LETTERS TO THE EDITOR

A Commentary on Hispanic Students in Nursing Programs

To the Editor:

Thank you for publishing the article by Alicea-Planas, “Hispanic Nursing Student’s Journey to Success: A Metasynthesis,” in the September 2009 issue (vol. 48, No. 9, pp. 504-513).

Alicea-Planas used the metaphor of a journey to explicate barriers and facilitators for Hispanic students in nursing programs, noting that the journey begins well before they reach the doors of the university. I work at a university on the south side of Chicago with an ethnically diverse student population, many of whom are first-generation college students with English as a second language.

I have witnessed many of the barriers Alicea-Planas discussed, which cause students to withdraw from or be unsuccessful in our program. Alicea-Planas provided many useful strategies for increasing retention and success. Something as simple as recognizing the importance of family obligations in students’ lives and opening up conversations about how to manage school, work, and family can have significant impact.

For example, a student I had in clinical was struggling in the theory portion of the course. I could see that she was stressed. I asked her one day how she was doing with school and how things were going at home. She told me she was having a difficult time managing all of her household responsibilities along with her school work. I asked if she had support from her husband. She opened up about how, in her culture, it was her responsibility as the wife to cook dinner, clean, and shop, which made it difficult to keep up with school work. I suggested she ask her husband if he would be willing to help out with cooking and laundry. She did, and she was surprised that he agreed. As a result, she had more time and less stress and ultimately succeeded in our program.

Identifying Hispanic students early in their nursing programs and encouraging them with support and mentorship to pursue graduate education is another strategy. Rivera-Goba and Nieto (2007) suggested starting even earlier in the education process by having schools of nursing partner with local elementary, middle, and high schools to provide learning opportunities for students, as well as opportunities for role modeling and mentoring. With the Hispanic population as the fastest growing minority group, it is necessary now more than ever to recruit and retain Hispanic nursing students and reflect the same diversity in the nursing faculty.

Alicea-Planas also emphasized the lack of role models within schools of nursing. The shortage of Hispanic nurse educators needs to be rectified. This disparity exists outside of nursing in all areas of academia (Smith, Turner, Osei-Kofi, & Richards, 2004). Multiple strategies will be necessary to successfully recruit and retain both Hispanic students and faculty. One such strategy is facilitating partnerships with experienced Hispanic nurses working in a variety of settings who might serve as preceptors for Hispanic students.

References


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A Commentary on Degree Requirements

To the Editor:

After reading the article “Faculty Retirement: Stemming the Tide” by Foxall, Megel, Grigsby, and Billings in the March 2009 issue (Vol. 48, No. 9, pp. 172-175), it occurred to me that in all the literature searches I have performed during my 6-year academic career in nursing, advocacy for liberality in degree requirements for nurse educators receives little support. Although I found this article’s points on correcting the nurse educator shortage to be beneficial, older faculty will, in fact, have to retire; the profession’s best bet is to attract new faculty. Why is making exceptions about degree requirements associated with decreased quality? Can it be said that, in general, nurses with a baccalaureate degree make better clinicians than nurses with an associate degree? If not, is it then appropriate to make the same judgment between nurses with and without a graduate degree in nursing education regarding their efficacy as educators?

In terms of clinical instructors, who better to teach students than nurses who are still clinical? Since when is clinical expertise not a valuable asset? The type of degree earned does not guarantee efficacy. Other methods of measuring qualifications to be a nurse educator need to be explored. My experience in undergraduate practicum was by far the greatest preparation for my role as a registered nurse. It bridged the theory-practice gap like no other experiences I had until then, and it was all due to the 20 years of experience of my nurse mentor, an associate degree nurse.

References

Kofi, & Richards, S. (2004). Interrupting the
There are registered nurses who desire to teach but are deterred by the significant decrease in salary, educational preparation requirements, and expectation to obtain a doctorate degree for upward mobility. Using experienced registered nurses as clinical instructors allows nurses to maintain their current work hours and should not require additional education. Staff nurses can also relieve the constraints of didactics by agreeing to be guest lecturers on their specialty topics (Whitmarsh, 2009). These tactics allow faculty at retirement age the freedom in schedule, decreased workload, and departure from clinical instruction that they desire to remain employed, and they also liberate master’s-prepared educators to perform didactics, curriculum reform, and objective achievement tasks (Foxall, Megel, Grigsby, & Billings, 2009).

The American Association of Colleges of Nursing stated that to rectify the nurse educator shortage, it may be necessary to enlist instructors from other professions who do not have nursing degrees (2005). Is this not skipping a step? Why use resources outside of the profession before enlisting the help of talented, qualified nurses who want to do the work? Nurses assume the educator role daily in their experiences as clinicians. Maybe we should consider looking a little closer to home for a solution.

References

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