Reflections of Cultural Dimensions in Undergraduate Students’ Transcultural Perceptions

Abstract

The aim of this phenomenological study was to explore the experiences and the transcultural perceptions of undergraduate students who participated in an international mission immersion experience. In the Spring 2012, two nursing faculty and a local community political leader led a medical mission immersion for twenty-seven nursing and non-nursing liberal arts university students to rural Nicaragua. The immersion experience lasted 7 days in the rural town of Jinotega. Following the completion of the immersion experience and the debriefing session, focus groups with guided questions were conducted. Six of the twenty-seven immersion experience participants contributed to the focus groups. Of the six participants, 66% were currently enrolled as nursing students. Modifications to the questions were made to be specific and gain an understanding of transcultural perceptions. Colaizzi’s (1978) strategy for analysis of phenomenological data was used to analyze the data. The responses were reviewed, and related themes were extracted. Themes were classified into major constructs related to the reflections of the undergraduate students and what they perceived about the phenomenon. While the focus of the immersion experience was primarily for medical missions, it became an unforeseen landscape for cultivating interprofessional health and cultural learning. Six themes emerged including enhanced self-esteem, culture, stress, spirituality in action, education, and apathy. The themes provide an understanding of international learning experience and offer insight into pitfalls that may occur in development of global community engagement. In addition to the development new courses within the context of college or university-wide education, there is a need to re-examine the educational system for healthcare design.

Keywords: cultural immersion; interprofessional education; nursing; transcultural perceptions

Introduction

The evolving and challenging healthcare environment for nursing and other healthcare professionals has contributed to the necessity for reform in health professions education (Royeen, Jensen, & Harvan, 2009). In the Institute of Medicine’s report (2010), recommendations included emergence of interprofessional health education into curricula and a broadening of educational experiences related to cultural and socioeconomic factors in order to enhance our current nurses’ knowledge and ability to provide

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quality value-based healthcare. While the notion that health education should be changing within the classroom, there are many opportunities to provide these same concepts in unique environments outside of a didactic setting. In this pilot study, the perceptions of interprofessional undergraduate students who participated in an international medical mission immersion experience were explored.

A transcultural immersion experience places students in a new environment or culture to allow for a variety of educational outcomes. Through the immersion experience, students often learn adaptation, flexibility and socialization within a new culture or group. This experience provides a new cultural lens for the students and enhances their knowledge related to the culture. Through international collaborative partnerships and immersion experiences, students have the opportunity to experience cultural process and dynamics firsthand (Swanson, Goody, Frolova, Kuznetsova, Plavinski, & Nelson, 2001). Across the world, areas in geographic regions are becoming more diverse in racial and ethnic groups. Shifts in demographic populations are constantly evolving (Institute of Medicine, 2010). Healthcare providers must develop proficiencies in cultural knowledge and competence in order to provide the highest quality of care to each of these populations.

Nursing educators are committed to developing innovative learning strategies to educate nursing students to develop cultural competence, although limited research exists in this area. Undergraduate and graduate nursing cultural immersion experiences are being utilized to facilitate nursing students' cultural competence (Larsen & Reif, 2011; Maltby & Abrams, 2009). Given the rapid growth of multicultural populations within communities worldwide, nursing students have been charged to provide more culturally competent nursing care, guided by a sensitive recognition of clients' unique cultural beliefs, habits, and values. Although research confirms the need to include cultural interactive learning systems into nursing curricula, nursing scholars have not developed a consensus on the most effective methods for delivery of cultural education within the interprofessional approach context (Adamshick & August-Brady, 2012).

The aim of this phenomenological qualitative pilot study was to explore the experiences and the transcultural perceptions of undergraduate students who participated in an international mission immersion experience.

Methods

Sample and data collection. In the Spring 2012, two nursing faculty and a local community political leader led a medical mission immersion experience for twenty-seven nursing and non-nursing liberal arts Christian University students from the United States to rural Nicaragua. The immersion experience lasted 7 days in the town of Jinotega. Students were selected through an application process which included essays and demographic information. The students and leaders began meeting as a group in October 2011 and met monthly through December 2011. Meetings were scheduled bimonthly during December and January, and moved to weekly meetings during February and March. One debriefing meeting was held in April following the immersion experience.

During the meetings, educational opportunities were provided to the students for readiness and knowledge acquisition prior to the immersion. Experts from various fields were utilized as guest speakers during the education process including a native Nicaraguan pastor from Jinotega currently living in the vicinity of University, a city leader with political ties to the Jinotega, a nurse who had volunteered multiple times in Jinotega, and a physician who provided volunteer surgical procedures in the Nicaraguan cities annually. A chef from Jinotega, Nicaragua was invited to present cultural food and nutrition information to the group. He was prepared to provide a sampling of native foods; however, he was unable to attend the educational sessions. Information was presented about travel, safety, expectations, culture, and other planning details from the leaders of the immersion experience. A sampling of Spanish language was provided to the students in advance. Additionally, prior to the immersion experience, nine members of the group received education and certifications to provide international vision screenings through Eye Doc In A Box (2011) while others shadowed with local optometrist offices to learn how to fit and adjust eyewear appropriately.
Students that participated in the immersion experience completed vision screenings for over 360 local Nicaragua people. Of the individuals screened, 172 individuals were fitted with eyewear to correct vision problems. The team also experienced tours of the local hospital, dental clinics, and Red Cross agencies where they had the opportunity to observe the healthcare environment, quality and access. Furthermore, the students were given the opportunity to dialogue with hospital leaders, nurses, dentists, Red Cross employees, and other healthcare providers. Opportunities were provided for the participants to interact with children in educational settings such as preschool, music school and a school for the hearing impaired. Translators were used during the entire experience to diminish language barriers that existed.

Following the completion of the immersion experience and the debriefing session, two focus groups with guided questions were conducted. Participants were recruited through email notifications and informed consent was included in the original email and provided again by the moderators at the time of the focus group sessions. Six of the twenty-seven immersion experience participants contributed to the focus groups. Of the six participants, 66% were currently enrolled as nursing students. A focus group guide was used to assess the participants’ transcultural perspectives which included open-ended questions related to dimensions of cultural care, cultural values/beliefs/practices, cultural competence, interprofessional health education and nursing perceptions and related context of culture. The focus group questions were guided by Leininger’s theory of transcultural nursing. Modifications to the questions were made to be specific and gain an understanding of transcultural perceptions. The focus group began as “I am interested in your experience and transcultural perceptions as a student participating in international missions. Please share all your thoughts and feelings about the experience.” The focus group was audio-taped and transcribed verbatim. Moderators recorded additional field notes during the focus group sessions. Participants were asked to not reveal identifying information in the focus group session.

Prior to conducting the focus group, informed consent was obtained. The informed consent detailed the purpose of the study and the students’ rights for participating in research. Each participant was given the opportunity to read and ask questions about the consent form. At any time during the study, the students could decline to participate without penalty to their status with the University. Institutional Review Board approval was obtained prior to the study.

Analysis. Colaizzi’s (1978) strategy for analysis of phenomenological data was used to analyze the data. This descriptive data analysis method promotes trustworthiness, reliability and generalizability. To maintain rigor and trustworthiness of the research process, the transcript generated from the focus group was read thoroughly three times by the primary investigator and the qualitative methodology adviser. An independent qualitative methodologist who is an expert in qualitative research was also consulted to peer review the themes and subthemes. Peer review assisted the opportunity to reveal primary investigator bias and help confirm, disprove, or extend emerging themes. Findings are described using excerpts from the students’ responses; all names have been replaced with pseudonyms. Transferability was supported by discussion and sharing findings with content experts and by returning to the literature.

Findings

While the focus of the immersion experience was primarily for medical missions, it became an unforeseen landscape for cultivating interprofessional health and cultural learning. The responses were reviewed, and related themes were extracted. Themes were classified into major constructs related to the reflections of the undergraduate students and what they perceived about the phenomenon. Six themes emerged including enhanced self-esteem, culture, stress, spirituality in action, education, and apathy.

Enhanced self-esteem. Throughout the focus group, the undergraduate students spoke of the increased levels of self-esteem that were acquired through participation in a medical mission immersion experiences. While the theme clearly surfaced in the analysis, the theme was unexpected and was not an initial intent of the international medical mission immersion experience. The increase in self-esteem may have been a result of the ownership and responsibilities
placed on each student throughout the planning process and the implementation of the medical mission immersion experience which took place over a six-month period. Examples of activities that may have contributed to enhanced self-esteem included serving as the instructor for health education roles, implementing vision clinics and ophthalmic fitting for glasses, organizing and collecting needed supplies, preparing lesson and music for services, providing and leading spiritual devotions and prayer, and serving as a leader for worship services.

Some comments were:

Carol: “I think the most meaningful part to me was the accumulation of all the hard work, fundraising, calling everybody we could think of to gather materials, getting together with everyone, all 30 of us. It was kind of like the last minute here before we took everything there. It was hard work. The fundraising was hard work. I think it kind of wore people down. A couple of people did a lot of the work, but I think it made it more meaningful in the end for those that had put in a lot of work in the planning stages. They saw more of the hope than the others.”

Megan: “I don’t really like speaking in front of people like that a lot and I didn’t really know, but I just shared the gospel with them and we were able to in one language and one night to see all the cultural differences, political differences, all the spiritual differences come together and we were all on the same place, and we were able to openly talk and communicate with each. It was kind of like a view of the culmination of the trip. It was a really good experience.”

Sarah: “I do not speak in front of people unless I am told what to say and I say it, but otherwise I cannot do it. But this is something that really opened.”

Comments were:

Sarah: “I think for me I was just faced with having to understand another culture. Sometimes, here we are so comfortable with experiencing, dealing with and treating people of my own culture, and I was forced to work with people who I had a different language and different religious beliefs, and that was another culture. So I think I just learned to be flexible, open and nonjudgmental whether or not we could speak the same language or believe the same things. I just learned to be open and tolerant.”

James: “I knew going into it that it would less of a standard than we are used to; typically I have been told that American standards have been like pretty much the highest you can find.”

Elaine: “They have one oxygen tank for eight beds at least and sometimes they double bUNKed, up to sixteen on one oxygen tank. So what happens if you have two moms on oxygen, what do you do? They had one vital sign machine for all eight beds. They had two baby baths. There was blood on the floor. It is not up to the standards. It is like they don’t understand sanitation. We would get in trouble for leaving blood on the floor. I don’t think we could have a hospital if you only had one oxygen tank for 16 people.”

Margaret: “I think on a cultural aspect, I know from being a nursing student and healthcare provider that everybody should have to go on a mission trip. It is a great experience, mission wise and cultural wise. I think you see another culture and you see things we will not see in the US...You
have to commit 100% to do it, and everyone won’t do it. However it is important that every nursing student is taught culture. I don’t know to what degree, how, when and what and why, but it is important that they are taught those differences, and that they are taught to really accept that patient for their cultural beliefs, and to not automatically assume or judge anything. I think this experience for us showed me that in a real life situation. I was forced to be in their culture, and as a nurse at the bedside, we have to be able to be open to whatever that patient needs and wants, whatever makes them comfortable, and it might not make us comfortable. I was not comfortable in Nicaragua, but that was what was so good about it for me….I could try to be a tool to share with them what I learned.”

**Stress.** During the analysis, the theme of stress emerged. The stress was related to preparation for the immersion experience. While education was provided prior to the experience, it was identified that more education was needed related to general uncertainty of the environment, language, location, and culture.

Comments included:

James: “I think beforehand was mostly exciting, like not knowing what you are going to find. Nervous anticipation of it, I just wanted to get there.”

Margaret: “It was extremely exciting, but also knowing that there was a huge language barrier that you had to somehow deal with, it was nerve racking partially.”

Elaine: “It was stressful and crazy. It was really tough at times, but you really got to know the people, and that was the first step in bringing our team together as a team.”

**Spirituality in Action.** A strong theme that emerged included the students’ perception of seeing spirituality in action. The students were enrolled in undergraduate programs at a Baptist University in the Southeastern United States. The mission and philosophy of the University and the schools and departments within the University are designed with a strong Christian foundation. Additionally, the focus of the experience was mission and medical focused.

Comments included:

Megan: “We were able to make a difference in their lives, and I think seeing Christ in those people there, and you see Christ in a completely different setting than you see Him in America, just the way that people live out their faith. It is completely different and you can totally tell. That was big for me to realize. It was kind of like wow, it is the same God, and you can that, but it is lived out different and that was really big for me to see.”

Elaine: “…there is a lot of work still to be done, but God allowed us to see Him at work. I mean how often do we get to see that directly? I mean it was such a blessing to sit there and watch God does work in people.”

**Education.** Most of the students in this pilot study recognized the potential for communication enrichment in their education. They reported several strategies to overcome barriers to communication. Before embarking on an immersion experience, students learned communication patterns of the Nicaraguan culture. Another theme that emerged from the study is the interprofessional collaboration in the process of cultural immersion. Students relied on each other for support, as well as on faculty. They strengthened relationships with classmates.

Some comments were:

Margaret: “I am just thinking about being in a classroom setting, having someone from a different discipline or different culture, is always important to me. They have experiences that they can share…that would make an imprint in my memory and help me better learn certain things. I am just thinking about someone on the trip who was an elementary education major and she was great with kids. I learned from her how to communicate with a child in a totally different language and it was easy for her. She had tools and games and skills that she had learned in her discipline that she was able to teach the rest of us on a really quick basis, and we could step in.”

Sarah: “I think every major thinks differently in the way we do things, so you get to see how everyone else thinks too.”
**Apathy.** Apathy is often described as individual feelings that are not possessed. These feelings manifest in a lack of skills. Students expressed apathy related to cultural competence within nursing curricula. One student shared the following thoughts:

Sarah: “It is not like they don’t try [to incorporate culture into the classroom]. It is not like they are pushing it away, but I think there is also not very much ….. we are accepting of it, but we are not reaching out for it. I think we are almost in an apathetic type of standpoint, where if it comes we are totally okay with it, but we are not actively searching it out, and I don’t know how you do that, because there are so many cultures, like which one do you pick? That is a really hard choice and I really don’t know the answer on how to do it. I think if we could, it would be a big thing, even just if it was once a month, having a different generic culture to look into.”

**Discussion**

From the findings of this pilot study, healthcare faculty can derive educational approaches for designing a cultural immersion experience, supporting learning during the experience, and measuring outcomes. The researchers have identified several curricular concepts from the students' reflections and transcultural perceptions. Findings suggest that creating a cultural immersion experience is highly recommended and will assure exposure of students to a culture different from their own.

Educational strategies to support the process of cultural immersion may include setting a tone of appreciation for novelty and an awareness that the students' usual way of living in the United States is not the only way of living. Faculty can encourage students to discuss their responses to living conditions, hygiene, and health systems, encouraging them to open new ideas. Learning to think differently creates an avenue for an open mind. Participation with other disciplines and with other cultures affords healthcare students the opportunity to expand their knowledge and perceptions beyond the United States healthcare model.

The movement towards interprofessional education and service-learning and community engagement at the local, state, national and global levels are well supported by agencies such as the Institute of Medicine (2010). Researchers have shown that immersion experiences have led to greater understanding, empathy, and respect for cultural differences (Egenes, 2012). However, within this same study (2012), it was also demonstrated that culture shock often accompanied the positive outcomes of immersion experiences for healthcare students.

For future international mission immersion experiences, it is recommended that stress reduction activities be provided at the beginning of the planning process and through the duration of the immersion experience. Additionally, including considerable amounts of education throughout the planning stages may decrease uncertainty, stress, and cultural bias. Educational offerings should include areas such as environment and location, cultural perceptions, cultural assessments of individual students, and cultural misconceptions. Through implementation of student cultural assessments, educational programs can be adapted to meet the needs of the participants. Furthermore, students should be encouraged and reminded of the importance of remaining positive when things are uncertain or challenging which may potentially enhance their abilities to adapt to unfamiliar situations within healthcare settings in the future.

It is critical for the leaders of the immersion experience to be well versed in cultural competence related to the host country in order to serve as bridge between the cultures, allowing for opportunities to debrief, reflect, and process these experiences. The leaders of the immersion experience are vital to the educational outcomes of the students who participate. By providing open communication and dialogue, educational exercises for reflection and meetings for group connectedness and group processing, the leaders of the immersion experience can help to shape the encounter for students from all disciplines in a positive manner.

In order to enhance the student experience it is imperative that faculty within the departments, schools, and the College/University provide full support for the experience. Researchers have recommended that support from all disciplines is an integral component of an effective interprofessional collaboration within College or University settings to produce the intended outcomes of improved clinical team skills,
communication and leadership (Bridges, Davidson, Odegard, Maki, & Tomkowiak, 2011). Support may include calendar arrangements, curricula mapping, mentorship training, faculty education, adequate physical space, community relationships, a sense of community and technology (2011). These same components are critical to successful immersion experiences. Faculty that create or lead immersion experiences should carefully consider the timing of the immersion experience to coordinate and collaborate with other faculty and to examine the scholarly expectations of the students. For example, spring break may not be appropriate timing for mission experiences if heavily weighted assignments are due following the dates of the break. Faculty and leaders should coordinate with the educational system's schedule to reduce other contributing factors such as exams, assignments, and sports related events. An open support network will greatly facilitate the implementation of these experiences for students.

Focus group participants also offered strategies for enhancing the medical mission focus. Some of these strategies included increased time for the mission experience and increased organization. Additionally, students suggested that restriction of the number of students on each mission experience would provide a better environment and allow for more organization.

For Universities and Colleges with a strong mission and/or cultural focus, mandatory workshops or educational sessions prior to the experience may provide avenues to address cultural bias and awareness prior to participation in these experiences allowing the students to gain more knowledge and have a greater understanding and learning environment. Generation of new courses as electives within College or University plans of study could serve as a prerequisite for approval for participation on immersion experiences. Consideration should be given to development of pre-immersion online educational opportunities and even online international healthcare experiences (Strickland, Adamson, McInally, Tiittanen, & Metcalfe, 2013). These experiences have been shown to promote learning together, widening horizons, and developing autonomy for participants in online international experiences (Strickland, et al., 2013). Focus within the courses may include cultural focus, perceptions, bias, stereotypes, health disparities, and vulnerable populations. An integral part of immersion experiences is the understanding of how the interactions with others from different cultures in other geographic regions may be unlike experiences within the United States, and learning how to adapt and apply knowledge and critical thinking in a cultural realm to these encounters (Swanson, et al., 2001).

Conclusion

The emerging themes from this study included enhanced self-esteem, culture, stress, spirituality in action, education, and apathy. These themes as reported by the undergraduate students that participated in an immersion medical mission experience give light into the development and creation of future immersion experiences for nursing and interprofessional educational programs. These themes provide understanding of international learning experience but also offer insight into pitfalls that may occur in development of global community engagement. In addition to the development new courses within the context of College or University-wide education, we may need to re-examine our educational system for healthcare design. Within our current educational systems, healthcare education is often taught based on the United States model. Based on the cultural implications and results of the pilot study, the following question is posed: Should we be examining alternative healthcare systems within the United States based on the diversity of our United States population and cultural perceptions within healthcare and the emerging shift of demographics within the United States? Additionally, healthcare education, specifically nursing, must integrate the approach of high ordered thinking activities and address rigor and relevance within our curricula. More emphasis must be placed on project based learning and establishing connections to learning experiences beyond our local and regional borders.

References


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**“Health is not everything, but without health everything is nothing.”**

Arthur Schopenhauer
German Philosopher