Perceptions of Cultural Competency and Acceptance among College Students: Implications for Diversity Awareness in Higher Education

Abstract: The purpose of this longitudinal study was to identify views held by college senior and graduate students, within one academic health professions department, about diversity and cultural acceptance. Over a three-year period, student responses to 15 Likert scale items indicated students agreement that the department is modeling cultural competency, addressing diversity in the curriculum, and increasing knowledge of diversity among students. Comments emerged around six themes that reinforced quantitative survey responses. The data obtained was useful for the department to enhance opportunities designed to develop student cultural competency through, engagement, activities and positive academic experiences.

Key Words: Cultural Competence, Perception, Higher Education, College Students

Introduction

It appears cultural diversity, especially in higher education, continues to be a focal point in the United States and as addressed in multiple issues of the Chronicle of Higher Education (Mangan, 2017, “The 2015 Honor…”, 2015). Classrooms are changing by including students of various races, backgrounds, religions and abilities (Moore & Hansen, 2012). The inclusion of diversity in academic institutions is an essential component to teaching students the human relations and analytic skills needed to thrive and lead in the work environments of the twenty-first century (Gurin, Dey, Hurtado, & Gurin, 2002). Specific skills include the abilities to work effectively with colleagues and subordinates from diverse backgrounds; to view issues from multiple perspectives; and to anticipate and respond with sensitivity to the needs and cultural differences of highly diverse customers, colleagues, employees, and global business partners (Gurin, Dey, Hurtado, & Gurin, 2002). Others note that knowledge of how culture influences disease and treatment behaviors can aid health professionals to display appropriate interactions with diverse populations (Seeleman, Suurmond & Stronks, 2009). As health practice expands globally, delivering culturally sensitive care by developing a level of cultural competence becomes a requirement. Various institutions and programs have sought to analyze factors associated with diversity. Some (Maxwell, 2011; Pettigrew, 1998; Summers & Volet, 2008) noted improvement in cultural awareness and competency following experiences with different cultures. Others have explored emotional reactions (Baumgartner & Johnson-Bailey, 2008), use of negative experiences (Bowman & Brandenbergerm, 2012), and use of personal anecdotes (Haslerig, et al., 2013). Culturally competent health professionals are needed to help reduce racial and ethnic disparities, which may be linked to health disparities (Like, 2011).

Data from the U.S. Census Bureau (2015) suggest that demographic shifts are occurring in
the United States and the expectation is that by 2050, minority populations will increase to 48% of the total population. Perhaps, emphasis is needed to address ethnic and cultural diversity throughout the academic environment. The Multiculturalism/Diversity Curriculum (2012) suggests that positive multicultural interactions and understandings, through having role models from a variety of backgrounds, ought to be promoted among students, faculty, and the staff. Faculty and administration may also strive to reflect the ethnic and cultural diversity within the United States, and schools have a duty to conduct ongoing, systematic evaluations of the goals, methods, and instructional materials used in teaching about ethnic and cultural diversity (“Multiculturalism/Diversity Curriculum...”, 2012).

Helping students understand the experiences of ethnic and cultural groups within the academic setting is a necessary component of a culturally competent curriculum. Additionally, recommendations for culturally competent curricula provide students with continuous opportunities to develop a better sense of self; understand the experiences of ethnic and cultural groups in the United States; develop skills necessary for effective interpersonal, interethnic, and intercultural group interactions; and promote values, attitudes, and behaviors that support ethnic pluralism and cultural diversity (“Multiculturalism/Diversity Curriculum...”, 2012). Culturally competent care is described as services that are provided in ways that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients (National Institutes of Health [NIH], 2015).

Culture is a nebulous concept which makes defining it challenging (Bonder, Martin, & Miracle, 2004; Hunt, 2005). While culture is clearly and often linked with race and ethnicity, it is often defined in ways that supersede these elements. Culture simultaneously encompasses contextual elements that exist external to the person, and aspects of personhood that are internalized by the person and incorporated into daily life (American Occupational Therapists’ Association [AOTA], 2014). Implicit to the term culture, is the notion that something is shared among people (Bonder et al., 2004; Hunt, 2005). Culture, as a concept, includes shared ideas, beliefs, systems of concepts and meanings, values, knowledge, activity patterns, ways of being, behavioral standards, expectations accepted by the society of which the person is a member, and customs that arise over time through the shared experiences and identities of a social group (AOTA, 2014; Canadian Association of Occupational Therapists [CAOT], 2014).

Through culture, people are able to distinguish those who belong, insiders, from those who do not, outsiders (Bonder et al., 2004). What is often less visible in the literature is the notion that culture is internalized differently by individuals. While it provides people with options for how they live their lives on a daily basis, ultimately, individuals make decisions regarding how they enact these options, rather than simply following a singular mandate that dictates what to believe and how to behave (AOTA, 2014; Hunt, 2005). Becoming culturally competent is a complex, nuanced process that must be intentionally mediated and developed over time. Cultural humility has been proposed as one method to enhance the cultural competence of those within the health science fields (Off, 2011). Hunt (2005), references Tervalon and Murray-Garcia (1998), defining cultural humility as a life-long process of self-reflection and self-critique. Self-reflection and self-critique emphasize the need for health professionals to develop self-awareness and to display respectful attitudes toward diverse points of view, rather than learn laundry lists of beliefs and behaviors attributed to members of less predominant cultures (Dogra, Reitmanova, & Carter-Pokras, 2009; Hunt, 2005). Identifying views held by senior and graduate students concerning diversity and cultural acceptance in a large academic department, was a focal point in the current study discussion.

**Study Purpose and Objectives**

The study purpose was to analyze perceptions of such self-reflection and attitudes among students, faculty, and staff and to identify strategies to increase opportunities for improved cultural competence in the higher education academic environment. The study objectives were to identify student views about diversity in the department and university, perceptions of faculty’s acceptance and accommodation of diversity, and knowledge and development of skills related to cultural competence. Qualitative and quantitative data were collected and analyzed to determine if objectives were met. The sample included graduating seniors and graduate health sciences students (male and female) in a
Table 1. Demographics

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>192</td>
<td>18.8</td>
</tr>
<tr>
<td>Female</td>
<td>821</td>
<td>78.8</td>
</tr>
<tr>
<td>Choose not to identify</td>
<td>8</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonresident aliens</td>
<td>8</td>
<td>0.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>39</td>
<td>3.8</td>
</tr>
<tr>
<td>Black or African American, non-Hispanic</td>
<td>48</td>
<td>4.7</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>806</td>
<td>79.5</td>
</tr>
<tr>
<td>American Indian or Alaskan Native, non-Hispanic</td>
<td>7</td>
<td>0.7</td>
</tr>
<tr>
<td>Asian, non-Hispanic</td>
<td>62</td>
<td>6.1</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander,</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td>non-Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two or more races, non-Hispanic</td>
<td>19</td>
<td>1.9</td>
</tr>
<tr>
<td>Race and/or ethnicity unknown</td>
<td>3</td>
<td>0.3</td>
</tr>
<tr>
<td>Do not wish to choose</td>
<td>20</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Undergraduate Program</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athletic Training Education Program</td>
<td>32</td>
<td>5.0</td>
</tr>
<tr>
<td>Dietetics</td>
<td>23</td>
<td>3.6</td>
</tr>
<tr>
<td>Health Assessment and Promotion</td>
<td>27</td>
<td>4.3</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>96</td>
<td>15.1</td>
</tr>
<tr>
<td>Health Studies</td>
<td>372</td>
<td>58.7</td>
</tr>
<tr>
<td>Public Health Education</td>
<td>84</td>
<td>13.2</td>
</tr>
<tr>
<td><strong>Graduate Program</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>46</td>
<td>6.9</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>42</td>
<td>6.3</td>
</tr>
<tr>
<td>None... I am an undergraduate student</td>
<td>574</td>
<td>86.7</td>
</tr>
</tbody>
</table>

Southeastern public four-year coeducational liberal arts institute. A majority of participants identified as female (78.8%) and White, non-Hispanic (79.5%), followed by Asian (6.1%) and Black or African-American, non-Hispanic (4.7%) (See Table 1). Identifying participant academic levels, 86.7% were graduating undergraduate students, and 13.3% were graduating graduate students.

The Diversity survey was a 21-item instrument used to assess student perceptions about diversity. Perceptions were measured by 15 statements on a five-point Likert scale ranging from “strongly disagree” to “strongly agree.” Statements assessed student’s attitudes about how diversity was addressed within the curriculum, faculty skills and practices related to diversity, perceptions about personal knowledge of diversity issues, and openness and ability to be a culturally competent health professional. Also included were questions about personal involvement in diversity related activities on campus, and how each person rated the university’s focus on diverse populations, with ratings from “excellent” to “needs improvement” to “not sure.”

Paper/pencil and electronic versions of the survey were administered. When the data were collected, qualitative and quantitative analyses were completed to assess student views of diversity, and any changes in views of diversity, over a three-year time span. Using the Statistical Package for the Social Sciences (SPSS) (v. 21), descriptive statistics were determined, including means, modes, medians, and chi-square analyses were used to describe relationships between demographic variables and the various diversity variables. In first analyses, the demographic variables lacked variability to use as independent variables.

**RESULTS**

The quantitative data were analyzed for various factors including acceptance of, and accommodations for diverse populations of faculty and students, faculty stereotyping of diverse populations, use of neutral language, faculty receptivity to learning about diverse populations, and students learning about cultural competency and population diversity, within major courses.

Perceptions pertaining to diversity included faculty avoidance of stereotyping by various characteristics including military status, sexual orientation, age, religion, and gender. Also included were perceptions of faculty’s inclusiveness and
Table 2

<table>
<thead>
<tr>
<th>(1) Faculty and staff in the department were accepting of all individuals (regardless of diversity)</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>323 (88.3)</td>
<td>13 (4.0)</td>
<td>14 (4.0)</td>
<td>340 (100)</td>
</tr>
<tr>
<td>Staff</td>
<td>22 (6.0)</td>
<td>7 (2.2)</td>
<td>6 (1.8)</td>
<td>36 (100)</td>
</tr>
<tr>
<td>Total</td>
<td>345 (95.3)</td>
<td>20 (5.9)</td>
<td>20 (5.9)</td>
<td>385 (100)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(2) Multicultural topics were addressed (within my curriculum)</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>263 (71.7)</td>
<td>63 (17.3)</td>
<td>28 (8.0)</td>
<td>354 (100)</td>
</tr>
<tr>
<td>Staff</td>
<td>59 (16.1)</td>
<td>32 (9.3)</td>
<td>29 (8.3)</td>
<td>120 (100)</td>
</tr>
<tr>
<td>Total</td>
<td>322 (88.8)</td>
<td>95 (26.1)</td>
<td>57 (16.1)</td>
<td>474 (100)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(3) Faculty avoided stereotyping by military status</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>269 (74.9)</td>
<td>63 (17.3)</td>
<td>28 (8.0)</td>
<td>360 (100)</td>
</tr>
<tr>
<td>Staff</td>
<td>68 (19.0)</td>
<td>32 (9.4)</td>
<td>29 (8.4)</td>
<td>129 (100)</td>
</tr>
<tr>
<td>Total</td>
<td>337 (92.3)</td>
<td>95 (27.0)</td>
<td>57 (16.5)</td>
<td>499 (100)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(4) Faculty were open to learning about different cultures</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>290 (80.1)</td>
<td>96 (28.0)</td>
<td>21 (6.1)</td>
<td>317 (100)</td>
</tr>
<tr>
<td>Staff</td>
<td>51 (14.1)</td>
<td>63 (18.4)</td>
<td>27 (8.4)</td>
<td>141 (100)</td>
</tr>
<tr>
<td>Total</td>
<td>341 (96.2)</td>
<td>159 (46.4)</td>
<td>48 (14.4)</td>
<td>548 (100)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(5) Faculty used neutral language indicating acceptance (of varied sexual orientation)</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>296 (81.2)</td>
<td>106 (30.8)</td>
<td>34 (9.9)</td>
<td>336 (100)</td>
</tr>
<tr>
<td>Staff</td>
<td>52 (15.6)</td>
<td>72 (21.8)</td>
<td>25 (7.4)</td>
<td>149 (100)</td>
</tr>
<tr>
<td>Total</td>
<td>348 (97.8)</td>
<td>178 (50.8)</td>
<td>59 (17.3)</td>
<td>585 (100)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(6) Minority students were not singled out (to represent the options of entire minority populations)</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>296 (80.9)</td>
<td>106 (30.8)</td>
<td>34 (9.9)</td>
<td>336 (100)</td>
</tr>
<tr>
<td>Staff</td>
<td>52 (15.6)</td>
<td>72 (21.8)</td>
<td>25 (7.4)</td>
<td>149 (100)</td>
</tr>
<tr>
<td>Total</td>
<td>348 (97.8)</td>
<td>178 (50.8)</td>
<td>59 (17.3)</td>
<td>585 (100)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(7) Faculty in the major were open and supportive of all students (including minority students)</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>324 (98.0)</td>
<td>103 (30.3)</td>
<td>21 (6.3)</td>
<td>348 (100)</td>
</tr>
<tr>
<td>Staff</td>
<td>22 (6.0)</td>
<td>7 (2.2)</td>
<td>6 (1.8)</td>
<td>35 (100)</td>
</tr>
<tr>
<td>Total</td>
<td>346 (98.0)</td>
<td>110 (31.5)</td>
<td>27 (8.1)</td>
<td>483 (100)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(8) Faculty avoided stereotyping by age</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>302 (83.0)</td>
<td>103 (30.3)</td>
<td>21 (6.3)</td>
<td>326 (100)</td>
</tr>
<tr>
<td>Staff</td>
<td>32 (9.3)</td>
<td>10 (3.0)</td>
<td>7 (2.0)</td>
<td>49 (100)</td>
</tr>
<tr>
<td>Total</td>
<td>334 (98.3)</td>
<td>113 (32.0)</td>
<td>28 (8.1)</td>
<td>475 (100)</td>
</tr>
</tbody>
</table>

faculty use of accessible learning formats; peers being supportive; and personal knowledge and abilities related to cultural competency (See Table 2). Overall, most students were in agreement with the results that over the three-year period, faculty were inclusive (91.8%), avoided stereotyping by military status (77.8%), accepted student’s sexual orientation (85.6%), age (86.3%), religion (81.1%), and gender (81.4%), used accessible learning formats (75.1%), and addressed multicultural topics and cultural competency within the curriculum (75.0%). Students perceived peers as being open and supportive of all students (85.4%) and with themselves, also, having developed skills to be culturally competent health professionals (89.8%), with an increased knowledge of people with diverse backgrounds (85.6%), and openness to working with people with diverse backgrounds (94.6%).

Chi Square analyses were conducted to determine significant changes. Six questions were found to be significant including: faculty and staff were accepting of all individuals, avoided stereotyping by military status, used neutral language, indicated acceptance of sexual orientation, accommodated students for religious purposes, and students gained increased knowledge of people with diverse backgrounds, and were open to working with diverse persons.

Statistical significance ($X^2 =11.180$, df = 4, $p<.05$) was found for perceptions that faculty and staff were accepting of all individuals over the three period, indicating change in the desired direction and
Table 2 (cont.)

<table>
<thead>
<tr>
<th>Diversity is Not Just Race/Ethnicity</th>
<th>Diversity Among Students and Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9) Faculty used gender neutral language</td>
<td>Agree 283 (78.0)</td>
</tr>
<tr>
<td></td>
<td>270 (83.3)</td>
</tr>
<tr>
<td></td>
<td>290 (83.3)</td>
</tr>
<tr>
<td></td>
<td>643 (81.4)</td>
</tr>
<tr>
<td>(10) Faculty accommodated students for religious accommodations</td>
<td>Agree 278 (76.0)</td>
</tr>
<tr>
<td></td>
<td>270 (83.6)</td>
</tr>
<tr>
<td></td>
<td>294 (84.2)</td>
</tr>
<tr>
<td></td>
<td>842 (81.1)</td>
</tr>
<tr>
<td>(11) Faculty presented information in accessible formats (such as closed captioned videos) to meet all students' needs</td>
<td>Agree -</td>
</tr>
<tr>
<td></td>
<td>234 (72.2)</td>
</tr>
<tr>
<td></td>
<td>271 (77.8)</td>
</tr>
<tr>
<td></td>
<td>505 (75.1)</td>
</tr>
<tr>
<td>(12) Students in the major were open and supportive of all students (including minority students)</td>
<td>Agree 311 (85.5)</td>
</tr>
<tr>
<td></td>
<td>278 (85.8)</td>
</tr>
<tr>
<td></td>
<td>295 (85.0)</td>
</tr>
<tr>
<td></td>
<td>884 (85.4)</td>
</tr>
<tr>
<td>(13) I have developed the skills to be a culturally competent health professional</td>
<td>Agree 323 (83.3)</td>
</tr>
<tr>
<td></td>
<td>292 (90.1)</td>
</tr>
<tr>
<td></td>
<td>317 (91.4)</td>
</tr>
<tr>
<td></td>
<td>932 (89.8)</td>
</tr>
<tr>
<td>(14) I have increased my knowledge of people with diverse backgrounds</td>
<td>Agree 300 (82.4)</td>
</tr>
<tr>
<td></td>
<td>275 (84.9)</td>
</tr>
<tr>
<td></td>
<td>313 (89.7)</td>
</tr>
<tr>
<td></td>
<td>888 (85.6)</td>
</tr>
<tr>
<td>(15) I am open to working with people with diverse backgrounds</td>
<td>Agree 337 (93.1)</td>
</tr>
<tr>
<td></td>
<td>307 (95.0)</td>
</tr>
<tr>
<td></td>
<td>325 (95.0)</td>
</tr>
<tr>
<td></td>
<td>969 (94.6)</td>
</tr>
</tbody>
</table>

* P ≤ 0.05 equals statistical significance
- indicates data not collected that year

an overall increase of the perception that faculty and staff were accepting of diverse individuals. Finally, statistical significance was found (X²= 11.055, df = 4, p<.05) over the course of three years for the statement, "I am open to working with people with diverse backgrounds." The change was also in the desired direction possibly indicating that students felt more confident dealing with cultural diversity, trending over time. Other results indicated that faculty did not stereotype by military status; used neutral language in accepting varied sexual orientation; and accommodated students for religious purposes. Results also indicated that students gained increased knowledge of diversity.

Analysis of the qualitative data resulted in emergence of six themes: Cultural Competency, Global Health, Diversity is Not Just Race/Ethnicity, Diversity among Students and Faculty, Everything is Fine, and Quit Talking about It (See Table 3). The six emerging themes are described in the following paragraphs. Less frequent comments were related to information access and career goals.

Cultural Competency
The most frequently occurring comments related to cultural competency. While many students made positive comments about efforts in the academic department to help students develop cultural competency, students also made suggestions to help or continue such efforts. Suggestions were made to increase cultural competency among health sciences students based on individual perceptions of what other departments do: discuss personal experiences with health professionals; use volunteer
Table 3

Cultural Competency

- Learn more about diversity in the workplace and health care settings
- Continue to demonstrate and teach skills on how to be culturally competent, aware, and humble
- Incorporate diversity into course projects, such as designing a program for a specific race/ethnicity rather than a general audience
- Some classes integrate diversity by talking about accommodating cultures in our professional career. This would be helpful in all courses
- Would be nice to know customs and spirituality related to healthcare
- Required volunteer hours junior year would be helpful. The region has many cultures that would make students more culturally competent

Global health as part of curriculum
- Perhaps offering a course that examines health issues and systems across the world
- Making the international health class a requirement
- Learn more about medicine in other countries; study abroad program for major

Diversity Among Students and Faculty

- I think the department is in need of more diverse students before they can work on supporting diversity
- Continuing to push for the approval to hire more [diverse] faculty, to therefore benefit both the students and professors
- The only issue I encountered was with the advisors for the JMU graduate OT program. I was told diversity was their focus, so, since I am white and female, I would most likely not be accepted
- Diverse faculty background will draw a more diverse population to HSA

Diversity is Not Just Race/Ethnicity

- The poverty simulation in Festival Ballroom was a great experience that all health majors should participate in to be culturally competent of underprivileged communities and the involuntary stress they face with limited resources to change their status
- LGBTQ training that each faculty first off should be required to participate in every 2 years. I am very interested in developing such a program if this is something of interest. I would love to be involved in the development and implementation
- More disability awareness
- Class to teach students about different disabilities; guest speakers in classes or on campus to help create awareness

- I think the department is in need of more diverse students before they can work on supporting diversity
- Continuing to push for the approval to hire more [diverse] faculty, to therefore benefit both the students and professors
- The only issue I encountered was with the advisors for the JMU graduate OT program. I was told diversity was their focus, so, since I am white and female, I would most likely not be accepted
- Diverse faculty background will draw a more diverse population to HSA

Diversity is Not Just Race or Ethnicity

Students recognized that diversity is not just race or ethnicity, and understood diversity to include many other factors, such as sexual orientation, learning abilities, and physical

and global health topics, or a separate global health course in the curriculum, were of great importance.

Global Health

Student perceptions of the concept of global health indicated understanding global health issues and service learning opportunities; require volunteer hours or service learning work as components of the curriculum; and work with international students and local diverse populations to increase understanding of cultural backgrounds, customs and practices.
and mental abilities. Students indicated that it is important to be knowledgeable about disabilities, wealth and sexual orientations. Suggestions for improving diversity awareness and cultural competence included participation in university-sponsored activities such as poverty simulations and lesbian, gay, bisexual, transgender, and queer (LGBTQ) training for all faculty.

**Diversity Among Students and Faculty**

Students would like greater diversity among students and faculty to help students feel more comfortable. Students expressed the desire to bring more diverse students to programs in the department although the university has an initiative to increase diversity among faculty, staff and students. It was also suggested there should be continued inclusion of diverse students within departmental and extracurricular activities.

**Everything is Fine**

There were several positive comments relating to diversity and efforts of faculty to develop cultural competency among the students. Many perceived the faculty as doing a good job, and the department as doing great in being open to discussions on diversity in class. Faculty were perceived as encouraging students to seek cultural competency. Students also perceived that establishing a “college bubble,” will assist in helping when professors discuss diversity topics.

A comment from one student indicated

“there was unjustified criticism of the efforts of the university regarding lack of diversity but [their] experiences, and perceptions did not justify that criticism. The university gets too much criticism for lack of diversity, but the administration and faculty are encouraged to supportive differences.”

**Quit Talking About it**

Support for diversity issues or a focus on diversity was not universal among the student respondents. Student comments indicated some impatience with the attention diversity receives and that diversity “is not an issue at all” and everyone should just “get over it, and move to other more important issues. Some students felt diversity discussions created more problems, such as “Stop focusing on it! It brings attention to the need, by separating groups. Everyone should be treated as an adult/college student, treat all ethnicities the same” (See Table 3).

**Discussion**

Most study participants reported race as white (79.5%) which reflects the demographics of the university (77.1% white) as reported in the most recently available statistical survey (State Council of Higher Education for Virginia, 2014). A high percentage of the participants were female (78.8%) whereas the overall makeup of the student body is reported to be 60% female (Fall Student Census, 2014). The lack of variance for race and gender rendered limited analysis of the variables, and may limit opportunities for students and faculty to increase knowledge and skills to become culturally competent health professionals. Extra effort must be employed to increase cultural competency among faculty and students, such as providing additional practical experiences and opportunities for diverse community outreach, and to increase opportunities such as poverty simulations, panel discussions, and training on specific issues (e.g. disability and LGBTQ awareness).

Although the quantitative results were overwhelmingly positive, some students’ comments indicated a degree of dissatisfaction of how cultural competency is addressed within the department, for example, gender stereotyping and how it impacts a student’s academic life. Some comments included criticism of the system, frustration that efforts to improve cultural competency may take away from the main academic mission, or that preferential treatment may be awarded to minority groups. Another possibility was that students may lack experience or have little knowledge of diversity issues, and are blind-sided by the importance of such issues.

**Limitations**

Although the survey was completed anonymously, there is the concern of political correctness and social desirability affecting responses in survey items. These responses may have hidden participants’ true attitudes. Responses that may represent dishonest perceptions may have skewed the data by providing false pictures of present issues.
Another limitation was that student perceptions were not analyzed by demographic variables, due to the lack of variance within the sample population. Over time, when the diversity of demographics within the university improves, further investigation would be beneficial to identify the possible need for additional efforts. Finally, the academic institution, as well as the department studied, is not as diverse as the national population, nor of the community in which it resides. There is a lack of representation by ethnicity, race, disability, gender, and sexual orientation, which can also have an impact on the accuracy of the outlook and effectiveness of efforts to address diversity or any factors related to diversity.

**Suggestions for Future Research**

Future research plans include expanding the survey to include the entire institution, as well as inviting other state institutions to participate. The goal is to provide a broader view of diversity between the academic institution and others around the state. Planned interventions to increase exposure to more diverse populations, perhaps within the community, are being considered to provide additional diversity education and awareness opportunities for students. Further, assuming that diversity within the department studied improves over time, it may be beneficial to reassess student perceptions related to academic and diversity experiences after a pre-determined period of enrollment within the institution. Reassessment would allow further evaluation of planned interventions and activities related to diversity and cultural competency.

**Conclusion**

Data obtained from the study proved useful for the department to enhance opportunities designed to develop students’ cultural competency through engagement, activities, and positive academic experiences within the departmental program curriculum. The results were also useful in identifying opportunities related to providing equal access to information and resources for faculty, staff, and students, in meeting career, educational goals, and responsibilities.

Overall, students have a positive outlook on the factors assessed related to diversity within the department of study and the university. The positive view was maintained for the length of the study and the aim of the department is to continue the trend. Positive trends towards improving cultural competency for health professional students have been identified. A continued effort will be made to explore opportunities to increase students’ awareness and interactions with various populations, with an aim to develop culturally competent health professionals.

**REFERENCES**


http://education.byu.edu/diversity/curriculum.html

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**Editor’s Note:** Many of the references are beyond the 7-year period, but these references were current at the time the research was done.

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ANNOUNCEMENT

Sallie Tucker Allen, PhD, RN, FAAN, of partially Cherokee descent, was awarded the 2017 Indigenous Nurse Elder Certificate of Honor at the Indigenous Nursing Research for Health Equity (INRHE) 2017 Summit held at Florida State University College of Nursing on May 18, 2017 by Dr. John Lowe, FAAN, Professor and Director of INRHE. The theme for the two-day Summit was: International Indigenous Nursing Research: Honoring our Past, Present, and Future. The Summit included research by indigenous nursing researchers from around the globe, and a celebration to mark the opening of the new Center for Indigenous Nursing Research for Health Equity.