Nursing Education, Cultural Differences, and Political Conflicts: Israeli First-Person Action Research

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Abstract

Purpose: The aim of this article was to focus on interventions that were part of an attempt to engage, in nursing education, with the challenges of working in a society afflicted with violent political tensions.

Design: This article is an initial reflective report on two interventions (with students and with the nursing faculty) that were part of ongoing action research at a nursing school in Israel.

Methodology: The methodology used for this article is first-person action research based on the author's reflective accounts.

Findings: Three themes in relation to the intervention with students are (a) acknowledging different identities; (b) making conflict discussable; and (c) the dynamics of silencing and self-censorship. Four vignettes that were at the center of the faculty's workshop are presented, as are the main contributions and shortcomings of the workshop. The main key to success for both interventions was that they were designed to answer specific needs and concerns of the participants.

Conclusions: There is a need for a wider effort to find ways to better address deep political, ethnic, social, religious, and racial conflicts as an integral part of nursing education. Interventions need to be tailor made for nursing and for the context.

Clinical Relevance: Preparing future nurses to care in a context of complex political realities is essential for effective caregiving in societies fraught with conflict. Sharing attempts to implement interventions with students and faculty is a prerequisite for a wider global effort of addressing conflict in nursing education.

A growing diversity of societies and communities is evident in the 21st century, and this growing diversity adds to intergroup social and political tensions. Learning to live peacefully together is a global challenge, fraught with conflict. Conflicts that characterize the political situation may be reflected in the health systems and shape the everyday realities of nurses, as well as of patients. I describe in this article an effort to engage with these experiences in nursing education.

The nursing literature addresses the need for preparing nurses to deal with conflicts. Wright, Mohr, and Sinclair (2014) have argued that nurses working in healthcare settings will inevitably come in contact with, and be involved in, various conflicts. Conflicts may occur within a nursing group, between nurses and other healthcare professionals, and between nurses,

patients, and their families (Brinkert, 2010). It is therefore imperative for nurses to have the competency to cope with conflict situations (Leksell, Gardulf, Nilsson, & Lepp, 2015). However, most of the discussions of the need for conflict management skills for nurses do not address the ways political conflicts impact upon these everyday professional conflicts. The aim of this article was to fill some of this gap by focusing on interventions that were part of an attempt to engage, in nursing education, with the challenges of working in a society afflicted with violent political tensions.

The article is not a conventional research paper, but an initial reflective report on two interventions that were part of ongoing action research (AR) at a nursing school in Israel. The first intervention was a research seminar for third year bachelor of arts (BA)

students that focused on issues related to the impact of political conflicts on the everyday work of nurses in Israel. The second was a workshop for the nursing faculty that focused on the challenges of teaching nursing in a diverse, complex, and conflictual context. The author is a faculty member involved in designing and implementing these two interventions. The methodology used for this article is first-person AR—an inquiry that one does on one's own personal experiences (Marshall, 2016).

Nursing Education and Conflict

Previous scholars in the field of nursing education have argued that the ability to manage conflict is a necessary skill and therefore should be included in nursing curricula (Brinkert, 2010; Leksell et al., 2015). The U.S. Essentials of Baccalaureate Nursing Education identified the development of conflict resolution strategies as core knowledge required of the bachelor of science in nursing generalist (Evans & Curtis, 2011). Alas, research shows that newly trained nurses, as well as nursing students, lack the preparation to cope with interpersonal conflict (Pines et al., 2012).

A few international attempts at teaching conflict management skills to nursing students have been described recently. A drama-related method, where conflict scenarios were scripted for students, was reported to have positive responses (Arveklev, Berg, Wigert, Morrison-Helme, & Lepp, 2018). A second example described by Cheng (2015) was providing mediation training to nurses so that they could deal more effectively with disputes, particularly disputes that occur when family members view illnesses and treatment differently. A third recent example that involved a virtual approach to teaching conflict resolution to nursing students was described as useful since students reported feeling more comfortable discussing conflicts virtually rather than face to face (Evans & Curtis, 2011). Several scholars have argued that there is a need for further research in order to guide the nursing curricula (Chan, Sit, & Lau, 2014; Seren & Utsun, 2008). Nonetheless, the above reports did not address the impact of political conflicts on the everyday work and conflicts faced by nurses.

A body of literature that addresses implications of racial and ethnic conflicts on nursing practice is the research on cultural safety (CS). Originating in the work of Irihapeti Ramsden, the CS approach has been developed in order to change health inequalities and improve health outcomes of the indigenous minority in New Zealand, the Maori (Papps & Ramsden, 1996; Ramsden, 2002). The concept of CS, or the lack thereof,

has been associated with longstanding racism and social conflicts between the Maori and Europeans, the Pakeha (Richardson, 2010). Cultural safety education (CSE) was further developed as an educational approach that focuses on cultivating students' ability to be reflective of power relations and their impact on relationships with patients (Ramsden, 2002).

CS differs from another important approach to diversity in nursing, the transcultural nursing or cultural competence approach. Originating from the work of Leininger (2002), cultural competence aims at preparing nurses to provide culturally sensitive care to patients from diverse backgrounds (e.g., Campinha-Bacote, 2007). The main difference between the approaches is that while studying cultural differences is the focus of cultural competence education, in CSE the focus is on power relations, in society in general and between patient and nurse in particular (Ramsden, 2002). CS influences ways of thinking about nursing education throughout the world (e.g., Arieli, 2015; McEldowney & Connor, 2011) and has inspired nursing educators in Israel (e.g., Arieli, Mashiach-Eizenberg, Hirschfeld, & Friedman, 2012). However, the core educational strategies of CSE are based on a shared historical narrative (the Treaty of Waitangi) about Maori-Pakeha relations (Richardson, 2010). In divided societies where conflict is ongoing—such as in Israel, as well as in numerous other countries where different groups have contradicting narratives regarding history and present relations between them (Shahar, Hameiri, Bar-Tal, & Raviv, 2018)—educators and policymakers need to develop new strategies to train nurses to cope with such conflict.

The Context

Israel's 8.7 million citizens consist of two major national groups: Jewish (approximately 75%) and Arab-Palestinian (approximately 21%). In this article we are not discussing the Palestinians in the occupied territories, the West Bank and Gaza, but only those who are citizens of Israel. Both Arab and Jewish groups of citizens are composed of many subgroups. For example, Arabs may be Muslim, Muslim-Bedouin, Christian, or Druze. Likewise, some of the Jews are Israeli born, while others are immigrants, mainly from the former Soviet Union or Ethiopia. However, vis-à-vis with each other, both Arabs and Jews perceive themselves, and talk about themselves, as separate sectors (Arieli & Hirschfeld, 2010).

The Israeli Jews and the Israeli Arabs share a national, ethnic political conflict that has lasted for more than a century. A majority of Arab citizens in Israel define themselves as Palestinians (Waxman, 2011), and the

term Israeli Arabs as well as the term Palestinians, when used to refer to the non-Jewish Arabic-speaking citizens of Israel, are unavoidably laden with political implications. The processes of Palestinization in the Arab population reinforce their alienation from the Jewish majority population and serve to associate Arab citizens with what is considered by Jews to be the enemy (Smooha, 2013). The Jewish and Arab citizens of Israel usually live in separate towns and villages, and are educated in separate schools. Fear, anxiety, and antagonism, as well as ignorance and prejudice, affect mutual images (Bar-Tal, Diamond, & Nasie, 2017). Arab citizens are largely an underprivileged minority group, with a history of disadvantage in income and employment (Okun & Friedlander, 2005).

Both the majority of Jewish citizens, as well as the minority of Arab-Palestinian citizens, tend to see each other as an existential threat and as victims of the other side. Both sides develop conflict-supportive narratives that justify their violent actions and tend to delegitimize the other group (Shahar et al., 2018). One of the results is that oppression and injustice towards the minority often tend to be denied by members of the majority (Rachamim & Bar-Tal, 2006).

Nursing as a Space of Encounter for Groups in Conflict

The nursing profession is major route towards social mobility for Arab men and women, and the Arab population is well represented in nursing, with the employment rates of Arabs in nursing similar to the proportion of Arabs in the general population (Popper-Giveon, Keshet, & Liberman, 2015). The Israeli health system relies on the work of mixed teams of Jews and Arabs, and these mixed teams are considered a success of professional coexistence (Arieli & Hirschfeld, 2016). Research indicates that mixed medical teams succeed not only in functioning reasonably well, but also in managing successful work relations in conditions of violent and continuing national conflict (Desivilya & Raz, 2015). However, a study on Arab nurses' experiences found that although they described themselves as content with their professional identity and career, they reported feelings of exclusion related to their ethnic and national identity (Keshet & Popper-Giveon, 2017). Another study reported on incidents of hostility towards Arab nurses, including incidents of refusal of treatment by Arab nurses on the part of Jewish patients and families. Such incidents occur more frequently during escalations in the national conflict (Popper-Giveon, Keshet, & Liberman, 2015).

The heterogeneity of Israeli society is reflected in nursing education. In our school, Arab students comprise half of the student body and Jews the other half. For many students, both Jewish and Arab, the school of nursing is the first opportunity to spend extended periods of time in close proximity with people from "the other side." The students tend to remain separate in terms of who sits beside whom, who works together on assignments, and who meet informally (Arieli & Hirschfeld, 2010). Previous research has found that the intergroup relations do not satisfy most students, that many of them seek a better atmosphere in class, and that many of the Arab students, in particular, perceive the relations between the sectors as significant for their academic success (Arieli et al., 2012; Arieli, Friedman, & Hirschfeld, 2012).

Through ongoing AR, some faculty members, including the author of this article, have been trying for over 10 years to create an intergroup dialog, and various cycles of this AR have been discussed in previous papers. The current article focuses on two recent interventions that were designed as a way of implementing lessons learned from the previous cycles of AR. The first intervention was held with students, and the second was held with faculty.

Methodology

AR is about working towards practical outcomes, as well as new forms of understanding, and is seen as an experiential learning approach (O'Leary, 2004). AR involves a spiral of self-reflective cycles of acting, reflecting, and implementing the knowledge gained by reflection to better modes of action (Zuber-Skerrit, 2001). Winter and Munn-Giddings' (2001) definition of action research is "a study of a social situation carried out by those involved in that situation in order to improve both their practice and the quality of their understanding" (p. 8).

This article is first-person AR (Marshall, 2016). Marshal describes first-person AR as a reflective exploration, or a way of "living life as inquiry" (Marshall, 2016, p. 1). The description of the intervention with students (the Jigsaw seminar) is based on a reflective diary I wrote throughout the year, documenting after each class meeting what I experienced and how I perceived class processes. The description of the intervention with faculty (the workshop) is based on my reflective accounts following the intervention. Both interventions, and the overall AR of which they are a part, received approval by the college ethics committee.

Marshall (2016) argued that first-person AR is a political process, since the researcher's values lead her

or him in their research. My involvement in the projects discussed here is related to my wish to integrate my role as a lecturer and researcher in the nursing department with my desire for a social change. Marshall also emphasized that first-person AR is a process-centered, rather than an outcome-centered, approach. The interventions described here should be seen as part of a continuous effort of several colleagues, including myself, to use the academic "natural space of encounter" (Arieli, Friedman, & Knyazev, 2012, p. 136) as an opportunity for working towards change and as parts in a learning process. We wished to get it right, but also knew that we were experimenting in rough waters, and that the process of inquiry into these experiments might be the main outcome we may achieve.

The Jigsaw Research Seminar

A two-semester course in the third year (out of 4 years of the BA program) focuses on guiding students in conducting a qualitative research project. We divided the cohort of approximately 120 students into six groups, each tutored by a faculty member. In the academic year of 2017–2018, the group I tutored joined a project that was titled "Academic Jigsaw for Joint Life." Academic Jigsaw is a project that was initiated at the college in 2015 that is a college-wide attempt to promote intergroup and intercultural encounters between students from different backgrounds, focusing on the encounters between Arab and Jewish students. It includes mainly extracurricular activities but also some special academic courses, such as the one described here. Joining this program meant that in addition to guiding students in performing a research project, our group focused on discussing difference and conflict through ongoing dialog. The group was tutored by two facilitators, one Arab and myself (who is Jewish). In the first meeting of the year we explained the aim of the course, and one student chose to move to another group since she did not wish to participate in this type of course. Of the group of 20 students, 8 were Jewish (1 man and 7 women) and 12 were Arab (3 men and 9 women).

Following analysis of my year of reflections, I identified three interconnected themes: (a) acknowledging different identities; (b) making conflict discussable; and (c) the dynamics of silencing and self-censorship. The first two are contributions of this course to the students' skills of conflict engagement; the third marks the main challenge, which needs much further attention.

Acknowledging different identities

We conducted the course in a dialog format: we were all sitting in a circle, including the two teacher-facilitators, who attended all class meetings. The cotutoring was a fundamental principle since it expressed an acknowledgment of the fact that the circle of students was composed of two main groups and that both need representation. This acknowledgment might seem obvious, but in fact it is not. Academic institutions in Israel are constructed in ways that dismiss the differences in ethnic, national, and religious identities, and that represent mainly the hegemonic (Jewish, secular, and westernized) culture. All teaching is in Hebrew, with reading assignments in English. Arab students are fluent in Hebrew, while most of the Jewish students and faculty members are not proficient in Arabic. The message is that "we are all one united group of equals." In the name of equality and unity, different identities do not get represented, and hegemony is hidden.

Although the number of Arab faculty members in the nursing department has risen in recent years, the majority of faculty in the department (and the college in general) are Jewish. The Arab facilitator's presence made a difference in class. First, the Arab students spoke more openly about their identity and experiences relative to previous years' seminars where I had been the only lecturer. Second, there was a change in the status of the Arabic language in the class.

As usual, the seminar's main language was Hebrew. However, the presence of an Arab teacher and the context of this specific course resulted in many instances where Arabic was spoken in the room. For example, in the check-in and check-out that opened and ended our meetings, each student could choose to speak his or her own language. In addition, the Arab instructor occasionally approached Arab students in Arabic, both during the class and at breaks. Often one of the Arab students translated what was said to the non-Arabic-speaking peers. All individual research guidance meetings that the Arab facilitator had with Arab students were in Arabic.

The use of Arabic in class brought about some expressions of discontent from Jewish students. Not understanding, being dependent on translation, and hearing the laughter that sometimes followed the talk was a new experience of being the stranger and of losing control, even for minutes. For me, these occasions were a mirror to my embarrassing shortcomings in acquiring proficiency in the second official language of my country and the language of so many people around me. I of course realized that hearing Arabic and the consequent sense of incongruity on the part of those who are used to being the majority, and the familiarity on the part of those who are usually a minority, are important learning experiences.

An issue that bothered us and stayed unresolved was related to the language of the research report. As mentioned above, all academic teachings, including the papers and examinations students write in all courses, are in Hebrew. In the context of a course that focuses on acknowledging and discussing difference, inequality, and power relations, and where one of the class instructors is an Arab, I felt that this was not right. We discussed it several times in various faculty meetings, but it remained unresolved; so far the decision to allow students to hand in only Hebrew written papers has not changed.

Making conflict discussable

Our students were at the stage of their clinical education during which they rotated in small (five to six students) diverse teams to different clinical settings and worked intimately with each other (Arieli, 2013). This played a crucial role in the dynamics that emerged in class. On the one hand, the students knew each other; some of them were friends prior to the course and the atmosphere in class was friendly. On the other hand, this increased the fear, which is often prevalent in Arab-Jewish encounters, of an explosion that might destroy this friendly atmosphere, or even endanger the ability to continue working together. My reflective diary indicates that the awareness of the relationships between the students occupied my thoughts and that I felt responsible for protecting their sense of pleasant relations. At the same time, I felt that my responsibility was to do my best so that this course would enable us, as a group and as individuals, to engage the conflicts that divide our society.

In previous papers we discussed the attempt of students who participated in intergroup interventions to avoid dealing with anything that they saw as connected to the political conflict. We termed this reaction as "the one big happy family fantasy" and described how we first interpreted this reaction as a resistance to the process, and then reframed it as a desire to create a better mini-world in class (Arieli & Friedman, 2013). Another lesson we learned from previous stages of the AR was that participants are more involved in an activity if it touches the issues that they are concerned with in their everyday lives. When trying to discuss general topics, many students or faculty argued that they did not have extra time to deal with issues that are not directly part of their overloaded daily concerns (Arieli & Friedman, 2013).

My reflective accounts show that in spite of the fact that I was aware of these lessons prior to the seminar, I was overwhelmed by the extent to which the students' reactions to the explanations regarding the aim of this seminar strengthened these understandings. Our students stated in a clear, direct, and demanding way that their main goal was to successfully complete their academic duties, and that they did not want to engage in activities that distracted them from this goal. The students' expectations and wishes were a major factor that shaped the way the course was developed. In spite of the many ideas we had for activities, we realized that the most effective, as well as fair and considerate, method would be to focus our class meetings on discussing issues that were connected to what the students were facing in their clinical rotations.

We encouraged the students to choose for their research project topics those that related to their experience in the field. The subjects the students in our class chose included experiences of Arab and Jewish nurses who work in a mental hospital with cultural differences; perceptions of Jewish and Arab nurses who work in a palliative care ward with patients from different backgrounds; experiences of Arab nurses who work in a primary healthcare clinic in a Jewish neighborhood; and interactions between Jewish nurses and families of patients from different backgrounds. In the first semester they were assigned to develop and present to the class research papers on their chosen subject. In the second semester they had to perform interviews and write an empirical report, based on the interviews and their literature review. Focusing on subjects that are part of their training as nurses helped overcome both the reluctance of discussing conflictual issues and answered their desire to focus on daily matters, rather than invest time or energy on matters that were beyond their everyday concerns.

We focused on frequent situations in hospitals, such as the way people from different backgrounds perceive death, mental health, family commitments, gender roles, noise, respect, and care. We looked at cultural differences and also discussed experiences of exclusion, inequality, and daily incidents of tension and conflict. Although we did not include direct discussions of the conflicting narratives, or the history of political conflict in the lessons, the class offered an opportunity to address difficult experiences that are part of life in our divided society, and to look at these issues as challenges that nurses meet on a daily basis. We discovered, for example, that not only Arab students had experiences of exclusion; Jewish students who were immigrants from the former Soviet Union shared bitter experiences as well. The class did not include any Ethiopian-Israelis, but some stories of exclusion that were brought to class related to this group and the

racism they suffer. Looking at those experiences as professional challenges allowed us to look at the conflict as a common denominator for all of us, something we all need to cope with. Framed as a shared challenge, conflict became discussable.

The fact that the course was about training to do research was used as a tool for "emotional reappraisal" (Maiese, 2006, p. 216). It served as a way of taking a step back. The students chose subjects, read literature, then collected data through interviewing, and finally worked on writing the report. Research allowed looking at difficult issues from a slightly different position than what they were used to. It also united the students around a common position, that of researchers who engage in these issues and try to make sense out of them.

The course emphasized developing reflectivity. We described its central place in qualitative research and engaged in exercises that aimed to clarify what it means and ways of cultivating it. For example, we asked volunteers to speak of a personal experience and repeatedly presented the question "why" to her or him. This allowed the uncovering of motives, ideas, and feelings that were implicit behind the story. We intended to draw the students' attention to the existence of these layers of meaning and to the process of exploring them. We also assigned the students to hand in several reflective reports and discussed them. We explained that the hope of reflectivity is to help us identify the buttons that push us towards automatic reactions and to become freer to choose our own reactions (Friedman, Arieli, & Abboud-Armaly, 2018).

The dynamics of silencing and self-censorship

My role as an instructor often involved frustration and some emotional regulation on my side. I often wished the discussions would go deeper and be more open. I tried to encourage this, but was careful not to push the students. After some weeks I was more content and felt that "things are happening," that our students are opening up, expressing their feelings, and getting to understand each other better. But there were times when I left the class feeling frustrated by what I perceived as many students' instrumental approach towards the course and lack of motivation to genuinely contribute to the discussions.

The more frustrating moments for me were when I sensed that one of the students was about to express a painful experience or thought but was interrupted and silenced by her or his peers, often in subtle ways. These moments occurred more often towards the end of the school year, as the students became more pressured with completing their scholastic duties and had less patience to discuss diverse opinions and feelings. Time pressures definitely influenced the dynamics in class towards the end of the year. Our students complained about what they described as an impossible workload, both in their clinical as well as in their theoretical studies.

In the feedback that students gave in the concluding meeting, most of them said that the course was a meaningful learning process and that they were happy they participated in such a course. However, I was left with my own troubling questions: Does the heavy workload allow students to be mentally available for deep reflective learning processes? Should I even expect this from them? And how can I encourage more participation, even at times of great pressure? I also wondered if the emphasis in nursing education on acquiring information and skills does not at times undermine the opportunity of genuine growth.

The Faculty Workshop

Meeting a diverse body of students in this politically divided environment, we faculty members are often challenged by incidents that happen in our classes. However, training of academic teachers does not include learning how to cope with this aspect of our vocation. In an attempt to fill some of this gap and create faculty learning groups related to these issues, a group of researchers in the college interviewed lecturers from various departments about their experiences related to coping with diversity and conflict in class (Desivilya et al., 2017). This project received institutional support in the 2017–2018 academic year, and in June 2018 the nursing faculty held a workshop; I was one of the two facilitators.

The workshop's main goal was to discuss the challenges of teaching in the context of diversity and conflict. The main activity was centered on discussing a few vignettes that were taken from faculty members' interviews. I will first present the vignettes (inset material) and then, based on my reflective accounts following the workshop, describe what happened during the workshop, its main contributions, as well as its shortcomings.

> In a course on social aspects of the health system, the teacher presented a study that focused on Arab nurses' experiences. The data showed that some interviewees described feelings of being excluded. As some of the students—both Jewish and Arab—argued, the findings do not reflect

reality. When a few Arab students argued that the findings do reflect reality, the discussion turned very tense. A few Jewish students responded that Jewish nurses are also deprived. A few students blamed the lecturer for presenting the study. In the following week many students did not show up.

In a workshop on clinical thinking, the teacher presented a case where Black nurses from an Ethiopian Jewish background come to assist a patient, but the patient refuses to accept the care from them. The students were asked to explain how they would react if they were in this situation. At the end of the lesson, several students of Ethiopian descent approached the teacher, saying that they felt humiliated by this learning exercise.

During a lesson, the lecturer asked students to give examples of something that makes them happy. A Jewish student said that he is happy when "homes of terrorists were blown up." At the end of the lesson, an angry Arab student approached the lecturer to demand that the lecturer punish the Jewish student.

During a time of violent incidents between the Israeli army and Palestinians, one of the Arab students in the department put an anti-semitic post in his Facebook account, saying Hitler should have killed all Jews. Jewish students saw this post and approached the department head, demanding that this student be expelled.

Seventeen faculty members participated in the workshop. Two of them (1 man and 1 woman) were Arab, and the rest were Jewish (1 man and 14 women). We presented the vignettes and asked participants to choose one that intrigued them. That formed small groups, each focusing on one vignette. We then presented two questions: (a) What is the difficulty/dilemma/conflict/complexity presented in this situation? (b) How do you think the faculty member should have reacted/coped with this situation? Each group discussed their vignette and wrote their answers to the questions. Then, the teams presented their ideas to the whole group, followed by a discussion.

It was the first time in many years that we, as colleagues, spent time sharing our experiences on those sensitive and difficult matters. This might seem strange to someone unfamiliar with similar situations. In our case, the political violent conflict is such a dominant factor in our daily lives that getting into any discussion that touches upon these issues threatens our sense of coherence and our shared collegiality. The main strategy we use is to focus on the daily tasks that we all share. The result, however, is a missed opportunity to learn from each other.

Overall, this workshop was a positive experience. Many of the participants spoke. It seemed that everyone was familiar with situations such as those presented, and that teachers were interested in expressing their ideas and hearing their peers. In order for everyone to feel safe to express himself or herself, we decided not to record the conversation. I therefore relied on my reflections, which I recorded immediately after the workshop.

Most people spoke mainly about what should, or should not, have been done in the situations presented by the vignettes. The discussion was basically instrumental and did not include much talk about feelings. Nevertheless, the body language and the unusually quiet tone of voice during some parts of the discussions revealed that it touched deep feelings. At times the discussion turned rather judgmental, where people were being critical of the situation or stating the "good," "right," or "wrong" way of coping. Not jumping to conclusions remained a challenge. The workshop aim was to encourage group learning rather than to formulate a "to do" list of the "right" strategies. My role was to encourage as many voices as possible to be heard. I assume that there were ideas and experiences that people kept to themselves and that junior faculty in particular, who wanted to impress their peers, might have played a role in self-censorship. Nevertheless, the workshop has been meaningful and feedback was all in favor of continuing our faculty's mutual learning on these issues.

Conclusions

One of the main challenges of nursing education in today's world is acknowledging that providing care is not merely a neutral or objective technical practice, but rather a participation in politically charged relationships. The concept of CS (Ramsden, 2002) has been a great contribution to nursing and nursing education, and the strategies and methodologies that were developed as part of CSE are inspiring for nursing educators in many countries (Arieli, 2015).

Nevertheless, the development of CS was in an environment that has reached, to a large extent, an agreement upon the historical narrative regarding relations between minority and majority, and is currently in a state of peaceful relations. This is not the case for many societies in the world. In societies where power relations between majorities and minorities are often still violent and ambiguous, there is a need for developing interventions that are not based on an agreement regarding political relations, but rather on the acknowledgment of the existence of multiple narratives regarding the history and presence of conflict between subgroups.

Internationally, we have much experience in nursing education with regard to teaching skills, theories, and knowledge. However, in a world fraught with conflict, we are increasingly faced with the challenge to prepare our students and future nurses to care in a context of complex political realities. I aspired in this article to contribute to the nursing literature by sharing the experiences of practicing conflict engagement with nursing students and nursing faculty in Israel, one of the many societies enmeshed in an ongoing political violent conflict. Based on my reflections as a facilitator of two interventions—one with students and the other with faculty members—I have described the challenges as well as the opportunities of each intervention.

Both interventions got positive feedback by the participants and seemed meaningful as a learning process. The main characteristic of both interventions and, I believe, the key to success, was the fact that they were designed to answer specific needs and concerns of the learners, both nursing students and faculty. In this sense, the interventions were tailor made for nursing education and for a specific context. Thus, if the structure of the interventions described here can inspire similar action elsewhere, differences in context and their impact on the learners must be carefully addressed. Sharing such efforts is crucial for a wider effort to find ways to better address political, ethnic, social, religious, and racial conflicts as an integral part of nursing education.

Clinical Resource

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