom. The second incident occurred because Marie had received a new computer and it was not functioning as she had anticipated. In both cases, Marie worked with the

technology department to resolve the problems prior to the next class session. Nevertheless, her plans for the class sessions required modification due to the technology problems and, in a surprising development, the teaching of racism received significantly greater attention because of the absence of technology.

Technology seemed to influence Marie's class in a second way, by influencing the informal and formal interactions between Marie and her students. Before many of the class sessions and often extending five minutes into the scheduled session time, I observed Marie at the computer podium, intently setting up the technology. I usually arrived ten minutes early and exchanged a greeting with Marie before taking a seat. As students arrived, Marie tended to her computer and rarely interacted with the students until she was ready to begin the presentation. Consequently, her informal interactions with the students were limited and appeared impersonal throughout the semester. The seventh observed class session began in a markedly different way. Marie and I arrived at the same time and exchanged greetings. She did not set up the computer, but took a seat at the front of the class and chatted with the students as they arrived. Besides asking about their reactions to guest speakers during the previous class session, she participated in non-class related conversations, including about weddings, even sharing about her daughter's wedding. Students seemed to welcome Marie into their conversations. This was the most personable faculty-student interactions I observed.

Marie's formal interactions with the students were influenced by technology as well. Because she taught from PowerPoint software, Marie remained at the front of the classroom, separated from the students by the podium. She did not walk among the

students, even when students were working on group activities. The use of technology seemed to reinforce the space between Marie and her students.

The preceding examples from the two cases illustrate the distance that technology can create between teachers and students, between students and students, between students and content, and between students and meaning. The ten study participants revealed that teaching and learning about race, racism, and anti-racism occurs best through intimate and trusting relationships. The influences of technology seen in Janet's and Marie's cases reveal some of the barriers to personal, affective learning that may occur whether faculty are teaching online or traditional seated classes.

Conclusion

As I hoped, the case studies with Janet and Marie provided a rich, contextual glimpse into the teaching of race, racism, and anti-racism in cultural nursing education. My observations and the students' perspectives focused attention on issues that, while revealed in the phenomenological interviews, stood out in sharper relief through case study. When combined with the four phenomenological themes, the individual and collective case study themes suggest theoretical and practical conclusions about the teaching of race, racism, and anti-racism. My conclusions and their implications for nursing education, practice, and research are the focus of the following chapter.

CHAPTER 6: Conclusions, Discussion, and Recommendations

In this chapter I discuss the conclusions and recommendations that arose from this study. I present the conclusions arising from the phenomenological and case study findings, followed by a discussion of the literature relevant to those conclusions. This chapter then explores the implications of the findings of this study for nursing education, nursing practice, and nursing research and presents my recommendations for further study.

Study Conclusions

The research questions and the aim of this study focused on understanding what White BSN nursing faculty members who teach cultural nursing education think, believe, and teach about race, racism, and anti-racism. The study findings revealed that the meaning of race and racism for the participants was significantly influenced by the Whiteness of their personal and professional contexts and that their understanding continued to transform with successive life experiences. The participants hoped to make their students self-aware of personal bias and prejudice and to foster student valuing of difference and equity, but they didn't aspire to be anti-racist teachers. The teaching of race, racism, and anti-racism was influenced by historical curricular, pedagogical, and institutional practices as well as the participants' own self-awareness, priorities, and preparation. The teaching of race, racism, and anti-racism occupied a very small place in the participants' culture courses. The study findings suggest four primary conclusions.

First, the findings suggest that the Whiteness of the participants' personal and professional experiences and contexts obscured their understanding of and teaching of

race, racism, and anti-racism. The Merriam-Webster online dictionary (2010) provides multiple definitions of the verb obscure, including hidden by, not clearly seen, not readily understood or clearly expressed, relatively unknown, and not prominent. These multiple definitions are useful in illuminating the ways that Whiteness obscured these White teachers' understandings and teaching of race, racism, and anti-racism.

Whiteness was a pervasive force in the participants' personal lives. They grew up in White communities, attended White schools, and associated with White friends. Non-Whiteness was not prominent in their experience, was experienced primarily from a distance, and had little effect on their daily lives. The racial inequities of U.S. society remained largely obscured or hidden by Whiteness; participants didn't have to think about it until those inequities were revealed through personal relationships. Even after awakening to racial inequity, the participants' personal and professional contexts remained located in Whiteness, almost without exception.

The Whiteness in which the participants lived and worked reinforced White cultural norms of individualism and meritocracy. They were acculturated into normalized White understandings of race as a biological category marked by skin color and inherent hierarchies, and of racism as an individual moral failure. These culturally acquired understandings continued to influence these teachers even as they gained new understandings of race and racism from their relationships with non-Whites, formal schooling, immersion in non-White communities, and scholarly study of culture, race, and difference. Race and racism, for many of the participants, remained enigmatic, a not readily understood phenomenon. Consequently, the teachers struggled to clearly express race and racism in their teaching, often reverting to conventional definitions and

illustrations even when their personal experiences had produced non-conventional understandings.

The Whiteness of the institutions, curricula, and students in the participants' teaching settings acted in other ways to obscure race, racism, and anti-racism in the participants' teaching. The influence of Whiteness in the history and curricula of nursing education maintained the unspoken perspective of the White 'we' in contrast to the non-White 'they'. The participants, despite their equitable intentions, often used language that maintained this cultural and racial dualism. The resistance of White students to learning about racism and the vulnerability of non-White students created unease in their classrooms and made it challenging for the teachers, even those who were passionately anti-racist, to discuss race and racism. The dominance of culture talk in institutional priorities and nursing curricula kept race, racism, and anti-racism in the background, maintaining a focus on more comfortable and less confrontational manifestations of difference and bias such as cultural diversity, cultural health beliefs, and language barriers.

In this study, ten White teachers who cared immensely about culture, race, and equitable health care revealed the power of Whiteness as a dominant cultural force to shape their understandings and teaching about race, racism, and anti-racism. This study provides evidence that even with the best of intentions, highly educated White teachers are not immune to the pervasive cultural forces that define race and shape racial experience in the U.S.

A second conclusion arising from this study is that learning about race, racism, and anti-racism was best understood as a lifelong developmental process and warranted

developmental learning goals. This conclusion was evident in the participants' personal experiences and their perspectives about student learning.

The teachers in this study described their learning about race, racism, and anti-racism over the course of their lives. They were influenced by people and events in their childhood, and many of them described a youthful valuing of racism as bad. The college and young adult years were the period when the participants became more aware of difference and began to assign more sophisticated meanings to their experiences with race and racism. The exposure to new places, people, and ideas along with the greater freedom of choice that accompanied college-going and young adulthood resulted in relationships, beliefs, and activities that seemed radical to folks at home. As they settled into their careers, these nurse/teachers continued to encounter people and events that "peeled another layer from the onion", revealing ever deeper understandings of race and racism. For all of them, but in varying degrees, these understandings propelled them to take action against the racial injustices that confronted them. Their participation in this study might be viewed as one of those actions while it also served as a catalyst for ongoing development.

The teachers in this study perceived learning as a developmental process. They acknowledged a tenet of developmental theory, that development, though predictable, is highly individualized (King, 2009), and consequently, they were sensitive to different starting and ending points of their students. They perceived their role as introducing new ideas, experiences, and challenges to thinking, consistent with the developmental tenet that growth occurs as challenges are surmounted and new skills or understandings are incorporated into previous knowledge (King, 2009). The young age and relative

inexperience of most of their students influenced these teachers to pursue modest goals of self-awareness and valuing of difference. The teachers acknowledged that they weren't done yet in their own learning about race and racism and acting against racism, and they didn't expect their students to arrive at a deep understanding of race and racism as a result of their class.

The student participants in this study provided evidence of the developmental nature of learning about race, racism, and anti-racism as well. The two non-traditional students, in their fifth decades of life, elaborated the most reflectively and extensively on their understandings of race and racism. They described multiple life encounters with injustice, race, and racism that had shaped their understandings and prepared them for new learning. Their interviews were twice the length of the more traditional-aged student interviews. Two of the traditional-aged students were in their mid-20s and related their understandings of race and racism to memorable life experiences with diverse cultures or non-White individuals. The youngest student shared the fewest life encounters that shaped her understanding of race and racism. These student profiles reflected the developmental influences and realities that caused participants to pursue modest teaching goals.

The findings from the faculty and student participants combined to provide a view of learning that is developmental and situated in the life experiences of individuals. Many of the faculty participants spoke of the need for and their use of individualized, developmental teaching goals and strategies, i.e. starting with self-awareness, using gentle pedagogical strategies, and creating safe classroom environments for fostering difficult discussions, yet those who aspired most to anti-

racist teaching revealed a tension between what seemed realistic and what they desired. This conclusion requires educators to thoughtfully examine the theoretical and practical intersections of student development, curricular goals, and pedagogy.

A third conclusion from this study is that teaching about race, racism, and anti-racism was most effective when grounded in relational, holistic pedagogies. The pedagogical philosophies and strategies used to teach about race and racism received as much emphasis as content in my discussions with the participants. These White teachers selected pedagogies consistent with their own life experiences and their beliefs about learning.

These teachers' understandings of race, racism, and anti-racism were shaped most significantly by personal relationships with non-White individuals. Through these relationships, they gained an emotional understanding of the different life experiences of non-White friends which transformed personal values of equity and justice from conceptual abstractions to affective realities. Consequently, most of these teachers emphasized affective learning and selected teaching strategies such as discussion, reflection, and storytelling to stimulate emotional engagement and changes in students' beliefs and values. For many of them, the making of meaning from affective learning was as important as intellectual knowing from cognitive learning. Even Marie who taught from her preferred style of cognitive learning planned to incorporate a more affective approach to teaching about racism in future classes after she was pleasantly surprised by the outcome of a class discussion about racism.

A primary strategy that these White teachers used to teach about race, racism, and anti-racism was through connecting students with individuals who different from

them. The teachers wished to create the same relational learning that had transformed

them. All of the teachers incorporated a learning activity in which their students were

required to meet and interact with someone from a different culture or race. Since most

of the participants' students were White, this most commonly was expressed as

connecting students with people who were not White. Many of the teachers valued

clinical or immersion experiences in which students had more extended interactions

with others. Participants also tried to connect students with the experiences of non-

White people through the use of guest speakers, movies, and novels. The emphasis on

the learning needs of White students was a consequence of the dominance of Whiteness

in these programs, and begs the question of what pedagogies support the learning of

non-White students.

The relational, holistic goals and pedagogies of these teachers were at times in

conflict with the traditional goals and practices of their nursing programs. Curricula

emphasized, and students desired, content. The emphasis on outcomes required

measurement of learning that was less quantifiable than cold, hard facts. Time and

resources for experiential, relational learning were limited commodities. Both

traditional and emerging technologies presented barriers to affective, relational learning.

Nevertheless, these teachers pursued pedagogies to produce holistic change in their

students.

Finally, the findings of this study suggest that the participants were not well

prepared to teach about race, racism, and anti-racism, in most cases lacking the

intention and academic knowledge to incorporate these topics into their culture courses.

The predominant emphasis on culture combined with this lack of preparation to teach

about race resulted in race and racism occupying only a minor place in the teachers' culture courses.

The content of these teachers' culture courses was influenced to a great extent by the theoretical models of culture developed by nurse scholars. In most of these models, race is subsumed as one of many elements of culture and terms like ethnocentrism, bias, and stereotypes are used rather than racism to describe negative interactions that arise from human encounters. Few of the teachers' syllabi contained specific content or readings about race or racism, and few teachers described more than a cursory amount of content about race, racism, or anti-racism. Consequently, I conclude that these teachers did not consider these topics to be an essential emphasis of their course; in other words, they did not have the intention to teach about race, racism, or anti-racism. In fact, few of them seemed to have thought much about such content prior to our discussions. These teachers experienced new awareness and intention through the process of thinking about teaching race, racism, and anti-racism while participating in this study. They engaged in a process of reflective practice, often for the first time considering with what intention they taught about race, racism, and anti-racism or whether they should teach differently.

Most of these teachers had little academic preparation for teaching about race, racism, and anti-racism. They all had done extensive reading, taken formal courses, or attended workshops or conferences about culture. Few had read, taken formal classes, or attended professional workshops or conferences specifically about race beyond mandatory employee training sessions at their institutions. Consequently, most of the teachers expressed uncertainty about their preparation to teach these topics. They spoke

in terms that revealed their unfamiliarity with the scholarly race literature. The few participants who described focused study of race and racism were familiar with terms and definitions from the scholarly literature and wove these terms into our discussions of their experiences.

These White teachers described rich life experiences that shaped their understandings of race, racism, and anti-racism, yet they lacked the theoretical knowledge and purposeful intention to enact this content in their courses. Baccalaureate nursing education is built upon both theoretical and practical knowledge, requiring faculty to prepare in both dimensions for essential content. This study revealed that if these White faculty members are to teach more extensively and effectively about race, racism, and anti-racism, they require additional preparation for the task.

<center>Discussion of the Relevant Research Literature</center>

The conclusions of this study lead us back to concepts which I explored in Chapters One and Two, including critical Whiteness studies, racial identity development, and the professional and institutional forces that shape the nursing profession and the education of nursing students. In this discussion, I discuss the research literature that is relevant to my conclusions, specifically as it relates to White teachers teaching about race, theoretical perspectives on teaching and learning about race and racism, and faculty preparation for anti-racist teaching.

<center>*White Teachers Teaching about Race*</center>

It is necessary to turn to the literature on teacher education for this discussion of White teachers teaching about race. The nursing education literature is virtually silent on this topic, whereas the teacher education literature contains an expanding collection

of studies and accounts of White teachers teaching about race. This discrepancy is evident in the results of a search of three databases. A search of the Academic Search Premier electronic database obtained only one result for the search terms "Whiteness" + "nursing education" compared to nineteen results for "Whiteness" + "teacher education". The same search terms resulted in two sources in the Cumulative Index of Nursing and Allied Health Literature (CINAHL) compared to fourteen sources in ProQuest Education Journals. The scholarship about White teachers is expanding because of the racial discrepancy between teachers and students in K-12 education, where teachers are predominantly White, while students are increasingly non-White (Gordon, 2005). The dearth of nursing scholarship that examines the effects of Whiteness and White teachers of nursing is distressing, since the White—non-White discrepancy in nursing is at least as great as that reported in K-12 education.

While the teacher education literature contains studies and accounts of White teachers teaching about race, it shares a commonality with the nursing education literature: little attention is given to examination of the preparation of White faculty to teach pre-service teachers about race and Whiteness. Even thorough and powerful discussions of Whiteness and White teachers, such as Howard's (2006) *We can't teach what we don't know: white teachers, multiracial schools*, fail to explicate the need and process by which schools of education will ensure that faculty is prepared to prepare students to be effective anti-racist educators. Despite this gap, the teacher education literature offers insights that are relevant to the conclusion that Whiteness obscured understandings and teaching of race and racism by the participants of this study.

A number of scholars who have written about Whiteness in teacher education have drawn upon their personal experiences as White teachers (Cochran-Smith, 2000; Fishman & McCarthy, 2005; Gordon, 2005; Howard, 2006; Landsman, 2001; Paley, 2000). Like the participants of this study, these scholars grew up in largely insulated, White communities and entered teacher education and their teaching careers with little understanding of themselves as raced individuals. These authors attest to the invisible, yet powerful effects of Whiteness in their K-12 teaching contexts. Whiteness asserted itself, yet remained hidden, in curricula that centered White scholars and theories (Cochran-Smith, 2000), in low expectations for non-White students (Howard, 2006), and in the endorsement of a colorblind ideology that resisted acknowledgement of systemic realities of racial privilege and oppression (Gordon, 2005). These scholars, and others who have conducted studies with White educators and preservice teachers, elaborate the power of colorblindness in diminishing the significance of race in the lives of White and non-White students.

Colorblind ideology expresses itself in the mantra, 'people are people', a seemingly noble and well-intentioned belief that Howard (2006) asserts grows from a dominance-oriented perspective. "'We are all the same' translates as 'we are all like me', which is comforting for those who are accustomed to dominance" (Howard, 2006, p. 57). If we are all the same, then we can believe that racial differences do not exist and ignore the effect of skin color in the lives of non-Whites (Landsman, 2001). The 'people are people' belief was common among the White nurse teachers in this study. Our colleagues in teacher education caution that if we promote this philosophy without a

critical examination of the unequal societal forces that shape individual lives, we will

promulgate colorblindness in nursing students.

The 'people are people' mantra is just one of many examples of expressions and

non-expressions that both represent and sustain Whiteness in educational settings; what

McIntyre (1997) calls "white talk", Haviland (2008) calls "white educational discourse

practices", Dickar (2008) refers to as "the silenced dialogue", and Picower (2009) calls

"tools of whiteness". These discourse practices occur at a subconscious level and "serve

to insulate white people from examining their/our individual and collective role(s) in the

perpetuation of racism" (McIntyre, 1997, p. 31). In the studies conducted by these

scholars, White teachers and preservice teachers avoided explicit race references,

asserted ignorance and innocence, practiced caring and supportive behaviors toward

peers (or students) that expressed discomfort and guilt about racism, and remained

silent. These are only several of many behaviors that the researchers identified that kept

Whiteness centered and normal. Haviland (2008) asserts that the unconscious use of

white educational discourse practices by teachers work together to undermine those

teachers' stated desires to engage students in transformative cultural education.

McIntyre (1997) was transparent about her unconscious complicity in "white talk" with

her preservice teacher participants despite her explicit intent to assert anti-racism. These

researchers offer evidence that White teachers who teach cultural education are not

immune to discourse practices that sustain Whiteness and obscure race and racism.

I equate the 'we-they' dualism and the dominant culture discourse seen in this

study of White nursing teachers with White discourse practices. Landsman (2001)

warns of the seduction of the culture discourse.

> So often, we mouth the words 'celebrating diversity, celebrating our differences' flippantly. It is easy to pay lip service to such words as *diversity*, *difference*, and *culture*. This is because we tend to stop on the surface of things. We want a quick solution, a tell-all session that will give us the secret and let us move on and get to the *real* business, whatever that is (p. 146).

By situating the teaching of race within the culture discourse, we can take ourselves off the hook by thinking we are teaching about race while resisting a self-examined, critical, and responsible (Warren, 1999) exploration of individual and systemic racism. Gordon (2005) attributes the weakness of the culture and diversity discourse, in part, to the lack of a focused definition of the term diversity that "allows a predominantly White faculty to ignore race with students" (p. 146). She asserts that a more precise and systematic definition of diversity is needed to overcome the dominance of Whiteness in educational settings. The conventional definitions of race and culture, or the lack of clear definitions of race and racism altogether, taught by White nursing teachers in this study lacked the systematic components necessary to reveal and interrogate racism.

Anti-racist teaching is at its core a political act. Manglitz, Johnson-Bailey, and Cervero (2005) described the practices of anti-racist adult educators who were attempting to challenge or transform relations of power within their teaching. The anti-racist educators in their study displayed a deep integration of beliefs and practices in teaching and in their daily lives. They recognized the privilege imbued by their Whiteness and viewed racism as entrenched and systemic in American society. The participants were constrained by their Whiteness to being part of the system which oppresses, at times limiting their effectiveness with both other Whites and people who were not White. Ladson-Billings (1994) asserts that teachers have both power and responsibility to help Black students to succeed academically while maintaining their

cultural identities. Ladson-Billings' focus on Black students challenges us to consider

for whom White nursing teachers are preparing to teach and how we will wield, or

yield, our power. One consequence of the dominance of Whiteness in our education

settings may be an assumption that faculty preparation to teach about race and racism

will primarily benefit White students, yet the vulnerability of non-White students

described in this study should disrupt that assumption. If the nursing profession is to

fulfill its value of social justice, a necessary arena of action is within nursing programs

where racial advantage and disadvantage lie obscured.

Theoretical Perspectives on Teaching and Learning about Race and Racism

The participants in this study viewed learning about race and racism as a

lifelong developmental process that was best induced by holistic pedagogies. In this

section, I present findings and assertions from scholars that elaborate theoretical

approaches to teaching and learning about race and racism. Developmental theories and

pedagogical theories provide a context for considering the implications of the second

and third conclusions of this study.

The educational literature abounds with research grounded in theories of college

student development. Pascarella and Terenzini (1991; 2005) synthesized nearly forty

years of research documenting how college affects students. Much of this research

examines and tests developmental theories and models that deal with psychosocial

development, including identity formation, and cognitive-structural development, or

how individuals construct and structure meaning. The holistic, psychosocial model of

Arthur Chickering (1969; Chickering & Reisser, 1993) describes seven vectors of

college student development, centering identity development among other

developmental tasks such as achieving competence and developing purpose and integrity. Other scholars have developed more proscribed theories of identity development, focusing on gender, racial, and sexual identity development. The focus of college student psychosocial development theories on identity is largely influenced by the seminal work of Erik Erikson (1968), who proposed that the central developmental task for people of traditional college age is defining one's identity.

Cognitive-structural development theories constitute a second major category that has been heavily researched in college student populations. These theories have their origins in the work of Jean Piaget (1962), who described cognitive development from infancy through young adulthood. Within this category of theories are scholars who describe cognitive, ethical, moral, and spiritual processes of development (see Belenky, et. al., 1986; Fowler, 1981; Kohlberg, 1972; Perry, 1970; Rest, Narvaez, Bebeau, & Thoma, 1999). Both identity formation and cognitive-structural development theories are relevant to the nature and challenges of learning about race, racism, and anti-racism, and I limit this discussion to these categories.

King (2009), in a comprehensive synthesis of models of cognitive and moral development theorized by many scholars in the past forty years, defined development as "the evolution of skills (defined broadly to include abilities, capacities, ways of understanding) over time, where early level skills are reorganized into higher-level skills that allow individuals to manage more complex units of information, perspectives, and tasks" (p. 598). She summarized three principles of development consistent with the constructive developmental tradition of Dewey and Piaget that are common to developmental theories:

1. Individuals actively construct and organize their interpretations of experience.

2. There are discernable age-related patterns in the ways individuals organize their thinking.

3. Development occurs in context, in interaction with one's environment, and thus is highly variable from individual to individual. (p. 599)

These fundamental principles of developmental theory are familiar to nursing educators, as nursing education programs have been teaching them for many years in order to prepare students to care for individuals across the lifespan.

Less familiar to nursing educators may be the body of literature about college student development. Studies of college student and adult development have consistently documented patterns of change "from simple to complex, from one dimension to multiple dimensions, [and] from authority based to criteria-based judgments" (King, 2009, p. 617). Nevertheless, whether elaborating cognitive development from dualistic to relativistic thinking (Perry, 1970) or moral development from using personal interest to using moral criteria for decision making (Rest, et. al., 1999) or young adult transformation from making meaning based upon external formulas to creating one's own internal way of making meaning (Baxter Magolda, 2001), the literature on college student development attests that college students rarely demonstrate higher order developmental levels. According to King (2009),

> even college seniors rely on simplistic or egocentric assumptions about knowledge and values rather than those that are indicative of complex understanding associated with higher order learning outcomes and civic preparation....This suggests that most college graduates lack the kinds of complex reasoning skills that colleges claim to teach students and that are

sought by employers, consumers who use professional services, and organizations that hire college graduates to provide leadership in solving broader social issues (p. 613).

This conclusion bears great import for nursing education and our learning goals related to race, racism, and anti-racism. Some of the participants in this study articulated the effect of the young age of most of their students on their learning goals and student outcomes. Most participants discussed the influence of limited life experiences, which they highly associated with young age, on their students' ability to adopt new understandings of race and racism. The developmental theory literature confirms that traditional-age college students, in particular, may be developmentally ill-equipped to incorporate complex understandings of human difference, power, and justice. Students' age, combined with limited life experiences, influence the outcomes in cognitive, moral, and identity development that students may achieve in a particular nursing course, or during the course of a four-year nursing education program. Although the participants in this study did not cite developmental theory explicitly as the basis for their modest learning goal of self-awareness, cognitive and moral theories of development, in particular, offer decades of evidence and guidance from which to design learning outcomes and activities that are realistic for both traditional-age and non-traditional-age college students.

Theories of racial identity development offer an additional perspective from which to examine the conclusion that learning about race, racism, and anti-racism is a lifelong developmental process and warrants developmental learning goals. Helms' (1990) theory of White racial identity development has been previously discussed in Chapter Two. "For Whites, the issue in racial identity development is the recognition

and abandonment of beliefs in White superiority and privilege and the rejection of normative White strategies for dealing with race" (Helms, 1995). Howard (2006) describes three developmental tasks of White racial identity development:

1) Acknowledging the reality of White racism in its individual, institutional, and cultural manifestations.

2) Abandoning racism and engaging in active resistance to its many forms.

3) Developing a positive, nonracist, and authentic connection to White racial and cultural identity (p. 92).

Understanding the racial identity statuses and developmental influences of White students is of vital importance to the teaching of race and racism. In this study, most of the participants' White students were immersed in Whiteness, having grown up in largely White communities, being educated in predominantly White institutions, and unconsciously adopting the White cultural assumptions of American society. Through an understanding of White racial identity theory, we can focus student learning goals and teaching strategies toward the earlier statuses of precontact, contact, disintegration, and reintegration (Howard, 2006). By appreciating the lifelong process of White racial identity development seen in the lives of the participants in this study, we can aspire to guide White students on their journeys of racial identity discovery.

Of no less importance to White teachers and nursing education is the racial identity development of non-White students. Various models of racial and ethnic identity development have been proposed for Blacks and other racial/ethnic groups that are not White (Cross, 1971, 1995; Helms, 1990; Phinney, 1989). Quintana (2007) describes two main foci for non-White racial and ethnic identity in these models: 1) to

"foster identification and positive affiliation toward a racial or ethnic group" (p. 263) and 2) to prepare youth "with the resources to buffer against racial-ethnic discrimination" (p. 264). His extensive review of non-White racial and ethnic identity development research revealed consistent support for the developmental assumption that exposure to racism stimulates further development of identity development during adolescence. We might expect many non-White nursing students to be further developed in their racial identity than White students. This disparity in development may contribute to conflict in the classroom for which faculty must be prepared. Helping students to understand and reflect upon their own developmental journeys and the experiences that have shaped them may facilitate reconciliation of conflicts.

The principles of developmental theory suggest that one course in which topics of race, racism, and anti-racism are taught will be less effective in shaping students' knowledge, attitudes, and racial identities than if students are engaged with those topics throughout the years of their nursing education. Picower (2009) asserts that forms of critical education, like anti-racist education, must be integrated across the curriculum, not located in just one class. This recommendation is supported by Pascarella and Terenzini's (2005) research, which concludes that students do experience change in racial attitudes as a result of taking courses focused on diversity, and that the more such courses students take, the greater their attitude shift. Gordon (2005) concludes that infusion of race across the curriculum alone is insufficient; ongoing dialogue about race and engagement with others around race over time is needed to start the work of racial identity development. Pascarella and Terenzini's (2005) research on cognitive skills and

intellectual growth reveals the impact of engagement with others and experiential

learning on diversity development.

> The most salient diversity experiences appear to be informal interactions with racially and culturally diverse peers and involvement in more formal programs such as racial-cultural awareness workshops and coursework focusing on social-cultural diversity and intergroup relations. The most effective service learning experiences appear to be those that integrate service experiences with course content, provide for reflection about the service experience, and permit the student to apply subject matter learning to the service experience and vice versa (p. 209).

These conclusions indicate that our pedagogical methods are integrally related to

outcomes, and that experiential, relational pedagogies achieve desirable outcomes

related to race, racism, and anti-racism.

The participants in this study described the effectiveness of experiential and

relational pedagogies in enhancing their students' learning about race, racism, and

difference. Assignments that required meeting and talking with people who are racially

and culturally different, clinical experiences, and study abroad experiences helped

students to make human connections that facilitated changes in their perspectives.

Attention to pedagogical strategies is supported by the findings of Gregory, et al. (2010)

which suggested that nursing pedagogy is a critical variable in students' understandings

of culture. Nursing students in the study articulated narratives that were "characterized

by racialism and culturalism, in which stereotypes were treated as definitive blueprints

to explain human behavior" (Gregory, et al., 2010, p. 14). Non-nursing students in the

study emphasized the building of personal relationships in their narratives of culture as

a social construct. Gregory, et al. asserts that nursing pedagogy may be "replicating

essentialist understandings of culture" (p. 15).

Howard's (2006) experiences with others led him to conclude that "White multicultural awareness must be mediated through actual engagement with 'the other'" (p. 39). Encounter with the other is a critical first step in White racial identity development. Howard asserts that "powerful experiential catalysts are required to dislodge individuals from their fixation in the fundamentalist White orientation" (p. 106). McIntyre (1997) found that her pre-service teacher participants "had very little-if any- opportunity to "talk *with* the Other" (p. 135); rather, they had learned about non-Whites from individuals, texts, and media. She concludes that some type of immersion experience in which White participants spend time with non-Whites is essential to facilitate White people investigating Whiteness. Tripartite learning through instruction about racism and the histories and experiences of non-Whites *plus* immersion experience *plus* making emotional connections to individuals is needed (McIntyre, 1997). Landsman (2001) affirms the relationship between human experience and emotional connections, concluding, "the more we experience what others experience, including the feeling of exclusion and separation from the mainstream, the more we will understand others' feelings, the more we will empathize" (p. 25). Likewise, King (2009) asserts that morality is "inherently a relational construct" (p. 609).

The relational learning that is so significant in the development of White students is also paramount in the education of non-White students. Tatum (2004) asserts the importance of relationship-building for Black college students, but emphasizes that exploration of same-race friendships was as critical for Black students in predominantly White communities as exploration of cross-race friendships. She states that "the desire to see harmonious interracial interactions among students can sometimes blind us to the

way not having same race peers can interfere with racial identity development among students of color" (p. 133). This is just one example of how attention to the unique developmental needs of non-White students might require varied teaching strategies. This assertion forces us to view through a new lens the segregated classroom dynamics described by some of the participants in this study. The forced integration which educators might pursue in the service of facilitating White students' learning needs may magnify the risk to non-White students. Our responsibility as educators to promote equitable learning environments requires us to think holistically and inclusively about our teaching goals and strategies.

The participants in this study expressed the unease and White student resistance that often accompanied the teaching of race and racism. They sought to create a classroom environment where students could safely express their emerging perspectives. The previous discussion of developmental theory leaves no doubt that discomfort and dissonance are necessary and inherent components of developmental change. In fact, Haviland (2008) asserts that "an overemphasis on making students feel comfortable can prevent movement toward transformative or social-action multicultural engagement" (p. 47). Educators must both support and challenge students, facilitating progressive and respectful learning activities and discussions while creating disequilibrium that fosters movement to new developmental levels (King, 2009). Pedagogical strategies must be carefully selected so that White students that are insulated from the effects of dissonance by their privileged social identities engage in meaningful learning yet do not retreat or regress from encounters with too extreme dissonance or from a lack of support (Taylor, 2008).

The calls by the aforementioned scholars for the combination of relational, experiential, and affective learning are consistent with the pedagogical beliefs of this study's participants. Most participants prioritized affective learning about race and racism equally with cognitive, factual learning. King and Baxter Magolda (2005) assert that "simpler, more superficial" approaches to teaching intercultural competence that rely on teaching content and desirable behavior and skills may be "ineffective because they fail to consider one or more domains (cognitive, identity, interpersonal) of development" (p. 573). This assertion harkens back to the discussion in Chapter One of the curricular and pedagogical revolution that nursing education has been undergoing since the 1980s. Scholars like Ironside (2001, 2004) have criticized the behaviorist, content-focused emphasis of conventional nursing education, calling instead for critical and relational pedagogies to develop nurses who are able to challenge the status quo and advance the profession's value of social justice. This study supports the use of pedagogies that develop the whole person in the teaching of race, racism, and anti-racism. As King and Baxter Magolda (2005) assert, "The changes in students' intercultural skills being called for today require not just knowing more facts or having more awareness, but a genuine maturity, an individual transformation that enables students to apply their knowledge and skills in a variety of contexts" (p. 586).

Chavez, Guido-DiBrito, and Mallory (2003) propose a framework for individual diversity development "that goes beyond a Western orientation and moves toward considering holistic development integrating the mind (cognitive), the heart/spirit (affective), and the body (behavioral)" (p. 455). They identify five dimensions of development and provide recommendations for pedagogies for each dimension. The

framework conceptualizes diversity broadly, but I provide aspects of their

recommendations as a useful illustration of developmentally sensitive pedagogies that

balance support and challenge for maximum student learning about race and racism.

Table 6: Developmentally Effective Pedagogies (Chavez, Guido-DiBrito, & Mallory, 2003)

Developmental Dimension and Characteristics	Effective Pedagogies
Unawareness/Lack of Exposure to the Other 　Cognitive: unaware that the other exists 　Affective: no feelings for the other 　Behavioral: does not recognize the other	Reflection on types of difference of which students are aware: religion, personality, etc. Elicit elaboration of thoughts, emotions, and behaviors.
Dualistic Awareness 　Cognitive: dualism between good and bad 　Affective: egocentric, individualistic 　Behavioral: aware of the other, but not involved or validating	Content to broaden knowledge base accompanied by facilitated analysis of multiple perspectives. Affective catalysts are essential in this stage.
Questioning/Self-exploration 　Cognitive: moves from dualism to relativism 　Affective: experiences feelings that move one to question one's own experience 　Behavioral: some conflict or meaningful encounter with the other	Journaling Small group discussion Exploration of media sources of new information and feelings about a particular other
Risk Taking/Exploration of Otherness 　Cognitive: self-reflection is paramount 　Affective: courage to take risks and change behavior toward the other 　Behavioral: search for new experiences, thoughts, feelings 　"This is the most fragile dimension to begin and the most easily lost" (p. 461).	Inclusion with others who are actively exploring. Mentoring Service learning Study abroad Community support + facilitated reflection + sustained learning provide balance of challenge and support.
Integration/Validation 　Cognitive: commitment/interest in self and other 　Affective: increased self-confidence 　Behavioral: integrity of thought, behavior, feeling; affirm/validate self and other	Continuation of pedagogies used in the previous dimension

The findings of this study lead me to conclude that these White nursing teachers were not well-prepared to teach about race and racism. In this section, I discuss perspectives from the literature about White teachers, as well as findings from studies and reports about professional development courses for teachers.

Many White educators who have written about multicultural education have concluded that White faculty members are not adequately prepared to teach about race and racism. Gordon (2005) asserts that infusion of race throughout the teacher education curriculum alone will not produce the outcomes in students for equitable and just teaching practice because "the infusion approach… assumes a level of competence and commitment that may not be present on many White teacher education faculties" (p. 149). Fishman (Fishman & McCarthy, 2005) concluded that his inadequate grasp and use of language and conceptual understanding of racism and his unexamined White privilege prevented him from effectively guiding a tense classroom discussion on racism. Fishman's reflections on the sharing of stories about race and my observation of Marie's class discussion on racism are illustrative of how teacher competence impacts learning.

Drawing upon tenets of critical race theory, Fishman assigned texts by Black authors in his Introduction to Philosophy course and encouraged his students to share their stories of race. Early civil and seemingly supportive student interactions devolved over several class periods to angry, accusatory exchanges between White and non-White students. Because Fishman was not well-prepared through personal examination of his White privilege and "the long and complicated debate about racism in America"

(Fishman & McCarthy, 2005, p. 360), he was unable to help the students to situate their stories in historical, cultural, and philosophical contexts and to move them beyond personal perspectives toward re-examination of racism in new ways. A later class discussion about religion cemented this understanding for Fishman, as he was well-prepared to guide students to examine religion through critical personal, historical, and philosophical perspectives and successfully guided a heated exchange toward a respectful and conceptually stimulating conclusion.

Marie's classroom discussion about racism centered students' stories. Although the discussion did not result in significant disagreement among students, I wondered whether it produced new understandings of racism. Marie's contributions to the discussion were primarily supportive and did not situate students' experiences in larger societal or historical contexts. Although Marie's students expressed their enjoyment of the discussion and their feelings of solidarity and empathy with their classmates, they failed to perceive racism beyond their pre-conceived individualistic understandings. Like Fishman, Marie lacked a fully examined understanding of her White privilege, a conceptual understanding of racism, and a clear and scholarly vocabulary with which to lead the class discussion.

The prevalence of teaching through the use of stories among the study participants makes Fishman's and Marie's experiences of broader import. The use of storytelling about race and racism, without helping students to put competing stories into context, will not produce the outcomes desired by anti-racist educators. Cochran-Smith (2000) makes this argument in a compelling way,

> Compelling personal stories often evoke a strong sense of empathy for others (Rosenberg, 1997), a false sense that all of us have experienced hurt and frustration varying in degree, but not in kind, that all of us underneath have the same issues, that all of us can understand racism as a personal struggle, as individual instance of cruelty, discrete moment of shame, outrage, or fear. In addition to using some people's experience in the service of other's education, then, personal narratives can also obscure more direct confrontation of the ways that individual instances of prejudice are *not* the same—that some are deeply embedded in and entangled with institutional and historical systems of racism based on power and privilege, and some are not (p. 174).

Cochran-Smith concludes that what is said after the stories are told is critically important. This pedagogical practice of storytelling is one illustration of how teacher preparation, or lack thereof, influences the achievement of our education goals.

The preceding discussion about the developmental nature and pedagogical strategies for learning about race, racism, and anti-racism is integral to the discussion of faculty development for anti-racist teaching. White teachers, like their students, are on a developmental journey. We, by virtue of our age and academic and life experiences, are likely to be further developed in our ways of knowing and making meaning, yet our relative inexperience with racially and culturally different others may place us early in our personal racial identity development. McIntyre describes a developmental trajectory for White anti-racist teachers beginning with acknowledging our White racial identities followed by locating ourselves within a system of Whiteness leading to teaching multicultural antiracist education. Like our students, we will benefit from professional development activities that incorporate relational, holistic pedagogies. In the following paragraphs, I present an example of teacher professional development for anti-racism that has been widely reported in the literature.

Beverly Daniel Tatum (Blumer & Tatum, 1999; Lawrence & Tatum, 1997; Lawrence & Tatum, 2004; Tatum, 2000) described the results of an anti-racism professional development course for K-12 teachers. The course, Anti-Racist and Effective Classroom Practice for all Students, was taught by a biracial team of instructors, of whom Tatum was one, to multiple groups of K-12 teachers in the Boston area who voluntarily attended the course. The course was designed as a 36-hour, semester-long course presented in three hour segments. The course was designed to help educators to understand personal, institutional, and cultural manifestations of racism. It included content about racism, White privilege, and racial identity development and an emphasis on practical implications for classroom practice. Learning activities required participants to engage in regular self-reflection about their assumptions, stereotypes, curricular materials, and personal growth. Throughout the course, the instructors and participants developed a shared language for talking about race that acknowledged the ways individuals are acculturated into social systems of advantage and disadvantage, domination and oppression. Participants were required to develop individual action plans for implementing elements of their learning.

The qualitative study that accompanied the first three sections of this course demonstrated that participants experienced a change in their racial identity. Most of the White participants began the course with a limited understanding of institutional and systemic racism. Participants who completed the course frequently expressed anti-racist attitudes. Forty-eight of the eighty-four White participants described specific school-related anti-racist actions that they had taken during the course. These actions most often occurred in interpersonal relationships, but also included curriculum changes and

institutional level changes to support non-White students. Lawrence and Tatum (1997; 2004) concluded that the professional development course made a difference in the identities, attitudes, and behaviors of many of the participants. Many of the anti-racist actions implemented by the forty-eight participants constituted substantive rather than superficial changes in the participants' teaching practices. Lawrence and Tatum (2004) attributed the success of the course to three key components:

1. The explicit and intentional naming of racism in its personal, cultural, and institutional manifestations and acknowledging the sources of resistance to learning about racism.

2. The presentation of the course over the duration of a semester, allowing time for reflection, internalization of new ideas, and testing of new behaviors that a short course would not facilitate.

3. The interactive nature of class sessions, with an emphasis on open conversations and "creating a community of learners to talk about race (p. 176).

<div align="center">Recommendations for Nursing Education</div>

I began this study with a simple question: If we (nursing faculty) are to teach differently, to teach about race and racism, to be anti-racist educators, how prepared are we to do so? As the previous discussion has articulated, the faculty participants of this study were not well prepared to teach about race, racism, and anti-racism; therefore, I propose a series of recommendations for nursing education, practice, and research. Although the study conclusions are based upon findings from a small group of White teachers of culture, I offer some recommendations for the larger group of White faculty who do not teach cultural content as well. Our obligations to non-White students and

colleagues require that all White faculty members translate the findings of this study into strategies for building equitable relationships, curricula, and teaching practices.

Teachers of cultural nursing education must accept personal responsibility to develop knowledge of the scholarly literature about race and racism just as they have developed a theoretical knowledge base about culture. We need to 'learn the lingo' so that the vocabulary, definitions, and concepts taught in our courses reflect the theoretical knowledge base. Authors cited in this study represent key sources for study, including Smedley (2007), McIntosh (1990), Smelser, Wilson, and Mitchel's (2001) *America becoming: racial trends and their consequences*, and Fine, Weis, Pruitt, and Burns' (2004) *Off-white: readings on power, privilege, and resistance*.

Faculty who teach cultural nursing education should put their new knowledge into action by revising their curricula to include clear terminology about race and racism, by explicitly teaching about power, privilege, and systematic manifestations of racism, and by directing students' perspectives beyond the individual patient relationship toward societal needs. Nursing's long-standing professional value of social justice demands that we prepare BSN students to act against racial injustice and advocate beyond the bedside for the health of all Americans. Faculty who teach cultural nursing education must also critically examine their curricula for ways in which the culture discourse and White educational discourse practices (Haviland, 2008) may mask the dominance of Whiteness and promote the 'we-they' dualism that keeps Whiteness at the center and non-White others at the margins.

The lifelong developmental nature of learning about race and racism requires faculty to examine the curricular plan for teaching these concepts. The findings of this

study suggest that faculty should integrate these topics throughout the curriculum even when their curricular models provide a dedicated culture course. A 'once is enough' philosophy will be insufficient for shaping students' attitudes, knowledge, and skills. We acknowledge this truth for the central content of our curricula, revisiting core concepts repeatedly in successive courses, in the classroom, in the lab, and in clinical settings. Our challenge is to revisit marginal topics like race in intentional, meaningful ways within the substantial time constraints of our programs. This will only be possible if the broader faculty is educated about racial issues and begins to see the ways that racial ideology, power, privilege, and disadvantage influence professional practice settings, nurse-patient relationships, and health outcomes. When this occurs, faculty may integrate teaching about race and racism into the study of the history of nursing in introductory courses, the study of ethics in nursing research courses, the teaching of genetics and pharmacology, and the teaching of social determinants of health in public health courses, to name only a few alternatives.

Faculty who teach cultural education must also design their learning goals for students with developmental theory in mind. Faculty should recall developmental tenets and models of cognitive, ethical, moral, and identity development, and align learning goals and activities with these guides. Models like the framework for individual diversity development proposed by Chavez, Guido-DiBrito, and Mallory (2003) offer guidance for developmentally appropriate pedagogical strategies. A primary learning goal for our students must be to inspire in them a lifelong desire to become anti-racist and culturally competent, a goal consistent with the AACN's fifth end-of-program cultural competency which is, "participates in continuous cultural competence

development" (2008b, p. 7) This standard acknowledges the lifelong commitment to learning and action necessary to achieve cultural competence, and based upon the findings of this study—anti-racism.

The participants in this study articulated the power of relational, holistic pedagogies to transform students' racial understandings and values. The study findings suggest that pedagogies that emphasize 'learning with' rather than 'knowing about' will promote affective learning and minimize objectified, essentialized understandings of culture and race. I recommend that courses in which culture and race are taught should incorporate experiences in which students encounter in meaningful ways people that are different from them. This might be through a cultural/racial guide assignment, in which the student develops a relationship with an individual over a period of time to learn about his or her life experiences and health care experiences. Nursing programs can seek study abroad locations and clinical settings in which students encounter people from different cultural and racial groups. It must be remembered that mere exposure to non-White individuals was not the key to the values transformation of the participants in this study, but rather the 'getting to know'. Consequently, learning assignments must include an explicit focus on relationship building and affective learning. In addition, assignments and experiences must guide students to an explicit examination of race issues or their discomfort and the dominance of Whiteness will likely obscure the significance of race in the encounter.

Deans and directors of nursing programs should engage their faculties in development opportunities about White privilege, racial identity, and the institutional and systemic manifestations of racism. Gordon (2005) calls for the commitment of

educational administrations to staff development and curriculum development around race and White privilege—long-term and ongoing. A sustained commitment is necessary to overcome the entrenched dominance of Whiteness in our educational institutions and facilitate the development of faculty over time. Tatum's anti-racism professional development course for K-12 teachers offers a well-tested design from which to build. A whole faculty approach to this education is preferred, since learning about race, racism, and White privilege is not relevant only to teachers of culture.

Faculty development sessions should not be viewed as an end, but as a launching pad for intentional, well-planned, and proactive departmental discussions about race issues. Lori described how her understanding of race issues developed from intentional discussions in her department, led by passionate, informed colleagues. Administrators may look to such individuals in their departments to facilitate discussions, but must provide the impetus and resources necessary to integrate them into the culture of their programs. These discussions must stretch beyond a problem-centered focus, encouraging faculty to wrestle with the manifestations of Whiteness in society and in their programs, to question the way things are, and to imagine how they might be and do differently. We must create a learning environment that is welcoming and equitable for all students and eliminates the risk experienced by non-White students in this study.

The recruitment of non-White faculty has been proposed as a solution to reduce the racial disparities in nursing education and in health care practice settings. Racial diversification of nursing faculty is an important goal, but not just for the benefit of our students and patients. This study suggests that the building of personal relationships

between White and non-White colleagues can transform values and understandings of racism in White faculty; however, administrators must attend to the needs of non-White faculty and the dynamics of their programs to counteract the isolation and oppression that have been reported by non-White faculty (Hassouneh, 2006; Hassouneh-Phillips & Beckett, 2003). Faculty development programs and departmental discussions about race issues must emphasize skills of listening and perspective-taking so that all experiences are heard and acknowledged. White faculty must let down defenses and let go of control to dismantle the dominance of Whiteness. These outcomes will be enhanced by the relationships that develop as nursing faculties become more racially diverse.

<div align="center">Recommendations for Nursing Practice</div>

The developmental nature of learning about race and racism revealed in this study has implications for nursing practice. While I suggest that nursing educators must launch students on a lifelong journey toward anti-racism and social justice advocacy, nursing practice settings and professional organizations must recognize the continuing education that is required to realize anti-racist nursing practice. The IOM report, *Unequal treatment: confronting racial and ethnic disparities in health care* (Smedley, Stith, & Nelson, 2002) placed responsibility for solving the problem of health practitioner bias and discrimination with cultural competency education in professional education programs. This study makes clear that professional education is only the beginning of that solution. Professional nursing organizations and practice settings must offer ongoing continuing education opportunities to advance nurses' awareness, knowledge, and understanding of race and racism and to support anti-racist nursing practice. Nursing educators that are passionate and knowledgeable about anti-racism

can offer their expertise to clinical agencies to develop curricula and teach seminars.

We must work together to create the anti-racist practice that is required for equitable

health care.

<div align="center">Recommendations for Nursing Research</div>

This study examined the knowledge, beliefs, and practices of a specific subset of

White BSN nursing faculty who cared deeply about culture. I did not explore the

knowledge, beliefs, and practices of the much larger group of White BSN faculty who

do not teach about culture. I also limited recruitment of participants to faculty in BSN

schools of nursing. Associate degree nursing (ADN) programs produce substantially

more RN graduates annually than BSN programs (ADN 63% vs. BSN 36%) (NLN,

2010), and ADN programs are limited to approximately half of the academic credits

with which to prepare beginning RN practitioners. Consequently, the teaching of culture

and race may receive even less an emphasis in ADN programs than in BSN programs,

yet its effect has a greater potential effect on nursing practice settings. This study could

be replicated within these larger groups of faculty to more fully examine the

phenomenon of teaching about race, racism, and anti-racism by White nursing faculty.

Quantitative methods would extend this research and allow comparison between

subsets. Quantitative studies must be well-designed to minimize the effect of self-

reporting bias that is frequently encountered with topics like race. The use of multiple

data collection instruments and mixed methods may contribute to more meaningful

findings.

Students were represented in a very limited way in this study. I recommend that

student experiences with learning about race issues be studied directly and on a larger

scale. This could be accomplished with qualitative methods such as interviews and case study, as in this study. It is critical to examine the experiences of White and non-White students. Longitudinal studies using both quantitative and qualitative methods are needed to investigate changes in attitudes, knowledge, and skill over time from matriculation in nursing programs extending into at least the early years of professional practice. Such longitudinal studies may document the effects of both developmental progression and educational inputs.

Research that attempts to identify best practices in the teaching of race, racism, and anti-racism is needed to confirm and extend the findings of this study. I assert that collective case study methods are especially valuable for this purpose, since they allow intensive and contextual examination of the phenomenon.

Tatum's (Blumer & Tatum, 1999; Lawrence & Tatum, 1997; Lawrence & Tatum, 2004; Tatum, 2000) research that investigated the results of an anti-racism professional development course for K-12 teachers could be replicated with nursing faculty and administrators that participate in anti-racism professional development.

Conclusion

This study sought to understand what White BSN nursing faculty members think, believe, and teach about race, racism, and anti-racism in the context of cultural nursing education. Through phenomenological and case study methods, a portrait emerged of White teachers who lacked the intention and preparation to teach about race issues effectively and substantively. These teachers were on a continuing journey of development in their racial identities, beliefs, and experiences with non-White individuals. Personal relationships with non-White individuals had most significantly

shaped their understandings of race, racism, and anti-racism, and they believed race was most effectively taught through relational, holistic pedagogies. The obscurity and ambiguity of race in their personal lives was paralleled by marginalization and contestation of race issues in the institutions within which they worked.

I was motivated to conduct this study after reading the assertions of nursing scholars that cultural nursing education needed a more explicit anti-racist emphasis. This study offers valuable evidence that race is at the margins of cultural nursing education. Since the majority of nursing faculty is White, it is hoped that the findings of this study will motivate White nursing teachers and administrators to develop in theoretical, practical, and relational ways to teach about race and racism. It is also hoped that the evidence presented in this study of the dominance of Whiteness in our colleges and universities will motivate nursing faculty and administrators to teach and practice anti-racism, creating equitable environments for all students, and modeling the advocacy and activism that our professional values demand. These actions are necessary if the nursing profession is to be an active force in reversing the disparities that threaten the health of our clients.

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Appendix A

IRB Approval

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Date: Mon, 10 Aug 2009 16:14:48 -0500 (CDT)
From: irb@umn.edu
To: holla159@umn.edu
Subject: 0907E70225 - PI Holland - IRB - Exempt Study Notification

TO : holla159@umn.edu,

The IRB: Human Subjects Committee determined that the referenced study
is exempt from review under federal guidelines 45 CFR Part 46.101(b)
category #2 SURVEYS/INTERVIEWS; STANDARDIZED EDUCATIONAL TESTS;
OBSERVATION OF PUBLIC BEHAVIOR.

Study Number: 0907E70225

Principal Investigator: Ann Holland

Title(s):
Racism and Anti-Racism in Nursing Education for Cultural Competence:
The Experience of White BSN Nursing Faculty

_____


This e-mail confirmation is your official University of Minnesota RSPP
notification of exemption from full committee review. You will not
receive a hard copy or letter. This secure electronic notification
between password protected authentications has been deemed by the
University of Minnesota to constitute a legal signature.

The study number above is assigned to your research.  That number and
the title of your study must be used in all communication with the IRB
office.

Research that involves observation can be approved under this category
without obtaining consent.

SURVEY OR INTERVIEW RESEARCH APPROVED AS EXEMPT UNDER THIS CATEGORY IS
LIMITED TO ADULT SUBJECTS.

This exemption is valid for five years from the date of this
correspondence and will be filed inactive at that time. You will
receive a notification prior to inactivation. If this research will
extend beyond five years, you must submit a new application to the IRB
before the study?s expiration date.

Upon receipt of this email, you may begin your research.  If you have
questions, please call the IRB office at (612) 626-5654.

You may go to the View Completed section of eResearch Central at
http://eresearch.umn.edu/ to view further details on your study.

The IRB wishes you success with this research.
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Appendix B

Director Recruitment Letter

Dear _____,

My name is Ann Holland. I am a doctoral student in the Educational Policy and Administration department at the University of Minnesota. I am conducting a dissertation research study investigating what white BSN nursing faculty members who teach cultural nursing education think, believe, and teach about race, racism, and anti-racism.

I am interested in this topic because national medical research has suggested that racial prejudice, bias, and discrimination by health care providers may perpetuate health care disparities for racial and ethnic minorities. Since national health care experts and organizations are recommending cultural competence education as one strategy to eliminate health care disparities, I am choosing to study faculty who teach a course with a primary emphasis on culture. I am focusing on white nursing faculty because they comprise 93% of nursing faculty nationwide, and consequently, they are the predominant teachers and mentors of BSN nursing students. I will be asking participants to share their lived experiences of race, racism, and antiracism in their personal and professional lives, and how those experiences influence their teaching of cultural nursing education.

As the Director of a BSN program, you are aware of faculty in your program that might be eligible for inclusion in my study. I am requesting your assistance in identifying these faculty members. I am recruiting faculty who:
    1) racially identify as white,
    2) teach a course containing significant cultural content in a BSN program, and
    3) have at least 3 years of teaching experience in cultural nursing education.

Participation in this study will require taking part in a 1 ½ to 2 hour face-to-face interview with me. I will travel to a site of the participants' choice for the interview. In addition, I am seeking individuals are willing to participate in a more extensive investigation of their teaching experience through case study. For these cases, in addition to the initial interview, I will observe in their classroom over the course of the fall semester, review course documents, and conduct further interviews with the faculty participant and some of the students in their class.

This study has been approved by the University of Minnesota Institutional Review Board and measures taken to ensure privacy and confidentiality of participant data will meet federal standards. Participants will receive no remuneration for their time. The activities of this study will be supervised by my doctoral advisor, Dr. Rebecca Ropers-Huilman.

I am requesting your assistance in one of several ways. If possible, I am requesting that you provide me with names and email addresses of faculty in your program that you think meet the inclusion criteria. Alternatively, I ask that you forward a copy of this letter to faculty who might be eligible to participate.

If you have questions, you may call me at 763-242-3347 or contact me via email at holla159@umn.edu. I will be contacting you by phone within the next week to answer any questions you have and seek further ways I may recruit faculty from your program for my study.

Sincerely,

Ann Holland, PhD(c), RN

Appendix C

Faculty Recruitment Letter

Dear _____,

My name is Ann Holland. I am a doctoral student in the Educational Policy and Administration department at the University of Minnesota and an associate professor of nursing at Bethel University. As part of my doctoral requirements, I am conducting a dissertation research study investigating what white BSN nursing faculty members who teach cultural nursing education think, believe, and teach about race, racism, and anti-racism.

I am interested in this topic because national medical research has suggested that racial prejudice, bias, and discrimination by health care providers may perpetuate health care disparities for racial and ethnic minorities. Since national health care experts and organizations are recommending cultural competence education as one strategy to eliminate health care disparities, I am choosing to study only faculty who teach a course with a significant emphasis on culture. I am focusing on white nursing faculty because they comprise 93% of nursing faculty nationwide, and consequently, they are the primary teachers and mentors of BSN nursing students. I will be asking participants to share their experiences with race, racism, and antiracism in their personal and professional lives, and how those experiences influence their teaching of cultural nursing education.

I am recruiting faculty who meet the following inclusion criteria:
1) racially identify as white,
2) teach a course containing significant cultural content (indicated by at least one   major course objective about culture, ethnicity, or race) in a BSN program, and
3) have at least 3 years of teaching experience in cultural nursing education.

You are receiving this letter because I believe you meet two or more of my inclusion criteria. If you meet all three criteria, I hope you will consider participating in my study.

If you agree to participate in this study, we will meet for one 1 ½ to 2 hour face-to-face interview, occurring early this fall, with a possible follow-up interview occurring late in the fall semester. I will travel to a site of your choosing for the interview. Although the interview will occur during the fall semester, it is not necessary that you be teaching the culture class during the fall semester. I will also ask that you provide me with a copy of your culture class syllabus so that I can understand the context and content of the course.

In addition, I am seeking individuals who are willing to participate in a more extensive investigation of their classroom teaching experiences. Through case study, I hope to gain a more in-depth understanding of how several nursing educators integrate teaching about race into cultural education. If you agree to participate in the case study, then in addition to the initial interview, I will observe in your classroom over the course of the fall semester, review course documents such as the course syllabus and classroom assignments, conduct 2 more interviews with you at midterm and end of the term, and interview several of the students in your class to inquire about their learning experiences. Your culture class must be scheduled during the fall semester in order to participate in the case study.

This study has been approved by the University of Minnesota Institutional Review Board and measures taken to ensure privacy and confidentiality of participant data will meet federal standards. I will audio tape and transcribe all interviews to facilitate qualitative data analysis. I will record and transcribe field notes made during the classroom observations. All transcripts will be numerically coded to ensure your privacy, names will be removed from transcripts, and documents and audio tapes will be secured in a locked file and destroyed at the completion of the study.

You will receive no financial compensation for your participation in the study. The activities of this study will be supervised by my doctoral advisor, Dr. Rebecca Ropers-Huilman.

If you affirm that you meet the inclusion criteria of my study and you are willing to participate, please send an email reply to holla159@umn.edu which is my personal University of Minnesota email account. Please indicate whether you are willing to participate in the interview-only phase or are willing to participate in both the initial interview and the case study. I request that you also provide me with a phone number if that is your preferred method of communication.

If you have questions, you may call me at 763-242-3347 or contact me via email at holla159@umn.edu. I will be contacting you by email or phone within the next week to answer any questions you may have about participation in the study and to schedule an interview time if you choose to participate.

Sincerely,

Ann Holland, PhD-C, RN

Appendix D

FACULTY CONSENT INFORMATION FORM
Racism and Anti-Racism in Nursing Education for Cultural Competence:
The Experience of White BSN Nursing Faculty

You are invited to be in a research study to investigate what white nursing faculty members who teach cultural nursing education think, believe, and teach about race, racism, and anti-racism. We will be asking participants to share their experiences with race, racism, and anti-racism in their personal and professional lives, and how those experiences influence their teaching of cultural nursing education.

You were selected as a possible participant because you 1) racially identify as white, 2) teach a course containing significant cultural content (indicated by at least 1 major course objective about culture, ethnicity, or race) in a BSN program, and 3) have at least 3 years of teaching experience in cultural nursing education.

We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Ann Holland, doctoral student in Educational Policy and Administration, Higher Education, at the University of Minnesota.

Background Information

This study is prompted by recent medical research that suggests that racial bias, prejudice, and discrimination by health care providers may perpetuate health care disparities for racial and ethnic minorities. National health care experts are recommending cultural competence education as one strategy to eliminate health care disparities. The purpose of this study is to understand what white nursing faculty members who teach cultural nursing education think, believe, and teach about race, racism, and anti-racism.

Procedures:

If you agree to be in this study, we will ask you to do the following things:

Interview-only phase of the study:
You will be asked to participate in an audio taped individual interview with the researcher. The interview will be conducted early in the fall of 2009 at a location of your choosing and a time mutually selected by you and the researcher. The interview will last 1 ½ to 2 hours. The interview will be used to obtain your insights into the meaning and significance of your life experiences with race, racism, and anti-racism and how they influence your teaching of cultural nursing education. You may also be asked to participate in a follow-up interview late in the fall semester lasting 1 to 2 hours

if requested by the researcher. This follow-up interview will be used to gain further insights into your experiences with race, racism and anti-racism, particularly as they are enacted in your teaching practices and pedagogy. You will also be asked to provide a copy of your culture class syllabus to the researcher so that the context and content of your culture course can be better understood. If you agree to participate in the interview-only phase of the study, the maximum length of your time required will be 4 hours.

Case study phase of the study:
If you choose to participate in the case study, you will be asked to do the following things:
You will be asked to participate in three audio taped individual interviews with the researcher. The interviews will be conducted on three separate dates: prior to or soon after the first day of the cultural class you teach during fall semester of 2009, near the middle of the fall semester, and at the end of the fall semester. The first interview will last 1 ½ to 2 hours and the subsequent interviews will last 1 to 2 hours. The interviews will be conducted at a location of your choosing and at times mutually selected by you and the researcher. The interviews will be used to obtain your insights into the meaning and significance of your life experiences with race, racism, and anti-racism and how they influence your teaching of cultural nursing education.

As a second part of the case study, you will be asked to provide course and program documents such as the course syllabus, descriptions of course assignments, and program philosophy/mission/organizing framework to the researcher. The course and program documents will be used to obtain an understanding of how the concepts of race and culture are integrated into the formal curriculum.

As a third part of the case study, you will be asked to allow the researcher to observe class sessions of the cultural course that you are teaching during the fall semester of 2009. The researcher will observe, but not actively participate in, as many sessions as possible of your cultural class. The field notes recorded during the classroom observations will contribute to an understanding of the content and pedagogy you use for teaching concepts of culture and race to nursing students, and how you integrate your knowledge and beliefs into your teaching practices.

As a fourth part of the case study, the researcher will recruit 3 to 5 students from your class to participate in individual, audio taped interviews lasting 1-2 hours. Your participation is not required in the interviews or the recruitment of students. The students will be personally invited by the researcher to participate and will sign consent forms. The interviews will occur in a location chosen by the students and will be scheduled near the end of the fall semester of 2009. The student interviews will be used to obtain students' insights into their teaching-learning experiences in the cultural course.

The individual interview audio tapes and the class observation field notes will be transcribed. During the study period, audio tapes and transcripts will be kept secured in the researcher's files.

The audio tapes will be destroyed after data analysis is completed. Your name and your students' names will never be associated with the information you provide. You and the students will be identified in field notes only by code names. Since case study research seeks to understand the context of the phenomenon under study, the researcher will take opportunities to interact with nursing program staff and students outside of your class time when on campus; however, data collected by the researcher will never be shared with your students, colleagues, or supervisors. Individuals who inquire about the study during those interactions will be informed that the researcher is studying cultural education in BSN nursing programs.

If you agree to participate in the case study phase, the maximum length of the case study data collection period will be 5 months. Interviews with the researcher will total approximately 6 hours. You may spend 1 to 2 hours procuring the requested course and program documents for the researcher. You may expect that informal interactions with the researcher throughout the study period will consume several additional hours.

Confidentiality:

The records of this study will be kept private. Research records such as audio tapes, transcripts, and field notes will be kept in a locked file and only researchers will have access to the records. Full participants' names will not be included when audio taping. A transcriptionist will be employed to transcribe the audiotapes and field notes after which they will be immediately coded to eliminate any participant names and locations. Only the researchers will have access to the coding schema. Electronic data files will be encrypted to ensure data privacy. Audio tapes will be destroyed following the completion of data analysis or by August 30, 2010. In any sort of report we might publish, we will not include any information that will make it possible to identify you.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or with your employing institution. If you decide to participate, you are free to not answer any question or to withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Ann Holland, doctoral student in Educational Policy and Administration, Higher Education at the University of Minnesota. You may ask any questions you have now. If you have questions later, you are encouraged to contact the researcher at 763-242-3347.

If you have any questions about your rights as a research participant or any complaints that you feel you cannot discuss with the researcher, you may call:

Rebecca Ropers-Huilman, PhD – Doctoral Advisor, Department of Educational Policy and Administration, University of Minnesota, 612- 626-5996, ropers@umn.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), you are encouraged to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; (612) 625-1650.

You will be given a copy of this information to keep for your records.

☐ Interview-only phase of the study
☐ Case study phase of the study

Appendix E

STUDENT CONSENT INFORMATION FORM
Racism and Anti-Racism in Nursing Education for Cultural Competence:
The Experience of White BSN Nursing Faculty

You are invited to be in a research study investigating what white nursing faculty members who teach cultural nursing education think, believe, and teach about race, racism, and anti-racism. A case study research design is being used to gain an in-depth understanding of the knowledge, beliefs, and teaching practices of faculty participants through classroom observations, review of course and program documents, and interviews with students enrolled in their culture classes.

You were selected as a possible participant because you are a student in a course taught by a faculty participant in the research study. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Ann Holland, doctoral student in Educational Policy and Administration, Higher Education, at the University of Minnesota.

Background Information:

This study is prompted by recent medical research that suggests that racial bias, prejudice, and discrimination by health care providers may perpetuate health care disparities for racial and ethnic minorities. National health care experts are recommending cultural competence education as one strategy to eliminate health care disparities. The purpose of this study is to understand what white nursing faculty members who teach cultural nursing education think, believe, and teach about race, racism, and anti-racism.

Procedures:

If you agree to be in this study, we will ask you to do the following things:
You will be asked to participate in one audio taped individual interview with the researcher, lasting 1 to 2 hours. The interview will be conducted late in the fall semester of 2009 at a location of your choosing and a time mutually selected by you and the researcher. The interview will be used to obtain your insights into your learning experiences about culture, race, racism, and antiracism in the cultural course in which you are enrolled.
The individual interview audio tapes will be transcribed. During the study period, audio tapes and transcripts will be kept secured in the researcher's files. The audio tapes will be destroyed after data analysis is completed. Your name will never be associated with the information you provide. You will be identified in transcriptions only by code names. Data collected by the researcher will never be shared with your instructors,

program staff or administrators, or classmates. Your instructor will not know that you are participating in the study.

If you agree to participate in this study, the total time required of you will be approximately 2 hours.

Confidentiality:

The records of this study will be kept private. Research records such as audio tapes and transcripts will be kept in a locked file and only researchers will have access to the records. Full participants' names will not be included when audio taping. A transcriptionist will be used to transcribe the audiotapes after which they will be immediately coded to eliminate any participant names. Audio tapes will be destroyed following the completion of data analysis or by August 30, 2010. In any sort of report we might publish, we will not include any information that will make it possible to identify you.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or with the institution at which you are enrolled. If you decide to participate, you are free to not answer any question or to withdraw at any time with out affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Ann Holland, doctoral student in Educational Policy and Administration, Higher Education at the University of Minnesota. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact the researcher at 763-242-3347.

If you have any questions about your rights as a research participant or any complaints that you feel you cannot discuss with the researcher, you may call: Rebecca Ropers-Huilman, PhD – Doctoral Advisor, Department of Educational Policy and Administration, University of Minnesota, 612- 626-5996, ropers@umn.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; (612) 625-1650.

You will be given a copy of this information to keep for your records.

Appendix F

Faculty Interview Tool

<u>Primary Interview Question:</u>

Describe in as much detail as possible your experiences with race, racism, and anti-racism in your personal and professional life. What meaning have you drawn from these experiences, and what significance has the meaning of your experiences had for your teaching of cultural nursing education? Structuring your reflection in an autobiographical format, considering your experiences over time may be helpful.

<u>Potential probing questions:</u>

When did you first become aware of race/of racism in your personal life? In your professional life?
What life experiences have most influenced the meaning of racism and anti-racism in your life today?
How have your personal experiences with oppression, if any, influenced the meaning of racism in your life?
How do you define race and culture?
How does your racial identity influence your teaching of racial issues?
What do you feel has prepared you for teaching about race and culture to nursing students?
How have you taught about race and racism in your classes?
How central do you consider racism to be in the experience of health care disparities?
Describe difficult discussions that you have experienced when teaching racial and cultural concepts to nursing students.

Appendix G

Student Interview Tool

<u>Primary Interview Question:</u>

Tell me about your experience of learning from (name of faculty) about race, racism, anti-racism, and culture in nursing. What aspects of this faculty's teaching have had the most effect on your understanding of these topics?

<u>Potential probing questions:</u>

How has this class influenced what you know and think about race, racism, and culture? In what ways have your attitudes and beliefs about race and culture been affected by (name of faculty) teaching about race and culture?

How do you define culture, race and racism? Have your definitions changed through your involvement in this class? What happened in the class that prompted you to change or solidify your thinking about these concepts?

How influential has your faculty's knowledge of these issues been in your learning?

How has information you learned in this class conflicted with or confirmed your own life experiences with race and culture?

Describe specific class topics, readings, discussions, or assignments that have produced the greatest growth in you in this class.

Describe specific class topics, readings, discussions or assignments that have produced personal discomfort in you. How have you resolved that discomfort?

How central do you think racism is to the problem of health care disparities in the U.S.?

How have you applied information you learned in this class to your learning and experiences in clinical settings?