



# Being the stranger: Comparing study abroad experiences of nursing students in low and high income countries through hermeneutical phenomenology☆



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## ABSTRACT

**Aim:** To understand the experience of American nursing students who complete a study abroad trip to a low-income country, Bangladesh, versus a high-income country, the Netherlands in the development of cultural consciousness. **Methods:** Hermeneutic (interpretive) phenomenology was used to explore the journals of 44 students' experiences and reflections.

**Results:** The comprehensive understanding of the naïve and structural analysis revealed that, no matter where these students travelled, they increased their cultural consciousness.

**Conclusions:** We need to revise curricula to create 'change from the familiar' experiences for all students (many cannot afford study abroad) to move students to cultural consciousness on their journey to cultural competency that may improve client health outcomes.

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## 1. Introduction

Cultural competency is a program outcome for baccalaureate nursing education internationally (American Association of Colleges (AACN), 2008; Canadian Nurses Association, 2010; International Council of Nurses, 2013). If nursing students are to become competent, curricula need to provide sufficient opportunities to learn culturally appropriate care, increase awareness of other ways of being, and enhance understanding of themselves in an ever expanding world (Carpenter and Garcia, 2012; Curtin et al., 2015; Edmonds, 2011; Kulbok et al., 2012; Larsen and Reif, 2011; Kent-Wilkinson et al., 2015; Maltby and Abrams, 2009). A study abroad trip does not make students culturally competent but can raise consciousness to an extent that they realize that there are multiple ways of providing care to diverse individuals, families and communities.

Cross et al. (1989) developed a cultural competency continuum to describe the process of becoming culturally competent (Table 1). Although not part of their continuum, we feel that the term 'cultural consciousness' bridges cultural pre-competence and cultural competence. Cultural consciousness is defined as accepting that there are

differences but not knowing yet how to respond appropriately to those differences. We believe that this is where many of the nursing students are: they know there are differences and the study abroad experience highlights these differences.

The purpose of this hermeneutic phenomenological study was to understand the experience of students when completing a study abroad trip to a low-income country (LIC), Bangladesh, versus a high-income country (HIC), the Netherlands. In other words, does socio-economic circumstance impact students' cultural consciousness?

## 2. Literature Review

There is abundant research and case study literature of the impact study abroad has had on nursing students' personal and professional lives. Many are either about experiences in HICs such as Europe and the United States (Carpenter and Garcia, 2012; Green et al., 2008; Maas and Ezeobele, 2014) or on experiences in LICs located in South America, Asia, or Africa, (Bentley and Ellison, 2007; Charles et al., 2014; Curtin et al., 2015; Kirkham et al., 2009; Larson et al., 2010; Maltby and Abrams, 2009; Wros and Archer, 2010). Kulbok et al. (2012) reviewed the nursing education literature and found that international experiences continue to be created for students with the goal of responding to diverse populations.

There has been, however, little in the literature that compares student learning between those who travelled to a LIC and HIC. Edmonds (2011) conducted a literature review of study abroad programs for

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**Table 1**  
Cultural competency continuum.  
Cross et al. (1989).

Element	Characteristics
Cultural destructiveness	Bigotry, racism, hatred; one race is superior
Cultural Incapacity	Bias; discrimination
Cultural blindness	Believe that everyone is the same; approaches used by dominant culture works for everyone
Cultural pre-competence	Knowing there is a difference and may be marked by 'tokenism', that is, one person from the minority represents all
Cultural competence	Acceptance and respect for difference; tailored approaches
Cultural proficiency	Holding culture in high esteem; advocate for cultural competence

American nursing students. She found no comparative studies between those who travelled to developed and developing countries as “findings from studies on travel to both types of countries are usually reported collectively rather than by type of destination” (p. 32).

The qualitative study by Thompson et al. (2000) assessed the differences in the experiences of Irish nursing students who had travelled to either a developed, i.e. HIC, (Australia, Canada, New Zealand, Spain, Sweden, USA) versus a developing, i.e. LIC (Brazil, Gambia, India, Kenya, Malawi, Tanzania, Uganda, Zambia) country. Using Zorn's International Education Survey, and a response rate of 84.1% ( $n = 74$ ), the researchers found that all students benefited from international experiences although they felt that those who travelled to developing countries “had gained significantly more in relation to international perspectives, personal development and intellectual development” (p. 489). They surmised that the contrast with their own lives stimulated a re-evaluation of personal and professional values. They also found that students had a better understanding of their own country context no matter if they travelled to a LIC or a HIC.

The current study addresses the gap of qualitative studies with American nursing students in the literature identified by Edmonds (2011). It also builds on the work of Thompson et al. (2000) of a comparative analysis between students who travelled to either a LIC or a HIC. The reflective journals of American nursing students who travelled to either a LIC or a HIC were analyzed to understand their experience.

### 3. The Immersion Experience

A three-week study abroad experience for public health nursing had been established in Bangladesh in partnership with [International University of Business Agriculture and Technology] since 2008. During the planning for 2013, an election season in Bangladesh became very violent. In consultation with university risk management and Bangladeshi colleagues, we decided that the trip would be cancelled for security reasons. Instead, as we had an established relationship with universities in the Netherlands, we were able to arrange a study abroad trip there on short notice. The following year, continuing security issues cancelled the trip to Bangladesh again (there are no future trips planned). We were again able to travel to the Netherlands.

The students completed their Public Health Nursing course (theory and clinical) during the study abroad trips. In both countries, classes were held almost daily; students spent time in health care institutions, completed community assessments, went on field visits, and learned about the culture. They were able to visit historical sites and experience the life in various communities.

## 4. Method

### 4.1. Design

Hermeneutic (interpretive) phenomenology was used for this study as the students' experience and reflections of cultural consciousness in Bangladesh or the Netherlands were being explored. This design was deemed appropriate for the study as we wanted to move beyond description of the experience to understanding and constructing what it meant for the students. The lived experience of the students was expressed through their narratives in their reflective journals so that the “essential meaning [was] studied and revealed in the interpretation of the text” (Lindseth and Norberg, 2004, p. 147). We were involved in the experience with them, meaning that the bracketing of our assumptions and beliefs was impossible (Lopez and Willis, 2004; Reiners, 2012). Students were required to keep a reflective journal of their experiences within the framework of culture and public health nursing. As well, they included their own thoughts, feelings, and meanings throughout the trip which became the data for the study.

### 4.2. Participants

There were 45 undergraduate nursing students who participated in study abroad programs over four years: 21 to Bangladesh and 24 to the Netherlands. Participants were 93% female, 95% White with an average age of 22 years (Table 2). All but one were fourth year nursing students who were going to graduate within four months of the trip. One was a registered nurse student who did not provide her journal for the study and therefore was not included.

### 4.3. Setting

In Bangladesh, 43.3% of the population live below the international poverty line of US\$1.25 per day (UNICEF, 2015). This percentage is zero in the Netherlands. Table 3 provides further comparisons between the two countries.

### 4.4. Procedure

The University's Institutional Review Board granted ethical approval for the study prior to departure. Students were invited to participate in the study via e-mail, approximately four weeks after returning home. It was anticipated that students would be more open if they did not know about the study until the experience had concluded. All but one student ( $n = 44$ ; 97.7%) gave permission for their de-identified journals to be included in the study once final grades had been submitted. Journals were photocopied, de-identified, and scanned to make them available electronically to the research team members. The original journals were returned to the students.

### 4.5. Data Analysis

Data were analyzed using Lindseth and Norberg's (2004) phenomenological hermeneutical methodology of text interpretation. All researchers read the journals several times during the naïve reading of the text to find meaning as a whole and provide the “first conjecture”

**Table 2**  
Demographic Characteristics of participants.

Year	Participants by country				Total
	Bangladesh		The Netherlands		
	2012	2013	2014	2015	
Number	10	11	14	10	45
Gender: female	100%	90.9%	100%	80%	Mean: 93%
Age range: years	21–30	22–29	21–58	21–35	Mean age: 22

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