

A Cultural Immersion Experience for Nursing Students

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Abstract

This research study explores the effects of an intense cultural immersion experience on nursing students' cultural attitudes. Students were exposed to an intense ten day clinical cultural experience in a developing country in South America. They were pre-tested on their cultural attitudes using Cushner's Inventory of Cross-Cultural Sensitivity (ICCS), they completed guided journal experiences during the trip, and they took the same inventory, post experience. Although quantitative results were not statistically significant, their quantitative journals indicate a significant change in cultural attitudes.

Introduction

While there is not a tremendous body of research concerning overseas travel courses for nursing students, there is agreement in the literature that cultural immersion experiences can enhance students' ability to effectively treat individuals from a variety of cultural backgrounds (Button, Green, Tengnah, Johansson, & Baker, 2005; Callister & Cox, 2006; Thompson, Boore, & Deeny, 2000; Wood & Atkins, 2006; Lee, 2004). Studies show that international immersion experiences promote both personal and professional growth and increase students' levels of cultural competence as they begin to examine their own worldviews and develop a more global perspective regarding health care systems outside of the United States (Evanson & Zust, 2006; Walsh & DeJoseph, 2003). In addition, these experiences help students to have a better understanding of the impact that culture has on health care beliefs, practices, resources, and access to care (Thompson et al., 2000).

Students are facing shifting demographics and cultures as people from all corners of the globe move between and among various communities throughout the world. Thus, cultural competence is an important attribute for any discipline that wishes to work effectively across these diverse cultures. Becoming culturally competent means developing an enhanced awareness of our own cultural assumptions as well as learning to interact and communicate respectfully with people who are different from us. While classes on cultural diversity and cultural competence are often incorporated into

academic curricula, an international travel immersion experience can promote deep and meaningful learning as students apply what they have learned in the classroom, engage in complex problem solving activities, and observe real world problems. The goal for this immersion experience in a developing country was to expose students to cultures different from their own and to educate them about health care disparities. A secondary goal was to provide health care services to a population that has limited or no access to health care (Campbell, Campbell, Krier, Kuehlthau, Hilmes, & Stromberger, 2009).

The literature suggests that there are a number of potential benefits for students who participate in international learning experiences. Lee (2004) states, "International experiences offer a vital opportunity to explore other ways of thinking and living" (p. 121). Caffrey, Neander, Markle, and Stewart (2005) found that students participating in an immersion experience gained much more in their perceived cultural competencies. Students may also expand their awareness of nursing in the global community (Walsh & DeJoseph, 2003) as they "broaden their perspectives on nursing practice and its culture" (Grant & McKenna, 2003, p.534). Evanson and Züst (2006) as well as Button, et al. (2005) concluded that short-term immersion experiences can enhance students' cultural competence as well as have lasting effects on their personal and professional lives. Zorn, Ponick, and Peck (1995) found that exposure to cultural diversity through international study programs positively influences cognitive development. Through the personal challenges involved, students experience development and growth as well as build their confidence (Lee, 2004). Heuer and Bengiamin (2001) described many aspects of culture shock that students experience during an international experience. In addition to experiencing some culture shock, students begin to examine their biases and question the values of their society (Levine & Perpetua, 2006).

The Immersion Experience

Setting

Ecuador was chosen as the site for this international experience. Ecuador lies at the equator in South America between Colombia and Peru, with the Pacific Ocean as its western border. With a population of nearly 14 million people, Ecuador is approximately the size of the state of Nevada. It is an ethnically and biologically diverse country of stunning beauty. Political instability and corruption have plagued Ecuador's history and contributed to its status as a "developing" country. Access to health care is extremely limited for a large majority of the population due to financial issues as well as availability of facilities, providers, and resources. Typical diagnoses on the medical mission include scabies, parasites, diabetes, hypertension, malnutrition, pneumonia and tuberculosis (Lopez-Cevallos & Chi, 2010).

Planning and Preparation

Six months prior to the trip students were oriented to the country of Ecuador, the culture, and the history of the country. Students were involved in discussions about

cultural diversity and the challenges of entering into a different culture and providing culturally sensitive nursing care. Students gathered over-the-counter medications and toiletries such as soaps, toothpaste and toothbrushes to donate to the citizens of Ecuador. Students were also provided with detailed instructions on what they should bring with them, as well as the safety precautions they should follow while in Ecuador.

The Trip

Our team consisted of two nursing faculty and 14 students, including ten undergraduate nursing students, two nutrition students, one recreational therapy student and one student who was majoring in communications and Spanish. Other team members included two physicians, four registered nurses, a medical assistant, and five non-medical personnel. During the ten days we were in Ecuador, six medical clinics were set up in diverse locations including clinics near the coast in a river village, deep in the Ecuadorian jungle, and in the mountainous region. The students served in all six medical clinics. In addition to clinic days, students experienced sightseeing and shopping in Otavalo, home of the largest outdoor market in South America. The last day of the trip students were assigned to observe the delivery of healthcare in a large hospital in Quito.

Medical clinics consisted of six stations:

- Vital signs/triage station;
- Assessment/treatment stations;
- Ear-wash station;
- Reading-glass dispensary station;
- Pharmacy;
- Patient education station

Students were rotated through each station in two hours shifts to provide them the opportunity to observe different practitioners' techniques of assessment as well as to get hands-on experience with triage, obtaining patient histories, physical assessment, earwashing, assessing the need for reading glasses, and dispensing medications. They also conducted patient education on topics such as clean drinking water, handwashing, proper care of teeth, prevention and treatment of seborrheic dermatitis and other skin conditions, dangers of smoking, and breast self-examination. Prior to the trip students had identified pertinent learning needs and created posters and other teaching aids to enhance patient learning. Translators were available at each station to assist with communication.

Method

Purpose

The purpose of this research was to assess the impact of an international educational experience on nursing students' cultural attitudes.

Participants

Participants included ten Bachelor of Science in Nursing (BSN) students in their first year of nursing courses, one recreational therapy student, two nutrition students, and a student double majoring in Spanish and Communications from a regional comprehensive university in the eastern United States. Participants self-selected by registering for a three credit hour course that involved 10 days of international travel to Ecuador to participate with a traveling medical unit. All participants were female, aged 20-22; nine were white of non-Hispanic origin and one student was Hispanic. Two students had previously traveled to a developing country.

Fourteen students who did not participate in the travel course volunteered to serve as a comparison group. The two groups were very similar in terms of age, gender, ethnicity, socioeconomic status, and previous exposure to developing countries.

Inventory

Data collection methods included a demographics questionnaire and Cushner's (1986) Inventory of Cross-Cultural Sensitivity (ICCS). The ICCS measures five aspects of cross-cultural sensitivity using a 7-point Likert scale on a 32 item self-report inventory: cultural integration, behavioral scale, intellectual interaction, attitudes towards others, and empathy. Loo and Shiomi (1999) state that the Cushner inventory is promising as a tool to measure multidimensional conceptualization of cross-cultural sensitivity, although it does not demonstrate strong reliability and validity based on its limited use.

Data Collection

After obtaining IRB approval from the university to conduct the study, students were provided with informed consent, and written agreement to participate was obtained. The inventories were administered to two groups: one group of BSN students who were traveling to Ecuador, and a comparison group of BSN students who were not participating in the international course. (The nutrition students, however, did not take the ICCS). Three weeks after returning from the experience, the inventory was again administered to both groups.

In addition to completing the ICCS, students who participated in the course kept a reflective journal in which they wrote on a daily basis from departure until the date of return to the United States. At the end of the trip, these journals were independently reviewed by each researcher to familiarize them with their overall content. The journals were then reread a second time and common themes were identified for the purpose of organizing and reporting the results. All of the recurring themes identified in the results section were those that emerged from the data and from the researchers' informal debriefings with the students while they were still in Ecuador. The Spanish and Communication major was not required to journal.

Results

Results of the ICCS indicated a positive trend in attitudes toward cultural differences in the travel group, although not statistically significant. Mean scores on the ICCS for the participant group were 155.7 ($SD = 18.00$) for the pretest and 159.66 ($SD = 15.58$) for the posttest ($p = .54$). Mean scores on the ICCS for the comparison group were 161.00 ($SD = 22.80$) for the pretest and 154.91 ($SD = 22.62$) for the posttest ($p = .81$). When a t -test was performed to compare the two groups' change in cultural attitudes (as measured by the ICCS), there was no significant difference ($p = 0.23$).

Reflective Journals

Similar to one of the themes identified by Evanson and Zust (2004), a number of comments in the students' journals reflected either confirmation or questioning of their choice of nursing as a career. Some examples of student comments are included below.

I absolutely love working with those who are truly in need, whether this be in America or other places, I know this is what I want to do. All of the time spent thus far has given me a wonderful view of what I want to do with my career and that is serving the underserved, those who need it the most.

I have struggled for the past few months in the attempt to discover where I am supposed to go within the field of nursing. I think this week God finally showed me where I am meant to be. I want to work as a missionary nurse, not just in Ecuador, but everywhere. I can't explain it but something just feels so right about this.

I would never want to do pediatrics, but after this trip I believe I may have more of a calling for it than I thought.

I have enjoyed the trip and it has been nothing but an amazing experience, but I believe that this type of mission nursing is not where I need to be with my life. I enjoy bedside nursing too much and that is where my heart truly is.

Other themes noted included students' expression of their new experience of being a "minority," as well as frustration with language barriers when trying to communicate with those seeking care.

I realized that for the first time in my life I was the minority. It was strange and slightly awkward to see the natives here stare as we made our way through the airport with an army of luggage and crew.

The language barrier makes me nervous. How am I going to be effective helping these people learn when I can't even speak their language?

I love seeing the different people. But at the same time I feel very removed from their lives, and not as connected because I can't speak to them or get to know them or comfort them like I would normally do for my patients. It is very aggravating! I am determined to make myself learn more Spanish! (mas espanol!)

I feel like I could do so much more for them if I knew Spanish.

....but it was very poor, my communication with these people. I now wish I would have taken some more Spanish classes or paid better attention!

Many also expressed amazement at the safety hazards for children present everywhere. During our bus rides, we often observed small unsupervised children playing in the busy roads; others would be playing on high rickety-appearing porches with no railing to prevent falls.

It was also shocking to see a little girl, less than two, playing with a machete as if it were an umbrella, and no parents running after her.

Another theme that emerged was related to students' feelings of helplessness. Several students commented that they were bothered by our inability to treat many of the conditions with which patients presented. For instance, we saw multiple patients suffering from tuberculosis, but unfortunately did not have the medications to treat them. The students also identified a significant heart murmur while assessing a small girl. The physicians diagnosed her with a severe valvular defect. Obviously, our team was helpless to treat her at that time. Others expressed concern about the short term "fixes" and what happens to these patients after we leave.

That is what I feel so awful about providing health care to these villages. We come in and care for them, give them the medicine and the treatment they need, and then we leave with the hopes that they will become better and that they follow through with the treatment.

I still have to wonder about the people we see who really need further medical care. Sure we tell them that they need to be seen by a specialist, but I wonder how many of them actually follow through with this advice. Like today, we saw a little 6 year old boy with an undescended testicle. He was told that he would require surgery, and if not then he may later develop cancer. I wonder how many people are actually capable of receiving the care which they deserve. I fear for those who never receive the care which they need, and what their final outcome will be. I find

myself upset and angry knowing that some people will never live the life they deserve because of their lack of healthcare resources.

Some students commented on the health disparities they observed and many expressed how we (Americans) take so much for granted.

I viewed the life of other peoples' worlds today and realize, as I have before, we in our Americanized society, take so much for granted. I have traveled a bit in my life so far experiencing the "uncomforts" of life outside our box, however, the lack of "cushy" accommodations continues to leave an impression on me every time. We don't realize how spoiled we can be at times.

Along the way there were random houses. They were just one room with straw roofs. I've always known some people live this way but today made it a reality. I thought about how much I take for granted. I get to go home, but this is their home and they will be staying. Life will continue to go on for them whether I'm there or not.

The conditions that most of the people live in aren't even fit for animals. It absolutely breaks my heart. I wish there was more that I could do for these people. I also have to keep in mind that this is their way of life and it wouldn't be right for me to impose my way of life on them just because I think it's better.

America is so blessed!

It's sad to see their lack of knowledge and healthcare in comparison to us. I think it has made us appreciate a lot more and not take as much things for granted.

I am thankful for my home and my family, the healthcare system in America. I take for granted so many things in life that these people I've been in contact with will never know of.

I believe Americans take our healthcare system for granted; we should all be grateful for the best of doctors and nurses we have in the states.

Journal entries towards the end of our travel reflected student feelings of being changed by the experience of the travel course.

I will be forever changed after I leave this journey and I look forward for the opportunities that will be presented because of this week.

I have been challenged as a nurse, as a Christian, and as an individual. This has been the most rewarding and amazing experience of my life.

I will definitely leave this trip with some heavy memories, ones that will change my life forever.

Part of me wanted to be back at home, and part of me wanted to stay.

Discussion and Implications

Although the ICCS was of limited value in this study and did not show significant change in students' cultural attitudes, the student journal entries told a different story. Changes were noted in the areas of personal and professional growth – in confirmation or redirection of career choices and goals. Our study supports Wros and Archer's (2010) findings that students who participate in international experiences have opportunities for significant personal and professional growth. Students were forced to examine their own value systems as they came face to face with the disparity of resources in third world countries compared to the plethora of health resources available in the United States. Students seem to learn that we all are connected as human beings, despite our cultural differences, and some students expressed appreciation for the "simplicity" of life found within this culture. They also expressed a newfound appreciation for the material and positional wealth of their own cultures. Edmonds (2010) found similar results with students traveling to England and Dominica.

Student journaling provided the researchers with a strong indicator of students' thoughts and attitudes related to culture. Tabor, Carter, Kovar, & Ramsing (2008) used both journaling and nightly discussions to assess student's attitudes regarding cross-cultural issues. After our experience we offer advice to other educators who are planning to facilitate an international travel course and who wish to do research in this area. First, researchers/instructors should have a clear idea of their own goals and objectives ahead of time. (We were interested in the impact of the trip on student attitudes.) After selecting a destination, make sure students spend time learning about the country and culture they will be visiting. Instruct students to begin writing their impressions of what they have learned through their research, to describe what they hope to learn from this experience, and to identify any questions they may have about the people and culture. When they return from the trip they can then respond to their pre-trip journal entries as they discuss how their travel experience met their expectations.

While "free flow" journaling should be encouraged, instructors may also want to provide some guided questions for students to respond to as part of their daily journal entries. For example, instructors may ask students to (1) share a daily event (e.g., what happened; what they did), (2) write what they thought and felt about this event, and (3) write how this experience challenged or validated their own cultural beliefs. Within a few weeks of returning from the trip instructors could also meet with the students as a group and share the themes that they found within the students' journals. Students could then

share any additional reflective thoughts and feelings they have about their experience through a focus group type setting. Providing students with structured questions for the journals and setting up a post trip debriefing focus group would strengthen the overall qualitative study and provide valuable feedback to the instructors.

An international travel course that provides students hands-on clinical experiences with a population that has limited access to healthcare fosters students' personal and professional growth. More opportunities for these types of courses need to be made available in nursing and other academic programs. Additionally, it would be beneficial for schools to develop a variety of types of experiences, such as in hospitals, established clinics, and community health outreaches in conjunction with a cross-cultural experience. Taking groups of pre-licensure and advanced practice nursing students with physical therapy, nutrition, medical, and other health science students could enhance interdisciplinary teamwork and provide more comprehensive care to the population being served.

References

- Button, L., Green, B., Tengnah, C., Johansson, I., & Baker, C. (2005). The impact of international placements on nurses' personal and professional lives: literature review. *Journal of Advanced Nursing*, 50, 315-324.
- Caffrey, R. A., Neander, W., Markle, D., & Stewart, B. (2005). Improving the cultural competence of nursing students: Results of integrating cultural content in the curriculum and an international immersion experience. *Journal of Nursing Education*, 44, 234-239.
- Callister, L. C., & Cox, A. H. (2006). Opening our hearts and minds: The meaning of international clinical nursing electives in the personal and professional lives of nurses. *Nursing and Health Sciences*, 8, 95-102.
- Campbell, C., Campbell, D., Krier, D., Kuehlthau, R., Hilmes, T., & Stromberger, M. (2009). Reduction in burnout may be a benefit for short-term medical mission volunteers. *Mental Health, Religion and Culture*, 12, 627-637.
- Edmonds, M. L. (2010) The lived experience of nursing students who study abroad: A qualitative inquiry. *Journal of Studies in International Education*, 14, 545-568.
- Evanson, T. A., & Zust, B. L. (2004). The meaning of participation in an international service experience among baccalaureate nursing students. *International Journal of Nursing Education Scholarship*, 1, 1-14.
- Evanson, T. A., & Zust, B. L. (2006). "Bittersweet knowledge": The long-term effects of an international experience. *Journal of Nursing Education*, 45, 412-419.
- Grant, E., & McKenna, L. (2003). International clinical placements for undergraduate students. *Journal of Clinical Nursing*, 12, 529-535.
- Heuer, L. J., & Bengiamin, M. I. (2001). American nursing students experience shock during a short-term international program. *Journal of Cultural Diversity*, 8, 128-134.
- Lee, N. J. (2004). The impact of international experience on student nurses' personal and professional development. *International Nursing Review*, 51, 113-122.

- Levine, M. A., & Perpetua, E. (2006). Interational immersion programs in baccalaureate nursing education: Professor and student perspectives. *Journal of Cultural Diversity, 13*, 20-26.
- Loo, R., & Shiomi, K. (1999). A structural and cross-cultural evaluation of the inventory of cross-cultural sensitivity. *Journal of Social Behavior and Personality, 14*, 267-278.
- Lopez-Cevallos, D. F., & Chi, C. (2010). Assessing the context of health care utilization in Ecuador: A spatial and multilevel analysis. *Health Services Research, 10*. doi:10.1186/1472-6963-10-64
- Tabor, R. G., Carter, D. M., Kovar, M., & Ramsing, R. (2008). International service learning. *Journal of Dental Hygiene, 82*, 49.
- Thompson, K., Boore, J., & Deeny, P. (2000). A comparison of an international experience for nursing students in developed and developing countries. *International Journal of Nursing Studies, 37*, 481-492.
- Walsh, L. V., & DeJoseph, J. (2003). "I saw it in a different light": International learning experiences in baccalaureate nursing education. *Journal of Nursing Education, 42*, 266-272.
- Wood, M. J., & Atkins, M. (2006). Immersion in another culture: One strategy for increasing cultural competence. *Journal of Cultural Diversity, 13*, 50-54.
- Wros, P., & Archer, S. (2010) Comparing learning outcomes of international and local community partnerships for undergraduate nursing students. *Journal of Community Health Nursing, 27*, 216-225.
- Zorn, C. R., Ponick, D. A., & Peck, S. D. (1995). An analysis of the impact of participation in an international study program on the cognitive development of senior baccalaureate nursing students. *Journal of Nursing Education, 34*, 67-70.

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