

# RESEARCH-BASED RECOMMENDATIONS FOR IMPLEMENTING INTERNATIONAL SERVICE-LEARNING

ROXANNE AMERSON, PhD, RN-BC, CTN-A, CNE\*

An increasing number of schools of nursing are incorporating international service-learning and/or immersion experiences into their curriculum to promote cultural competence. The purpose of this paper is to identify research-based recommendations for implementing an international service-learning program. A review of literature was conducted in the Cumulative Index of Nursing and Allied Health Literature database using the keywords *international*, *immersion*, *cultural competence*, *nursing*, and *international service-learning*. Additional references were located from the reference lists of related articles. Planning of international or immersion experiences requires consideration of the type of country, the length of time, and design of the program; the use of a service-learning framework; opportunities that require the student to live and work in the community, provide hands-on care, participate in unstructured activities, and make home visits; and a method of reflection. Increasing cultural competence does not require foreign travel, but it does necessitate that students are challenged to move outside their comfort zone and work directly with diverse populations. These research-based recommendations may be used either internationally or locally to promote the most effective service-learning opportunities for nursing students. (Index words: International; Immersion; Service-learning; Nursing; Cultural competence) *J Prof Nurs* 30:175–179, 2014. © 2014 Elsevier Inc. All rights reserved.

**I**N THE LAST decade, the literature seems to be exploding with publications related to international or immersion programs for nursing students. The increased focus on our world as a global community, the need for increased cultural competence with diverse populations, and the attention to the United Nations Millennium Development Goals are significant driving forces that are supporting this trend. Just as nurses need research-based practice guidelines for patient care, it is paramount that nurse educators are designing and implementing international service-learning (ISL) experiences based on research. Publications that only report how a program is implemented may provide direction for others who are also planning an international experience, but research is a necessary component if educators plan to provide the most effective learning for nursing students. The purpose of this paper is to identify research-based recommendations for implementing an ISL program.

## Review of Literature

To tease out these recommendations, a review of literature was conducted in the Cumulative Index of Nursing and Allied Health Literature database using the keywords *international*, *immersion*, *cultural competence*, *nursing*, and *international service-learning*. Additional references were located from the reference lists of related articles. Inclusion criteria included published articles between 1998 and 2012, nursing students as subjects, and documentation as a research study. Articles were excluded that only presented anecdotal information or offered recommendations based solely on previous experience with international or immersion programs. For the purpose of this paper, both the terms *international* and *immersion* will be used interchangeably to identify studies that require the student to work outside their own native country.

Haloburdo and Thompson (1998) conducted one of the earliest studies using a grounded theory approach. The students in this study engaged in outpatient activities, home visits, and observational experiences. A key finding from their study indicated that students who engaged in 2-week experiences had similar outcomes as students who engaged in longer international experiences. The

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\*School of Nursing, Clemson University, Clemson, SC.

Address correspondence to Dr. Amerson: 235 Abbey Gardens Lane, Simpsonville, SC 29681. E-mail: roxanna@clemson.edu  
8755-7223/13/\$ - see front matter

following year, St Clair and McKenry (1999) used a mixed-method study to evaluate students that participated in 2- to 3-week cultural immersions. Although the publication did not give specifics about the type of student activities that students engaged in during the experience, their findings supported that students learned more from living and working in diverse communities than just simply studying transcultural nursing content. Two years later, Kollar and Ailinger (2002) reported one of the first long-term studies related to international experiences. This study used a qualitative approach to evaluate how working for 2 weeks in clinics and in barrios conducting community and family assessments affected students after graduation. Findings from their study did indicate that the international experience directly influenced how the students continued their clinical practice after completing their degrees. Students expressed an increased global perspective, which later influenced their career choices and a willingness to be open to people who are different. In addition, the experience facilitated new understandings of the issues that immigrant families face in the United States. The next year, Walsh and DeJoseph (2003) used an exploratory, descriptive study to evaluate the effects of working for 2 weeks with a *comodrona* (local midwife) and conducting home visits. The findings emphasized how immersion experiences push students outside their “cocoon of inclusion” (p. 271). As students recognized the poverty within the country, they also saw the wealth of family support and spiritual assets that existed in the Mayan people.

Evanson and Zust (2004, 2006) completed two more qualitative studies over the next few years. The earliest study (2004) evaluated students who had spent spring break working in a local hospital and clinic and assisting with assessments in local villages. Their results stressed the importance of having formal activities that allowed for hands-on nursing care. In addition, their report emphasized that informal activities should be included to help students learn about cultural practices and to practice communication skills. Their subsequent research (2006), which followed up with the students from the 2004 study, also stressed that students had learned transcultural concepts during the experience that they did not feel they would have learned in a classroom environment. Again, these concepts were learned through the opportunities that were provided during hands-on care with diverse populations. Most of the early studies focused on qualitative methods of research to evaluate the effects of international experiences. The studies in subsequent years would turn their focus to using quantitative methods to evaluate this phenomenon.

Caffrey, Neander, Markle, and Stewart (2005) published one of the first studies to use a quasi-experimental design with nursing students. Students participated in a 5-week clinical immersion and worked in local clinics in Guatemala. An important aspect of the pretest and posttest scores indicated that nonimmersion students scored higher on the pretest than the immersion students. This raised the

question: Do nonimmersion students have accurate views of their own cultural competency abilities at the beginning of programs? Nurses and nursing students may not recognize their own incompetence; thus, they remain unconsciously incompetent (Purnell & Paulanka, 2003). A similar finding will be echoed in later studies.

In 2007, Bentley and Ellison used the *Inventory for Assessing the Process for Cultural Competence Among Healthcare Professionals—Revised* (Campinha-Bacote, 2002) to evaluate the impact of an international trip to Ecuador. During this experience, students provided health education to local people, worked with nurse practitioners and an Ecuadorian physician, and participated in local clinics. Posttest scores indicated that all students increased their competency levels with the most significant increase noted in the assessment of diverse cultures. One of the most important lessons learned from this experience was the need to work with a local organization using a service-learning framework.

According to Levine (2009), no studies were located with a “formal study of an international program designed, implemented, and fully participated in by one professor on multiple journeys to multiple countries, with groups of students” (p.158). In fact, a review of dissertations reveals the work of Amerson (2009) conducted over a 3-year period with multiple students in both Guatemala and Ecuador. The first-year study involved a quantitative design using the Transcultural Self-Efficacy Tool (TSET; Jeffreys, 2006) to compare the scores of students who participated in a medical mission program in Guatemala with students who completed service-learning projects in a local community (Amerson, 2010). The students who traveled to Guatemala demonstrated statistically significant higher transcultural self-efficacy (TSE) scores on the posttest, yet they scored lowest in all areas of the TSET on the pretest. The students who worked locally rated themselves higher in all areas on the pretest. This finding appears consistent with the earlier findings of Caffrey et al. (2005). It is important to note that different cultural competency tools were used by Caffrey et al. and Amerson. The subsequent year, a mixed-method study was conducted by Amerson with students who traveled to Ecuador as part of a medical mission team. The TSET scores again were compared between the international group and the local group. Although the TSET scores did confirm significant increases in all learning dimensions upon statistical analysis, the qualitative analysis of themes from written journals demonstrated that service-learning with diverse populations commonly invoked anxiety in both the local and international group. In the case of the international group, the anxiety was overcome by the anticipation of a life-changing event as perceived by the students as they prepared to travel abroad to work in another country. Although the international pretest scores were not lower than the local group's scores in all areas of the TSET, the trend of the pretest scores did indicate that the international students tended to rate themselves lower than the students that worked

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