Definitions of culture apply beyond the boundaries of ethnic and national origin. This chapter focuses on differences in ethnic and national origin, and in generation. The definitions of culture and the culturally-sensitive strategies for learning and working effectively also apply to many other dimensions of culture – such as organizational culture, feminist culture, and religious culture.

Culture is a way of life. It is developed and communicated by a group of people, consciously or unconsciously, to subsequent generations. It consists of ideas, habits, attitudes, customs, and traditions that help to create standards for people to coexist. It makes a group of people unique.

Culture is a collection of mindsets, standards, or models that tell us who we are and how we should behave. For each area of our lives our culture provides “a set of rules and regulations that: 1) defines boundaries; and 2) says what we must do to succeed within those boundaries.”

Simons, Vazquez & Harris (1993)

A. Significant Differences: Cultural and Generational

Chapter 2 presented the acronym AIR to summarize adult learning principles. The “I” represents individual differences: the many ways in which people differ from one another – age, gender, educational background, and many other characteristics. From the perspectives of nursing and precepting, two highly significant differences are differences in cultural background and differences in generation.

*Based on the original work of Pat Marshall, MHA, President, SynerChange, Chicago, IL, “Precepting Culturally Diverse Students,” Preceptor Manual Health Systems Management (Loyola University Chicago, 2003). Revised for the present edition by Bette Case Di Leonardi, PhD, RN-BC, Independent Consultant.
The faculty of the Marcella Niehoff School of Nursing believes that preceptorships for students from both culturally and generationally diverse backgrounds offer rich and unique learning experiences. Therefore this chapter is dedicated to those of you who have the opportunity to address cultural and generational differences in your preceptor roles.

Potential for conflicts and misunderstandings enters the preceptor relationship when the preceptor and student represent different cultural or generational groups. That potential increases when either party fails to recognize differences between their own perspective and that of the other party. As Weston (online, 2006) comments regarding generational differences, “Yet members of each generation still operate as if their values and expectations are universal.” Unquestioned assumptions can lead to misinterpretation and disrespect, as when the Gen-Xer nurse who savors change and the Boomer nurse who has worked in one organization since graduation make negative judgments about one another’s professionalism and capabilities.

Significance of cultural differences. The face of America is changing. Each census identifies increases in racial and ethnic diversity in the United States population. In urban America, this diversity is even more apparent. Projections are that by 2050 the United States will no longer be a society in which there is one racial majority.

Even with the increase in racial and ethnic diversity in the United States (US), the institutions of higher learning are not experiencing comparable enrollment rates, especially for African-American and Hispanic students. Ethnic diversity remains underrepresented in nursing schools and in the population of nurses practicing in the US. The overwhelming majority of nurses are white females, according to the most recent National Sample Survey: 81.8% White, non-Hispanic; 93.8% female (USDHHS, HSRA, 2006). Although the National Sample Survey indicates a lack of diversity, many nurses have immigrated from other countries to join the workforce. One-third of nurses entering the workforce in 2002 were born outside of the US, and from 2001 to 2002, the number of foreign-born nurses working in the US increased by more than 70% (Buerhaus, Staiger, & Auerbach, 2003).

Nursing leaders commit themselves to improving diversity in the nursing workforce (Malone, 2007). Loyola University Chicago Marcella Niehoff School of Nursing recognizes the relative lack of diversity in the nursing workforce. Loyola commits to educating and nurturing ethnically diverse and culturally-sensitive nurses and nurse leaders in order to:

- Provide role models for ethnically diverse individuals considering a career in nursing, and
- Provide the leadership to assure the cultural competence of health care institutions in the future. Cultural competence is defined as an “ongoing commitment or institutionalization of appropriate practice and policies for diverse populations” (Brach and Fraser, 2000 p.181).

Persons who belong to a particular ethnic or national origin group often differ from members of other ethnic or national origin groups in their perspectives on
the meanings of time, work, family, religion, education, and health, and also in communication styles and roles of men, women, and professionals – among other differences. Differences can create problems for nurses when the practice expectation conflicts with cultural practices such as extreme deference to authority and to males, and indirect communication styles.

Profiling the characteristics of various ethnic and national origin groups is beyond the scope of this book. Sources of such information are readily available on the Internet and in the growing literature of cultural sensitivity. Background information may offer helpful insights about various groups, but it is always a mistake to assume that any person will fit the description of a “typical” member of the group. Nevertheless, such information may direct your attention toward certain culturally-based attitudes or habits that cause difficulties, or on the other hand, may be great assets for the student who is learning your practice role. You may find helpful information from professional organizations whose members are currently in the minority in the nursing profession in the USA, such as:

- Asian American/Pacific Islander Nurses Association
- National Alaska Native American Indian Nurses Association
- National Association of Hispanic Nurses
- National American Arab Nurses Association
- Philippine Nurses Association
- American Association of Men in Nursing
- National Black Nurses Association

Significance of generational differences. Events in society, developments in technology, and life experiences influence the values, orientations, and habits of individuals. Those who come of age during any given timeframe share experiences in common, from which spring dispositions that characterize their generations. Events such as the Great Depression, World War II, the civil rights movement, feminism, Watergate, the Viet Nam War, the development of television, computers, and the Internet have shaped the dispositions of age cohorts of people. Different parenting styles prevalent in each generation have influenced expectations related to guidance and communication. How these generational differences affect the workplace and working in nursing has captured the attention of leaders, researchers, and commentators (Black, 2005; Dittman, 2005; Inskeep, 2006; Kupperschmidt 2006; Sherman, 2006; Skiba & Barton, 2006; Stewart, 2006; Weston, 2006; Wheeler, 2006).

References may vary by a year or two in identifying the birth-year boundaries, but using the earliest first date and latest end date found in the references reviewed, generations are identified as:

**TIMELINE OF GENERATIONAL DIFFERENCES**

- **Traditionalists** • Born 1925 – 1945. Also known as Ikers or Veterans
- **Baby Boomers** • Born 1943 – 1962. Sometimes further segmented as Boomers born 1946 – 1959

When you read the following generational profiles, bear in mind that as with any profile, individuals may not fit their generational stereotype as described. Individuals born near the beginning or end of the age range for the generation may combine characteristics of two generations. The purpose of these descriptions is not to encourage stereotyping, but to offer insights into possible generational differences that you may encounter as a preceptor.
“Growing up after the Great Depression and during and after WWII, I’m a disciplined hard-worker. I respect authority and feel comfortable with rules and structure. Honor, dedication, patience, and sacrifice are important values to me. I’m independent, but conventional. I value working with others and also value my independence and privacy. I’m loyal to my employer and a big supporter of the chain-of-command.”

*USDHHS, HSRA, 2006. 1% of those responding did not identify age.
“I’m pretty optimistic and achievement-oriented. In fact, I have sometimes sacrificed my family relationships to get ahead. Generally speaking, status is more important to me than financial rewards. I believe in personal gratification and personal growth. At work, I equate time spent with accomplishment – I’m not very flexible in that regard. I’ve earned my stripes in the workplace and I expect others to too. I like active involvement and cooperative teamwork. I work hard – sometimes to the point of workaholism, but I do play hard too. I’m a member of the largest generation, representing 45%–67% of today’s workforce. My fellow Boomers and I will be missed when we retire, which will begin to happen soon.”

Percentage of Boomer Nurses in the 2004 Workforce in the USA*

<table>
<thead>
<tr>
<th>Born in</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1958 – 1962</td>
<td>18.6%</td>
</tr>
<tr>
<td>1953 – 1957</td>
<td>16.8%</td>
</tr>
<tr>
<td>1948 – 1952</td>
<td>11.2%</td>
</tr>
<tr>
<td>1943 - 1947</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

52.2%

*USDHHS, HSRA, 2006. 1% of those responding did not identify age.
My generation makes up a significant part of the nursing workforce. Only the Boomers are present in larger numbers, and as they retire, my generation becomes more predominantly represented. Like most of my generation, I grew up as a latch-key kid and learned to be independent and take care of myself. I prefer to work alone, but can adapt to teamwork. I’m a bit suspicious of authority and don’t really have any heroes. I take pride in being blunt, realistic, skeptical, and outcome-focused. I’m a risk-taker. Balance between work and the rest of my life is of great importance to me – I work to live – not live to work! I’m told my generation is “more ‘me’ than the Boomers.” I like to keep things informal and have fun. I’m techno-literate and often help out some of my older co-workers with the computer and other technology. I think you just stay with a job or employer as long as it’s meeting your goals – I’m not hesitant to move on for better opportunities.”

Percentage of Xer Nurses in the 2004 Workforce in the USA*

<table>
<thead>
<tr>
<th>Born</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978 – 1982</td>
<td>6.6%</td>
</tr>
<tr>
<td>1973 – 1977</td>
<td>9.1%</td>
</tr>
<tr>
<td>1968 – 1972</td>
<td>10.6%</td>
</tr>
<tr>
<td>1963 – 1967</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

\[ \text{\{ } 41.2\% \text{ } \}\]

*USDHHS, HSRA, 2006. 1% of those responding did not identify age.
“I’m a member of the second largest generation, second after the Baby Boomers. I have to admit that our parents really protected us and got actively involved in our lives – more Dads were present at our births then ever before. Some of my friends’ parents have even stepped in to speak up for them with their bosses. We’re used to lots of guidance. My generation makes up 10% of the workforce, but only 2.5% of the nursing workforce. Like most of my generation, I’m self-confident, hopeful, assertive, and achievement-oriented. I have a sense of civic responsibility and value diversity and change. I’m technologically savvy and somewhat of an information junkie – curious and always exploring. I like my information delivered in real time and I process it quickly. Meaningful work is important to me. I’m hopeful and open with others. I’m always looking for ways to change things for the better – I like a fast pace.”

2.5% born 1982 or later

*USDHHS, HSRA, 2006. 1% of those responding did not identify age.
Generational differences play a significant role in communicating and coaching effectively.

**Communicating.** Veterans prefer face-to-face or written communication and an inclusive style that builds trust. Boomers prefer a less formal communication style than Veterans; they prefer face-to-face or telephone communication. Their style is more open, direct, and group-process oriented. In contrast, Gen-Xers are impatient with the process of communication and may become bored in meetings. They are bottom-line oriented and having grown up with television, expect timely conclusions. Millenials read less than any other generation. They give and expect immediate feedback, often communicated using technology. They work well in teams.

**Coaching.** Veterans value one-on-one coaching and personal touches. They respect seniority and expect to receive coaching from a more senior person. Boomers, on the other hand, prefer a more collegial, peer-to-peer coaching approach. They value public recognition, perks and material rewards, and lifelong learning. They appreciate the value of lessons learned and expect clear, concise directions, such as contained in policies and procedures. They excel in completing a challenging task over a several-day timeframe. As coaches, Boomers face the challenge of accepting that other generations do not share their values in the employment arena (Stewart, 2006).

Gen-Xers like to demonstrate their own expertise. Effective coaches of Gen-Xers look for opportunities to showcase the Gen-Xer’s talents and knowledge, and avoid micro-managing. Gen-Xers like to feel empowered and make rapid progress to goals. They value cutting edge projects. They appreciate formal feedback and flexibility. They respond well to assuming an active role in scheduling. They base learning on products and outcomes, rather than on lessons learned. Therefore, they may need guidance in recognizing the rationale and value for policies and procedures. Because of their independent attitudes, they may need encouragement to recognize others’ contributions (Stewart, 2006).

Millenials (Gen-Yers) expect more coaching and mentoring than any other generation. They value structured internships, personal feedback, and demonstration of a personal interest. Because they lack experience, they need to focus on improving their skills. They use technology quite expertly, particularly communications technology. They enjoy a challenge and thrive on having a say. They expect to be lifelong learners. Millenials are better team players than Gen-Xers. They need encouragement, including encouragement to share their expertise. Because they revel in change, fast pace, and quick resolution of problems, they may need reminding of the rationale for procedural steps (Stewart, 2006).
Differences can spawn conflicts. Boomers may find Gen-Xers too impatient and too ready to throw out tried-and-true approaches. Gen-Xers may think that Boomers are inflexible and too conscious of saying the right thing to the right person. Gen-Xers may view Millennials as spoiled and self-absorbed. Millennials may believe that Gen-Xers are too cynical and negative (Dittman, 2005).

The essence of effective working together is to identify and respect the strengths of each generation and to collaborate together to maximize the contribution of each. Members of each generation must learn to appreciate the differences as an opportunity for enriching the work environment – an environment in which experience, new ideas, technical savvy, commitment, flexibility, and creativity are blended effectively. Members of each generation can learn from members of the others.

Kupperschmidt (2006) recommends “carefronting,” a model of communication used when professional nurses care enough about themselves and their patients to confront disrespectful behavior face-to-face. Whether the disrespectful behavior has its roots in generational differences, or other differences, this strategy offers a means toward fostering mutual respect. To use the model, both parties in a relationship must be willing...
to respect each other and identify their differences honestly, assertively, and in a caring fashion.

Any of the multiple ways in which we differ from some people, but are like others, can place us in a culture with those who are like us – it may be a racial or ethnic group, a generational group, or some other group of which we are members.

*Culture is a mold in which we are all cast and it controls our daily lives in many unsuspected ways… Culture hides more than it reveals, and strangely enough, what it hides, it hides most effectively from its own participants.*

Edward T. Hall

Culture determines what we see and what we notice. It is a “frame of reference” which gives meaning to what we experience.

*We each wear a set of invisible glasses - cultural filters.*

**B. Creative InterChange: A Model for Working Effectively with Cultural and Generational Differences**

The ability to learn what others have learned, to appreciate what others appreciate, to feel what others feel, and to add all this to what the individual has acquired from other sources, and finally to form out of it all…one’s own individuality is what distinguishes the human mind from everything else.

Wieman, 1958

The great American philosopher, Dr. Henry Nelson Wieman (1884-1975) dedicated his life’s work to understanding the process required for human transformation - the ability to learn, grow, change, and perform to our highest potential. He called this process
Creative InterChange. The Creative InterChange model offers a guide to precepting a student whose cultural and generational background differs from your own. The work of Wieman and his protégés describes four sequential conditions required for achieving Creative InterChange.

**Putting Creative InterChange into Action as a Preceptor**

**Condition of Creative Inter-Change #1**

**Authentic Interacting** reflects an open, two-way exchange of thoughts, feelings, values, and perspectives – free from conscious deceit, distortion, exploitation, domination or manipulation. Diversity surfaces and the uniqueness of each individual is exposed. The outcomes of this type of interaction are increased knowledge and trust.

- Share your thoughts, feelings, values, and perspectives and learn the thoughts, feelings, values, and perspectives of the student.
  - Set aside quality face-to-face time, devoid of interruptions and distractions.
  - Share your personal story.
  - When giving your perspectives, thoughts, feelings, and values, inquire whether the student looks at it in the same way.
  - When the student offers her thoughts, feelings, values, and perspectives, share yours.
  - Listen as much as you talk.
- Dismiss stereotypical assumptions:
  - That a student's educational preparedness varies depending on race or ethnicity;
  - That there is a formulaic methodology that can be employed to effectively precept an individual on the basis of his cultural status;
  - That all members of a particular ethnic group respond in the same way;
  - That precepting will be different because the person's background differs from yours;
  - That a preceptor of the same background as the student would be more successful than you will be;
  - That a student's success is limited in some way by her cultural background.
- Recognize that words and listening are conditioned by each person's cultural background and experience. Two people must cooperate by exchanging what they listen to.
  - Paraphrase frequently and state the interpretation in your own words, minimizing parroting.
  - Pause when speaking and encourage the student to paraphrase your comments as well.
  - Paraphrase the person's words, and also her non-verbal cues such as tone, pitch, volume, and non-vocal cues (body language, facial expressions, hand gestures).
  - Become adept at paraphrasing beyond the content level, and learn to interpret your student's emotions and values as well.
  - Be persistent in your efforts to understand what the student has communicated. Do not feign understanding if it is not present.
- Let the student know that you want to learn more about his background, views, and values.
- Inform the student that even though you may have different perspectives, it's important to you to hear other ways of looking at something. Inform the student that your viewpoint may be simply based on a lack of knowledge, and not a conviction of being right or an entitlement.
• Speak from your own experiences. Share with the student your thoughts, feelings, and anxieties about this relationship.
• Tell the student if this is your first experience precepting a student with a cultural background different from your own.
• Tell the student about your experiences with individuals from his ethnic group.
  - Share what you were told about individuals from the student’s background and how those ideas impacted you as you grew up. Acknowledge any biases or lack of knowledge that you possess.
• Inquire about the student’s preceptions and biases regarding individuals of your own cultural background.

**Condition of Creative Inter-Change #2**

**Appreciative Understanding** is an interchange in which the thoughts, perspectives, emotions, and worldviews of each person are recognized, understood, and appreciated. It is the conscious effort of each person to discover value in what someone else is expressing. It is not an attempt to seek agreement, only to understand and appreciate why the other person sees things the way they do. The outcome is shared meaning.

• Explore several areas in the search for distinctions.
• Learn about the student’s background and how it informs and shapes the student’s beliefs and behaviors.
  - Discover the student’s values and what’s important to the student.
• Determine where family, religion, education, and career fall in priority of importance for the student.
• Inquire about the student’s motivation for seeking higher education.
  - Is the student the first in their family to go to college?
  - What has been the family’s response to the student’s pursuit of education?
  - Is there a particular burden placed on the family with the student pursuing this level of education?
• Learn about the student’s experiences in a culturally diverse environment.
  - Did she attend schools that were multicultural?
  - Has he had many experiences with diverse populations?
  - Were these experiences positive?
  - If no, are there any anxieties about this current experience?
  - Has the student been mentored or precepted in the past by someone from a cultural background different from her own?
• Discern the expectations the student has of the preceptorship. Discuss where there is convergence and divergence from your expectations.
• There are several other areas related to the preceptorship where the student may have perceptions that are defined by their cultural background. Explore these with the student and share your own perceptions:
  - Role of teacher
  - Role of student
  - Accountability
  - Communication and the use of emotions to convey meaning
  - Time
  - Honoring hierarchy
  - Learning styles
  - Professional practice patterns
Creative Integrating is a process which actively seeks to integrate outcomes that are inclusive of the strengths of the ideas, emotions, and values of each person while eliminating or minimizing the drawbacks, negative attributes, or perceived barriers. It synthesizes the diversity into “both/and” opportunities - opportunities that are built upon or invented from the mutual inclusion of each person’s contribution. The outcome is a shared approach, vision, or ownership.

- Let the student know that a successful preceptorship is based on building on and synthesizing what each of you bring to the relationship.
- Find support systems for both you and the student. Sometimes hearing information in another voice can help to shape understanding:
  - A support system for you might include a nurse leader who represents the cultural background of the student or colleagues who have had positive experiences precepting students from cultural backgrounds different from their own.
  - A support system for the student might include:
    » Other students of similar cultural background;
    » Individuals representing the same background who have gone through the preceptorship in the past;
    » Professional organizations representing various cultural groups, such as those mentioned in this chapter and others.
- Together, establish a set of ground rules for the relationship. Consider ground rules like:
  - When we don’t understand the actions or behaviors of the other, we will seek this understanding.
- When there is an issue that requires resolution and there are convergent ideas, strive for solutions that synthesize the strengths of the ideas and the approaches of both you and the student.
  - Listing the positives and drawbacks of each of the convergent ideas is a useful tool for finding the solution that works for you both.
- Don’t try to assimilate the student. That is, refrain from trying to get the student to adapt or conform to the norms of the majority of other students.

Expanding Capacity is the process of acting on what we have created together and continually improving it. It refers to the enhancement or change that occurs and the increased capacity derived as a result. The outcomes are recognition of interdependence, cohesiveness, and a shared commitment.

- Commit to enhancing your own cultural competence during the preceptorship by gaining extensive knowledge of and appreciation for the student’s culture.
- Take great care to help the student learn to navigate the system.
- Assess any unmet expectations.
- Routinely check to see if agreements have been upheld.
• Step back and watch your interactions. Ask for feedback from the student and your support system.
• Be honest with yourself and the student about the areas that you still need to work on to enhance the relationship and the preceptorship.
• Communicate frequently.
• Discuss concerns before they exacerbate.
• Don’t give up, even though the effort is difficult and time-consuming.
• See endless possibilities for the student. Don’t set limitations based on past experiences or biases.

C. Conclusion

In the context of individual differences among adults, this chapter has highlighted two differences that are significant in precepting: cultural differences and generational differences. The chapter has acknowledged potential differences among persons of various ethnic and national groups and presented characteristics of generational groups. The chapter has offered suggestions for working effectively as a preceptor with a student whose culture or generation differs from the preceptor’s.
When precepting puzzles you…
or you have a question, just

Ask the Preceptor’s Preceptor

I really wonder if this student can ever succeed in a role like mine. She seems to lack the assertiveness that I think is needed. She never challenges me or anyone else. I practically have to take her by the hand to get her to question a doctor – especially a male MD. I think some of this timidity and reverence for authority may be culturally-related. Does that mean I should just ignore it?

A. Tell her she needs to take a course in assertive communication. Help her find the resources to address this problem.

B. Clarify the difference between what you observe and what the accountabilities of your role require. Make a plan to work on these competencies.

C. You have to let her know that her behavior is unacceptable. Tell the faculty member you won’t continue to precept her unless she shapes up.

D. Just accept it as her style. That’s part of our diverse work environment. Encourage her to work with others who will speak up when needed.

B. is correct. We must allow for differences in personality and communication style – whether or not such differences are culturally-based. However, safe, effective practice requires someone in your role to clarify, question, and confront when necessary. Begin by sharing your perceptions – just tell her what you observe with no judgment attached. See what she says. She may acknowledge that this is a usual style for members of her culture. Talk with her about it. Assure that she understands that you are not insisting that she abandon her cultural background, but rather you want to help her develop the skills necessary to practice effectively in the role. Appeal to her respect for authority by emphasizing that these behaviors are required for satisfactory performance. Acknowledge that it may be difficult for her to overcome her reticence. Assure that she recognizes the importance of the behaviors you are advocating. Perhaps relate some of your experiences in which your assertive behavior has made the difference between a poor outcome and a desirable outcome. Together make a plan to work on these behaviors. The plan may involve role playing with you, writing out and rehearsing a script, and making a point of observing you in situations that call for these actions. Set some goals by which to measure her progress.
When precepting puzzles you... or you have a question, just Ask the Preceptor’s Preceptor

I feel as if I’m continually butting heads with this student. He’s young and hasn’t been around long enough to understand how things work. He keeps bringing me research articles and telling me that we need to implement some new ideas around here. I’m all for evidence-based practice. I use it every day – AFTER I determine that it doesn’t conflict with our policies, procedures, and protocols, OR, after we change and communicate a procedure that incorporates the evidence. Shall I come down hard on him now or let him face reality when he gets a job in this role?

A. Explain the difference between school and the real world.

B. Encourage him to recommend these changes to your facility’s policy and procedure committee.

C. Tell him he’s here to learn the skills he needs to prepare for a role like yours – not to change the rules. Once he’s learned to function, you can consider his ideas.

D. Compliment him on his initiative in identifying relevant research. Explain your facility’s process for incorporating evidence into practice and the rationale for practicing within existing policies.

D. is the best answer. Recognize and encourage his interest in evidence-based practice and help him learn about the process used at your facility to incorporate new evidence. Most facilities’ processes include review of more than one study with specific attention to applicability and perhaps a pilot study in the facility. Maybe his generation will develop safe ways to streamline the process for policy and procedure change. You might encourage him to think about ways to maintain safe practice while implementing change more quickly. Assure that he understands his legal accountability for practicing within facility policies and procedures and his professional accountability for practicing within standards of practice. Sending him to the policy and procedure committee to recommend changes would probably be setting him up for failure. However, you might direct him to find out your facility’s process for implementing evidence-based practice and for changing policy and procedure. Then discuss and clarify his findings with him and guide him in going about the process with whichever of the research results he thinks deserves priority. Ask him to explain his rationale for his priority choice. Help him set step-wise goals so that he can have a sense of achieving outcomes. As an additional project, he might also critique the process and recommend changes in the process. It is important that he use the practicum to gain skill and experience with the current practice.