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Cultural Awareness in Precepting: A Call to Action

Nursing, despite decades of repeated calls for diversification of the workforce, remains an overwhelmingly white, female profession. According to the Health Resources and Services Administration,¹ 90.8 percent of registered nurses (RNs) self-identified as female, and 78.6 percent self-identified as Caucasian. Only 10.8 percent self-identified as African-American and 8.8 percent self-identified as Asian.

Nurse anesthesia, as you can imagine, isn't terribly diverse either. That makes sense because the nurse anesthesia profession pulls from this same population of RNs. In 2016, a survey was administered to Certified Registered Nurse Anesthetists (CRNAs), asking about their racial/ethnic background, 97 percent identified themselves as White/Caucasian, and less than three percent identified themselves as either Black, Hispanic, Asian or American Indian/Alaskan Native.² We do not collect data on the racial and ethnic makeup of students who do not succeed in nurse anesthesia education. However, we do know that preceptors often hold the key to student success or failure.

How can we, as preceptors, create a welcoming but rigorous environment for learning that is fair to persons from all racial and ethnic backgrounds? Well, we can become aware of our own biases. A simple way to gain insight into your own unconscious biases is to take the Harvard Implicit Bias Test, available here: <https://implicit.harvard.edu/implicit/takeatest.html>.

I took the test and discovered that I am not bias-free. I am going to guess that very few of us are. That's okay. What's not okay is acting on these biases. If you can identify your biases and make sure that your interactions with and evaluations of a student are based on their needs and their performance (and not your biases), you're on the right track!

We can also make sure we're aware that what is seen as a positive interaction in the United States may not be seen the same way by people from other cultures. For example, one of my students consistently avoided eye contact. Was the student avoiding eye contact because she lacked self-confidence, or was she

doing so because she had been taught that direct eye contact is rude? I wasn't sure, so I addressed the issue with her by focusing on the behavior at hand: "When you don't make eye contact, it can be interpreted as a lack of self-confidence. Your patient needs to trust you, and you need to help build that trust by demonstrating that you have confidence in yourself. Let's practice that with our next patient." You can help students by focusing on actions and behaviors and by serving as an interpreter regarding how others perceive their actions or behavior. Let's face it, even if you don't come from another country, the operating room has a unique culture that students may need help navigating.

Finally, we can mentor students from diverse backgrounds. Mentorship is a theme that comes up regularly in the literature regarding student success. Students from all racial and ethnic backgrounds benefit from mentorship. Our own Lena Gould, EdD, CRNA, FAAN, demonstrates the power of mentorship regularly with her organization, Diversity in Nurse Anesthesia Mentorship Program, which puts on informational workshops around the country. You don't have to host a workshop, though, to have a positive impact on a student. You simply have to reach out.

We can create a more diverse and inclusive profession. All we have to do is turn our considerable assessment skills on ourselves. Make sure your biases are not affecting your student, make sure you understand cultural issues a student might be facing, and consider mentorship—it is remarkably rewarding for both parties!

References

1. American Association of Colleges of Nursing (2015). Enhancing diversity in the nursing workforce. Fact sheet. Retrieved November 30, 2016, from <http://www.aacn.nche.edu/diversity-in-nursing>.
2. Rivera, LA (2016, March 17). CRNA Demographics [E-mail to the author]. ■