Lived Experiences of Nursing Students Engaged in an International Service Learning Project

Jeana Wilcox, PhD, RN, CNS, CNE
Kathy Taylor-Thompson, BSN, RN, CWON, CFCN

Abstract
The purpose of this study is to describe the lived experience of nursing students engaged in a medical mission experience during a Transcultural Nursing course offered at a private midwestern university. A total of 42 students participated in a week-long medical mission trip to Falmouth, Jamaica during 2005-2010. Student views were extracted from journals kept during the mission experience. After students gave consent for journal entries to be copied and transcribed, entries were analyzed through content analysis using Microsoft® Excel® software to identify recurrent themes. The following six themes emerged from the analysis: clinical experience, interpersonal interactions, professional goals, cultural issues, spirituality, and international travel. This study demonstrated the impact of an international service-learning project on undergraduate students’ student learning outcomes. Continued research will assist faculty members in modifying trip preparations and re-assessing student learning outcomes related to the experience.

Keywords
Service learning, transcultural nursing, international nursing

Service learning has become an important part of the student nurse experience. Analysis of reflective journals can enlighten educators about student perceptions related to service learning and guide in the development of valuable “real world” experiences for future professionals. A fascination with other cultures and desire to help less fortunate people often lead students to sign up for overseas experiences during their professional education. Reasons students may engage in overseas service learning are surely varied. The personal impact of such an experience must provide some recognizable themes and interesting perspectives from the students’ points of view. Analysis of reflective journals can enlighten educators about student motivations, experiences, and course outcomes related to service learning. Levine (2009) stated the importance of students’ participation in transcultural missions is supported by the fact that “students’ world views expanded exponentially as the true-life experiences of international nursing practice nurtured a significant metamorphosis” (p.156). McKinnon and Fealy (2011) stressed the importance of developing not only culturally
competent nurses, but also globally aware citizens. One significant goal of service learning is that students become engaged and continue to make commitments to bettering the community following graduation (Brown & Roodin, 2001). This study will help determine if cultural competency and global awareness outcomes can be met during short-term international medical missions.

Specific Aims

The purpose of this study was to describe the lived experience of undergraduate nursing students engaged in a medical mission experience during a Transcultural Nursing course offered at a private midwestern university. The reflective journals analyzed were written by students who traveled to Falmouth, Jamaica, for a week long medical mission trip between January 2005 and January 2010.

Literature Review

This review focused on articles related to immersion experiences, service-learning, culture shock, and the need for the development of a nursing curriculum that propels future nurses into global nursing with the goal of gaining cultural competence. “Cultural competency is not considered a panacea for eliminating health disparities, yet it is believed to be a major component in quality and safe nursing care” (Larson, Ott, & Miles, 2010, p. 45). Common themes found in the literature supported the use of true-life experiences as an introduction to global healthcare needs and awareness of cultural diversity. Many nursing programs currently offer curricula that allow students to be taken from the comfort of familiar health care systems into socioeconomic disparaging systems while encouraging critical reflection on the feelings and experiences produced. “For most students, the ability to adapt to persons from diverse cultures will not come naturally but must be nurtured through the nursing education process” (Eshleman & Davidhizar, 2006, p. 179).

Cultural Knowledge

Culture and diversity permeate the world in which the modern nurse practices. According to Passel and Cohn (2008), the Hispanic/Latino population is projected to reach 29% of the total US population by the year 2050. Several social pressures emphasize the need for nursing graduates to have a firm grasp on cultural diversity: (a) demographic projections indicating an increasingly culturally diverse population; (b) Healthy People 2010’s call for the elimination of health disparities; and (c) accrediting standards demanding culturally sensitive healthcare for everyone (Narayan, 2006; Smith-Miller, Leak, Harlan, Dieckmann, & Sherwood, 2010). “Cultural knowledge is defined as a process in which the nurse seeks out and obtains a sound educational foundation about diverse cultural and ethnic groups” (Brathwaite, 2006, p. 2). Culture has been defined as various patterns of behaviors, values, and beliefs acting synergistically to create the whole of who a person is (Carrillo, Green, & Betancourt, 1999; Eshleman & Davidhizar, 2006; Miller, 1993). The foundation for this knowledge should be developed in all nursing education programs (Leininger & McFarland, 2002). Exposure to new cultures early in the educational process can assist students in developing the cultural sensitivity and competency required to provide quality health care to patients (Carrillo, Green & Betancourt, 1999).

“If you’re not in your own culture, you’re in somebody else’s”.

Dr. Omowale Amuleru-Marshall
Eshleman and Davidhizar (2006) suggested strategies for developing cultural competency may occur in the classroom through the use of storytelling, articles, learning gained from childhood experiences, cultural analysis, guest speakers, or international health exercises. Students must be free to discover and learn to value individual differences. Only when personal values are understood, is the student able to reach out to people from other geographic or ethnic backgrounds. Eshleman and Davidhizar suggested that classroom experiences enable students to build on the knowledge base already present and allows for the integration of what is known and what is experienced in the service learning setting. Levine (2009) suggested that experiences abroad are critically important and dramatically influence personal and professional growth. Such experiences generally include cultural immersion, cultural competency, and sensitivity training.

Culture Shock

Miller (1993) examined culture shock based on his own experiences abroad and proposed that students must learn how to cope with the “loss of the familiar cultural symbols prevalent in the host country” (p. 2). Such cultural symbols may include a system of values, beliefs, attitudes, and traditions along with the behavior norms that regulate a citizen’s life. Miller identified three main stages of culture shock: (a) Stage I: Prior to study abroad, (b) Stage II: In the host country, and (c) Stage III: The re-entry stage.

Miller (1993) discussed the need to help students develop coping skills when traveling abroad. While examining his personal experiences, Miller suggested support for a common training orientation that would address symptoms of culture shock experienced by those who study overseas. Miller emphasized a familiar theme revealed in student journals related to the airport experience. Airports of host countries prompt the first impressions of culture shock experienced by visitors. Another noticeable theme he found in student journals related to the reentry stage occurring when the learner re-orient to native national customs and surroundings.

Miller (1993) further suggested that culture shock is a shared outcome of service learning, whether the stay abroad is short-term or long-term. Students may experience culture shock in relation to the role played on the mission team. Students may continually be reengaged in culture shock related to several factors on a medical mission experience: (a) limited resources, (b) unfamiliar methods of performing procedures or significantly adapted medical procedures, and (c) different cultural beliefs about health (Mill, Yongue, & Cameron, 2005). Miller supported the need to teach coping skills based on the six common stressors identified by anthropologist Kalervo Oberg: (a) strain due to psychological adaption; (b) sense of loss and feeling of deprivation; (c) being rejected by or rejecting members of the new culture; (d) confusion in role, expectations, or values; (e) surprise, anxiety, and frustration after becoming aware of cultural differences; and (f) feelings of powerlessness related to the new environment.

Service Learning

Service learning provides students with learning credit while they participate in service and “actively engages students in reflection to increase understanding of course content, provide broader appreciation of the discipline, and enhance students’ sense of civic responsibility” (Brown & Roodin, 2001, p. 90). “Service learning is a course-based community service experience that produces its best outcomes when meaningful volunteer service is related to course material” (Brown & Roodin, 2001, p.90). When experience enhances understanding; under-
standing leads to more effective action. As the educator exposes students to new experiences, students attempt to understand the culture they are exposed to. With the goal of cultivating a positive relationship with the community; students serve others while broadening their perspective of the global community. This can be enhanced by developing collaborative relationships with other allied health members while developing skills of negotiation, accountability, and social responsibility. Service learning takes students from the safety of a university setting into a community. The purpose of service learning is gaining a better understanding of people who were served, encouraging lifelong commitment to continue serving, and developing students into social change agents trained to give culturally appropriate care (Amerson, R., 2010; Baumberger-Henry, Krouse & Borucki, 2006; Gillis & Mac Lellan, 2010). Faculty, students, and community partners all become reciprocal learners in a traditional service learning model (Gillis & Mac Lellan, 2010). Students who engaged in service learning reported both personal growth and increased cultural awareness (Baumberger-Henry et al., 2006).

Utilizing service learning through carefully designed course objectives and assignments, students can enhance critical thinking skills and improve self-confidence, self-esteem, and self-reflection corresponding with classroom teaching (Baumberger-Henry et al., 2006). Possible course objectives may revolve around any of the following concepts: comparison of multiple health care systems and comparison of educational preparation of nurses abroad to those educated in the United States. Saenz and Holcomb (2009) stressed that service learning alone does not guarantee cultural competence unless students are encouraged to think critically by experienced and prepared faculty. Outcomes of students who participate in international programs include an increase in understanding of other cultures; intellectual development; personal and professional growth; a strong sense of cultural competence; and a commitment to being a positive force of change in healthcare abroad and within their own communities (Baumberger-Henry et al. 2006; Brathwaite, 2006; Brown & Roodin, 2001; Gillis & Mac Lellan, 2010; Maltby & Abrams, 2009; Saenz & Holcomb, 2009; Smith-Miller et al. 2010). Mill, Yonge, and Cameron (2005) noted that students involved in international service learning experiences were better able to recognize the influence of culture on health and gained personal perspective of the impact of politics and economics on health. Levine (2009) stated, “The value of immersion programs to students included living and practicing the profession of nursing by working with their professional counterparts in an environment completely different than that they had ever known (p. 158).

Preparing Students

Prior to engaging in an immersion service learning experience, students must be prepared for the adventure that awaits them. Allowing students to self-select who attends an international service learning project may lead to a more committed group who will realize the benefits of the experience far beyond those garnered from traditional service learning. Topics such as basic information about the country to be visited (geography, healthcare system, health beliefs/practices), the immigration and customs process, living facilities, cultural definitions of, food preparation methods, types of patients and health issues to expect, and differences in communication styles must be reviewed with students. The more students and their families know what to expect, the smoother the out-of-country experience will be for everyone involved.
Method

The university’s Institutional Review Board reviewed the project and determined that it was an “exempt” research study. A general naturalistic descriptive approach was used to gain an understanding of student perceptions of the international medical mission experience through review of reflective journal entries. The researchers (PI: nursing faculty and co-PI: former student who experienced the medical mission trip both as a student and following graduation as an RN) focused on the study of the lived human experience from the perspective of the individual students engaged in the medical mission. This approach allowed students the freedom to reflect on what they observed and experienced during the medical mission. The researcher analyzed and interpreted the essence and meaning of the reflective journal using naturalistic approach.

Sample

The study consisted of 42 nursing students enrolled in a Baccalaureate of Science in Nursing degree program at a private midwestern university and, specifically, a Transcultural Nursing elective course. Of the 42 students, 67% (n=28) were between the ages of 20-29; 19% (n=8) were between the ages of 30-39; and 14% (n=6) were between the ages of 40-49. The study participants followed the traditional gender breakdown of all nursing students; 93% (n=39) were female and 7% (n=3) were male. Racially, 98% (n=41) were Caucasian and 2% (n=1) were African American. Marital status for this group of students was quite varied; 64% (n=27) were single, 29% (n=12) were married, 5% (n=2) were divorced, and 2% (n=1) were widower. Sixty six percent of the participants had engaged in international travel before the trip, whereas 12% (n=5) had never flown on an airplane before the Transcultural Nursing trip to Jamaica. For this study, student views of the international mission experience were extracted from reflective journal entries kept during the experience.

Setting

Forty-two students engaged in reflective journaling while on an international medical mission experience in Falmouth, Jamaica. Jamaica is a Caribbean island located approximately 90 miles south of Cuba in the Caribbean Sea. Falmouth, Jamaica, is approximately 30 miles east of Montego Bay, Jamaica on the northwestern coast of the island. This particular medical mission was chosen because of the relative ease of travel, English-speaking residents, yet cultural differences allowing for student learning. Students were housed in a dormitory owned by the Falmouth Methodist Church. The town of Falmouth is home to approximately 40,000 residents. The historic colonial Jamaican town was once the center of commerce for many Jamaican parishes. The Falmouth Methodist Clinic and local infirmary provided culturally rich clinical experiences for the nursing students. Students engaged in clinic support, infirmary and school visits, beach days, and local tourist activities. Volunteer physicians, nurse practitioners, nurses, and pharmacists completed the medical team. Students were assigned each day to a different aspect of the clinic. Team physicians, nurses, pharmacists, and university faculty supervised every student experience. Students engaged in multiple activities over the course of the trip. Activities included teaching projects on the clinic porch while patients waited to see the care providers, checking-in patients (taking health histories, vital signs, urine specimens, and chief complaint), accompanying care providers in the exam rooms, assisting the dentist (comforting patients, sterilizing instruments, organizing the dental area), assisting the pharmacist with pill counting, teaching patients, or-
ganizing the pharmacy, visiting the local infir-
mary (cleaning ears, taking blood pressure read-
ings, taking blood glucose readings, giving
bathes and haircuts, playing dominoes, singing
and talking with residents), visiting the local
primary school (doing health teaching and vi-
sion checks). The journal entries examined were
obtained from students who attended the 10 day
service learning trip between January 2005 and
January 2010.

Reflective Journaling

A major component of the service learning
project to Jamaica involved individual reflective
journaling. During the initial year of service
learning trips to Jamaica, students were asked to
provide responses to specific questions. In sub-
sequent years, students were given free rein to
journal reflectively on any topic that touched
them. Reflective journaling provided individual
student feedback not often obtained verbally
throughout the course of the trip; allowed stu-
dents to think about the implications of their
personal experiences, and encouraged a deeper
level of contemplation about the experience as a
whole.

Reflective journals serve help nurses to “be
cognizant that their professional socialization,
education, and health views are based on cul-
tural epistemology that may benefit from critical
evaluation of formerly unexamined assumptions” (Smith-Miller et al., p. 25). Journals can be
used to elicit feedback regarding students’
thought processes regarding the purpose of the
service learning project, personal growth, and
general reflections regarding their engagement
in the mission activities (Baumberger-Henry, et
al. 2006). Students often report about new-found
talents, engagement with a less-fortunate com-

sophical stance, and what triggers personal re-
sponses, be they negative or positive, to impart
greater understanding and effectiveness as they
assume their professional roles with patients” (Levine, 2009, p. 158).

Data Management and Analysis

Reflective journal entries (a required part of
the transcultural elective course) were obtained
from students within one week of returning to
the United States. The PI requested student per-
mission to transcribe journal entries for qualita-
tive research purposes. Student consent form s
connecting each student to an individual reflect-
ive journal were locked in a cabinet at the PI’s
university office. Typed journals were coded to
hide the identity of the student who wrote the
journal. Both investigators read all journal en-
tries and divided the results into emerging
themes using multiple Excel spreadsheets. The
researchers then compared the individual theme
designations and decided upon the final differ-
entiation of themes and subthemes. All copies of
original journal entries will be kept in a locked
cabinet for seven years following publication of
study results. All students who contributed en-
tries graduated prior to the publication of this
paper.

Results

Five themes and one subtheme emerged dur-
ing the data analysis of 42 student journals. The
themes and subthemes captured the lived stu-
dent experience of engaging in overseas medical
mission work while in the nursing student role.

Theme 1: Clinical Experiences

This theme includes the students’ experi-
ences in a variety of clinical settings in Jamaica.
Each student group experienced clinical settings
differently. Some groups made additional out-
ings to a local girl’s school, orphanage, or local
home visits. However, all groups engaged in clinical activities (as described in the setting section) in the Falmouth Methodist Clinic and Falmouth Infirmary. Many thoughts about clinical experiences revolved around personal lessons learned from the Jamaican patients. Students stated: “Visiting the infirmary today was a lesson in gratitude. To be so well grounded and grateful simply for the current day is a lesson well taken to heart.” and “They were so grateful to be seen by the doctors. Some of them even dressed up in their good clothes”. Some students learned valuable lessons about working with different skin tones: ‘Another interesting thing was black people’s skin. When they get a rash their skin turns brown, while white people skin turns red’.

**Theme 2: Interpersonal Interactions**

The interpersonal interactions theme evolved as students commented on their interaction with both their peers and faculty, and the local people of Jamaica. Interesting but different interactions occurred for each group. Students commented on the experience of getting to know peers and faculty better in “real life” situations outside the school setting. One student noted:

I’m really enjoying getting to know some of my fellow students and teachers better. People are different when you get to know them outside of school. I really like the meeting and the end of the night, it lets us know what everyone did and saw that day and it allows us to bond, plus there are snacks.

**Subtheme 2A: Interactions with the Jamaicans.**

Students commented on their individual interactions with the Jamaican people. For some students, this was the first time they interacted on an interpersonal level with someone from a different country and with different health beliefs, values, and everyday lived experiences. Student noted: ‘Today I realized how pleasant Jamaicans are as a whole. No matter how long they sat waiting outside in the sun. They always greeted me with a smile”; “After we finished eating..., the people who watched us eat made plates and then ate. The Jamaicans waited to make sure that their guests were full and satisfied before they ate”; and “It was very funny that the Jamaicans called us ‘whiteys’. It made me realize that I have never actually been a minority where ever I’ve gone, and I definitely was here”, and “The people here warm your soul and the children steal your heart. It motivates you to try harder on their behalf and perhaps to modify your perspective.”

**Theme 3: Cultural Issues**

Students encountered cultural and environmental differences in various situations: tourism outings, meals and snacks, neighborhood sights and sounds, guilt over personal wealth, and the contrast of the well-publicized of “resort” Jamaica versus the observed living conditions of the average Jamaican citizen. The cultural issues theme addresses student observations related to socioeconomic, environmental, and health care differences.

**Socioeconomic**

Students noticed indicators of socioeconomic and employment status of the neighborhood residents. A student commented about the people observed on a daily basis outside the dormitory and on the streets of Jamaica, “I’m surprised by the amount of people that were just standing around, looking like they had nothing to do”. Another student wrote about the dichotomy between the image of Jamaica and the economic reality of the perceived paradise, “The beautiful scenery was just that, but it didn’t take you long to realize that Jamaica is a very poor country”.

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Environmental

Students wrote about everyday differences, similar to ones that might be noticed in different regions of the United States and some distinctly Jamaican. One student wrote about the environmental differences as experienced through open windows each evening: “…and yet, as I write this with the smell of ganja in the air, I hear the tree frogs sounding like spring peepers, and Reggae music the next block over”. Students commented on the differences in everyday speech and movement: “They talked very quickly and loudly to others. They do a lot of touching, hugging, and patting on the back”. Another student wrote about her experience of coming face-to-face with the charming humble nature that makes the people a true treasure: “Preparing myself to meet these people was one thing, but looking into their eyes and see in their toothless smile is another”.

Health Care

Students were quick to notice things about some Jamaican’s that indicated their level of health care availability or self-care practices: “They laugh from their bellies and their smiles move up from their very white teeth (those who have them) right up to their twinkling eyes”.

Theme 4: Spirituality

Since the university is a faith-based institution, one of the required experiences during the mission trip was church attendance on Sunday morning. Students entered this experience with different views. Some looked forward to the opportunity to worship with the Jamaicans while others entered the small church with trepidation on their face; obviously not knowing what to anticipate. Students commented on the perceived spirituality of the Jamaican people: “People were dancing in the pews and the aisles”; “The actual building is so old, the windows are half broken and the interior is shabby….it became apparent to me that we had the opportunity to attend one of the richest churches that I have been in”; “The service reminded me that there is a difference between knowing the path of God and walking the path of God” and “The people were so happy and thankful just to be alive and it reminded me of the things that I take for granted”.

Theme 5: International Travel

Although some of the students had traveled abroad before, fifteen percent had not. Each year there was at least one student who had never before flown in an airplane. The experience of navigating immigration and customs was quite an ordeal for many of the students. Food and lodging expectations were often much different than expected by students. Some students commented that the trip orientation could not possibly have prepared them for the multitude of differences they experienced abroad. Though some comfort foods from home were taken along for those with sensitive stomachs or restricted diets, opportunities to try traditional Jamaican food were present. None of the students had previously experienced such Jamaica delicacies as ackee and saltfish, jack fruit, bread fruit, or Ting soda. After successfully navigating customs, the group had to wait for the instructor and medical professionals who had a much longer customs experience related to the transport of medical supplies and pharmaceuticals. Students stated: “I was very nervous for my first time flying”; I have never traveled abroad before, so I was nervous before I came”; and “We switched over to Jamaica time really quick when we rushed through immigration and customs to sit and wait for an hour and a half”.

Limitations

Methodology limitations include a lack of triangulation. The data collection method of using
only journal entries limited the ability to do member checks for confirmation and validity of qualitative interpretations. This flaw could have been rectified by interviewing students following the interpretation of data to confirm researcher conclusions. The use of in-depth interviews could have improved the rigor of the study and uncovered rich quality data that may be missing from handwritten journal entries. A greater depth of impact may have been revealed if students were interviewed and asked to reflect on the experience one to six months following the original mission experience. Follow-up interviews may have revealed longer term impacts the experience had on students and their future careers as RNs. For instance, four students have continued work at the Jamaica mission after becoming licensed as RNs.

Another topic of interest would be to follow students and determine the influence of the medical mission trip on their future mission activities. Anecdotally, several students who have gone on the Jamaica trip have made note of their plans to continue mission activities following graduation.

**Meaningfulness to Nurse Educators**

Healthcare professionals must be prepared to serve an ever-changing culturally diverse population. The U.S. Census Bureau (2008) projected Caucasian populations will decrease from 78% to 69% between 2010 and 2050. During the same time period, the Asian population is expected to more than double from 6% to 13%. Although service learning has been utilized for years as a method of encouraging values development in professional healthcare students, the student perspective of the value of the experience has been largely missing from nursing education literature. Developing cultural competence and global awareness is an ongoing process requiring immersion and reflection. By incorporating service learning global experiences into nursing curriculum, a student’s cultural awareness is enhanced (Saenz & Holcomb, 2009). This study looked at student journal entries following an international medical mission experience to determine if such experiences cultivate cultural competence in nursing students. Cultural competence is an ongoing process, demanding lifelong learning and self-reflection. By exposing students to diverse cultures and health system disparities, they begin to understand why migration to the United States is so prevalent. Realizing what immigrants leave behind and how significant the adjustment to U.S. culture is, assists students in developing empathy for others. Exposure to other cultures and service opportunities can create transforming experiences that may lead to greater involvement with disadvantaged persons closer to home. Through critical reflections in the form of journals, students learned to express their feelings about other cultures. They were then able to evaluate their own perceptions and misperceptions. Participants in service learning, domestically and abroad, can learn about themselves while learning about the innate characteristics that make each of us human, thereby enhancing their image of global health and perpetuating the desire to engage in global service to others.

This study is the first step to revealing the full impact of service learning on preprofessional students. By continuing to gather student feedback, cultural competence and service learning courses will be purposefully designed to meet the changing needs of healthcare while broadening horizons of novice professionals. Students describe the experiences of international service learning as priceless. Since the international service learning experience, three students have returned to Jamaica with me and several more have been inspired to expand their
practice to areas of health care disparity and diversity. An open mind is capable of seeing what others do not. Clearly international service learning projects aid in opening the minds of novice professionals to imagine the possibilities that lie ahead in their future careers.

References


The Authors

Jeana Wilcox, PhD, RN, CNS, CNE
Dr. Wilcox is currently the associate dean for undergraduate programs and an associate professor of nursing at Graceland University in Independence, Missouri (USA).

Kathy Taylor-Thompson, BSN, RN, CWON, CFCN
Kathy Taylor-Thompson is currently an Enterostral Specialist and Wound Care Nurse at Truman Medical Centers in Kansas City, Missouri (USA).