Learning to Care for Clients in Their World, Not Mine

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ABSTRACT

Current literature and trends support the need to incorporate concepts for culturally focused nursing care and experiences with diverse cultures into nursing curricula. The purposes of this qualitative research were to describe the phenomena of being immersed in a different culture and to generate a conceptual map depicting process and outcomes of the immersion experience. From analysis of stories told by practicing nurses who had an immersion experience during a baccalaureate program, a dimensional matrix emerged. The core dimension was learning to care. Situational predetermining factors included educational setting, personal characteristics, and demographic factors. Characteristics of the immersion context were site conditions. Transitional factors included strategies for "learning to care" such as social support, coping responses, and openness to adapt communication patterns. Outcomes included personal and professional growth in values, communication, and nursing practice. The matrix can guide nurse educators in incorporating immersion experiences into nursing curricula.

World population movements reflect changing profiles of cultures and societies. Mass communications and modern technologies continue to revolutionize and transform nursing (Leininger, 1997a). Nurses need knowledge about diverse cultures to provide care for people different from themselves (Leininger, 1995a, 1995b, 1997a). To deliver culturally sensitive care, nurses need to recognize and understand a broad spectrum of cultural values, beliefs, and practices (Dumas, 1998; Lester, 1998; Taylor, 1998).

Historically, culturally sensitive care has not been a priority in nursing education, research, and practice (Leininger, 1997b). Nurses were socialized into clinical settings dominated by physicians who focused on disease management. Curricula in many schools of nursing still reflect the medical model (Clark, 1995; Leininger, 1997b). Current literature supports the need to incorporate cultural diversity issues into nursing curricula through formal classes and multicultural experiences (Allelyne, Papadopoulos, & Tilki, 1994; Campinha-Bacote, 1995; Campinha-Bacote, Yahle & Langenkamp, 1996; Clinton, 1996; Leininger, 1997a; Pope-Davis, Eliason & Ottavi, 1994.) However, there has been a lag in academic development related to knowledge and practices of cultural aspects of nursing care. Barriers to the integration of cultural diversity in health care have been addressed by numerous authors (Baldonado, 1996; Davis & Koenig, 1996; Greipp, 1995; Habayeb, 1995; Thomas & Dines, 1994; Wilkins, 1993). Barriers need to be examined in nursing curricula to facilitate the transition from traditional curricula to culturally focused nursing education. One barrier identified in many schools is lack of actual experience with diverse cultures.

Two research studies have addressed the outcomes of cultural learning experiences (Frisch, 1990; Zorn, 1996). In one examination of the effect of cultural learning experiences on student outcomes, Frisch (1990) measured cognitive development before and after an international learning experience by evaluating cognitive positions described in Perry's theory of young adult cognitive development. The international learning experience was an exchange with a Mexican school of nursing involving American students in Mexico (n=6) and Mexican students in America (n=21). Findings indicated that the American students who studied in Mexico were 3.5 times as likely to improve on cognitive development than were students who did not participate. The sample size and situation were limited in this study. Data were gathered at one site, and study outcomes were focused on levels of cognitive development. Frisch concluded that international experiences may be valuable for improving cognition and that further study is needed. A limitation of this study for
understanding the effect of cross-cultural experiences on student outcomes was the use of a pre-existing cognitive framework rather than a naturalistic approach to exploring an undeveloped concept.

In a second study of outcomes of cultural experiences, Zorn (1996) addressed the impact of study abroad on professional nursing practice. Alumni (n=27, 88% response rate) who participated in a study outside the United States as an undergraduate completed the International Education Survey (IES) instrument. Results indicated that long-term impact occurred in four dimensions: professional nurses' role, international perspectives, personal, and intellectual development. The sample size was limited in this study and was purposely selected, leading to nongeneralizable findings. The study by Zorn described a long-term impact on nursing practice derived from study abroad. The instrument (IES) was new and psychometric properties had not been established. Another limitation of Zorn's study relevant to this study was the use of a questionnaire based upon the researcher's ideas rather than the subjective experience of participants.

By nature, the transcultural immersion experience puts one in a position to adapt to a new environment or culture. An immersion experience involves socialization where shared meanings are communicated within and among groups. Numerous studies have reported that adaptation was necessary for study abroad where cross-cultural encounters, including social and psychological variations, were experienced (Hall, 1959, 1966; Hamke & Kievelitz, 1986; Pedersen, 1995; Weinmann, 1983). This issue warrants further study.

**PURPOSE AND AIDS**

The purposes of this research were to describe the phenomena of being immersed in a different culture during a nursing educational experience and to explore graduates' perceptions of the effect of this immersion on nursing practice. While previously cited studies have indicated the benefit of transcultural experiences, there is little subjective data available for the development of hypotheses grounded in experience. This study was a generative study in which the primary purpose was to develop and clarify the elements involved in cultural immersion that might affect nursing practice. The specific aims of this qualitative descriptive study were to: (a) explore perceptions of a transcultural immersion experience, (b) identify strategies used to adapt to the transcultural experience, (c) identify elements of an experience that might lead to personal and professional changes, and (d) to generate a conceptual description of the patterns of meanings of social interaction during a cultural immersion experience.

**SETTING OF THE STUDY**

The setting for this study was a private, church-related comprehensive university. Participants in this study were the graduates of a BSN program that integrates cultural content throughout the three-year major culminating in a required transcultural immersion experience in the last semester of the senior year. This experience is one component of a four-credit hour intercultural nursing course. There are two to three different cultural experiences led by faculty each year, or students may select an independent site. Choices encompass either international or domestic experiences. Sites in the past two years have included India, Korea, Honduras, Guyana, and Washington, DC. A student in this study described the curriculum in the following way: "In the sophomore year, we start learning about caring for Spanish people, Appalachians, and culture is all woven through. The immersion experience may be the crowning experience, but we are taught about culture and respect for people all the way through, and I think that is the key." The goal of the cultural integration and immersion experience was to enable students to gain a broad world view and personal insight that would enhance the delivery of culturally competent care. Information from alumni surveys in the target school supported the beliefs of faculty and graduates that the experience was valuable and has effected their practice positively.

Student issues surrounding the immersion experience include cost, time commitment, family responsibilities, and personal health. Information about the experience is outlined in the catalog so that students are informed of projected costs ($600 to $2500). Students were required to make faculty aware of personal chronic illness and sign a release form outlining responsibility. Faculty address these issues early in the nursing program.

However well planned and prepared, the immersion experience holds uncertainty. For example, unforeseen world and personal events may require changing sites. The anticipated clinical experience may also change as resources and priorities evolve at the sites. Consequently, students may have to change the focus of their intended practice and research paper at the last minute.

**METHODS AND ANALYSIS**

A modified grounded theory research approach included an unstructured interview format with broad questions, such as (a) tell us about your experience and (b) how did the experience effect you personally and professionally. The relationship between the researcher and the data and the assumptions of symbolic interactionism formed the framework for the study. Focus groups provided access to the informants. Because meanings are shared by groups, focus groups were used to create an environment where the richness of experiences would emerge based on social interactions. Dimensional analysis with constant comparison of participants' interviews was used to analyze the data and "tell the story" of the cultural immersion experience.

Dimensional analysis emerged as a means of clarifying analytical procedures in the development of grounded theory (Glaser & Strauss, 1967). Theoretically, dimensionality is a way of thinking about situations not readily
described by the cognitive processes of recognition or recall (Schatzman, 1991). Dimensional analysis calls for going beyond the identification and coding of themes to the discernment of underlying perspectives, conditions, processes, and consequences. Analysis of the present data resulted in construction of a matrix consisting of the context of the experience, strategies operative during the experience, and outcomes. Elements of the experience were identified, which represented the complex “whole” of immersion. The perspective of learning emerged from the respondent's viewpoint as the core dimension that logically organized other dimensions in the richest sense. One participant described the experience as “learning to care for clients in their world, not mine,” a phrase that clearly represented the core dimension.

Informants
All graduates of the school of nursing at the target university from 1992 to 1996 (n=77) were requested to participate in a study to examine perceptions of their transcultural experiences. They were invited to attend one of two luncheons to be followed by a focus group discussion session on the university campus. Of the 13 that responded, 9 participated in the study. All had been in nursing practice at least one year. Participants had been exposed to a variety of experiences (domestic, international, faculty led, and independent). Procedures for protection of human subjects were followed throughout the study.

Data Collection/Analysis
Two researchers who were not from the target university conducted the two focus groups. Participants were first asked to write how their transcultural experiences had influenced their practice in order to provide data not influenced by other participants. The focus groups followed and were unstructured with the researcher asking a broad opening statement. The following subsequent conversation was directed by the participants' responses. Focus group conversations were tape recorded and transcribed verbatim.

Data were initially analyzed line by line by five researchers. Two were from the study site and three from a public university. Categories related to perspectives described by Schatzman (1991) were formed independently and then modified by consensus of the researchers. The categories described processes arising from the context of the immersion experience, the precursors to the experience, strategies used by the participants to adapt, and the consequences of the experience. Each category was dimensionalized using a symbolic interaction framework of self, others, and society, and was then compared with every other category. A matrix was formed using each different perspective as the core category. The researchers independently fit the data to the story told by each matrix and arrived at the best fit by agreement.

The following standards were used to insure methodological rigor: (a) descriptive vividness, (b) methodological congruence, (c) analytical preciseness, (d) theoretical connectedness, and (e) heuristic relevance (Burns & Grove, 1997).

To attain descriptive vividness in this study, researchers sought to prompt respondents to share detailed stories and findings clearly, using the respondents' actual words. The criteria of methodological congruence was met through the researchers' knowledge and experience with the philosophy and process of the research method. Analytical preciseness was sought by applying rigor to a series of transformations of concrete data (transcriptions) across levels of abstraction. Researchers met to discuss the decision-making process through which the transformation was made. The process included the establishment of consensual agreement of dimensions. The findings were brought to a theoretical connectedness by proposing a matrix of dimensions that represented the data. The findings supported existing knowledge and experience of nurse educators in developing and conducting international experiences, thus supporting the heuristic relevance of the study.

FINDINGS

Context
The process of immersion at specific sites emerged as the context for learning. Living conditions of the site required flexibility and adaptation to lifestyle changes. Previous values, attitudes, and beliefs colored reactions that influenced feelings and behaviors. The presence or absence of classmates and faculty shaped the role of social support in the context.

Cultural factors such as time orientations and role expectations required adaptation. Being a stranger who does not understand simple everyday expectations was a powerful experience and permitted learning to occur. The cultural setting embodied in the site provided the setting for practice and brought together the challenges and opportunities for learning. Students commented:

There's nothing that replaces that actual hands-on, working in another culture, having that interaction with them. . . . I was an outsider—definitely the outsider . . . at first, but once I had something in common with one of the girls that worked there, I was fine.

The cultural environment provided the context in which students responded positively or negatively as they tried to adapt.

STRATEGIES

Findings identified strategies that respondents used to “learn to care for clients in their world not mine.” Strategies supported by consensus in the data included preparation activities, dependence on group support, and the use of coping skills. Adaptation through learning to communicate and think differently, and learning about differences in lifestyle and cultures were also strategies used to adapt.
Preparation for Learning

Findings from the study indicated that preparation activities were essential for learning culturally sensitive care in an immersion experience, much of which took place during a transcultural course in the semester prior to departure. Respondents reported that most classwork included analysis of case studies, literature review of cultural health patterns of the target site, and development of a research project. There were contrasting views about the extent to which the preparation helped them. Some felt prepared while others found the immersion situation very different from what they expected. The following comments illustrate perceptions about preparation.

"Discussing it in class helped... Because we were so prepared before we went as to dealing with other cultures... we were prepared to go into another culture and be shell-shocked and knew that it might be kind of hard and would be a lot of information to absorb. It was going to be very different from my own life... There was no way to prepare myself for what I'd see.

Thus, preparation activities were a key strategy in the process of learning to adapt at the site.

Group Support in Learning

Another essential strategy in the process of learning was the dependence on group support. Students relied on each other for support, as well as on faculty. They strengthened relationships with classmates. Some comments were:

- "You experience yourself but you are kinda there for other people and you can reflect and see what everybody else is feeling and seeing and going through... It gave me an opportunity to get to know her (classmate), and fortunately we liked each other, or it really would've been a rough time... Everyday there was somebody different that was homesick... one was homesick at the same time or going through the same thing at the same time.

Participants who traveled alone cited the importance of making new friends in the host culture. One student reported, "I loved to sit down and talk to some of them. They can tell you stories, amazing stories." Living conditions and social support either created barriers or facilitated adaptation. Social support was a key strategy used in meeting the goals of the experience.

Coping Strategies for Learning

A third strategy for learning was the development and use of coping responses. For example, participants reported the use of self-reliant coping, as evidenced by the following comment, "You have to create your own day, your own everything." Initial responses of avoidance changed to confrontive coping, as illustrated by the following comment: "The first week everyone tried to avoid things, but then gave in and did it." Emotional tone varied with the effectiveness of the coping strategies. Participants reflected,

- "You go through phases... I'd love it and I'd hate it... Before I was fearful. I would look out the window and watch things and I was in awe. I don't know if I was depressed because of what I was going through... Well, we were forced to work through our frustrations, our fears, our ignorance.

Other coping mechanisms that supported "learning to care" were laughter, problem solving, and critical thinking. One respondent summarized, "You draw on all your resources. Another culture teaches creativity."

Learning to Communicate Differently

Students in this study recognized the potential for isolation in a new culture because of communication deficits. They reported several strategies to overcome barriers to communication. Before embarking on an immersion experience, students studied communication patterns of the host culture including body language, cultural language, and sending messages using all senses. Some found the ability to code thoughts in a new messaging system to be an effective strategy for learning to care.

In the immersion experience, students used listening and nonverbal responses as methods to communicate. They learned to adapt the level of communication by identifying literacy levels. A student shared, "...either they can't read it or they can't write it. You have to adjust your level of teaching to their level." Data supported that a variety of communication methods were useful.

Learning to Live Differently

Another strategy in the process of learning included adaptation to unique living conditions. Respondents shared the following thoughts:

- "It takes everything away from you and you've got to learn new skills... As far as learning and being open minded... you are around the stuff so much, the different ideas, the different foods, the different people, the loss of control... you had no control over what was going on around you and you're just stuck there.

Students killed and cleaned chickens to eat and cooked on potbelly stoves or with a hot rock in a barrel. They walked through sand after a shower and adapted to unusual hygienic conditions. They lived without conveniences, television, and microwaves. Comments included:

- "It's a real culture shock. There was like no running water, electricity, pit toilets, all that kind of stuff... We had showers that ran down in a bucket, and we had to conserve our water because somebody else was going to use it.

Students concluded, "There are a lot of people that don't have the things we have." Learning to live differently prepared students to care for people in their own cultures.

Learning to Think Differently

The strategy of thinking differently was important in learning to care for clients. Students considered new values, noting, for example, that happiness is not a product of wealth and comfort. Some comments were as follow:

- I had a definite preconceived idea that people in my (host) culture were not happy and that they wanted to get out. That was not true at all. Sometimes you do have to..."
know what you don’t have, what you do have, and what other people don’t have, to realize what is important. I think that this was one of the most valuable things. . . . You think you have everything . . . they were the ones who had everything. . . . We take so much for granted.

Participants mentally evaluated experiences, examined biases, and changed expectations.

Our concept of family is a lot different than their concept of family. It is life there. . . . It is kind of like you realize that maybe when you’re doing without things that we consider important, they are not important. So you just do without.

Learning to think differently creates an avenue for an open mind.

Learning Differences of Other Cultures

Respondents cited many contrasts that highlighted differences between their own culture and the host culture, such as environment, values, beliefs, religion, and customs. Students approached cultural variations hesitantly, experienced differences, and evaluated meanings; they traveled out of familiar ways of life. Respondents shared:

My expectations of the population were, well, I expected a primitive society. . . . When it came to the people, I felt so humiliated. I felt so humble after seeing what I had expected and what the people were really like. . . . We were out of the comfort zone. . . . You have to enter their side. You can’t make them enter yours. . . . There is not just one way to do things. . . . When you’re there, you’re forced to either learn or be miserable. You might as well make the most of it because you have no control over what is happening. You’re stuck there, and that’s one of the biggest benefits.

Respondents adapted to differences in nursing practice and “. . . learned to go with the flow.” In describing an appreciation for the value of differences a respondent reflected, “I’m up here now instead of back there where I started.”

OUTCOMES OF THE IMMERSION EXPERIENCE

Personal growth, as well as professional changes, emerged as outcomes of the transcultural experience (Table). Specifically, major outcomes of the immersion experience were changes in values, increased communication skills, and development of culturally focused nursing practice.

Changed Values

Many respondents commented on changed values as a facet of personal and professional growth. The following were quotes from participants:

We have to learn to value others and accept differences. . . . It’s that acceptance and love of every human even though they aren’t like us. . . . When you come back you have different convictions and beliefs. . . . Another thing I learned was tolerance and acceptance, not just of the culture I went to, but like of people in general. It’s opened my mind not just to other cultures, but I mean with cultures right here with us. It’s been hard for me to go back to my hometown and my family and to hear jokes and have to pick and choose my own battles. . . . It’s helped me to open my mind to make me more aware and more tolerant. . . . It just changed our whole world view.

Data supported the evolution of values toward a greater openness to cultural differences.

Increased Communication Skills

Respondents viewed communication as a window to cultural differences. Experiencing communication challenges in an unfamiliar culture increased respondents’ awareness of the need to understand communication patterns of diverse clients in nursing practice. The following comments verified this outcome:

Not only do you learn the language, but you learn how they speak because you learn their little phrases and how they say things. Well that’s a perspective I didn’t have, and I can see why that person thinks that way or sees that way now. . . . When you mentioned language, there were so many different things that I was opened to down there. . . . I kind of told myself, I’m not going anywhere again until I at least have enough language to communicate verbally.

Enhanced communication skills and adaptation to new patterns were supported as outcomes of the transcultural experience.

Personal and Professional Growth

Respondents asserted that adaptation to cultural differences in an immersion experience affected them personally and professionally as evidenced by how they practiced nursing, both during the experience and in later professional careers. The following responses illustrate the outcome of personal growth:

You don’t know all the answers. You have to be learning continuously. . . . I think everybody ought to go there because, it takes everything away you’re used to, and you’ve got to learn new skills. You learn about yourself. You learn strengths about, well, I could handle this or I can’t handle this.

Professional growth was evidenced in the data through development of nursing interventions resulting in cultur-
ally focused practice.

In critical care, the transcultural comes in how you deal with families, especially if it’s a bedside vigil. You have people coming in from all over the country, from all sorts of cultures, different economic levels, people that aren’t even speaking to each other in the family, and you’ve got to work with them. . . . It’s instilled in me flexibility. It’s not so bad now when I’m explaining to the Amish about inductions and the different ways they stimulate labor. I think it’s a result of this experience. I feel like I’m more willing to challenge ideas and procedures. . . . Something I’ve been able to incorporate into my nursing is that I realize I’m biased. There’s some people, I go in there, and within two minutes I don’t like this person, but I still have to nurse them. I have to nurse through my biases if I’m going to help them effectively.

Changed practice, then, occurred as creativity and flexibility increased. As a result of the immersion experience, respondents assessed cultural differences, identified personal biases, recognized the need for culturally competent care, and resolved to deliver culturally sensitive care.

**DISCUSSION**

The need for nurses to manage cultural diversity in practice has long been established. However, neither nursing education nor practice have fully responded to this mandate. Many schools have incorporated a course or multicultural experience into nursing programs (Alexander & Scheller, 1990; Barton & Brown, 1992; Beeman, 1991; Felder, 1990; Huttlinger & Keating, 1991; Lindquist, 1984; Tunley-Crenshaw, 1994; Wuest, 1992). However, it is all too often seen as “frosting on the cake” (an elective) rather than essential core curricular content. Furthermore, the impact of such experiences has not been established.

Findings from this study suggest that integrating a transcultural nursing immersion experience into an undergraduate curriculum can result in personal growth as well as modification of professional practice. A matrix for personal and professional growth resulting in changed nursing practice is depicted in Figure 1. Situational predetermining factors create the setting for the immersion experience and include educational variables, such as a curriculum designed to integrate culture throughout the nursing program, as well as faculty who value and model cultural competence. Personal characteristics, such as motivation to participate and the traits of openness and flexibility, influence learning. Demographic factors, such as family obligations, financial resources, and work/time commitments may be barriers to participate in a cultural immersion experience and need to be addressed.

Modifying and predetermining factors in the matrix influence transitional factors. The context of the experience, including the site, living conditions and reactions of host colleagues may prompt positive or negative responses from students. Participants in a new culture adapt to the context through use of key strategies, including preparation and social support from fellow students, faculty and host colleagues. Coping strategies may be used that have been effective in the past, or new coping responses may be developed. Learning to think, communicate, and live in a different culture may be additional adaptive strategies. Outcomes of the experience include personal as well as professional growth, resulting in changed values, communication skills, and changed nursing practice.

**Implications for Nursing Education**

The purposes of this study were to describe a transcultural immersion experience and explore graduates’ perceptions related to the effect of the experience on practice. Findings from this description were intended to serve as rich data for the development of hypotheses which would be tested with a larger, more varied sample. In addition to the use of the data for this purpose, educa-
tors may want to incorporate some of this information in nursing courses.

The researchers have identified several curricular concepts from working with the data over a prolonged period of time and believe that it is important to share them despite the early stage of the research. The first suggestion for educators in incorporating cultural concepts in a curriculum is to evaluate the whole curriculum in light of the integration of cultural concepts as well as the possibility of adding a course. Creating a cultural immersion experience is highly recommended and will assure exposure of students to a culture different from their own. Findings suggest that "being stuck there" facilitates evaluating cultural differences and examining personal and professional values and lifestyle, leading to changed practice.

From the findings of this study, nurse educators can derive educational approaches for designing an immersion experience, supporting learning during the experience, and measuring outcomes. Preparation is essential and may include studying a foreign language and practicing with supplemental communication techniques, games or exercises to simulate cultural adaptation. Students traveling alone can identify support persons on-site prior to departure and communicate with them to begin a working relationship. Educators can guide students in evaluating the use and effectiveness of current coping responses in stressful situations. Seminars on cognitive management of stress could enhance coping and give students insight into personal responses, emotions, health, and learning. A primary strategy for learning in this study was managing differences in communication. While preparation is ideal, on-site guidance with communication is helpful.

Teaching strategies to support the process of learning to live differently may include setting a tone of appreciation for novelty and an awareness that the students' usual way of living is not the only way of living. Faculty can encourage students to discuss their responses to food, hygiene, and health systems, encouraging them to be open to new ideas.

To support the student process of learning to think differently, faculty can provide an assessment of personal values prior to departure. Discussions throughout the experience can prompt students to monitor their own value changes in perceptions of what is "good," "right," and "best." Also, faculty can encourage students to assess clients' perceived ways of addressing health problems. Simulated practice exercises and case studies can help prepare students for accepting or modifying culturally different approaches to health care. In addition, faculty can identify potential personal and professional outcomes and elicit evaluative information from students to measure the outcomes.

CONCLUSION

Conclusions from this study suggest that further research with a more varied sample and with graduates who have not had a cross-cultural experience is essential. The story told by the participants suggests that experiences in cultural diversity are important curricular components for the preparation and practice of nurses. Courses, modules, and classroom content can contribute to an increased knowledge and understanding of the types of situations nurses will encounter in practice, as reported in the literature. However, an actual planned immersion experience where adaptation is required clearly facilitates learning to care and influences participants personally and professionally. Providing more transcultural learning opportunities for students will impact professional nursing practice in a multicultural world.

REFERENCES


