

Enhancing Cultural Competence: The Impact of a Short-Term Study-Away Experience on Regional Campus Students

Stephanie Nicely¹ EdD, MSN, RN, Suzanne Martin Stricklin¹, PhD, RN

¹Assistant Professor, Department of Nursing, Miami University, USA.

*Corresponding author

Stephanie Nicely, Assistant Professor, Department of Nursing, Miami University, USA, E-Mail: nicelys@miamioh.edu.

Submitted: 16 Aug 2017; Accepted: 23 Aug 2017; Published: 28 Aug 2017

Abstract

Purpose: The purpose of this study was to explore the impact of a short-term, study away experience on the confidence and biases of baccalaureate nursing students in performing general transcultural nursing skills.

Design: A qualitative descriptive design was used, including reflective journal entries (n=15).

Findings: Three themes emerged: transforming attitudes, making a difference, and outrage at healthcare disparities.

Conclusions: Students expressed both a desire and a need to incorporate their new knowledge into their personal and professional lives.

Implications for Practice: Short-term, study away experiences are more accessible than study abroad for larger numbers of students, while yielding meaningful results.

Introduction

Colleges and universities around the nation are continually examining innovative strategies for enhancing students' ability to understand and appropriately respond to cultural differences within a highly globalized community [1]. Increasing cultural and linguistic diversity heightens the need for a generation that can effectively collaborate with persons from diverse social, economic, and political upbringings [2]. Study-abroad experiences have shown to be one effective method for preparing students to incorporate cultural competence into daily practice [3-6]. Research supported positive outcomes with immersive experiences of students including changes in values, improved communication skills, gains in cultural knowledge, and the development of culturally focused practice [3-6].

Although educational research supported these positive outcomes, it has more extensively focused on the impact of international study abroad programs, with less examination on short-term, in-country, study-away experiences [7]. A consensus on what constitutes a short-term program has not yet been reached, however the Association of International Educators supported the definition of "short-term" as programs and experiences less than eight weeks in duration [8, 9]. Study-away programs have gained popularity as travel and other associated expenses of study-abroad courses often hinder student participation [7]. Study-away programs can provide students an alternative to long-term study abroad programs; yet may provide the same level of transformative experience offered by longer program

types. The purpose of this article is to describe the experiences of regional campus nursing students enrolled in an accelerated, three-week course with a one-week study-away component, in which students worked with persons belonging to Native American tribes, focusing specifically on one tribal community, in the Midwestern United States.

Review of the Literature

Need for Culturally Competent Graduates

Individuals from ethnic and racial minority groups comprise more than one-third (37%) of the United States population. Projections indicate that minority groups will comprise the majority population by 2043 [10]. As one sees these projections it is clearly evident that universities need to cultivate graduates that demonstrate sensitivity to a variety of cultures. Merely increasing graduates' knowledge of diverse cultures does not yield the competency, sensitivity, and humility needed to develop and maintain mutually respectful relationships with individuals and communities. Colleges and universities continue to examine ways to not only enhance graduates' awareness of various cultures, but to enhance their commitment and active engagement in life-long learning and self-reflective practices.

There has been much debate regarding the terms used to describe a person's journey toward cultural awareness and sensitivity. The term "cultural competence" goes by many different names including intercultural competence, multicultural competency, and cross-cultural

competence. Over the years the term “cultural competence” has been challenged, citing that the term denoted a discrete endpoint at which someone had obtained all of the knowledge needed to understand another’s cultural [11]. The term “cultural humility” was coined to describe the process of continual self-reflection and self-critique as a means to improve the communication and partnership with another [11]. Despite the debate that exists, the term cultural competence has been most frequently used among all disciplines and is currently used among national educational accrediting bodies to describe the change in a person’s attitude, skill, knowledge, and abilities in order to work effectively within any culturally complex environment (American Association of Colleges of Nursing (AACN) [12].

The need for cultural competence crosses all disciplines and educational boundaries. Cultural competence isn’t merely having an awareness of one’s own cultural identity, but rather it is the ability to understand, be sensitive to, and respect the uniqueness of each individual. This level of competence is needed to provide optimal care [13], appropriately serve diverse population [14], and to meet the needs of an ever-changing globalized workforce. The National Education Association asserted the importance of cultural competence for educators to better serve their ever-growing culturally diverse student population [15], while the business community outlined that many international business failures are due to lack of cultural competence [16]. Tervalon and Murphy-Garcia denoted the need for enhancing the development of cultural humility and sensitivity among medical students [11]. Within their framework, cultural humility was seen as a constant, life-long process of self-reflection and critique that enabled medical professionals to develop and maintain true partnerships with their patients, rather than the power imbalances experienced within many physician-patient relationships. Additionally, the need for cultural competence extends beyond the standard academic arena and is noted as an essential skill by the United States military, who views cultural competence as the ability to quickly understand and effectively act in a culture different from one’s own [17].

Nursing also identified the need for cultural competence as paramount, especially as nurses have strived to address and ultimately eliminate the long-standing health disparities of diverse vulnerable groups. The American Association of Colleges of Nursing (AACN) highlighted cultural competence in several of the baccalaureate education outcome competencies for nursing graduates [12]. AACN has also acknowledged that students’ development of cultural competence best occurs by faculty-guided experiences with diverse populations [12]. Although nursing organizations have recognized cultural competence as an essential component in providing the safest, most holistic, comprehensive, patient-centered care, studies supporting specific strategies for developing these skills are limited [4]. Participation in cultural immersion experiences has been cited as an integrative learning strategy supporting student cultural competence development [12]. As such, study abroad programs have been used as a means to increase students’ cultural encounters and evaluate their own preconceptions, biases, and values. These experiences have been the focus of both quantitative and qualitative research for many years, with results demonstrating positive effects [3, 4, 6, 18, 19].

Cultural immersion experiences have shown to provide an effective learning opportunity by which students can increase their comfort and ability in caring for those from other cultures. Immersion experiences have also assisted students in developing a broadened

global perspective, and a deepened understanding of the components of cultural competence [3, 4, 6, 18, 19]. Despite research that has supported the impact of short-term immersion experiences on students’ development of cultural competence, more research is needed to better demonstrate such experiences as sound educational strategies used to enhance cultural competence, cultural awareness, and cultural sensitivity [2-22].

Conceptual Framework

This study was based on Jeffreys’ Cultural Competence and Confidence (CCC) Model which has been used extensively in nursing as a framework for assisting students in developing cultural competence and for studying the effects of this process on student skill development [23]. The Cultural Competence and Confidence Model focused on the multidimensional nature of the teaching-learning process, including the cognitive, psychomotor and affective domains, while asserting that all three domains are involved as students develop cultural competence. There are certain beliefs that have underpinned the model including the belief that cultural skill development can change over time as a result of education, focusing on the impact of the learning process on student’s cultural competence development [23]. Transcultural self-efficacy, defined as self-perceived confidence in performing nursing skills among culturally diverse clients, is viewed as a major influencing factor in developing cultural competence [24]. Jeffreys’ model, therefore, has provided multiple methods that allow instructors and students to have meaningful cultural encounters as they work toward the ultimate aim of providing culturally congruent care to all individuals with whom a nurse (or student nurse) comes into contact. Cultural competence development has been viewed an active progression of learning and practicing that evolves over time and is first achieved by acquiring an educational and experiential foundation [12].

Purpose

As a result of the ongoing effort to develop students’ abilities to communicate and act respectfully across a variety of linguistic and cultural frameworks, a cultural immersion course was developed by nurse faculty on a Midwest regional campus. This course provided the opportunity for students to experience another culture, a mid-western tribal community, without the associated expenses of an international study abroad experience. Therefore, the purpose of this qualitative descriptive study was to explore how a faculty-led short-term, domestic experience influenced student development of cultural competence.

Method

This study employed a qualitative data collection method. A qualitative descriptive design allows researchers to remain close to the specific words participants choose as they describe their phenomenon [25]. Written reflexive journal responses were collected at a mid-sized Midwestern university prior to, during, and following student participation in a study-away experience. “Reflexivity depicts the ability to direct one’s thoughts back onto oneself; to examine one’s theories, beliefs, knowledge, and actions in relation to clinical practice” [26]. This process of examining one’s own beliefs, actions and biases, in relation to clinical practice and expressing those thoughts and insights through a written journal format allows for thorough descriptions of the phenomenon.

Fifteen nursing students consented to participate in the study. All of the students were enrolled in the elective three-week course,

which included a one-week study-away immersion experience in a Midwestern tribal community. The fifteen students included 11 women and 5 men, ranging in age from 19-45. University Institutional Review Board (IRB) approval was obtained prior to data collection.

Course Design

A team-development approach guided the design and construction of the three-week long hybrid course. Faculty developers consisted of two nursing faculty members supported by the university's instructional design team. Assigned learning activities completed prior to the study-away immersive experience were designed to enhance students' cultural knowledge and included cultural competency self-studies, readings, and educational videos related to Native American history, culture, and health. Throughout the course students explored the culture of tribal communities in the Midwest and their historical and contemporary practices related to health. Students collaborated with tribal representatives to assess the health needs of the members then, develop, implement, and evaluate interventions specific to the specified health needs of this culturally diverse population.

While in the tribal community, faculty and students shared living quarters in a historic home located on a tribal allotment and worked directly with tribe members to not only identify major health needs of the tribe, but also develop culturally sensitive health education programs to address the needs. Students worked collectively to create health education materials, then provided health education teaching in a variety of settings within the tribal community. As relationships developed throughout the week, students learned about cultural customs including tribal stomp dances and winter storytelling through the lens of both elders and youth of the tribe. A meeting with the tribe's Business Committee and Indian Health Services representatives, provided exposure to tribal challenges in both commerce and health. After returning from the study-away immersive experience, students participated in a de-briefing about their experiences and reflected on the personal and professional impact.

The grading rubric for the students' reflective journal focused on four areas, a) reacting (such as commenting on feelings), b) elaborating (such as comparing reactions with other experiences), c) consolidating (bringing together course and previously learned content), & d) contemplating (examples - constructive insights, ethical issues, future goals, attitudes) throughout the journal.

Additionally, toward a focus on a final structured self-reflection and critique, use of Jeffrey's model was supported through Campinha-Bacote's ASKED process [27]. The students responded to these areas in their final reflection:

- a) Awareness: What biases and prejudices did you have when you began the course? How have these changed through your experiences in this course?
- b) Skill: In what ways have you developed the skill of conducting a cultural assessment or providing culturally sensitive care? How will your nursing practice be different as a result of the experiences you have had?
- c) Knowledge: Describe how your worldview has changed as a result of this course. What things did you learn about the Native American community through your course work? What teaching/learning activities most assisted in expanding your cultural knowledge?
- d) Encounters: How did your encounter with the Miami Indian tribe impact your learning in this course? How will the lessons you learn impact you as you progress through the program and into your nursing

career?

- e) Desire: What does the term "culturally competent" mean to you following your work with the tribes of Northeastern Oklahoma?

Data Analysis

Following transcription, all qualitative data were analyzed through a five-step content analysis process. First all transcripts were independently read and reread by both authors, who reflected upon the specific words each participant chose when describing the phenomenon. Eventually specific statements were coded, and the codes were then categorized or grouped together, with themes emerging from the groupings. Data saturation occurred by the sixth participant's responses; however, all student responses were included in the analysis. Member checking was completed with six of the fifteen students. Credibility, dependability, confirmability and transferability were used to evaluate the trustworthiness of the findings. Credibility was established through peer debriefing and prolonged engagement with the data, thus uncovering any assumptions or biases held by the researchers; with dependability and confirmability established through an audit trail that was maintained throughout the analysis detailing all steps in the research process [28, 29]. Thick, rich descriptions, with extensive use of quotations, were provided to better allow each reader to determine transferability.

Results

Theme One: *Transforming Attitudes*. Three themes were identified by the students in the study. The first theme, Transforming Attitudes, captures students' thoughts and feelings regarding the fundamental focus of the course, to improve cultural competence of nursing students when working with diverse client populations, as well as students' descriptions of changes in their own attitudes as individuals and as nurses. Students discussed the transformation of their thoughts and feelings about Native American people. As one student poignantly documented.

This experience has broadened my view on culture as a whole. I walked into this experience with curiosity but biases....I walk away from this experience with an appreciation of where the Native culture has been, where it is now, and where it hopes to go.

Additionally, students discussed the transformation of their attitudes about themselves. Wrote one student, "This whole experience is something I will never forget. It has affected me on a very deep level, one which I am still trying to understand." Yet another conveyed the following:

I have somehow found a very deep emotional well that hasn't been touched in a very long time. I could try to find words to describe what I mean but it's too profound....I want to go back, if I can, and visit the place where I learned how to be myself.

Still other students discussed their need to apply this newfound knowledge and understanding to their "nursing lives" as well as their personal lives:

As I grow as a nurse, I realize that I need to apply my awareness of my own views beyond the healthcare setting; I need to include my skills in my interactions with more than just my patients...I need to carry what I have learned into all aspects of my life.

Similar feelings were expressed by another student, "I will maintain

my sense of self-awareness beyond the hospital setting and not just turn on and off what I have been taught”.

Theme Two: Touching Lives/Making a Difference

The second theme, *Touching Lives/Making a Difference*, captures students’ perceptions of their ability to touch the lives of the individuals with whom they worked. This theme includes students’ perceptions that they not only touched lives and made a difference, but that they also in turn received so much more than they gave and/or expected. As one student stated:

As nurses and future nurses, we strive to touch the people we meet every day; we not only touched the lives of those we met but also changed them for the better. I only hope that the people we met feel that they changed our lives also; I feel that the people I met touched my life and changed it for the better.

A second student wrote:

I have given presentations in public before, but nothing that would have such a great impact on bettering a group’s or individual’s life. I realized that many people recognized what their doctor told them but didn’t really understand what it was or what the effects of it could be. Making a difference in a person’s life is one reason I decided I wanted to be a nurse.

Theme Three: Outrage at Healthcare Disparities

The third theme, *Outrage at Healthcare Disparities*, captures students’ thoughts and feelings regarding the current state of healthcare available to Native Americans. It also describes some students’ feelings of powerlessness regarding how to decrease disparities for persons within this population. As one student described:

I was saddened by the lack of funding available by our government. I felt and continue to feel very disheartened that more cannot be done financially to change all that is lacking in this healthcare facility or any IHS facility...I feel helpless in my ability to make any real difference in the lives of Native Americans, but want so badly to contribute to their well-being.

Still another student recalled:

I really struggle to understand why more is not done by the government. How can they not see the disparities in the healthcare system? It is ethically wrong to let such a gap continue to exist, especially in this day and age when preventative is as important to our nation’s overall health as curative.

Discussion

This course provided students the opportunity to explore their biases related to Native American peoples. Students perceived gains in cultural knowledge and skill through both the academic course work and through direct encounters with members of the Native American community. Although these cultural encounters were limited to one week in the tribal community, student journal entries demonstrate a significant impact of these experiences on students’ perceived cultural knowledge, competence and awareness of broader social justice issues. Review of journal entries indicated a strong desire to continue to enhance cultural knowledge and skill with various cultural groups, though follow through on these desires was not part of the scope of this study. Review of students’ written reflections exemplified increased awareness of the existing health disparities within the borders of

the United States, an awareness that students cited as limited or non-existent prior to this experience. Strategies for addressing these disparities were embedded throughout students’ writings. Despite awareness of such health disparities, students verbalized a lack of knowledge and skill in advocating for vulnerable groups, highlighting a need for additional education and training on the nurse’s role in political advocacy, policy development, and client support.

Initially, this course was designed to be a one-time offering to provide regional campus students the opportunity to engage in a low-cost, culturally immersive experience. Based on student feedback and reactions from tribal leaders, the course has continued to be offered as a nursing elective and also as an option for the University’s required Global Perspective Plan. Tribal leaders responded positively to the relationship that developed and requested to continue the collaboration between the University’s Department of Nursing and the Tribe. The goal of this course was to enhance students’ understanding of culture and to provide opportunities for regional campus baccalaureate nursing students to become more culturally aware and gain a deeper understanding of cultural competence. Evaluation of student journal entries demonstrated that this course was successful in meeting this goal. Through this immersive experience, students gained a deeper level of cultural awareness that may transfer into their daily clinical practice and ultimately influence patient care.

Conclusion

Educational research has focused on the impact of international study abroad programs, with less examination on short-term, in-country, study-away experiences. The paucity of literature addressing the effects of domestic service-learning experiences on students’ cultural competence, paired with mixed findings in published studies heightens the need for further research in this area [20-22]. The results of this study indicated that short-term, study-away experiences may be a viable option for regional campus students, many of whom are enrolled in highly structured and intensive academic programs while simultaneously balancing work and home life. These experiences can provide students an alternative to long-term study abroad programs; yet may provide the same level of transformative experience offered by longer program types. In-country immersive experiences lower out-of-pocket costs for participants, thus broadening the availability of cultural experiences to a greater number of students and as such should be explored by regional campus educational institutions.

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