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Cultural safety in university teaching and learning

Elena Hunt[*]

Phd. Laurentian University, Sudbury, Ontario, P3E 2C6, Canada

Abstract

World population mobility as well as distance learning has led to increased multiculturalism on campuses and virtual classrooms. Immigration and travel calls for more accurate knowledge of cultural health and safety. This paper explores cultural safety, stereotyping and possible actions in the direction of raising awareness in a multicultural teaching and learning environment. The example of Nursing Education is used.

Motto: We are like all other people, like some other people and like no other person (Kluckhohn & Murray, 1948).

1. Introduction

World population mobility as well as distance learning has led to increasing multiculturalism on campuses and virtual classrooms. Due to globalization, nearly all universities list students with different cultural backgrounds. Concurrently with the education phenomena, immigration of all kinds and purposes, along with travel, be it for business or pleasure, call for deeper understanding and more accurate knowledge of cultural health and safety. Cultural diversity has been on the agenda of numerous governments, while Canada, Australia and the United States remain traditional leaders in multiculturalism policy. One may ask why it is important to understand other cultures. Leininger (2002) argued that without critical awareness, researchers and service

* Corresponding author. Tel.: 01-705-675-1151
E-mail address: ehunt@laurentian.ca

providers tend to impose their beliefs, values and patterns of behaviour upon cultures other than their own, making it harder to recruit and sustain the participation of minorities.

The level of comfort for all cultures on campus need to improve, in order to insure safety and well being if we are to live and study together. A safe environment is necessary for scientific inquiry, exchange and dialogue to take place. Therefore, efforts are being put forth by universities around the world to build awareness of cultural diversity for the professionals of tomorrow, considering multiple initiatives to accept and celebrate cultural diversity. One university that has taken these types of initiatives is the University of Botswana. Botswana is a multi-cultural society, with several different languages spoken throughout the country. The student body at University of Botswana is a reflection of this society. As Lubinda (2010) reports, the University organizes an annual Cultural Diversity Day to celebrate their community. Students and faculty carry out research in the languages and cultures of various tribes. University of Botswana has taken a leadership role in compiling dictionaries and developing language codification (Lubinda, 2010).

In most universities of North America, there is some form of cultural diversity (Bennett & Salonen, 2010). Cuyjet, Howard-Hamilton and Cooper (2011), emphasize the importance of student organizations for cultural safety, competence, and diversity. They stress the importance of both curriculum activities and co-curricular life on campus. Additionally, these authors underline the importance of creating a positive relationship between the university administrators and the student organizations in order to improve, promote and celebrate cultural diversity in the campus setting.

Brustein (2007) emphasizes the importance of including international studies in more university programs. He suggests that while most universities prepare students for one specific field, they must also learn to work and live in a global society. He suggests that if some form of international studies were included in the mandatory course lists, students would have better job prospects when they graduate. For example, the University of Pittsburgh established a Certificate in Global Studies and philosophy degree in international and area studies, which are complimentary to other programs. Also, several universities in the United States, notably Michigan State University, encourage research to be done with international contributions. These are but simple beginnings of the measures that some American universities are taking to help build culturally aware professionals.

In Canada, similar but more specific efforts to raise cultural competence are being made by universities. Indigenous Peoples of Canada are seeking to create health care professionals that will improve the quality of their health care. Case in point, the University of Saskatchewan, the First Nations University of Canada and the Saskatchewan Institute of Applied Science and Technology have created a nursing program specifically geared towards Northern Saskatchewan's demographic map and culture (Anonson et al., 2008). This program gives the opportunity to several Aboriginal students to prosper in school and later on in their professional careers.

2. History of Concepts - Cultural Competence, Cultural Safety, Cultural Humility
2.1. *Cultural competence*

Cultural competence can be viewed and interpreted from many perspectives. The basic concept of cultural competence is simply knowledge of culture. Researchers have developed models to more specifically determine what cultural competence is. The conceptual framework of cultural competence includes a spectrum of three components: cultural awareness and beliefs, cultural knowledge, and cultural skills (Sue, 2006). The level of proficiency in a combination of these three elements illustrates how culturally competent an individual or organization is.

More complex models exist as well. One model used globally is the Purnell model for cultural competence (Purnell, 2002). It is composed of 12 domains that demonstrate many dimensions of culture: overview/heritage, communication, family roles and organization, workforce issues, biocultural ecology, high-risk behaviors, nutrition, pregnancy and childbearing practices, death rituals, spirituality, health care practice, and health care practitioner. This model, when compared to Sue's model, shows contrasting views of cultural competence. No one single model will ever be complete, but it is important to be aware of the many different models and their particular strengths.

Nursing is one specific profession where concepts of service learning and providing are used. A recent study of graduates from six different nursing programs by Kardon-Edgren et al. (2010) evaluates their cultural competency using Campinha-Bacote (2010) Inventory for Assessing the Process of Cultural Competency among Healthcare Professionals-R (IAPCC-R) as a measurement tool. The authors found that, on average, nurses were culturally aware. Most programs differed in terms of cultural diversity of the students and faculty, however all programs included some type of service-education in the community. Although many factors contribute to cultural competency, the results prove that these programs are producing culturally aware nurses.

2.2. Cultural safety

The concept of cultural safety was first explained by Maori nurses working in New Zealand. Their goal was to demonstrate their perspective on nursing programs. Cultural safety is a way of describing the ethics involved during trans-cultural interactions. It emphasizes that in a multiculturalist relationship, each individual has his or her own beliefs and morals, partially based on their culture. The practice of cultural safety "involves recognizing negative attitudes and stereotyping of individuals because of the ethnic group to which they belong" (Polaschek, 1998).

The literature surrounding cultural safety expands over different contexts. No matter the specific topic that a study reflects on, one key component that is almost always mentioned is cultural education. To develop culturally sensitive professionals, there must be culturally sensitive education (Wilson, Sanner & McAllister, 2010; Bennett & Salonen, 2010).

Cultural safety is important especially in the healthcare setting, both for the professional and the healthcare receiver. When entering into a healthcare relationship, all parties involved have their own ethnicity, culture and background (Capell, Veenstra & Dean, 2007). In order to maximize the results of healthcare, there is a necessity to educate future and existing professionals about cultural competence. Elsegood and Papadopoulos (2011) took the initiative to offer an online culture competence course to practitioners at Child and Adolescent Mental Health Services (CAMHS) in the United Kingdom, to then evaluate their potential progress in this domain. After the 8-week course, many practitioners reported that what they had learned will contribute to better care for their patients. However, the self-evaluation was done subjectively and the researchers only collected qualitative results. Thus, the challenge of evaluating culture competency persists.

2.3. Cultural humility

Cultural humility can be best described as a state of mind. According to Tervalon and Murray-Garcia (1998) cultural humility is a commitment to self-evaluation and critique and to build a mutually beneficial relationship. Most of the research on cultural humility is done in the field of medicine, so the mutually beneficial relationship they describe is addressing the patient-physician relationship. The general attitude in this relationship is that the health caregiver is the expert. Cultural humility occurs when the caregiver takes time to learn from the patient about his or her cultural identity (spirituality, gender, race, ethnicity, family role, etc.), thus improving the care being delivered. The caregiver-patient relationship can be loosely related to the teacher-student relationship. Cultural humility in the classroom would occur when the teacher or instructor recognizes the cultural identity of the students as individuals, with the goal of improving teaching and learning.

These concepts (cultural competence, cultural safety and cultural humility) complement one another. In fact, cultural humility encompasses cultural safety, which cannot be achieved without cultural competence. Desouza (2008) differentiates cultural competence from cultural safety. She defines cultural competence as the process of learning about other cultures, whereas cultural safety is recognizing an individual's identity, partially based on the individual's culture. Furthermore, cultural humility can only occur when the person who is viewed as a higher authority is culturally competent. For cultural humility to be effective, the individual must be culturally competent and safe, generally when in contact with a large group, or specifically when in contact with

an individual. Essentially, cultural competence is the base, with cultural safety and cultural humility being stepping stones toward creating better professional relationships.

3. Insuring cultural safety on campus

Decades ago, Geertz (1973) characterized culture as dynamic, all encompassing and made meaningful by understanding the interpretations of human behaviours and actions. Supporters of this view understand culture as complex, rather than static, and related to the processes of 'meaning-making'(Vandenberg (2010). Complexity only grows when a variety of cultures come into play. Multiculturalism becomes then a multifaceted compound phenomenon. The resulting interpretation of multiculturalism is so diverse, that chances of successfully integrating all of the different races and cultures into some type of harmonious gathering prove to be slim. Some organisations have tapped into the issue, trying to rationalize multiculturalism in their country or workplace. The outcome isn't always positive, as many traditional college campuses and their surrounding communities continue to be perceived as unwelcoming, or at best, neutral to the presence of diverse students (Cuyjet, Howard-Hamilton & Cooper, 2011).

A number of scholars caution about strengthening rather than reducing stereotypes about people who are different in students during their learning years. If cultural engagement is not organized and delivered with careful planning, it can easily reinforce oppressive outcomes (Hess, Lanig &Vaughan (2007).

4. Culture clash? What causes conflict, racism and discrimination?

When individuals from differing cultural backgrounds interact, there can be miscommunication, misunderstanding, and frustration. These obstacles can be overcome by making all parties more culturally sensitive. It is important for people to recognize how cultural backgrounds affect individual perceptions and actions; and how cultural awareness can improve the relationship between people from differing cultural backgrounds.

Is this a realistic achievement in today's world of diverse cultures and ethnic groups?

Different approaches have been used by universities across the globe. When teaching cultural awareness, a series of concepts specific to different cultures are used. This approach may lead to categorizing, even stereotyping and a way of thinking detrimental to bridging the gap between cultures. Stereotyping and generalizing a person's characteristics to an ethnic group or population, such as distrusting Chinese people because they are perceived as communist or fear Muslims as they are judged as terrorists can be disastrous for the person and the group he or she belongs to.

A whole new different issue is brought by the Indigenous Peoples of Canada. The problem with grouping indigenous peoples and other marginalized groups under the premise of "multiculturalism" or a wider theme of "diversity" is that it fails to explore the ways in which the ongoing colonization of aboriginal peoples shapes contemporary modes of race and racism in settler nations (Carleton University, 2011). Aboriginals believe that the white people and all other peoples from other countries are living on their land as interlopers and should be accepting of them. Non-Indigenous look at the aboriginals as a drain on society's funds and hold misconceptions about them as a burden on Canada. Therefore, Indigenous people are still subjected to racism, discrimination and inequality. Oftentimes, discussions of Aboriginal issues in the class elicit strong emotions, including anger and frustration. Lately, cross–cultural competency and educational equity are receiving greater interest and consideration. Yet, the challenges and barriers that are currently being faced at the classroom level have yet to receive sufficient attention. Comments of students after having participated in workshops or presentations about aboriginal people include 1- This makes me feel bad about being white. 2 – This infringes on academic freedom. 3 – I am not aboriginal, so this does not affect me. 4 – I don't know enough about aboriginal peoples to answer or speak to issues that might come up. Unfortunately, the Aboriginal people's resentment of the white population does not help improve the situation of cultural safety in the classroom (Carleton University, 2011).

5. The concept of stereotyping

Among various programs offered in Higher Education, most programs in the Health domain include some curriculum content related to transcultural or multicultural health care. In fact, the Nursing discipline pioneered the transcultural Health movement through the work of Madeleine Leininger in the United States. Her model was rapidly adopted by Nursing Programs around the world. In parallel, Nursing theory on cultural diversity began in Australia, addressing the needs of Maori and other Indigenous people.

Nursing in North America has considered cultural diversity and Transcultural health care since the 1960, and several theorists have dedicated their career to framing practice by a variety of theoretical models applicable to an increasingly culturally diverse population. Europe has followed recently, in the context of the European Union and of their recent immigration policies and practices, as well as following the free exchange of workers within the Union. Nursing has a privileged role within the Health Care system of any country, therefore, it bares the responsibility to care for the needs of a progressively more diverse population. Other professions benefiting of Higher Education like Medicine or Psychology have joined the efforts of adapting their curriculum to multiculturalism among their students or their clients.

Lack of cultural competence in Health care may lead to overlooking a statement, not verifying information or a fact. Dominant opinions become stereotypes with a potential to influence interventions in Health care. Nevertheless, refraining from using preconceived ideas about the client is paramount in Health care. Stereotyping chokes scientific criteria used for deductive thinking or generalizing. A stereotype is a preconceived idea applied to all individuals of a group, disregarding uniqueness. Positive or negative, this idea shapes the image perceived as projected by the person judged. Does the image reflect factual reality, or is it the result of the observer's belief (stereotype)? This dangerous generalization of one's preconceived idea may very well be at the root of creating the human hierarchy between societies and cultures, and explain ethnocentrism. More and more people and militant groups claim their identity in light of differences between humans and between cultures. In spite of all differences, humans have a lot in common. Many characteristics are universal, many other are common to groups of people, while some traits are individual, a signature of each one being unique. To neglect specific individualities may lead to unforeseen consequences. Generalizing to every individual what is known of a group of people is equally dangerous.

Generalizing through the process of induction may be abusive and lead to false conclusions. Yet, generalizing follows an intelligent process of acquiring, organizing and sorting out information. It is a tenet of the learning process. Concluding through the process of deduction constitutes another tenet of the learning process. In the process of learning, the student may focus on acquiring and organizing information, disregarding the source and missing the distinction between a fact and an opinion, perception or impression. This presents with a danger of abusive generalizations and stereotype building. The information stored becomes subjective and, in the case of Health care professionals, influences clinical judgment and may induce professional misconduct.

Although extensive use of subjective generalizations is not advisable, it is important to understand that learners, especially undergraduate students, need to use this process to organize received information, to incorporate new concepts and definitions. The first few university years represent a time of acquiring and integrating basic professional knowledge, principles and practical experience into a coherent ensemble based on logic, common sense, sound judgment, critical thinking and intuition. For instance, students are shown a clinical picture made of a set of symptoms generally describing a particular diagnosis (a concept or construct); main characteristics of a people are regrouped to describe a certain culture. These are but stereotypes we are using to teach our students. Then, they are asked to step away from the generalization process, from what they have just acquired, use critical thinking and not blindly apply the cultural picture to all individuals included as part of a specific ethnic group, or they may be wrong assuming an individual will respond as all other people from his group. The human being is a complex holistic system, having a lot in common with all other humans, some commonalities with a group, and most importantly, some individual particularities that absolutely call for consideration and respect. How is then the student to distinguish between sound generalization and individual

particularities, without prejudice? How can the student find the balance? Limits are ambiguous and difficult either to comprehend or perceive.

6. Transcultural stereotyping

The perception of the observer is always tainted by his own culture. It's like seeing the world through one's glasses. In spite of one's conscious effort to look beyond limitations imposed by their own language, logic and values system, only an incomplete perspective of the other's culture can be achieved. All elements of the other culture are defined and referred to in comparison with what is known a priori by the observer. As Stewart and Bennett (1991) explain, transcultural interactions run the risk of distortion, given each culture's different ways of perceiving, organizing and prioritizing elements of reality.

Usually, a culture is studied through questioning, using tools specific to the observer's culture. This process may in itself include bias, hence significant information may be missed. Unique perspectives may be ignored or misinterpreted. For instance, race, ethnicity, sex or sexual orientation are classified according to taxonomic definitions, often dichotomous (ex. black or white, heterosexual or homosexual). Nonetheless, some cultures have distinct understanding about specific subtle nuances of phenomena (ex. white, black, mulator or métis), placed on a conceptual continuum. Canadians and Native Indigenous Peoples of Canadian territory retain a richer and more diversified vocabulary for defining and describing snow than Italians or Brazilians. Their winter experience modelled their language and helped them develop a very particularly perceptive acumen toward their environment. New concepts have been generated; consequently, their reality can be very different from the one experienced by the observer (Machado, 2001).

Creating stereotypes may be risky. As an example, in general, nodding by Asians is being taught as not always signifying that something heard is understood. In fact, many Asian people mean that they understood by nodding. Furthermore, having Asian heritage doesn't always mean that the person was born and raised in Asia, therefore cultured in Asia. Many people of Asian descent were born in North America or immigrated as children. Others have been living in North America for generations. Acculturation has occurred depending on the time spent in the adoptive country and on many other factors. No inference should be made based on stereotypes.

7. Should stereotyping be abolished?

Transcultural Health should only describe a very general image of a particular culture. Professionals should keep an open mind and remember that their own perception is influenced by their own culture. A wise professional uses and manipulates generalizations with care. Preconceived ideas about different cultures have limitations; consequently, every individual should be understood within the context of his own culture, with respect given to uniqueness under a holistic and personalized lens. People should be able to define themselves individually as a representative of a certain culture, sharing common characteristics, adding some group traits and some personal ones that can tell them apart from every other human being.

8. Teaching Cultural Competence in Health Care : the example of Nursing

Teaching cultural competency in Nursing does not benefit from the same approach in all Nursing Programs. Even after a few decades of teaching Transcultural Health, courses are a challenge in terms of format, delivery, method and evaluation, and learning outcomes. Results are often less than desirable, many graduates feeling helpless before their patients from different cultures. They encounter difficulties in communicating, evaluating and performing nursing interventions on them.

Underwood (2006) proposes a strategy meant to bring students to reflect on cultural diversity by asking them at the beginning of the course, to write some questions related to 3-5 different cultures in their environment. Students need to be reassured that no question is shameful or awkward. Questions are compiled and sorted according to cultural domains used by valid transcultural models such as Leininger and McFarland (2002), Giger

and Davidhizar (2004) or Purnell and Paulanka (2003). This process will identify recurrent themes, as well as perceptions, beliefs, experiences and preconceived ideas of students. As well, it will highlight learning needs and objectives, and direct course content and possible interactive class or virtual discussions.

Another valuable strategy for teaching transcultural health remains the direct immersion into another culture, by means of international practicum. Nursing Programs increasingly use out-of-country field, clinical or community placements to increase cultural awareness and appreciation. A newly acquired perspective allows students to discover universal human characteristics and to understand the differences in values, beliefs, attitudes and customs. When the language of the host is different than the one of the student, new ways of communicating are learned, specifically non-verbal skills like presence, touch or facial expressions. Additionally, students uncover the influence of the socio-political system on health care and see a better picture of the advantages and disadvantages of the health care system in their own country.

Learning outcomes depend on the cultural competence of the educator, whose culture of origin, passed experiences and values become a great influence on their teachings. Nurses of a diverse cultural background are particularly suitable to teach transcultural health. They also make great teaching aids or invited guests. Some studies show that educators having had more intercultural contacts are the most open to other cultures (Kardong-Edgren et al., 2010). Cultural competence develops positively while direct care is performed on patients of a different culture or on vulnerable populations. Getting to know people in their own shared environment stimulates learning more than class teaching, textbooks or travels.

In a recent study, Wilson et al. (2010) conducted focus groups to evaluate the perceptions of both faculty and students in the mentoring program to become a nurse. What they found important in the overview of cultural competence is that the cultural diversity of the nursing workforce is related to the personality and cultural competency of the faculty.

In spite of a definite utility for obtaining and organizing knowledge, concepts of transcultural teaching may lead to stereotyping and prejudice. A conscientious health care provider takes group characteristics, societal and human nature complexities into consideration, while balancing and prudently using generalizations and individual beliefs and values. The need for ethical care across health systems warrants the inclusion of transcultural teaching in all health care disciplines by direct contact with a culturally diverse population. Health care practices should be based on rigorously acquired scientific evidence, the only way to distinguish between knowledge and belief, thus avoiding unfavorable stereotyping and promoting ethical care.

9. A Canadian University initiative on cultural safety

One mid-size Canadian University is progressively implementing actions toward raising awareness and cultural safety in a multicultural teaching and learning environment, since the number of International students has grown importantly in the last few years.

Canada is already home to many immigrants of first generation. Many more have parents or grandparents who immigrated. Newcomers to the University may be International students or even immigrants and not aware of the issues related to multiculturalism or that Indigenous people may still be victims of discrimination and inequality. In an effort to raise awareness, several initiatives have been implemented or are the object of discussion for future completion.

- A few Committees were formed with the purpose of consulting on future actions and manifestations; and to provide a forum for exposing all forms of racism and discrimination towards different cultures, minorities, religions, sexual orientation or preference or towards vulnerable groups.
- Workshops and presentations on cultural safety are given throughout the campus, some of them being mandatory for different students or programs.

- Aboriginal peoples issues, interests and culture are promoted by means such as Aboriginal Awareness Week or Exhibit of Residential Schools.
- Aboriginal content in different courses and in each academic program is becoming the norm.
- A number of seats in several programs are designated for Aboriginal candidates in order to insure opportunity for developing a critical mass of indigenous professionals who would better understand and serve their communities.
- The Educator hiring policy is favorable to Indigenous peoples and other minorities.
- An Indigenous Sharing and Learning Centre is being built on campus.

10. What remains to be done?

Many initiatives and actions have taken place on campuses across Canada in the last two decades. As populations mobility has increased and technology has improved at high rates, many more initiatives need to come alive, in order to advance student success and insure cultural safety. Old initiatives that produced some expected outcome must be updated and improved. New initiatives need to be carefully tailored around research results and take into account the rise in people's movement for equal rights and ethical treatment, respect, and abolishing discrimination of all kinds.

These are some ideas that could be integrated into new initiatives:

- There should be a raised awareness of the ethnic and cultural variety among students. What do they bring and what are the advantages of diversity that we seek as a nation?
- The realities and legal aspect of immigration should be known to all students, as well as the civil rights of immigrants according to the Canadian constitution.
- Educators should take the lead in instructing their students about cultural diversity and should become knowledgeable themselves; one way to do so is through reflection on diversimilarity (Ofori-Dankwa & Lane, 2000).
- Teaching basic and universal communication skills, civility and respect for people of all kind.
- Aboriginal (indigenous) issues are distinct among all multiculturalism issues. They should be addressed separately. A distinction should be made between indigenous peoples and immigrants. When presentations, workshops or other forms of teaching are used pertaining to indigenous peoples, the following should be taken into account:
  - o Presenting only history of native people and colonialism will only raise ***awareness;***
  - o Adding the presentation of discrimination, inequities and inequalities, goals and needed interventions, will raise cultural ***competence;***
  - o A variety of feelings are stirred into descendents of colons, while they become aware of the effects of colonialism on Indigenous peoples. It is important to learn how to address and cope with these feelings (ex. white people's feelings of guilt), in order to avoid a new rise of antipathy toward Aboriginal peoples;
  - o Adding communications skills susceptible to help relations between Indigenous peoples and other cultures including colonialists raises cultural competence to the level of cultural ***safety.***
- Among immigrants, first generation, versus second and third, refugees and temporary workers face different issues and levels of acculturation.

- A myriad of aspects of what culture represents make addressing multiculturalism excessively complex and intricate. For instance, the issue of religion may hinder efforts towards multiculturalism. Faced with a legal obligation to tolerate if not accept newcomer's religious beliefs, the host culture may feel overwhelmed and threatened.
- Maintain the North-American Higher Education present trend of naming a senior academic administrator like a vice-president, for student diversity. This allows some power to implement initiatives and bylaws on campuses. Relying solely on governance and volunteer work may not bring on the desired effect of cultural respect and safety for all.
- Student organizations should be involved in the cultural safety movement on campus, as they can play an important role in the success of the unresolved issue of multiculturalism.

11. Conclusion

Cultural safety in Higher Education represents an ongoing challenge. In time, through world mobility and inter-cultural marriages, initiatives and interventions toward a culture of respect for one another and for the value of every individual, the multiculturalism goal may be achieved on and off campus.

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