

Are you a culturally competent preceptor?



Here's a practical guide for helping an international nurse adapt to the culture and practices of nursing in North America. BY MARLENE V. OBERMEYER, RN, MA

IF YOU'RE A PRECEPTOR for new nurses, chances are that you'll be mentoring a foreign-educated nurse in the very near future—if you haven't already. With projections showing a nursing shortfall in the United States of almost 1 million nurses by 2020, the trend toward hiring international nurses is likely to continue.

What challenges do these nurses face in their new environment—and how can you, as a culturally competent preceptor, help them succeed? In this article, I'll answer these questions with practical advice and examples.

Reassurance and respect

American nurses worry about the quality of international nurses' education and experience and may assume that their knowledge and skills are inferior.

"I felt like I was under a microscope for over a year. Everything I did was triple-checked. I wasn't allowed to make any nursing judgments on my own."

What you can do. First of all, be reassured that most international nurses have gotten a good education. Nursing students in the Philippines, for example, use American textbooks. After they come to the United States, interna-

tional nurses undergo a rigorous process of educational approval and certification. Most state boards of nursing require them to earn the Commission on Graduates of Foreign Nursing Schools (CGFNS) certification with a test of nursing knowledge, written and oral exams of English proficiency, and a credentials review. Then they must pass the NCLEX exam to get their U.S. nursing license.

Most nurses coming here have had several years of relevant nursing experience. Ask the nurse you're mentoring about hers. How long has she worked in nursing? What's her specialty? This will give you a baseline for assessing her performance.

Communicate with care

Although international nurses have to pass English exams, cultural differences can alter the meanings of verbal and even nonverbal communication. Using idioms, nonstandard English, and slang, or speaking too fast, can cause misunderstandings.

"I was afraid to answer the phone. It was hard enough understanding people face-to-face."

What you can do. Use standard grammar when you're talking with a nurse who's new to this country.

Try to speak clearly (not loudly), and enunciate. If English is her second language, give her time to mentally translate your spoken words into her native language, formulate an answer, and then translate it back into English.

Avoid using expressions that have a meaning different from their literal meaning, such as "He was a wreck." Instead, rephrase your statement. For instance, say, "He was very upset about his mother's illness."

An international nurse might prefer to demonstrate a procedure instead of describing it to you. Always let her ask questions.

A matter of style

In the United States and Canada, we have a direct communication style with straightforward talk. People from non-Western cultures are more likely to have an indirect communication style. When someone who communicates with an indirect style says yes, don't assume she's agreeing; she might simply mean, "I hear what you're saying." She might favor ambiguities and generalizations to avoid offending you. People from direct cultures may misinterpret indirect responses as dishonesty or hedging.

People from different cultures

A snapshot of our international nurses

These data were gathered from 1978 to 2000:

- 69% are between ages 23 and 32.
- Most (73%) come from the Philippines. Fewer nurses hail from the United Kingdom (4%), India (3%), Nigeria (3%), and Ireland (3%).
- 15% are men—a greater proportion than found in American nursing (6%).
- Most (over 80%) have a bachelor's degree. About 18% have a diploma or other nondegree education.
- More than 60% received their nursing education in English, but more than 80% speak another language as their first language.

Source: Foreign-educated nurses and the changing U.S. nursing workforce, *Nursing Administration Quarterly*, CR Davis and BL Nichols, Winter 2002.

interpret body language in different ways. For example, in the United States, eye contact is a sign of respect and honesty; in other cultures, looking down and avoiding direct eye contact is a sign of respect, and direct eye contact may even be considered hostile.

“When I spoke to Maria about a medication error, she couldn't even look me in the eye. I felt like she wasn't being truthful.”

What you can do. If you communicate directly, an international nurse may think you're aggressive and insensitive. So instead of saying, “You should have introduced yourself to your patient,” you might say, “Next time we go to a patient's room, let's make sure we introduce ourselves.”

Groups vs. individuals

Some cultures—Asian, Latin American, and Middle Eastern ones in particular—are collectivist or group-oriented. In contrast, cultures in North America and Western Europe tend to be individualistic. This too can lead to misunderstandings.

The values of someone from an individualistic culture include personal responsibility, accountability, privacy, and competition. Business is business, even if you're friends with a colleague. In an individualistic society, people may also be more legalistic and litigious.

In a group-oriented or collec-

tivist society, group harmony in relationships takes precedence over most other matters. People from these societies tend to blur the line between friendship and business.

Nurses from some cultures may speak their native language when they're together to express their group solidarity. This can seem rude to an outsider, but they don't necessarily mean to exclude you.

“If an American goes to Japan and meets an old neighbor from home, would they speak in Japanese?”

What you can do. To build trust, first establish a personal relationship with one nurse from a group-oriented culture. Express genuine interest, not only in who she is but also in her family. Understand that group-oriented cultures may not value privacy in the same way American culture does.

Cover the concepts of liability and malpractice during general orientation and reinforce them during clinical orientation. Be familiar with and review the nurse practice act with her as you encounter specific situations.

Speaking up

Some cultures value hierarchy in relationships. This can conflict with the Western cultural values of equality and opportunity for everyone. In some cultures, such as those of the Philippines and India, respect is based on age,

position, and sex. In this cultural context, nurses may accept paternalistic attitudes from physicians.

An international nurse may need support as she adjusts to the physician-nurse relationships in the United States. For example, she needs to become comfortable clarifying and questioning orders, explaining situations, and being assertive with other colleagues and advocating for patients.

“When I was in Thailand, I learned how to shut up. When I came to the United States, I learned to speak up.”

What you can do. Be a good role model. For example, have her observe while you talk with a physician on the phone, read back the order verbatim, and ask for clarification, then discuss what you did with the nurse. Let her practice or role-play; be available to provide support when she feels ready to handle calls or discussions on her own. Make sure you give appropriate feedback and reinforcement.

Reap the benefits

Foreign-educated nurses not only add cultural spice to your work environment, but they can also be a valuable resource when you're caring for patients from other cultures. Ask international nurses for their input and show that you value their contribution.

By helping international nurses succeed, you help your patients come out ahead too. <>

SELECTED REFERENCES

AcademyHealth. Migration and the global shortage of health care professionals. <http://www.academyhealth.org/nhpc/foreignpolicy/>. Accessed October 24, 2005.

Davis CR, Nichols BL. Foreign-educated nurses and the changing U.S. nursing workforce. *Nursing Administration Quarterly*. 26(2):43-51, Winter 2002.

Hofstede G. *Culture's Consequences: Comparing Values, Behaviors, Institutions, and Organizations across Nations*, 2nd edition. Thousand Oaks, Calif., Sage Publications, 2001.

Marlene V. Obermeyer, originally from the Philippines, is an independent continuing-education provider in cultural competency, offering online and on-site courses in Wichita, Kan.