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## The Lived Experience of Honduran and USA Nursing Students Working Together in a Study Abroad Program

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### Abstract

Nursing study abroad is one approach to preparing student nurses to work more effectively in international environments as well as at home with culturally diverse clients. These programs foster self-reflection by permitting students to spend considerable time immersed in different cultures, thus exposing them to clients with different health beliefs and values. The authors of this transformational phenomenological study examined the lived experience of American and Honduran nursing students working collaboratively during a nursing study abroad program. One-time audio-recorded semi structured interviews were conducted to gather data from American and Honduran students. Six themes emerged: Communication (i.e., language and communication patterns), the cultural environment, and sharing/learning were common themes to both groups; among Hondurans, validation/empowerment and the nursing experience emerged as important themes, while transformation was the theme unique to American students. These findings support previous research regarding the importance of study abroad programs in the development of cultural competence, and suggest directions for nurse educators to prepare nurses who can function in an increasingly globalized health care environment. These findings also highlight the merits of this collaborative approach to nursing study abroad and they provide the foreign hosts' unique perspective regarding their experiences working with American nursing students. The study results also indicate the need for further research on collaborative experiences with foreign and American health care partners and the perspective of the participants of other countries.

### Keywords

Cultural Competence, Study Abroad, Transcultural Communication, Lived Experience, Phenomenology

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## The Lived Experience of Honduran and USA Nursing Students Working Together in a Study Abroad Program

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*Nursing study abroad is one approach to preparing student nurses to work more effectively in international environments as well as at home with culturally diverse clients. These programs foster self-reflection by permitting students to spend considerable time immersed in different cultures, thus exposing them to clients with different health beliefs and values. The authors of this transformational phenomenological study examined the lived experience of American and Honduran nursing students working collaboratively during a nursing study abroad program. One-time audio-recorded semi structured interviews were conducted to gather data from American and Honduran students. Six themes emerged: Communication (i.e., language and communication patterns), the cultural environment, and sharing/learning were common themes to both groups; among Hondurans, validation/empowerment and the nursing experience emerged as important themes, while transformation was the theme unique to American students. These findings support previous research regarding the importance of study abroad programs in the development of cultural competence, and suggest directions for nurse educators to prepare nurses who can function in an increasingly globalized health care environment. These findings also highlight the merits of this collaborative approach to nursing study abroad and they provide the foreign hosts' unique perspective regarding their experiences working with American nursing students. The study results also indicate the need for further research on collaborative experiences with foreign and American health care partners and the perspective of the participants of other countries. Keywords: Cultural Competence, Study Abroad, Transcultural Communication, Lived Experience, Phenomenology*

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With the advent of globalization, the need for nurses to acquire an international perspective of health and health care has been recognized (Crigger, Brannigan, & Baird, 2006). Recent natural disasters around the world have required that health care workers be poised to travel to affected areas to collaborate with local health care and support personnel (Weiss, Holcomb, & Crigger, 2006). In addition, the increasingly multicultural nature of American society has created the need for health care workers to learn to provide care that is relevant and within the cultural context of their clients. Nursing study abroad is one approach to preparing student nurses to work more effectively in international environments as well as at home with culturally diverse clients. By placing students in environments that are genuinely different, where alternative perspectives predominate, students are forced to question the status quo and revise their ways of viewing reality aided by reflection and their personal experiences. These conditions are ideal for transformational learning to occur, according to the process described by McNaron (2009). Study abroad programs expose students to clients with different health beliefs and values, and they make it possible for nursing students to spend considerable time immersed in a different culture. The lessons learned from these cross cultural interactions are

believed to affect future nurses' interactions with culturally diverse clients, and the success of future international collaborative efforts, including those in times of disaster.

The authors of this is transformational phenomenological study aimed to explore the lived experiences of American and Honduran nursing students' working together in Honduras during a Nursing study abroad program. The researchers believed the lessons learned from these cross cultural interactions would be significant in confirming that study abroad contributes to improved interactions with culturally diverse clients. The perspective of the host students was also examined with the belief that their experiences were an important component in the evaluation of the study abroad experience as a whole, and could provide knowledge of how to better prepare students and nurses for future international collaborative efforts, including those in times of disaster. Specifically, the researchers sought to:

1. Examine the lived experiences of US nursing students while collaborating with Honduran nursing students in a short term community health experience during a study abroad program in Honduras.
2. Examine the lived experiences of Honduran nursing students partnering with US students on a short term community health nursing project during an American nursing study abroad experience in Honduras.
3. Examine the lived experiences of American nursing students studying abroad.

### **Background and Review of the Literature**

Descriptive non-empirical accounts of the value of nursing study abroad programs abound in the literature, with reports of positive effects of these experiences on students' self-awareness and comfort with the unfamiliar (Christoffersen, 2008; Mill, Yonge, & Cameron, 2005; Mkandawire-Valhmu & Deoring, 2012; Palmer, Wing, Miles, Heaston, & de la Cruz, 2013). Tabi and Mukherjee (2003) described their experiences with undergraduate students in Ghana and the benefits of the program, such as the development of students' resilience under difficult conditions and students' exposure to cultural and political forces influencing health care. Bosworth, Haloburdo, Hetrick, Patchett, Thompson, and Welch (2006) related that the positive effects of an international experience with American students working collaboratively with local students and faculty in Guyana support the need for more such programs. In a review of international clinical study opportunities for nursing students, Mill, Yonge, and Cameron (2005) described study abroad programs of varying lengths; some used preceptors or faculty in the host country, other programs had faculty accompanying students. Mill, Yonge, and Cameron (2005) concluded that research was needed to determine if study abroad programs were meeting the goals of students as well as faculty.

Also encountered in the literature were quantitative studies reporting changes in cultural sensitivity as the result of nursing study abroad programs (Zorn, 1996; St. Clair & McKenry, 1999; Caffrey, Neander, Markle, & Stewart, 2005). For example, in a study conducted one to 15 years post-graduation, Zorn (1996) used the International Education Survey to determine the long term impact of study abroad programs on former students. The participants evaluated the programs' impact on their personal development, international perspective, and professional practice on a scale of one to seven. Zorn (1996) found that the programs of longer duration had more impact on the students, and the impact was stronger for more recent participants. St. Clair and McKenry (1999) examined the relationship between short term study abroad programs, cultural self-efficacy, and cultural competence by comparing the results on the Cultural Self Efficacy Scale (CSES) of 80 students who participated in study abroad with results of 120 students who did not. Students were tested prior to studying abroad, immediately

following study abroad and prior to graduation with results of consistent statistically significant increases in cultural self- efficacy among those students who participated in study abroad. Other studies, such as Carpenter and Garcia's (2012), used both qualitative and quantitative methods. They used students' reflective journals for qualitative data and measured cultural awareness using the cultural awareness survey (CAS) before and after the study abroad experience. Among their findings were increased awareness and skills for caring for diverse clients, and students perceptions that their clinical practice would be influenced by their experiences.

Ruddock and Turner (2007) used a Gadamerian Hermeneutic Phenomenological approach to examine whether an international experience was effective in developing cultural sensitivity among participants. Three themes emerged: "experiencing transition from one culture to another, adjusting to cultural differences, and developing cultural sensitivity and growing personally" (p.364). Ruddock and Turner (2007) found that making the transition from one culture to another, involved some discomfort and culture shock but ultimately, an openness to the other culture developed. They concluded that further research was needed. Edmonds (2010) also used a phenomenological approach to explore the experiences of students studying abroad in various countries. Three themes emerged: Recognizing or becoming self-aware; encountering or participating, observing, discovering, appreciating; and, adapting or recognizing that they were viewed as outsiders. Edmonds (2010) concluded that based on the students' responses, study abroad experiences were "valuable and worthwhile" (p. 566) and will contribute to nurses' developing the capabilities to care for a diverse clientele.

The literature reviewed, both anecdotal and empirical, support international study abroad programs as effective in increasing students' cultural sensitivity and self-efficacy regarding caring for clients of diverse cultural backgrounds. Study abroad programs were also seen as contributing to students' development of broader perspectives on global health. However, none of the studies encountered explored the host participants' perceptions of these programs. Bosworth et al. (2006) identified the need to establish trust with Guyanese nursing personnel and faculty associated with their study abroad program, and more recently, Mkandawire-Vahlmu and Doering (2012) emphasized to their students the importance of reflecting on their "...position of privilege in relation to the people they encountered" (p. 86) during their study abroad program in Malawi. The authors of these accounts imply that the locals' reactions demanded different behaviors on their part but there is no information regarding how these responses were evaluated. There is a dearth of studies on lived experiences during study abroad programs that explore students' experiences with the hosts or that directly inquire about the experience from the hosts' perspective. Edmonds (2010) described students' awareness of being perceived as outsiders, and their perception of the need to adjust to fit in with the culture. How successful these adjustments result, would depend on knowledge about the host participants perceptions of the students.

The authors of this study aimed to bridge the gap in the literature regarding the effect of collaborative experiences abroad on all participants; in addition to illuminating the effect of the experience on the American students' development of cultural competence, the findings shed light on the collaborators' perception of each other, and on skills and sensibilities needed for nurses to collaborate successfully in international settings.

## **Researchers' Role**

### **Researcher Lens**

The first author, who conducted the interviews, is one of the Southeastern Louisiana University (Southeastern) nursing faculty participating in the study abroad program in

Honduras. She is originally from Panama, Central America and of West Indian descent. She is fluent in both Spanish and English and has travelled and lived abroad, but had never visited Honduras prior to the study abroad program. Her primary and secondary studies were completed in her country of origin. She obtained a Bachelor of Science degree in Nursing, Master of Science in Community Health Nursing, and a PhD in adult education in the U.S. As a native of a Central American country frequented by many foreigners, she has intimate knowledge of observing and interacting with foreigners, and is aware of the importance of cultural encounters in debunking myths and stereotypes. Her clinical nursing specialty areas are community health and maternal newborn nursing, and her research interest is cultural competence. She has conducted research on cultural competence among baccalaureate nursing faculty in the US and has also been involved in research on the influence of culture on health behaviors. As a clinical nursing faculty in the undergraduate program, she has instructed students in settings with mostly low income African American and Latin American women of limited English proficiency, and as a result, has extensive experience teaching students to provide culturally and linguistically appropriate nursing care. She currently coordinates the Graduate Nursing Program at Southeastern and teaches Population Based Primary Care on the masters' level and Preventive Care for Populations on the doctoral level. In conducting this study, this researcher sought to explore the experiences of Southeastern and Universidad Nacional Autonoma (UNAH) students working together with the intention of learning from the perceptions of all participants and using this knowledge to prepare students for future international experiences.

Donna Hathorn is a registered nurse from the US and holds a Master's degree in nursing education with a clinical specialty in maternal/child nursing, and a PhD in adult education. She has been a nurse educator for over twenty years with experience teaching in both undergraduate and graduate programs of nursing and is an Associate Professor of Nursing at Southeastern. Dr. Hathorn has experience in qualitative design and has been a primary investigator of qualitative research projects and also has experience as a triangulating analyst for qualitative studies. Dr. Hathorn's qualitative dissertation has been published by *The Qualitative Report*. Prior to this study, Dr. Hathorn had never been on a medical mission trip and only spoke English. Dr. Hathorn's special interest in international nursing education along with her interest in qualitative research influenced her decision to collaborate on this project.

## **Ethical Considerations**

IRB approval was granted by Southeastern Louisiana University Institutional Review Board and the director of the Honduran School of Nursing granted her approval for the study. A written consent to participate in this study about their experiences was obtained from each student prior to the interview and they were assured that their decision to participate was strictly voluntary and would in no way affect their grades in the courses. The information collected was held in strict confidence and was at no time identified with the students individually in the data analysis. Anonymity and confidentiality were further maintained by using fictitious names during the interviews and in all resulting reports. These audio-recorded semi structured interviews were conducted in private areas. They were later transcribed verbatim by a bilingual transcriptionist and were reviewed by the researcher for accuracy. The transcripts of interviews with Honduran students were later translated into English and again reviewed by the researcher for accuracy. Southeastern students were interviewed within a month of their return to the States and after their grades were assigned in order to avoid any feelings of coercion.

## Methods

### Description of Study Abroad Program

Southeastern's Nursing Study Abroad Program was in its fifth year of implementation at the time of this study. This program is a unique collaboration between the nursing programs of Southeastern, UNAH, and the Episcopal Church of Honduras. The leaders of the Episcopal Church provided a physician, venues for the community health project, and transportation. Southeastern nursing students were concurrently enrolled in two six week courses: International Nursing and Clinical Practicum in International Nursing. There were three weeks of didactic instructions in the US, two weeks practicum in Honduras and one week of summation and evaluation upon return to the US. The first author and two other nursing faculty travelled with the students to Honduras for the international practicum. The first two days were spent in Tegucigalpa learning about nursing education and practice in Honduras. The students attended lectures, made hospital visits, and interacted with Honduran students and nurses. Students from both programs collaborated to finalize plans for the short term community health project to be conducted in two rural communities, Talanga and Guaimaca. They made health education posters in Spanish based on specific community diagnoses generated by the American students. The overarching framework for the diagnoses were the Millenium Goals pertinent to the region and data from the World Health Organization website, the Panamerican Health Organization website, and data from the government of the state in which the two communities were located. Data used to formulate diagnoses included the number of households in each town, number of household with indoor plumbing, number of households below the poverty level, age distribution and education levels of the population. The resident Episcopal priest identified families with health concerns and sought their permission for team members to make home visits. The Hondurans referred to the short term community health project as a nursing brigade and likened it to those conducted by medical teams, called medical brigades that frequented Honduras and set up temporary medical facilities to provide screening and medical treatment for the population.

The community health project consisted of two consecutive days of seven hours per day, where health screening, treatment of minor acute conditions, health education and home visitation were provided in each of two rural communities. The team included six Southeastern students with three Southeastern faculty, and nine Honduran students with two Honduran nursing faculty. The Honduran students and faculty were selected by the director of the UNAH nursing program. Two interpreters travelled with the team to assist with communication. The researcher was also available for interpreting. Two days were spent in each community implementing the project. Team members were housed together in a local hotel, ate meals together and conducted post-clinical discussions after each workday. The focus of the researcher was to determine the lived experience of Honduran and American students interacting with each other and collaborating to implement the community health project.

### Study Design

The type of qualitative inquiry used for this study was transcendental phenomenology. Honduran and American students collaborated with each other to plan and implement community health projects in selected Honduran villages over a six day period; two days were spent finalizing plans for the project and four days were spent implementing the project. Using unoccupied churches provided by the Episcopal Church, four stations were set up to see residents and each area was staffed by teams of Honduran and American students and faculty, and interpreters. The first station was triage, where the reason for the patients' visit was

determined, vital signs were obtained and glucose and hemoglobin were measured on pregnant women. From triage, patients proceeded to the Physician station if needed, then on to the health education area. Here, American students presented posters jointly created with Honduran students, who used verbal methods of instruction. American students used mostly non-verbal methods of instruction, or did their presentations through an interpreter. The fourth station was the pharmacy where medicines and vitamins were dispensed as appropriate, with interpreters assisting students with instructions on use and potential adverse effects of the medicines. At each station, interpreters assisted the students to communicate with each other as well as with the patients. The team saw an average of 70 patients each day, mostly women and children.

At the end of days three and four in the field, the researcher conducted digital recorded semi structured interviews with the Honduran students using selected guiding questions. (See Table 1). The researcher then conducted digital recorded semi-structured interviews with the American students several weeks later, after return to the US and after the course was completed.

Rich contextual data were collected in order to capture the essence of the Honduran and American student experiences participating collaboratively in the community health project in Honduras. The methodology of phenomenological research is to apply an identified process (Moustakas, 1994). The first process is epoché, the ability to refrain from making preconceived judgments about the phenomenon to derive at knowledge. The researcher must not make leading statements during the interview or in any way make judgments about the experiences of the Honduran and American students. The second process is for the researcher to practice Transcendental-Phenomenological Reduction in order to perceive the experience fresh and anew as looking at it for the very first time, excluding past experiences. The experience of the Honduran and American students is unique, and stands alone, and viewed as a single phenomenon. The third process in phenomenological methodology is Imaginative Variation, This process identifies the structural description of the experience. The precipitating factors influencing the experience of the Honduran and American nursing students were identified. Through synthesis the researcher presents a picture of these factors in order to make connections to derive at the meaning of the experience (Moustakas, 1994).

Validity of the study was established by investigator triangulation to check the results for trustworthiness and to make certain the results were credible (Guion, 2002; Rossman & Rallis, 2003). A colleague with experience in nursing education and qualitative research methodology known as a triangulating analyst, read the transcripts and followed the same method of data analysis as the primary investigator. The triangulating analyst's results were compared with the results of the primary investigator. Agreement between the triangulating analyst and primary investigator validated that the findings were true and the conclusions were trustworthy.

Methodological triangulation through the use of observation and field notes by the primary investigator added to the rigor and credibility of the study. This type of triangulation enhanced the structural description used in data analysis to further explain the phenomenon. Credibility and trustworthiness in qualitative studies serve as validity and reliability when compared to quantitative studies (Rossman & Rallis, 2003).

## **Data Collection**

Face-to-face one-time audio-recorded semi structured interviews were conducted using selected questions to guide the interviews (See Table 1). The interview questions were developed based on common themes encountered in the literature on study abroad experiences including what was learned from the experience, issues with patient care, comfort with people of different cultures, self-examination of beliefs and values, personal development, and

enhanced international experience (Bosworth et al., 2006; Carpenter & Garcia, 2012; St. Clair & McKenry, 1999; Zorn, 1996 ). The researcher translated the guiding questions into Spanish and used them to interview the Honduran students to illuminate their experiences with Americans and discover the context and meaning of these experiences. Each interview began with general questions, which allowed the participants to describe themselves. Next were broad questions to obtain answers to the research questions: What were the American students' lived experiences in a different culture and what were the participants' experiences working with each other. Each broad question was followed by selected probing questions leading to clarification of responses and deeper explanations of the phenomenon which was their experience. The researcher took notes of her impressions during and following each interview with UNAH and Southeastern students. She also made notes of students' behaviors and interactions with each other and with the population in general during the community health project.

**Table 1.** Selected Guiding Questions for Interviews with American and Honduran students

<ol style="list-style-type: none"> <li>1. Describe your experience in this study abroad program?             <ol style="list-style-type: none"> <li>a. How would you describe your experience working with the Honduran/American student?</li> <li>b. What did you learn from working with the Honduran/American student?</li> <li>c. What do you think the Honduran/American student learned from working with you?</li> </ol> </li> <li>2. How do you compare your study abroad experience to your expectations?             <ol style="list-style-type: none"> <li>a. (e.g., The environment, the people, the accommodations, the Honduran/American students)</li> </ol> </li> <li>3. How has this study abroad program influenced your:             <ol style="list-style-type: none"> <li>a. ...health beliefs and values?</li> <li>b. ...ability to be sensitive to a different culture?</li> <li>c. ...knowledge of Honduran/American culture?</li> <li>d. ...skills for working with patients of cultures different from your own?</li> <li>e. ...desire to work with culturally diverse populations?</li> </ol> </li> </ol>
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### **Honduran interviews**

Because the researcher was returning to the States immediately following the program, the UNAH students were interviewed in Spanish by the researcher at the end of the last two days of the program. At the end of the post conference on the third and fourth days of the community project, the students were approached to confirm their interest in the study, to determine the order in which they would be interviewed, and the meeting place for the interviews. The interviews were conducted in the dining area of the hotel where the team was housed after dining hours. The researcher used an introductory statement at the beginning of each interview to reiterate her intentions to explore the participant's experiences in the program. She then asked the participants for permission to tape the interview and requested their signatures on the consent form. Participants were given the opportunity to ask questions about the procedures before the actual interview began. Interviews lasted between 30 and 60 minutes and were transcribed verbatim by a paid graduate student who was a native Spanish speaker,

fluent in written and spoken English and Spanish. The transcription yielding 94 pages, doubled spaced in Times Roman 12 font. The researcher later compared the transcription with the audio tape for accuracy.

A paid, Latin American, also fluent in written and spoken English and Spanish translated the Spanish transcripts into English yielding 101 pages double spaced in Times Roman, 12 font. This translation was necessary to allow the second author, who does not speak Spanish, to participate in the data analysis. The researcher hired a translator because of the time required to produce accurate translations. The researcher was aware that translations are not neutral and can be infused with the translators' social and cultural values (Wong & Poon, 2010). Therefore, the translation of each transcript was reviewed for language accuracy and for consistency of meaning with the original Spanish transcript and with notes and observations recorded during the interviews

### **American Interviews**

Southeastern students were interviewed within a month of their return to the States, after their grades were assigned, in order to avoid any feelings of coercion. They were asked to keep journals of their experiences during the program to guide their self-reflection and heighten awareness of those experiences. They also were advised to review their journals prior to the interviews to aid in recollection of their experiences, but the journals were not used by the researcher as a data-source for the study. Each student was contacted to schedule an appointment for an interview, which took place in the researcher's office. A general statement about the research purpose was made prior to requesting each participant's permission to be taped and prior to securing the consent forms. The English version of the guiding questions was used to interview American participants. The interviews took 30 to 60 minutes. The transcripts of these interviews yielded 84 pages, doubled spaced in Times Roman 12 Font.

### **Data Analysis**

Data obtained from US and Honduran students were analyzed separately using the modified Van Kaam method (Moustakas, 1994). The primary investigator and triangulating analyst read the complete verbatim transcripts of each research participant separately and followed seven steps of the analysis process. The first step was to list and conduct preliminary grouping. Horizontalization described by Rossman and Rallis (2003) as considering each description as relevant was used. A list of the descriptions was created through extrapolating the verbatim answers to the open ended interview questions.

The second step was to reduce and eliminate any description that was not necessary for understanding the experience or expressions that were overlapping, repetitive, or vague. What remained were the horizons that were the invariant constituents of the experience.

The third step was clustering and thematizing the invariant constituents. The descriptions were grouped together to formulate a thematic label and became the core themes of the experience. Transcendence of the experience was initiated through this step. The researchers were able to view this experience from a different level of understanding and begin to apply meaning to the experience.

The fourth step was final identification of the invariant constituents and themes by application: validation. The complete transcripts were read again to determine that the contextual data expressed explicitly or were compatible to each theme. The data were again extrapolated from the transcripts of each participant to support validation of the each theme.

Step five used the relevant, validated invariant constituents and themes to construct an individual textural description of the experience using verbatim examples from the transcribe

interview.

Step six involved development of an individual structural description of the experience. In this step of analysis, the primary researcher used observational and field notes to formulate imaginative variation. In imaginative variation “the thrust is away from facts and measurable entities and toward meanings and essences” (Moustakas, 2003, p. 98). The researcher through reflection determined the conditions or qualities that must exist for the occurrence of the experience. The aim of imaginative variation was to determine “underlying and precipitating factors that account for what is being experienced” (Moustakas, 2003, p. 98). This step answers the question of “how” did the Honduran and USA nursing students experience working together in the study abroad program.

The seventh and final step of the data analysis was to develop a composite description of the meanings and essences of the experience, combining the textural and structural description, to represent the group as a whole.

Note that the modification of the Van Kaam method of analysis of phenomenological data was slightly modified by the researcher in that step seven combined the textural and structural descriptions with development of a composite.

## **Findings**

### **Sample**

The participants of this descriptive, phenomenological study were Southeastern and UNAH students involved in the Southeastern 2008 Study Abroad Program in Honduras. The participants were recruited from Honduran and American students collaborating during the study abroad program. American participants were six females, ages 20 to 25 and included a second semester junior, two first semester seniors, and three second semester seniors. One American student had never traveled abroad previously, four traveled abroad as tourists, and one lived abroad for three months as a nanny. One spoke some conversational Spanish but the others' Spanish was very limited. The Honduran participants were nine females, ages 20 to 36, in their third, fourth and fifth year of study. Only two students had ever traveled outside of Honduras. One spoke English fairly well. Because the program took place during their semester break, the Honduran students were volunteers recruited by their program director and did not receive course credit.

## **Results**

The transcripts of UNAH and Southeastern students were analyzed separately. Four themes emerged from the analysis of the Americans' transcripts and five themes emerged from the analysis of the Hondurans' transcripts. The researchers then reviewed the themes and found that one theme, the transformative effects of the experience was unique to American students; two themes, validation/empowerment and the nursing experience were unique to the Honduran students; and, the other three themes, communication, learning and sharing, and the cultural environment, were common to both groups. The unique themes emerging from each group will be presented first, and will be followed by a description of the themes that were common to both groups of participants. Examples of participants' statements illustrating each theme will also be presented in this section.

## Major American Theme - Transformative Effects of the Experience

Among US students, the “transformative effects of the experience” was a major theme. Several examples of statements depicting the experience underlying this transformation are presented here. Jane Smith commented:

I definitely value the access we have ...to health care”...lack of organization... that really frustrates me...and I felt guilty about complaining and getting frustrated, I know those are kind of a natural response when put in a different environment, you know, an unfamiliar environment, but I felt at times I was being insensitive, like when I look back on it...

Kalli commented: “ The little things that they do to get by and make things cheaper, it’s amazing how they do it.”

Zoe stated:

... in everyday living like at Wal-Mart for instance ... you know, there was that language barrier, and I wouldn’t have much patience with it and I would get frustrated and just go about my business you know. But I think that now that I have had some time to be the person on the other side of the door, that now I probably have more patience and understanding because now I know how it is, you know.

Allison stated:

...nobody is going to believe the exact same thing I do...everyone has an opinion, you just have to respect everyone’s beliefs.” Another participant said “I have learned a lot about myself, about healthcare, about Honduras... and I think it will help me in the future to care for patients of a different culture.

## Major Honduran Themes - Validation/Empowerment and the Nursing Experience

### Validation/empowerment

One of two major themes unique to the Honduran students was validation/empowerment. The phrase “I know...” was used to describe the sense of power that came from knowledge regarding how to set up and run a successful short term nursing brigade. Mari stated:

If there is another brigade, I feel I know stuff, I know how the work is going to be done, how to get organized, if they tell me that they are going to come to where I am I feel that I know how to organize everything...

Similar sentiments were expressed by Dulce who stated:

I am more open-minded now...I remember that the first days when I went to brigades I was always in the back and never talked, but now I feel confident. I think that you think that people are from a different world because of the

language, but not anymore, I see them all the same, we have differences but we are all the same, so we are a family.

Statements by Esmeralda expressing this theme were “I know how to handle groups from different cultures, I have an idea of how it is, so I think it is going to be easier when I am in a situation like this,” and “I learned a lot of things, I strengthened a lot of knowledge I [already] had.”

### **The nursing experience**

The second theme unique to the Honduran participants was “the nursing experience. In Edie’s words, the nursing brigade was “... an experience outside of a health center, outside of a hospital, it is something like autonomous.” Alejandra explained: “The job of the nurse is not recognized and this would be an impact, that we let ourselves be known...the people would really value the nurse’s work...”

## **Themes common to Honduran and US students**

### **Communicating**

The three other themes emerging from analysis of the interview transcripts were common to both groups of students. These were “communicating,” “learning and sharing,” and, “the cultural environment.” Jorleni said “we don’t understand each other so sometimes we feel ...embarrassed because they want to speak and want to know...and so we end up on the moon (laughter).”

Jane Smith also expressed frustration with language when she said,

The language barrier I think prevented, or hindered a lot of things.... I mean it was difficult to communicate honestly... I think I would be able to give more in-depth answers, if I would have been able to communicate more.

Kalli said “...with the teaching section, it was difficult because I didn’t speak the language, so I really couldn’t do anything, so [what] I did was help make the posters and they did most of the teaching,” Kalli also noted “...they like the small talk first before you just jump into the conversation with the interview, or whatever you need to do.”

Honduran statements regarding communication included:

I have noticed ... we do not get directly to the point...we go around the edges until we get to the point. Not them. They are direct...what problem do you have? What ails you? ”... I don’t think it is ok because I think they need [to establish] trust so that the patient can tell everything. (Jorleni)

Allison expressed that: “... they handle things a little bit differently...whenever they see a bad result, they might have a bad facial expression in front of the patient, instead of just being calm.”

### **Learning and sharing**

A theme also common to Honduran and US students was “learning and sharing.” Esmeralda commented, “What I have liked the most, is getting to know how the job is done, if it is similar or not from what we do.” Zoe said,

I thoroughly enjoyed it, I really did. I got to learn their culture... I mean the patients that we saw at the brigade; we only had a short period of time with them. But [with] the students, we got to get on more of a personal level; you know their background, their life at home, their life in school... And they were very interested in our nursing school, and we were interested in theirs, and we got to a lot of comparing as far as, well do you take this class, do you take that class, you know, how long were you in, you know, psych?... we only do it for this long.

### **The cultural environment**

The final theme discussed by both groups of students was the “cultural environment.” Each group made general statements about how the “others” acted or behaved and attributed the behaviors to the others’ customs or ways of being. Zoe stated, that she “...felt they aren’t as structured as we are, umm; they aren’t as fast paced as we are which I know can sometimes be a bad thing.” She further explained that “they seem to ...step back and take things slow, and they think about everything, instead of just doing it, they, you know, they analyze it too much...in my opinion.” Zoe further stated

...a cultural issue that I forgot about...personal space. I had learned that in the past, but it didn’t click until day two, you know. They were much more, you know, they show more passion by touching, hand touching, and that was one thing that I had forgot.

Hondurans’ comments about the American ways included Tella’s statements that the American students were “...very preoccupied about doing everything correctly, like not making any mistakes...” and that she told them to “calm down” and that everything would work out.

In reaction to the lunchtime meal, Caroline, a Honduran student commented, “They should have food that is more proper for us, the Hondurans. You like to eat sandwiches at noon... and fast food, and we the Hondurans do not... Our heavy meal is at noon and at supper more light.”

Alejandra suggested that “to have a better exchange...before we meet...we [should] learn more about our cultures,” and Esmeralda commented that “there are two cultures, and umm two different teaching methods, and two different service programs, so I think it is a little complicated.” Both groups expressed the need to learn more about the other’s culture before participating in similar programs in the future.

### **Discussion**

The “Transformative Effects of the Experience.” was the theme unique to American students. In describing their experience, Americans stated that their feelings changed as a result of caring for Honduran clients and working with Honduran students. The American students were in an environment that was genuinely different, where customs and practices were not the

same as they were accustomed to; these conditions lead to transformative learning (S). They engaged in self-reflection and became more aware of the things they valued. Zoe described how being “the person on the other side of the door” ...made her know how it felt.” For the first time, she understood what it felt like to be the “Other.” Learning that sensitizes students to existing inequalities in the basic infrastructure affecting clients’ health can also be transformative (McAllister et al., 2007). Students expressed a new sense of appreciation for things in their everyday lives which they took for granted (e.g., clean water, indoor plumbing) and they marveled at the Honduran students and nurses who worked with fewer resources, and as a result were more creative. US students also reported feeling more prepared and more comfortable, as a result of their experience, to work with clients who do not speak English, and having more understanding of people of cultures different from their own. They were more willing than previously, to care for culturally diverse clients when they returned to the States.

The two themes emerging from the Honduran students’ experience collaborating with American nursing students were validation/empowerment and the nursing experience. “I know...” meant that they had validated their abilities to work as equals alongside US students or any of the many international health care teams that often come to their country. One organization, Global Brigades, reportedly sends medical brigades to partnering countries, including Honduras, every three to six months (Global Brigades, 2014). The Honduran students’ responses indicated new found confidence in not only participating in these brigades but also in forming nursing brigades to serve their community, which leads to the second theme unique to Honduran students, the “nursing experience.” One student contrasted this study abroad program with a medical brigade she was a part of and noted that the major difference was that in this community health experience, the locals and the foreigners worked together; she felt more integrated into the program. Honduran students came away with more confidence regarding their capabilities. They repeatedly spoke about the “nursing brigade” as an opportunity for nurses to reach out to the community to show what nurses are capable of and how the nursing brigade could have a positive impact on the image of nursing. They also described how setting up this nursing brigade gave them a sense of autonomy to provide services to clients outside of an institutional setting, and in collaboration with, as well as independent of physicians.

Themes Common to Honduran and US Students were communication, learning and sharing, and the cultural environment. Not surprisingly, the language barrier was a major challenge for most students and it was discussed in detail by every student. Students expressed frustration when they tried to converse, even with the assistance of interpreters. But they were also amazed at how, despite the language barrier, they learned so much about each other, and were able to divide their tasks in order to succeed. For example, in preparing educational posters on dental health, the students worked with the interpreter to develop the major points they wanted to convey. The US students provided the artwork and the Honduran students provided the text. The Honduran students did the oral presentations and the US students did the demonstrations. Nevertheless, American and Honduran participants expressed frustration with the difficulties in communicating and American students in particular expressed regret that their language skills were not what they should have been. American students expressed frustration that a translator was not immediately available at all times, they questioned the translators’ ability to translate effectively, and they regretted having to rely on them at all.

The theme “communicating” was not restricted to the language barrier. It also included the communication patterns of each group. US students also recognized that the concept of personalismo (Gillette, 2013), which is the practice of showing respect and caring (e.g., greeting all family members present), and building trust before engaging in the interview (Ayon & Aisenberg, 2010) was not just theoretical but real. Kalli’s comment that “they like the small talk first before you just jump into the conversation with the interview” exemplifies this

realization. Jorleni also commented that the American students did not observe this practice and expressed reservations about the directness of the American students' approach in interviewing clients, saying that "they need to establish trust so that the patient would tell everything. US students also thought Hondurans expressed "too much" emotion when communicating with clients and that they should learn "how to keep a straight face."

Learning and sharing, the second theme common to Honduran and US students reflected one of the most positive outcomes of the collaboration between the two groups; they expressed genuine pleasure in learning about each other. The learning and sharing evolved from basic introductions, listening to ring tones on their cell phones, to discussions about social mores regarding dating and marriage in their cultures. At the end of the program they had also discussed similarities and differences in their nursing curricula, and in nursing policies and procedures (e.g., use of gloves, policies regarding frequency of changing intravenous catheters, etc.), and how the availability of resources or lack thereof may account for some of those differences. Esmeralda from UNAH commented "What I have liked the most... is getting to know how the job is done, if it is similar or not from what we do."

The third theme common to both groups was "the cultural environment." Students observed those of the other group and identified differences in behavior that initially created some discomfort among both groups. On the one hand, Zoe echoed comments of other US students by saying that the Honduran students were "...not time oriented..." and "not organized... it was really frustrating." On the other hand, the Honduran students perceived the Americans as "very preoccupied about doing everything correctly" as Jorleni stated "I tell them, calm down, calm down...everything is all right." The use of personal space was another cultural factor recognized by Zoe as she stated "a cultural issue that I forgot about...personal space... they show more passion by touching..." The use of space is one of the components of cultural assessment in Giger and Davidhizar's (1995) transcultural assessment model, and they assert that violation of one's personal space can cause discomfort. Also referred to as proxemics, this distance between individuals during face-to-face interactions is culturally determined; in more individualistic cultures, more personal space is required in contrast to smaller personal space required in more collectivistic cultures (Baezconde-Garbanati & Cruz, 2014). Zoe recognized this difference. The difference in meal patterns was yet another cultural factor discussed by a Honduran student.

These results highlight the merits of this approach for nursing study abroad whereby American students collaborate with local students in an international experience. The results also support the assertion of other researchers that there are positive effects in these experiences and that study abroad programs are effective in actively engaging participants in the process of becoming culturally competent. (Bosworth et al., 2006)

According to Campinha-Bacote's (2003) model for developing cultural competence the essential components are cultural awareness or self-examination of one's beliefs and values, knowledge about the other's culture, cultural skill or the ability to conduct cultural assessments, cultural encounters, or direct interaction with clients of different cultures and the desire or drive and enthusiasm to become culturally competent. Based on the students' descriptions of their experiences, this program provided activities related to each component of Campinha Bacote's (2003) model for cultural competence. The study abroad experience fostered increased self-awareness and appreciation by Southeastern students for things in their everyday lives they took for granted Their respect and admiration for the Honduran nurses who work with limited resources was also noted and their transformation was reflected in statements about future interactions with clients of diverse cultures.

The encounters between Honduran and US students represent another component of Campinha Bacote's (2003) model for cultural competence. These encounters provided opportunities for both groups to experience the others' behavior, ask questions and modify

previously held assumptions about each other as needed. The US students learned about Honduran culture first hand through their interactions with clients and Honduran peers and they learned about the educational system and intimate aspects of the culture by living with their peers. Both groups were aware of the fact that their “ways of being,” that is, their culture was a factor in their everyday interactions. While learning about each other’s culture was interesting to the participants, the differences in culture also presented some awkward situations and required patience and consideration toward the “other.”

This study was unique in comparison to other studies that examined study abroad experiences (Caffrey et al., 2005; Edmonds, 2010; Mkandawire-Valhmu & Deoring, 2012; Palmer et al., 2010; Ruddock & Turner, 2007; St. Clair & McKenry, 1999; Zorn, 1996), in that it provided the foreign hosts’ unique perspective regarding their experiences working with American students. It is important for the American students to learn that their Honduran peers were concerned about the absence of personalismo, the valued practice of showing caring and respect through “small talk” before proceeding with a nursing assessment or intervention. For American students to realize that Honduran students expressed equal frustration with the language barrier and that they, as visitors, are also responsible for bridging the language gap was a valuable experience. Finally, Giving the Honduran participants a voice in a collaborative program led to the feeling of empowerment they expressed regarding conducting similar nursing brigades of their own.

### **Study Limitations**

There were some limitations of the study. The sample of the study consisted of students from two specific universities, Southeastern and UNAH, who voluntarily participated in this study abroad experience. Therefore the results of study cannot be generalized to the greater population of students from either of these universities or from universities in either country represented. The students were in contact with each other during the data collection period and may have commented to each other about their interviews, which could have influenced their responses to the researcher. Furthermore, the researcher was a faculty present during the study abroad experience and the students may have altered their description of the experience in deference to the faculty. Finally, the transcripts of the Honduran participants were translated to English to allow the second author to validate the findings through triangulation. While the researcher conducted the interviews in Spanish and was cognizant of the original language and meaning of the responses, and compared the English translations to the original Spanish language transcripts for accuracy, there is still the possibility that some meaning could have been lost, diminished, or altered as a result of translation (Wong & Poon, 2010).

### **Nursing Implications**

The results of this study have implications for nursing practice, education and research. Students experienced real life application of theoretical concepts integral to developing cultural competence, which they can apply in their nursing practice. They experienced the cultural relevance of personal space in interacting with individuals of different cultures. Students also experienced the frustration of the “other” because of their limited Spanish proficiency and this led to their expression of empathy for clients experiencing limited English language proficiency in the US, and willingness to be work with them. From the experience of learning and sharing with their Honduran counterparts, students came to appreciate the effects of limited resources on nursing practice, and policies. These findings imply that students who lived these experiences are likely to be respectful and knowledgeable about different cultures and more comfortable working with “the other.”

These results also support the continuation of study abroad programs as an integral part of nursing education in our increasingly globalized society, and they suggest that a collaborative approach with local organizations (i.e., the Honduran School of Nursing and the Tegucigalpa Diocese of the Episcopal Church) that are respected in the community gives legitimacy to the presence of the visiting team in the host communities. Collaborating with local nurses in the education and practice field will provide the lived experiences needed to prepare nurses to function in a globalized health care environment. Nursing faculty accompanying students guide the learning experience and live first-hand the successes and failures of the programs and learn how to improve them. Informing students and faculty about the hosts' perceptions of their behaviors (both positive and negative) should be an essential component of debriefing after a study abroad experience and for preparing for future international collaboration.

The findings of this study indicate that language proficiency and competent interpreters are vital to program success as. These elements are also important for nurses to work with clients of limited English proficiency (LEP) at home. In addition to receiving language lessons, students must be taught about communication patterns, and they must be taught how to work with interpreters. Frank discussions must be had with students about ethnocentric attitudes concerning the need to learn the language spoken in the country of their destination or for that matter, by LEP clients anywhere. Given the increasingly multicultural nature of the US population and the globalization of health care, the institution of a foreign language requirement should be considered in all baccalaureate nursing curricula. Until this requirement is in effect, students should be encouraged to take an appropriate foreign language elective as allowed in their curriculum.

Finally, this study reinforced the need for a didactic component to study abroad programs, which includes information about the values, health beliefs and practices of the population of the country to be visited. Partners on the ground should be encouraged to obtain similar knowledge about the study abroad participants coming to their country. This collaborative approach to studying abroad allowed for learning and sharing of culture and nursing practices, and could lead to capacity building with win-win results for the all parties involved. Additional research of study abroad programs using this collaborative approach is needed to further document its effectiveness. Future research on the lasting effects of the transformation engendered by study abroad programs will also provide information about their value.

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## Appendix

**Table 2.** Examples of Coding Scheme

Interview Text	Categories & Subcategories	Major Theme
<p>They aren't as structured as we are, umm; they aren't as fast paced as we are which I know can sometimes be a bad thing."</p> <p>I forgot about...personal space. I had learned that in the past, but it didn't click until day two, you know. They were much more, you know, they show more passion by touching, hand touching, and that was one thing that I had forgot"</p> <p>They should have food that is more proper for us, the Hondurans. You like to eat sandwiches at noon... and fast food, and we the Hondurans do not... Our heavy meal is at noon and at supper more light.</p>	<p><b>How the others are/What the others do</b></p> <p>They aren't as structured as we are,</p> <p>They show more passion by touching</p> <p>You like to eat sandwiches at noon... and fast-food, and we the Hondurans do not.</p>	<p style="text-align: center;">The Cultural Environment</p>
<p>"the language barrier I think prevented, or hindered a lot of things..."</p> <p>We don't understand each other so sometimes we feel ...embarrassed"</p> <p>I have noticed ... we do not get directly to the point...we go around the edges ... Not them. They are direct...what problem do you have? What ails you? So um... I don't think it is ok ... I think they need [<i>to establish</i>] trust so that the patient can tell [them] everything.</p> <p>"... they like the small talk first before you just jump into the conversation with the interview"</p>	<p><b>Language barrier/Patterns</b></p> <p>The language barrier</p> <p>We don't understand each other</p> <p>We do not get directly to the point...we go around the edges ... Not them. They are direct</p> <p>They like the small talk first</p>	<p style="text-align: center;">Communication</p>

<p>“I felt guilty about complaining and getting frustrated...in a different environment, you know, an unfamiliar environment, but I felt at times I was being insensitive, like when I look back on it...”</p> <p>“I have heard a lot about myself, about healthcare, about Honduras...and I think it will help me in the future to care for patients of a different culture.”</p> <p>“There was that language barrier, and I wouldn’t have much patience with it and I would get frustrated and just go about my business you know. But I think that I have had some time to be the person on the other side of the door...I probably have more patience and understanding because now I know how it is you know.”</p>	<p><b>Effects of the experience</b></p> <p>Awareness</p> <p>Awareness/how I’ve changed</p> <p>How I’ve changed</p>	<p>Transformation</p>
<p>“If there is another brigade I feel I know stuff, I know how the work is going to be done, how to get organized.”</p> <p>“I am more open minded now,...I remember that the first days when I went to brigades I was always in the back and never talked, but now I feel confident. I think that you think that people are from a different world because of the language, but not anymore, I see them all the same, we have differences but we are all the same, so we are a family.”</p> <p>“I know how to handle groups from different cultures, I have an idea of how it is, so I think it is going to be easier when I am in a situation like this,” and “I learned a lot of things, I strengthened a lot of knowledge I [already] had.”</p>	<p><b>Effects of the experience</b></p> <p>I know how</p> <p>But now I feel confident</p> <p>I strengthened a lot of knowledge I [already] had</p>	<p>Validation/Empowerment</p>

### Author Note

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