Experiential Learning: An Undergraduate Nursing Study Abroad Program to Costa Rica

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Abstract
Client populations are becoming diverse in the United States. Nurses need to be well equipped to care for these clients. Becoming culturally competent and recognizing diversity should be an aspect of all undergraduate-nursing programs. Experiential study abroad programs are an excellent way to introduce concepts of cultural competency among undergraduate nursing students in baccalaureate programs. This study explores experiential learning experiences of undergraduate baccalaureate nursing students in a one-week immersion study abroad program among the people and culture of San Jose, Costa Rica during spring break. The major purpose of this study was to capture the essence of feelings, thoughts, values and reflection necessary for personal and professional growth. In turn, new and exciting pedagogical teaching methodologies may be derived. This may create an exciting and rewarding educational opportunity at the undergraduate baccalaureate level that encourages the development of cultural competency.

Keywords
Hispanic or Latino, study abroad, cultural competency, undergraduate baccalaureate nursing programs, experiential learning

Qualitative research captures the lived experiences as told and shared by the persons involved in the process. Teaching and understanding what it means to be culturally competent can be difficult unless the nursing student actually “experiences” a situation. Utilizing this research methodology captures the true essence of the experience thereby allowing the researchers to conceptualize and develop progressive teaching opportunities for undergraduate nursing students at the baccalaureate level.

Because client populations in the United States are increasingly diverse, undergraduate-nursing programs should include cultural competency within nursing curriculum. Student learning outcomes that include cultural competence should be weaved through and through. Nursing educators are challenged with finding experiences to meet the need of preparing culturally competent nurses (Fitzpatrick, 2007). Examples of these barriers may include:
lack of financial resources as well as increasing cost of college education and language and time constraints for the experiences. Undergraduate nursing students may be interested in experiencing new opportunities. Developing study abroad programs are one way to meet the education challenges and the need of the nursing student to expand their cultural competency outside the walls of academia (Bedrnarz, Schim & Doorenbos, 2010; Belyavina & Bhandar, 2012; Foronda & Belknap, 2012).

The National League for Nursing Accreditation Commission (NLNACC) and the American Association of Colleges of Nursing (AACN) require nursing curriculum to include elements of cultural competency (AACN, 2008; NLNACC, 2008). Study abroad experiences have the potential to meet the call for cultural competency among undergraduate nursing program from these and other nursing agencies. A model for the development and implementation of undergraduate nursing cultural experiences is needed as more and more nursing programs become aware have how study abroad experiences enriched overall nursing education.

The evidence on the value and effectiveness of these programs has been disseminated within the literature. Many quantitative study findings have demonstrated the effectiveness of study abroad programs to increase students’ cultural competence (Carpenter & Garcia, 2012; DeDee & Stewart, 2003; Downing, Kowal & Paradies, 2011). However, newer and more progressive study abroad programs might be necessary to stay ahead of the fluid changes in global health and in diversity. Combining statistical data with the lived experiences known to qualitative research adds a dimension of richness to the experiences of the undergraduate nursing student and serves as a way to address barriers of developing culturally competent education in nursing.

Qualitative data on the students’ perceptions regarding the experience should be added to research reporting purely statistical findings, such as the article by Ballestas and Roller (2013). The use of qualitative data can also assist in program evaluation and ongoing improvement. This article presents qualitative findings from a one-week study abroad program in San Jose, Costa Rica. A literature review assisted in the development and direction of questions used in the reflective journal questions.

**Literature Review**

A meta-analysis of the literature regarding learning experiences was conducted. However, it is important to begin by defining experiential learning and its context to nursing. Experiential learning is based on how adults learn and on adult education theory. Experiential learning provides avenues of growth and knowledge through: Exposure to concrete experiences (study abroad experience), observing and reflecting (journal entries), formation of abstract concepts and generalizations about the experiences (attitude change) and then testing the implications of new concepts in new situations (clinical experiences, group discussions). Measuring how students apply knowledge may be seen in the use of care plans or demonstrations for example in practice/clinical activities (Miettinen, 2000).

The theoretical underpinnings for cultural competence have included different models. The most commonly used model, and one chosen for this study, was Campinha-Bacote’s model, The Process of Cultural Competence in the Delivery of Healthcare Services (Campinha-Bacote, 2002). This theoretical model follows a fluid process that spans cultural awareness, cultural desire, cultural skill and cultural knowledge. The study fits the theoretical model in unique ways because cultural competency begins during the process of acquiring awareness, knowledge, skill and desire (Campinha-Bacote, 2002).

The Carpenter and Garcia (2012) study was a quantitative and qualitative descriptive design during a six-week, six-credit immersion course.
in Mexico with 35 students from the United States. Qualitative data was collected in interviews, field notes, focus groups and journals with open-ended questions. Responses were arranged in categories of cultural awareness, sensitivity, knowledge, skills and the effects of the experience on nursing practice. Evaluation of the findings was short term due to the duration of the study abroad experience. The students reflected perceived gains in understanding of the Mexican culture (Carpenter & Garcia, 2012).

A student immersion experience (N=8) in Honduras was analyzed with post experience focus groups and reflective journals in a phenomenological study. The findings have educational implications for developing nursing leadership, compassion, ethics and values (Adanshick & August-Brady, 2012). The four themes that emerged from the data were identified as: “from the outside looking in, struggling with dissonance, searching for meaning and from the inside looking out” (Adanshick & August-Brady, 2012, p. 190).

A phenomenological study (Edmonds, 2010) was conducted with 18 American nursing students who travelled to Dominica or England participated in a one-week study abroad program. “Four themes were evident as a result of the study: recognizing, encountering, adapting and mastering” (Edmonds, 2012, p. 33). The benefits of a study abroad experience in nursing education were discussed as a means to develop cultural competence (Edmonds, 2010).

In a qualitative study (Levine, 2009) personal and professional life-changing effects were examined. Students who had participated three to thirteen years previously in an international immersion experience were interviewed. Levine concluded that social justice experiences should be included in all nursing programs.

Mkandawire-Valhmu and Doering (2012) described the use of a post-colonial feminist framework in a two-week study abroad program in Malawi, Africa. Students attended lectures, seminars and visited community-based and tertiary facilities. Students completed nursing care plans and journals. Themes identified in this qualitative study included a) acknowledgement of health disparities, b) language issues, c) empathy for people from different countries trying to manage health systems in US, d) nontraditional healing methods, and e) an understanding of historical and political processes (Mkandawire-Valhmu & Doering, 2012, p. 87-88). The authors concluded that study abroad programs could expose students to experiences that facilitate transformative education. This immersion course was a life-changing experience for the nursing students (Mkandawire-Valhmu & Doering, 2012).

Students in a study abroad exchange program in Sweden and the United Kingdom participated in a multiple case study of five-twenty weeks duration (Green, Johansson, Rosser, Tengnah & Segrott, 2008). Interviews revealed the experiences were enriching, enlightening, enhanced personal development, and students gained cultural awareness and tolerance. Themes cited included: “aspirations and values, personal development, professional development, enablers and disablers, and culture” (Green, et al., 2008, p. 986). This information was used to prepare students for international placements by providing greater support, partner institution involvement and staff mentoring (Green, et al., 2008).

An international study program of Danish nursing students was developed to give students a global experience by Ruddock and Turner (2007). This qualitative study concluded that cultural sensitivity could be developed in study abroad programs. Themes that emerged included: “experiencing the transition to new cultures, adjusting to cultural differences and developing cultural sensitivity and growing personally” (Ruddock & Turner, 2007, p 364). Study abroad programs are a useful strategy to prepare nurses to deliver culturally sensitive care. Ruddock and Turner also noted that further research was needed to determine whether cultural compe-
A phenomenological study with 20 former nursing students was conducted to examine their international experiences in Argentina, Guatemala, Jordan, and Ute and or Navajo Native Americans as part of their undergraduate education (Callister & Cox, 2006). Themes that developed during the experience from narrative data included: “increasing understanding of cultures and peoples, increasing understanding of global sociopolitical and health issues, increasing the commitment to make a difference, experiencing personal and professional growth, contributing to professional development in the host country, maxing interpersonal connexion and developing cultural competency” (Callister & Cox, 2006, p. 95). In this study the students reported participating in the international experience was life changing and opened their hearts and minds (Callister & Cox, 2006).

Edmonds (2012) conducted a literature review of the qualitative research on study abroad programs that revealed several themes; many were similar across studies. Most of the studies’ themes included were in areas related to cultural competence such as interpersonal connectedness, personal and professional growth, and cultural sensitivity. Only few studies in this review provided information on the actual usefulness of the findings for ongoing program improvement or for program development. Areas that might be examined in future studies are barriers to study abroad programs such as finances, family and working obligations.

Program Description

On Site in Costa Rica

An elective global one-credit immersion experience course was developed for undergraduate baccalaureate nursing students at a suburban private university in the United States. The purpose of this one credit elective community service study abroad course was to explore the Hispanic/Latino culture, socio-economic milieu, and healthcare practices and policies of Costa Rica in partnership with the indigenous population, local elementary school and a community based clinic.

Funding for the study abroad course in Costa Rica experience was the personal responsibility of the students. The course was included in the full time credit load of the semester thus the students do not have additional tuition fees. This study abroad program was offered annually during the university spring break in March. The fees included transportation, meals and accommodation. Scholarships were available to assist with the cost from the local chapter of the Sigma Theta Tau International Nursing Honor Society (STTI) and the Center of International Education (CIE) at the University. Fund raising was encouraged to assist students though the local nursing student’s association.

Student experiences. Various opportunities for immersion were offered for the nursing students. In order to understand healthcare deliverance, the study abroad program began with a visit to the largest hospital in San Jose, Costa Rica: Hospital Clinica Biblica located in city center. Nurses and physicians spoke with the nursing students and were given a tour of the general units in the hospital. Hospital Clinica Biblica has accreditation from The Joint Commission. Nursing students were able to recognize many commonalities within the hospital and were able to compare these commonalities with the United States hospital counterparts.

After the hospital orientation and tour, nursing students were able to understand healthcare deliverance modalities in a foreign country thus, enhancing their ability to perform health assessments in the community. As the week progressed, a community clinic possible through the auspices of Asuncion Mision Consuelo (a local community ministry with some governmental funding whose focus is on delivering minimal healthcare to the homebound and those on hospice programs) was created. The Mision knew that the nursing students and instructors were coming and flyers were sent.
out three weeks prior to arrival announcing the temporary clinic opening. Space became available in a large building with offices, bathrooms and a large examination room. Proximity of the clinic to city center was close and easy to reach by the community. In addition, some clients were bused in from surrounding areas.

The nursing students participated in health assessments with the guidance and supervision from nursing instructors. The focus was on general screenings that included: vital sign assessments, health teaching (smoking cessation, alcohol reduction, weight management, hypertension and nutrition), blood glucose monitoring, and breast exams. Weight, height and body mass index (BMI) analysis incorporated nutritional teaching with the clinic patients.

Located near the community clinic was an elementary school. The school had requested that the nursing students present a teaching project to its students and Spanish translation was included. This information was communicated to the instructors prior to departure. Instruction and teaching on oral care: the proper use of a toothbrush, rinsing, flossing, hydration and diet was provided to over 200 children at the school. Donations of toothbrushes and toothpaste yielded enough supplies for all the children.

Asuncion Mision Consuelo has an expansive network of hospice and homebound patients. Through their efforts, nursing students conducted home visits. Assessments included: environment (risk for falls), diet/nutrition (food, electricity for refrigerator), hygiene (running water, working toilets, cleaning agents), mobility, and medication hazards, follow up appointments for chronic disorders (hypertension, hyperlipidemia, obesity and diabetes) and respite care. As a course assignment, nursing students had prepared teaching material in Spanish, which were distributed during the home visits and at the clinic.

The course objective included exposure to Hispanic or Latino culture; students were introduced to the delicate ecosystem of the country and its integral relationship to health among the Costa Rican indigenous population. A river ride on the Sarapiqui River within the rainforest was the first experience to the intricacies of the indigenous population and healthcare. The indigenous population uses the river as their main source of mobility, nutrition and herbal practices all of which impact healthcare in general.

An opportunity to witness herbal medicine and healthcare among the indigenous people also occurred at the rain forest. Nursing students had the unique experience of meeting a local tribal leader (medicine man/herbalist). During an intensive and informative discussion, nursing students were taught about the many different plants, herbs, and their relationship to health and illness and how the sun, water and soil play a role in general healthcare practices.

Conclusion of the immersion experience involved the nursing students meeting with the Bribri people. The Bribri are one of the largest indigenous populations in Costa Rica. Found in all corners of the country, they have existed and persisted due to their own isolation through language and geographical area (Outward Bound Costa Rica, 2015). An ancient tribal dance was demonstrated and explained to the students as significant for its celebration of the sun, the water and health. The tribal dance was offered an opportunity of the students to participate and dance with the Bribri of San Jose.

Methods

Demographic data was collected from all of the undergraduate baccalaureate-nursing students. This included: successful completion of Fundamentals and Health Assessment courses (completed in the first semester of the junior year), gender (one male and 17 female nursing students), self-reported ethnicity (Hispanic/Latino 6%, White/Caucasian 17%, Black/African American 17%, Asian 11% and other 22%).

Aggregate data were collected using mul-
Multiple reflective journal assignments. Nursing students were provided with specific reflective questions that guided their journaling. Five questions were to be completed during the study abroad trip and five questions were answered post the experience [see Table 1]. The questions were designed to serve as student-centered experiences encouraging their perceptions, barriers, nuances, fears and learned experiences gleaned from the study abroad program. Nursing students were encouraged to write 30 minutes daily. Journals were encouraged to be kept confidential. Two weeks after the study abroad experience, the journals were collected during the final debriefing meeting. The course instructors read the journals, coded statements derived from the journals as units of analysis. The reflective statements were categorized as a means of reduction and then interpreted into themes. The emergent themes will be used for the development of cultural abroad programs in nursing.

Utilizing Strauss and Corbin (1978) and

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<tr>
<th>Immersion Experience</th>
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<tbody>
<tr>
<td>Day 1</td>
<td>What do you anticipate will be a cultural difference in Costa Rica?</td>
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<tr>
<td>Day 2</td>
<td>What type of global clinical experiences did you observe?</td>
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<td></td>
<td>What are the differences in the health care in Costa Rica?</td>
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<tr>
<td>Day 3</td>
<td>How will this experience change your patient approach, patient care and community nursing?</td>
</tr>
<tr>
<td>Day 4</td>
<td>What is your global experience that only could have occurred meeting the people of Costa Rica?</td>
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<td>What did you learn about human behaviors in environments different from yours?</td>
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<td>Day 5</td>
<td>Can you relate the environmental impact of the rain forest excursion to the people of Costa Rica?</td>
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<th>Post-Immersion Experience</th>
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<tr>
<td>1.</td>
<td>What did you learn about human behaviors in environments different from yours?</td>
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<tr>
<td>2.</td>
<td>What type of clinical experiences or volunteer experience did you participate in and with what age group or family unit?</td>
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<tr>
<td>3.</td>
<td>What did these experiences mean to you as a nursing student and future nursing professional?</td>
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<tr>
<td>4.</td>
<td>What are/were your lessons learned?</td>
</tr>
<tr>
<td>5.</td>
<td>How will this experience change your patient approach, patient care &amp; community nursing?</td>
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Strauss and Corbin (1990) themes were the result of systematic data analysis from students’ journals. Strauss and Corbin (1990) stated that it is critically important to code data systematically within qualitative research; “Build rather than only test a theory, provide the grounding, build the density, and develop the sensitivity and integration needed to generate a rich tightly woven, explanatory theory that closely approximates the reality it represents” (p. 5).

The analytical process of data coding followed a three-step process: open coding, axial coding and selective coding. Through the process of open coding, phrases from nursing students were collected, categorized and grouped together where common characteristics emerged. For example, students described feelings of fear in a new clinical setting or of uncertainty of what to expect.

Major categories emerged that succinctly captured the essence of what the nursing students experienced. These categories made up the axial coding. A line-by-line or phrase-by-phrase analysis was undertaken. Line by line coding is extremely useful in answering empirical problems (Strauss & Corbin, 1990). It was apparent from the categories that culture, the environment, communication skills and styles and personal reflections were important aspects of the sense of cultural accountability and competence.

Finally, four major themes emerged: fearing differences, learning about holistic practices, connecting through communication and establishing clinical competencies. This was selective coding. Each theme spoke to the concerns the undergraduate nursing students displayed through their actions, words and reflective journaling. The themes captured the essence of the lived experience. In identifying the major obstacles to cultural competency, the themes can serve as a catalyst within nursing education to stress the need to introduce experiential learning experiences into nursing curricula. In addition, the selective coding identifies barriers that can be bridged through the experiential opportunities.

The course professors read the journals, removed name identification and coded statements derived from the journals as units of analysis. The reflective statements were categorized as a means of reduction and then interpreted into themes (see Table 2).

**Results**

Four central themes emerged from the categorized data: a) fearing differences, b) learning about holistic practices, c) connecting through communication, and d) establishing clinical competencies that are culturally correct. Table 2 includes themes, categories and phrases. Table 3 includes further reduction of categories into themes.

**Fearing differences:** The students expressed that the culture of the Costa Rican people would be different from their own and wondered how to react to patients in an unknown clinic setting. When journaling about “fearing differences” the student expressed fear of offending the clients because they felt they may not know or understand some of the cultural norms and practices of the population (touch, practices, gender roles, healing practices). They tied these fears into a motivation to learn some of the particular holistic practices of the Costa Rican people (use of herbal medications, the role the rain forest plays in healing practices and the role of the medicine man). Journals revealed fear of not being able to care for patients and acceptance from patients because of student status. Some students had never travelled outside the United States. Fearing differences were recorded in response to the immersion question: What do you anticipate will be a cultural difference in Costa Rica?

**Learning about holistic practices:** The use of herbal medicines from the local plants was a learning experience recorded in the students’ reflections. A tribal healer was a trusted leader in the indigenous group. This was a new experience and recorded as a surprise to the students.
Table 2. Themes, Categories and Phrases

<table>
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<tr>
<th>Themes</th>
<th>Categories</th>
<th>Phrases</th>
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| Fearing differences | • Students own self-doubt  
  • Cultural competency | • Nervousness about meeting new patients  
  • Fear of offending patients  
  • Not being accepted or liked  
  • Not being taken seriously because we are nursing students  
  • Fear of not understanding  
  • Causing patient harm  
  • Uncertainty of what to expect  
  • Never travelled outside of the United States |
| Learning about holistic practices | • Role of environment  
  • Application of holistic practices  
  • Ancient belief systems | • Knowledge deficit regarding surrounding ecological environment  
  • Relationship with health and the environment  
  • Fear of not understanding customs  
  • Herbal medicines/medicine man  
  • Strength/resolve of human mind over chronic/acute disease  
  • Harm vs. cure or perceived cure in the application of holistic care  
  • Spirituality concerns  
  • Local health related customs  
  • Connection between holistic health and disease prevention  
  • Questioning herbal/natural approaches with modern nursing practices |
| Connecting through communication | • Communication applications  
  • Desire to communicate  
  • Using different methods to communicate | • Communication style/skills  
  • Language/linguistic barriers  
  • Asking questions  
  • Seeking clarification  
  • Difficulty or perceived difficulty in communication  
  • Willingness to understand  
  • Willingness to be challenged  
  • Being welcomed  
  • Willingness to please/help/teach/support  
  • Delivery of patient care  
  • Communicating through touch |
Questions written by the students included desiring to know the customs of herbal medicine and the connections between disease prevention and holistic care. Respect for the rain forest, the native plants, trees and wildlife was evident in the local population. The students noted no trash in the rain forest and the local reverence and protection for the land and its properties. This theme was evident in immersion and post immersion journal responses.

**Connecting through communication:** Connecting through communication (linguistics and language) was also a significant source of anxiety for the nursing student. Although concepts of therapeutic communication were reviewed and the importance that non-verbal communication plays when communicating where differences in language exist remained a strong sense of incompetence for them. It is interesting to note, as reflected throughout all of the journal writings, this sense of communication difficulty diminished because they understood, through the lived-experiences, that care transcends language and cultural barriers. Students recorded in their journals that they gained communication skills by being immersed in a Spanish speaking culture. Partnering students in groups of non-Spanish speaking and fluent Spanish speaking students was recorded as a means to enhance communication and led to connections with the school children, clinic patients, hospital staff and tribe members. Connecting through communication were skills the students wish to continue in their practice.

**Establishing clinical competencies that are culturally correct:** Finally, establishing clinical competencies emerged as an additional concept. Inherent to students in any healthcare profession, performing clinical competencies in the most structured environment (an acute care in-
stitution) is a strong source of anxiety. Coupled with language barriers, inexperience and pressure from peers, this was a frightening barrier. During this study abroad experience, more than 100 clients were attended. The undergraduate nursing students were able to overcome most of their concerns.

Additional data gleaned from the student journals included an association of strong family ties among the Costa Rican people. The women held and carried the children. Strollers were not used. Breastfeeding was customary in public. Students and professors were invited into patients' homes and welcomed as members of the family. The patients waiting to be seen in the clinic never complained and freely expressed gratitude for the medical care. Even with little material goods the people seemed content.

Observing limited and outdated local clinic equipment (makeshift wheelchairs from plastic lawn chairs) versus the new, modern hospital supplies was discussed as clinical experiences in medical care within this Costa Rican community. The patient to nurse ratio was very different in the community public clinic care versus private pay hospital care in the immersion question responses. Students expressed how privileged they were in the United States. Cost and economic differences in health care delivery system of this underdeveloped country exists between the private sector and students in their journals acknowledged public accessibility. The students recorded that they need to understand and learn about other cultures different from their own to provide culturally competent care for diverse patients in the post immersion question of lessons learned and what the experiences mean.

Discussion

This study evaluated the effectiveness of an international immersion program in a Hispanic country aimed at increasing cultural competency of 18 undergraduate baccalaureate-nursing students. Although the findings from this study are supported by similar themes reported in the literature (Edmonds, 2010; Mkandawire-Valhmu & Doering, 2012) study abroad programs differ in length and destinations making comparisons difficult across studies. However, programs reported in the literature were similar in goals and objectives to this program. For example, similar themes to this study were discussed in the research of Callister and Cox (2006) and Green et al. (2008) who found themes identified as culture and growing personally and professionally through the international experience.

Adjusting to cultural differences and confronting differences were discussed in the Rudick and Turner (2007) study. Implications for education including leadership growth were found in the Adanshick and August-Brady (2012) study. Themes in the Rudick and Turner study of adjusting to cultural differences were also similar. Perceived sensitivity and knowledge gains in the Carpenter and Garcia (2012) study were similar to establishing clinical competencies that are culturally correct theme found in this study.

Learning about holistic practices and language issue themes of Mkandawire-Valhmu and Doering (2012) were similar to connecting through communication and learning about holistic practices in this study. These two themes were noted frequently in the journals of connecting through communication and learning about holistic practices especially because the students struggled with their own inability to communicate and their strong desire to understand. Because this was a first community-type experience for the students, holistic approaches to care, not often confronted in their acute care clinical work, were new to them as a way to approach individuals—not just holistically but from the perspective of healers who assessed and intervened holistically.

The nursing students began to demonstrate an acute awareness of cultural competency. This
awareness was quite subtle and came to light in the reflective journaling aspect of the research study. The full extent of the cultural competency came to light when the clinical evaluations for the students that attended the Costa Rica experience were submitted and also when the faculty consulted with the clinical instructors. The undergraduate nursing students that attended the on-site Costa Rica experience demonstrated a basic understanding and awareness of cultural competency. The students delivered safe assessment nursing care to the Asuncion Mision Consuelo clinic patients and school children using the learned attributes.

**Implications**

Students’ experiences described in journal writings can be used to enhance the study abroad experience. For example, the theme of learning about holistic practices in particular is not necessarily covered as a topic for the pre-immersion course meeting. Including and reviewing this content with students prior to the experience may assist them in understanding ways to practice that may not have been a focus in clinical practice in the United States of America. The USA has more specialty-oriented units and specialty-oriented courses. The theme of connecting through communication is an important one. There is a lot of research on this topic that communication is vital to the nurse/patient relationship, ratios and nursing outcomes are better when communication is successful (Aiken, 2005; Cheung, Aiken, Clarke, & Sloane, 2008). The students had completed written and oral elements of communication in the core General Education courses as pre-requisites to the nursing program. Often, for the first time while in this experience, nursing students understood how they may have taken for granted the ease they generally have communicating with patients. Experiential formats in courses that assist students to learn communicating nursing care when a patient does not speak the same language are warranted. Often patients who are English-speaking may be selected by instructors for English speaking nursing students on units preventing students from understanding the communication skills they need for “connecting.” All of these themes have implications for future planning regarding an immersion experience. Pairing a language course with the study abroad program could enhance the experience and improve communication. Immersion courses are an acceptable means of improving student exposure to diverse cultures. Future programs should address the need for funding to enable more students to participate in study abroad experiences and improve cultural competency.

**Limitations**

Limitations include: a small sample size, a short time frame of the immersion experience and lack of comparison between this group and other similarly prepared nursing student study abroad programs within the institution. Future research studies may wish to elucidate additional concepts when compared to other study abroad experiences in different geographical areas.

**Conclusion**

Qualitative research of study abroad programs has shown an approach that can prepare students for the nursing workforce and diverse patient populations. Most programs report themes of cultural awareness and personal competency (Callister & Cox, 2006; Green et al., 2008). The value of this experiential learning is documented in the literature as a means to foster cultural knowledge and skills in nursing education (Adanshick & August-Brady, 2012; Carpenter & Garcia, 2012). Results of programs such as this immersion course can inform not only future programs, but also emphasize in future course curricula, holistic nursing. It can affect the way nursing care is provided in other cultures, and deliver culturally sensitive care. Insights derived from the emergent themes can be used for the development of additional study.
abroad courses in undergraduate nursing programs.

Qualitative research of study abroad programs has shown an approach that can prepare students for the workforce and diverse patient populations (Green, et al., 2008; Ruddock & Turner (2007). Results of programs such as this immersion course can inform not only future programs but emphasize holistic nursing in course curricula. Nursing care can be provided in other cultures and deliver culturally sensitive care. Insights derived from the emergent themes may be used for the development of additional study abroad courses in nursing undergraduate programs.

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