MANAGING CULTURAL DIVERSITY IN THE CLASSROOM

Thembile Khanyile (PhD), Associate Professor
School of Nursing, UWC

Correspondence address:
Prof. Dr. T khanyile
School of Nursing, University of the Western Cape
Private Bag x17, Bellville, 7535, South Africa
Email: txhanyile@uw.ac.za

Abstract
Introduction: This article focus on the cultural issues challenging health professional academics in this era of transformation in South Africa.
Objectives: The objective is to discuss various concepts of cultural diversity and the management thereof.
Methods: Review of literature on the management of cultural diversity.
Conclusion: The education and training programs for health professionals should lead to affirmation of cultural diversity and promote respect for the person while leading to tolerance of different views and ideas.

Introduction
The policy goals and strategic objectives of the Department of Education and Training are clearly outlined in the White Paper for Education, namely:

- To increase access
- To promote equity
- To ensure diversity
- To improve quality
- To build research capacity and to restructure and consolidate the institutional landscape of the higher education system to transcend the apartheid past and to enable the establishment of South African institutions consistent with the vision and values of a non-racial, non-sexist and democratic society (Department of Education, 1995).

The complexity of the cultural issues in South Africa is due to the fact that "culture" as a concept is inextricably bound to social relations of power and knowledge. It is because of this link that culture is perceived differently by different people, depending on the lenses one chooses to use in analyzing the concept. According to Boyle and Andrew (1983:12) culture refers to the complex whole which include knowledge, beliefs, arts, morals, laws, customs and any other capabilities and habits acquired by man as a member of a society. Culture represents a way of perceiving, behaving and evaluating one's world. Therefore, what a person recognizes as illness or disease is culturally bound. It is important for health professionals to appreciate their client's health orientation.
Objectives
The article aims at engaging academics and learners in reflecting upon their practice to determine how their practices promote or fail to promote the management of diversity in the teaching and learning environment. The article will also challenge the readers to reflect on the congruence between what they intend saying and the impact, of what they are saying have on their learners.

Methods
This is a descriptive study on different views on the management of culture diversity in the classroom setting. Reference to own experience and literature was used to substantiate the view point of the author.

Setting
The setting takes place within the assumptions of the author. My learner is a person first and then a learner. I teach her/him to treat her/his patients as people first and then patients. The author’s view of culture is that of a dominant and a subordinate culture. The dominant culture refers to ideologies, social practices and structures that affirm the central values, interests and concerns of those who are in control or who are in power. The subordinate culture refers to groups who exist in social and material subordination to the dominant group.

Discussion
In South Africa most studies on cultural diversity have focused on the differences and how these influence or impact on care delivery rather than on the commonalities that exist between cultural groups (Uys, 1989; Khanyile, 1998; Mafanya, 2000; Zwane, 2000). What is even more interesting is that studies are still focused on the “other” cultures or specifically the subordinate group. South African academics still view their “un-sameness” as a problem and as a weakness that needs to be explored through rigorous methods.

Philosophical underpinnings of cultural democracy in education.
According to Dewey, as cited in Tanner and Tanner (1980:102), one cannot penetrate deeply into any significant problems or issues without encountering philosophical considerations. This is also true of cultural issues influencing health professional education, especially in the South African context. The National Commission on Higher Education and Training in 1996, stated that: “The education system of South Africa needs to be responsive to the social, cultural, political and economic challenges facing the country. Higher education institutions should therefore commit themselves to producing a workforce with skills that the country needs” (NCHE Report, 1996).

The South African Qualifications Act (1995) speaks: among other things about building a working democracy in the post apartheid South Africa. In other words education must transform society. The following philosophical viewpoints are inline with these policies (South African Qualifications Act, 1995).

Reconstructionism or democracy
Proponents of this tradition believe that human experience is culturally and historically determined. According to this philosophical viewpoint, education seeks to explore that which is oppressive and dominating. Focus should be
on bringing about a new social order. This viewpoint embraces democracy as the appropriate goal of education. Learning, according to this viewpoint occurs directly through one’s experiences and indirectly through the experiences of others (Brameld, 1999). The curriculum must therefore be geared towards the transformation of the rising generation so that they embrace the goals and develop the means required for the collective social transformation (Tanner & Tanner, 1980: 164).

Cultural identity from this philosophical viewpoint refers to the organization of the individual’s abilities, beliefs and history into a consistent image of self. It involves making deliberate choices and decisions particularly about one’s philosophy of life. In a democratic society, members are expected to recognize, respect, and nurture the unique cultural identity of others whether similar or different from theirs. Cultural democracy results in cultural safety (Spenser, 2001:411). Actions that diminish, demean or disempower the cultural identity and well-being of an individual are regarded as culturally unsafe.

**Developmentalism**

Learners transform the society through their cultures and in turn they are transformed by society. While this ideology is in agreement with humanism in that individuals construct their own reality, that construction influences the social reality and are in turn influenced by this social reality. Society requires critical thinking members who will contribute to its development. Through recursive perspective taking, people’s thinking is altered and new meanings and new points of view result from reflection. Growth and development occurs as people critically reflect on their experiences.

It becomes clear therefore that the perspective used to describe the concept “culture” will be influenced by the context within which one is making those descriptions. This is especially true for South Africa where the concept “culture” has been understood within social and political contexts. It would appear that cultural issues in health professional education, to be clearly understood, it is necessary to retain a strong sense of social and political context.

**What are the challenges facing academics in a culturally diverse classroom?**

Perception of the academics’s interaction with the class is a matter of choice. Every academic has his/her own past experiences which usually forms the basis or the lenses through which he/she chooses to explore issues of culture and identity. These experiences are usually carried into ones practice for example as a nurse, a colleague, and as a nurse educator. For instance one may ask the question: How has the identity “being black or being white” affected or influenced one’s practice as an academic? Academics need to take responsibility for the impact that their previous experience may have on their interaction with the learners. They need to acknowledge the prejudices they carry with them about their “blackness or whiteness” to the teaching environment. Academics have a number of choices, to make. They can choose to be assimilated to the status quo and join in the de-voicing of the minority groups of learner in their classrooms. They can choose to ignore the past and its influence on the lenses they use to
experience their learners, they can choose to ignore the past and expect learners to compete equally. They can choose to be irritated when the learners from the historically disadvantaged groups take time in responding to their questions, when these learners occupy the 'back seat' during class discussions. They can choose to ignore the fact that being second language speakers means that these learners take longer in processing information in their minds. They can also choose to label these learners as lethargic and lazy when they do not participate actively in class OR they can choose to acknowledge how their learners' past which may also be their past (or it maybe not be), influences their learning. The point being made is that how academics perceive their interaction with culturally diverse learners is a matter of choice. One can choose to be neutral about diversity and its influence in education or one can choose to be conscious about its impact on teaching and learning. Having said this, we need to be reminded that any choice one makes carries with it some responsibility/ies.

Engagement in self reflection is a matter of responsibility
Academics have a personal responsibility to explore how their cultural identities influence their teaching. The choices they make are dependent on the responsibility to engage in self-reflection. Most people fail to engage in self reflection on multicultural issues introspectively because doing so may elicit a sense of responsibility for working towards transformation of self. After all, this would be in conflict with the policies of their institutions, which encourage equality regardless of race, colour or creed.

Some people find it more comforting to disengage themselves from issues of cultural discrimination. Disengagement in this sense means disengaging on a personal level. They do research on cultural diversity, publish articles on these issues but still they have never engaged in self examination on how these issues influence who they are and how they interact with the learners. This failure to engage in self examination often leads to what is called unconscious cultural blindness.

Construction of knowledge for personal development is a challenge in a culturally diverse teaching environment
The author argues against the western ethnocentric way of knowledge construction as depicted by the biomedical discourse. The significance of this model in producing a technically competent practitioner with skills and knowledge cannot be denied, but its usefulness in developing a positive professional identity and personal development is questioned. It is criticized for its use of depersonalized methods for educating students leading to the creation of false dichotomies. It is also criticized for its failure to engage the learner critically with the world. The biomedical discourse has its roots on positivism, a philosophy rooted in modernity and therefore making claims to objectivity, truth and certainty in defense of a scientific approach. Knowledge is constructed through the process of abstracting oneself from the object of study in order to discover objective truth without contaminating the process. This approach denies subjectivity, reinforces object–subject dualism and similarly separates the person from his/her professional activities. While acknowledging the usefulness of such an
understanding in informing competent, skilled professionals, such an instrumentalist and reductionistic view ignores personal beliefs and the feelings of the person engaged in the process and therefore are unable to capture human experience holistically and meaningfully. The true nature of the relationship is ignored.

How can academics manage a multiculturally diverse classroom?
According to Guilbert, (1997), knowledge has the following fundamentals:
- Meaning
- Context,
- Relevance,
- Use and
- Culture-relatedness.

Knowledge has meaning, therefore encourage learners to engage in reflection
Learners as people interrogate that which is learned and attach their own meaning to it. Knowledge and understanding are constructed by the individual and integrated into their cognitive structures. This knowledge or its possession can change the individual’s perspective or attitude towards the phenomena and hence personal growth and development occurs. Knowledge is obtained through dialogue and engagement in society. Therefore, an effective multicultural academic will use dialogic engagement in her/his classroom because she/he is aware of the fact that knowledge construction has a personal element namely meaning, relevance and context. She/he will strive to encourage the learners to engage in a process of reflection about the meaning they attach to that which is discussed in class, what previous experience do they relate to it, what they are able to do now with the knowledge that they could not do before, and how the knowledge has changed their view on the particular phenomena.

Knowledge is context bound therefore we need to focus on the development of the learner as a person and therefore a cultural being.
In many institutions for the education and training of health professionals, knowledge is still constructed by separating the content to be delivered from the learner and the teacher. It also encourages the educator to abstract her/himself from the social context when delivering the content and to position her/himself as a change agent who is outside of the teaching learning process. The learner becomes the recipient of the teacher’s truth while his/her (learner’s) truth is ignored. Learners bring into the classroom a variety of contexts under which their local knowledge (experience) has been constructed (Guilbert, 1997:203). Academics also have their knowledge which has been constructed under different contexts, for an example missionary schools; black only schools, white only schools and so on. Therefore, academics need to focus on the development of the learner as a professional and as a person and therefore a cultural and social-being. The experience of self, exist in the ongoing interchange with others. Identity and experience are actively produced in particular contexts, which are part of the larger society.
Affirming diversity in a multicultural classroom by discouraging cultural blindness

Cultural blindness may result in refusing to accept differences and therefore accepting the dominant culture as the norm. It may in turn result in denying the very identity of the learners thereby making them invisible or silent (Nieto 1992:4). Some of us have always listened to academics expressing the view that in their classrooms learners are treated similarly "I do not see colour from any of my learners, they are all the same." From the surface this may sound fair but fundamentally it may be viewed as unfair not to acknowledge differences where these exist. The U.S Supreme Court provided a good example in 1974 where the San Francisco school department was sued on behalf of Chinese speaking learners whose parents charged, their children were not receiving equal education. The school department however, argued that they were indeed providing these learners with equal education because they received exactly the same instructions by the same teachers and the same materials as the rest of the learners in that school. The U.S Supreme Court ruled out unanimously against the school on the basis that receiving the same instruction was not in line with equal opportunity since French is the official language in Rwanda and she did not speak any French. According to the agreement, an interpreter was going to assist during teaching, however, when she arrived there, she was told that there had been a break in communication and there was not going to be any interpreter. She had to be open minded in dealing with the situation as it presented, there was nothing else that she could do, as she was already in Kigali. She was told that at least five of the learners knew some English since they had studied outside the country. The lesson learned from this involvement with the Rwandese learners was the importance of thinking time during teaching. These learners needed time to first listen to her speaking to them in a language they had little understanding of, transfer this in to French mentally and transfer into Kinyarwanda (vernacular) and then

Importance of thinking time during a multicultural teaching/learning session

The author's own experience concerning cultural blindness was during her engagement with Honours in Nursing Education learners in Kigali, Rwanda. The institution the author worked in is a World Health Organization Collaborating Center, which means that lecturers often teach learners from countries like Niger, Nigeria, Zambia, Rwanda, Burundi, Seychelles, Zimbabwe, Ghana and other countries in the SADEC region. Sometimes the lecturers go there and sometimes the learners come to the school. In this case, the author had to go to Rwanda. The main problem was communication since French is the official language in Rwanda and she did not speak any French. According to the agreement, an interpreter was going to assist during teaching, however, when she arrived there, she was told that there had been a break in communication and there was not going to be any interpreter. She had to be open minded in dealing with the situation as it presented, there was nothing else that she could do, as she was already in Kigali. She was told that at least five of the learners knew some English since they had studied outside the country. The lesson learned from this involvement with the Rwandese learners was the importance of thinking time during teaching. These learners needed time to first listen to her speaking to them in a language they had little understanding of, transfer this in to French mentally and transfer into Kinyarwanda (vernacular) and then
think of the answer. The author also had to be very patient, to allow them to consult the other learners who spoke better English than them so that they could assist them. This experience was very touching especially the enthusiasm that the group showed, everyone was willing to try and answer in English and they all carried English/French dictionaries during the class sessions. The author had to be sensitive to the fact that English was not their language.

**Provision of a culturally safe learning environment**

An environment, which is conducive, is an environment where all learners are encouraged to discover who they are in a non-threatening way. Another experience was with the South African learners from the marginalized groups in a traditionally white university. During class sessions, they would not actively engage in a discussion until the teacher invites them to do so. They seemed to be very passive in their interaction. The previous education system in our country has silenced or what Goduka (1998), call de-voiced them and de-centered them. These learners have been submerged in what Paulo Fereire called "culture of silence of the disposessed". This silence, lethargy, feelings of hopelessness and fatalism in the classroom are all products of the whole situation of social, economic and educational domination. Faced with this situation the author had a choice to make in addressing this situation. She could choose to ignore their past circumstances and challenge them to take an active role, but she chose to acknowledge their previous situations. During an interview with some of them it became clear that they expected her to use vernacular when explaining things to them especially during individual sessions. She had a choice, to make and chose to agree in explaining in vernacular, and not to ignore what she knew, and pretend she did not know or that it did not exist. How could the author ignore their past, her past?

**Understanding the relationship between INTENT and IMPACT**

Sometimes as academics, we take advantage of the situation that presents during our interaction with learners. We, by virtue of the expert knowledge we have, usually focus on our intentions no matter what impact our intentions may have on our learners. We need to take responsibility for the impact that our interactions may cause in our learners. We need to constantly recognize the biases, prejudices that we take with us into the classroom and how this is experienced by our learners and colleagues for that matter.

**Discard the myth about cultural blindness**

Cultural blindness denies people of the validation of their whole person. As academics, we need to acknowledge the differences that exist between our learners and ourselves. These may be gender, race, ethnicity, language and social class. In so doing, we will help learners in turn to better understand who they are so as to be prepared to understand their patients as people first. We also need to admit the possibility that such differences may influence the teaching-learning encounter. This does not imply that instruction and policies should be watered down to accommodate these differences. It does imply however that, academics be conscious and aware of the existence of these differences.
Conclusion

As an academic, one has a dual responsibility for developing and actively undertaking a process of introspection and self-examination regarding one’s culture, race and other dimensions of one’s identity. First, one has a responsibility to one’s self to constantly work to examine one’s identity and how it informs the lenses through which one sees and experience the people and the world around him/her. Second, one has a responsibility to the learners to explore how one’s identity development affects their experiences in class. If one fails to address either of these responsibilities, he/she also fails to be the most effective teacher and most effective person one can be.

The education and training programs for health professionals should lead to affirmation of diversity and promote respect for the person while leading to tolerance of different views and ideas. Today’s programs for health professions should be designed in such a way that the neophyte is equipped with competence in contextual sensitivity, cultural identity, awareness of historical, political, and economical impacting on health and professional practice. Therefore, to be culturally sensitive, health professional programs should focus on developing the learner as a person first and then a professional. This will in turn help the learner during her practice to treat the patient as a person first and then as a sick patient or client with health problems. This is the foundation of cultural relativism.

Implications for research and practice

In this article, no strategies for teaching in a multicultural environment have been given precisely because the author does not believe that these strategies work. It is the author’s view that what does work is: self identity and self awareness of the person. It is about the person who may be a teacher or learner and it is about the choices she/he makes that will make a difference in addressing cultural problems, especially in the South African context.

Acknowledgements

The Honours in Nursing Education group from Kigali Health Institute, all the learners and colleagues from culturally diverse backgrounds who have contributed to the experiences shared in this article.

Conflict of interest

None

References


