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## American Nursing Students' Immersion Experience in Ghana: A Qualitative Study

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AMERICAN NURSING STUDENTS' IMMERSION  
EXPERIENCE IN GHANA: A QUALITATIVE STUDY

By

Srijana Bhandari

A Thesis Submitted in Partial Fulfillment of  
the Requirements for the Degree of  
Master of Science  
In  
Nursing

Minnesota State University, Mankato  
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May 2018

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AMERICAN NURSING STUDENTS' IMMERSION EXPERIENCE IN GHANA: A  
QUALITATIVE STUDY

Srijana Bhandari

This thesis has been examined and approved by the following members of the student's  
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# AMERICAN NURSING STUDENT'S IMMERSION EXPERIENCE IN GHANA: A QUALITATIVE STUDY

Srijana Bhandari

Master of Science in Nursing

Minnesota State University, Mankato May 2018

Health care providers are more than ever challenged to care for patients due to multicultural nature of American society. Studies report that health care disparities widely exist in our health care system and patients of different racial and cultural backgrounds do not receive adequate health care. Nurses are in the position to prevent and eliminate such disparities by providing individualized care to these patients. Nurses must be well equipped with knowledge and training to deliver care that is relevant and within the cultural context of patients they encounter. Studies have identified study abroad program as one of the approaches to prepare nurses to care for the diverse patients. The purpose of this descriptive qualitative study is to understand students' learning experience of immersion into different culture, to identify barriers and critical learning moments. Nine students participated for the study. Using Max Van Manen's qualitative approach, data was analyzed, and nine themes emerged. The study provided insight into students' clinical experience in Ghana. The findings support the notion that immersion experience for undergraduate nursing students is beneficial. More studies targeting the barriers as well as strategies to improve study abroad program is encouraged.

## TABLE OF CONTENTS

Chapter	Page
1. INTRODUCTION TO THE PROBLEM .....	1
Problem Statement .....	2
Statement of the Purpose .....	3
Definition of Terms .....	4
Theoretical Framework .....	4
Summary .....	6
2. REVIEW OF THE LITERATURE .....	7
Background on Study Abroad Programs .....	7
Values of Immersion Experience .....	10
Outcomes of Immersion Experience .....	14
Challenges of Study Abroad Program .....	17
Summary .....	20
3. RESEARCH METHODS AND DESIGN .....	22
Research Methods .....	22
Study Design .....	25

Primary Study .....	25
Sample .....	25
Setting .....	26
Ethical Consideration .....	26
Data Collection .....	26
Data Analysis .....	27
Limitations .....	27
Summary .....	27
4. STUDY FINDINGS .....	29
Experiencing culture shock .....	29
Understanding nursing culture .....	31
Identifying health care needs .....	33
Insight into own culture .....	34
Language barrier .....	36
Loss of control .....	37
Personal growth .....	39
Professional growth .....	39
New found friendship .....	41
Summary .....	42
5. DISCUSSION .....	43
Implications for Nursing Practice .....	47

	vii
Implications for Advanced Nursing Practice .....	49
Recommendations for Future Research .....	50
REFERENCES .....	51
APPENDIX	
Consent Form .....	57

## CHAPTER 1

### INTRODUCTION TO THE PROBLEM

Nurses are more than ever challenged to meet the unique needs of patients because of the increasing diversity of our society. In today's healthcare it is vital that nurses are educated and trained to provide individualized, culturally sensitive care to our patient population that comes from culturally diverse backgrounds. Lack of appropriate education and training will pose a huge challenge to new nurses who enter the health care arena that is constantly changing and filled with customers from all over the world.

University and colleges are challenged to deliver nursing education and training that is relevant in today's global community. Many nursing programs are implementing study abroad programs that provide an opportunity for international immersion experience for nursing students. Related studies suggest that cultural immersion experience enhances the ability of students or nurses to effectively treat patients of diverse cultural backgrounds (Wood & Atkins, 2006; Callister & Cox, 2006; Lee, 2004; Button, Green, Tengnah, Johansson & Baker, 2005)

Abundance of studies discusses the positive impact of international clinical experience on nursing students. Such benefits include increased global awareness, cultural awareness, cultural sensitivity, increased ability and confidence to work with diverse patient population, and a great opportunity for personal and professional growth and development for students (Callister & Cox, 2006, Button et al., 2004; Evanson &

Zust, 2006; Haloburdo & Thompson, 1998; Koskinen & Tossavainen, 2003). Additional benefits include “an opportunity to live in the country, to observe day to day functioning of the delivery of health care system especially in the community setting, to become aware of the cultural factors that impact delivery of the health care system, to recognize cultural factors that influence people beliefs about health and illness and the influence of history and culture in the development and function of country’s health care system” (Egenes, 2012, p. 760). Although study-abroad programs have been attributed to the overall benefit of the students in various ways, a clear understanding of the phenomenon of nursing students’ clinical-abroad experience is not well understood (Edmonds, 2012). There is a lack of qualitative research in this area of nursing (Callister & Cox, 2006)

### **Problem Statement**

Studies focusing on immersion experience are growing in recent years; however, there is still a dearth of qualitative research on the learning experience of American nursing students participating in the clinical-abroad programs (Callister & Cox, 2006). Most of the research is either quantitative in nature or the studies are not from student’s own perspective. Many studies that were done were not specific to nursing and those studies that were nursing focused were conducted among non-American students. “Understanding the lived experience of nursing students who study abroad will provide valuable information about the personal and professional benefits of such programs and help educators make decisions based on evidence” (Edmonds, 2012, p. 34). The findings

of such research will productively shape clinical abroad programs of the universities. This study could help address the gap and add to the limited body of knowledge in this area of nursing. Exploring and uncovering the learning experience from student's own perspective will allow deeper understanding of their experience that will enhance nursing education, study-abroad programs, and nursing practice.

### **Statement of the Purpose**

To better prepare nursing students for clinical placement abroad, it is vital to recognize what their needs might be. To better understand what the needs are, one must better understand what firsthand experience living in a community of foreign country is like, and to observe day to day life of people, and daily functioning of the health care providers, nurses and the health care systems in other cultures.

Drawing from American nursing students' experience of immersion in Ghana, the purpose of this study was to understand and describe the overall learning experience of students as they were immersed into a different culture, to uncover their challenges and critical learning moments experienced during their clinical in Ghana, Africa.

Understanding of these meanings were uncovered through identification and analysis of themes. This study attempted to answer the following questions:

1. What was the learning experience for undergraduate nursing students from a rural Midwestern University performing a community clinical in Ghana?

2. What were the challenges encountered by students during clinical in Ghana, Africa that either promoted or hindered learning?
3. What were the critical learning moments experienced by students?

### **Definitions of Terms**

Learning: “Knowledge or skill acquired by instruction or study” (Merriam-Webster Online Dictionary, 2018)

Experience: “Something personally encountered, undergone, or lived through” (Merriam-Webster Online Dictionary, 2018).

Undergraduate Nursing Students: Students who have not yet earned a bachelor’s degree in nursing and who do not have an RN degree.

Challenges: “A difficult task or problem: something that is hard to do” (Merriam-Webster Online Dictionary, 2017)

### **Theoretical Framework**

David A Kolb’s Experiential learning theory (1984) is used as a framework to guide the study. Drawing from other scholars, Kolb presents four cyclic stages of learning.

1. Concrete experience.
2. Reflective observation.
3. Abstract conceptualization, and
4. Active experimentation.

In the first stage, concrete experience, learners actively engage in direct learning and participates in an activity. In stage two, reflective observation, learners reflect on that experience. During stage three, also known as abstract conceptualization stage, learners try to form concepts based on their experience and observation. In stage four, active experimentation stage, learners to try to test theories or models, and plan for new experiences.

According to Experiential learning theory, learning can begin at any stage of this experiential learning cycle, but four steps need to follow each other in sequence. Stage one and two are also called *grasping stage*. Stage three and four are referred as *transforming stage*. During stages one and two learners are directly engaged in grasping information by actively engaging on immediate hands-on experience. These learners then engage in observation and reflection in their experience. During stage three and four learners engage in transforming their experience into something useful and meaningful.

Learning occurs because of direct participation in the activity or events and reflection upon the experience that occurs. According to Kolb, “learning is the process where knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience” (Kolb, 1984, p. 41). According to Peter Jarvis (1995), “Experiential learning is about learning from primary experience, that is learning through sense experience” (p.75). These types of experience lead to more meaningful learning. It promotes learning and development among students.

Study-abroad programs are rewarding and challenging, dependent upon individual experience. Study programs are rich with many possibilities with meaningful and life

changing possibilities. Working in an unfamiliar environment and culture, health care system students are constantly confronted with different challenges. This model serves as a holistic approach for learners to engage in meaningful learning experience and transform such experience into knowledge and something that would enhance their learning and development.

### **Summary**

This chapter introduced the background and significance of nursing students' participation in the study abroad program. Qualitative research on American students' global healthcare immersion experience from students' own perspective is lacking thus, requiring more studies in this important area. This chapter further included statement of the problem, the purpose of the study, definition of terms, and theoretical framework. Next chapter will present the review of the literature.

## **CHAPTER 2**

### **REVIEW OF THE LITERATURE**

Cultural diversity in health care presents significant challenges to nurses as many nurses are unprepared to care for culturally diverse patient population. Literatures highlight the importance of providing global educational opportunities for nursing students to prepare them to care for culturally diverse society. Studies also suggest the positive influence of these experience on nurses. This chapter will discuss the background on study-abroad programs, the significance of introducing study abroad programs in nursing, and its influence on nursing students and future nurses. This chapter will further discuss the values of immersion experience, the outcome of immersion experience and the barriers and challenges of study abroad programs.

#### **Background on Study Abroad Programs**

The United States (U.S) has a significant multicultural population today due to the influx of people from around the world. “In 2000, the U.S. Bureau of the Census reported that over 30% of the total population, or one out of every three persons in the United States, is comprised of various ethnicities other than non-Hispanic Whites (Maier-Lorentz, 2008, p 37). Additionally, “the U.S. Department of Commerce (2000) projects a steadily growing population of persons from ethnicities other than non-Hispanic Whites, comprising 50% of the whole population by 2050” (Maier-Lorentz, 2008, p. 37).

“Racial stereotyping, stigma and health disparities are prevalent in health care across America” (Walton, 2011, p. 21). Institute of Medicine reported that health care disparities exist among people of racial and ethnical minorities despite their insurance and ability to pay for their care at the same level as non-minorities (IOM, 2002).

Minorities less likely to have access to health care and receive poor quality of care from their health care providers (IOM, 2002). Providers in current health care system are not adequately educated and prepared to work with people of diverse cultural backgrounds (Alexander, 2008)

IOM’s report described various aspects of patient-provider’s relationship contribute to health care disparities (IOM, 2002). Linguistic barriers between patients and providers, and provider’s biases, and stereotypes and beliefs about the minorities lead to unequal treatment (IOM, 2002). IOM report found that “health care providers’ preconceived perceptions and attitudes toward patients are influenced by patient race or ethnicity, often in subtle ways” (IOM, 2002, p. 5). This influences their interactions with patients, their interpretations of symptoms, treatment decisions, and quality of care (IOM, 2002). Among several strategies to eliminate health care disparities, IOM suggests educating health care providers as one of the important approaches to eliminate health care disparities (IOM, 2002; Alexander, 2008)

In 1975, the American Association of State Colleges and Universities' (AASCU) policy statement illustrated Americans' lack of knowledge of global affairs (AASCU,

1975). According to policy statements, colleges and universities were deemed responsible for preparing nursing students to work with people with diverse culture. In 1985, the AASCU further stated that "international education is a fundamental part of general and professional studies" (AASCU, 1985, p. 2).

According to studies, nurses are usually the front-line providers of the health care thus, must be adequately trained to meet the needs of the population they will serve. "Inability to do so may result in dire consequences and continue to perpetuate poor health outcomes among minority group" (Sumpter & Carthon, 2011, p. 43). There is increased emphasis on globalization and the need to provide cultural competent care by healthcare providers. One of the ways to enhance cultural competency is by providing students with an opportunity to participate in an international program including an opportunity to perform community service or nursing clinical in a foreign country. Several studies agree that experience gained from cultural immersion enhance students' ability to effectively treat individuals from variety of cultural backgrounds (Button et al., 2005; Wood & Atkins, 2006; Lee, 2004; Callister & Cox, 2006). "Developing cultural competence and global awareness is an ongoing process requiring immersion and reflection" (Wilcox & Taylor-Thompson, 2012, p. 9).

Many undergraduate programs have been providing opportunities for international immersion experience for nursing students as part of the nursing curricula. "While classes on cultural diversity and cultural competence are often incorporated into academic

curricula, an international travel immersion experience can promote deep and meaningful learning as students apply what they have learned in the classroom, engage in complex problem-solving activities, and observe real world problems” (Jones, Neubrandner & Huff, 2012, p. 2). These international experiences provide students with an opportunity to enhance cultural awareness, sensitivity, and understanding of different health care delivery system other than their own. Such experience allows students to develop their perspective regarding health care outside their own county. It allows them to understand how culture has an impact on health care beliefs and health care practices (Evanson & Zust, 2006; Morgan, 2012; Wilcox & Taylor-Thompson, 2012). “By placing students in environments that are genuinely different, where alternative perspectives predominate, students are forced to question status quo and revise their ways of viewing reality aided by reflection and their personal experiences” (Sealey & Hathorn, 2014, p. 1).

### **Values of Immersion Experience**

Literatures have illustrated that engaging in an international learning experience has a positive impact on students. Immersion experience provides an opportunity to live in a foreign country, observe day to day life of people and the functioning of the health care delivery system. It allows students to understand other cultures and how a culture influence people’s views about health and illness. In addition, it allows them to understand how culture can have an impact on health care delivery. Studies have found that immersion experience promote personal and professional growth, increased cultural

awareness, and knowledge about global health (Morgan, 2012; Wilcox & Taylor-Thompson, 2012; Evanson & Zust, 2006; Callister & Cox, 2006; and Zorn, 1996).

According to Levine (2009), engaging in an international transcultural mission allows students to expand their world view, understand global health and health care practices of their own country and that of the host country. Grant and McKenna (2003) and Callister and Cox, (2006), and Button, et. al. (2005) supported these findings.

According to studies, engaging in clinical abroad helps students step outside the comfort zone, think outside the box, learn new ideas and possibilities, and to grow and develop personally and professionally (Tabi & Mukherjee, 2003; Christoffersen, 2008; Glass, 2006; Zorn, 1996). They experience personal maturity, their ideas are challenged, they experience change in attitude and they begin to think beyond what they already understand (Tabi & Mukherjee, 2003). Lee (2004) states, “International experiences offer a vital opportunity to explore other ways of thinking and living” (p. 121).

Zorn, Ponick and Peck (1995) studied the impact of international study programs on cognitive development of senior Bachelor of Science in Nursing (BSN) students who participated in a twelve-week study program in England. Their study used a quasi-experimental cohort design and applied Perry’s theory of adult cognitive development as a framework. Cognitive development was measured using “Measure of Epistemological Reflection (MER) that assessed six domains such as decision making, role of learner, role

of teacher, role of peers, evaluation, and view of knowledge, truth or reality” (Zorn et al., 1995, p. 68-69). The study reported that eight nursing students who participated in the international study program had significantly higher cognitive growth than student who did not participate in the international study abroad program. (Zorn et al., 1995). A similar result was achieved in a study conducted by Frisch (1990). American nursing students who participated in a six-week international experience in Mexico experienced improved cognitive development according to the study (Frisch, 1990).

Whether short term immersion experience have a long-term impact on nurses has not been fully understood (Zorn, 1996). Only few studies have compared the effect of long-term and short-term placement on students (Button et al., 2005). Studies have demonstrated that short term experiences equally have positive impacts on students in terms of increased communication skills, enhanced cultural competency, changes in values, and increase in personal and professional growth among students (Wood & Atkins, 2006; Evanson & Zust, 2006). Studies have shown that short-term immersion experience can have a long-lasting effect on students’ personal and professional lives while enhancing cultural competence (Evanson & Zust, 2006; Button et al., 2005).

Although short-term placements are valuable, some studies claim that longer placement may have longer impact on students (Button et al., 2005; Zorn, 1996; Evanson & Zust, 2006). Evanson and Zust (2006) conducted a study to explore the long-term impact of immersion experience on nurses who were participants of international clinical

experience in Guatemala two years prior. Six out of nine nurses who were former participants in Guatemala clinical participated in the research. Participants experienced significant long-term impact in their lives. Participants who formed long lasting relationship with Guatemalan experienced enhanced cultural awareness and sensitivity through close connection with Guatemalan, which they were able to incorporate in their professional practice as a nurse. Awareness of the global issues, scarcity, poverty, lack of resources and challenges faced by people in one part of the world versus abundant resources, wastefulness in other parts of world left participants with an “unsettled feeling” (Evanson & Zust, 2006, p.414). This experience provoked them to advocate for change and make a difference in the lives of people (Evanson & Zust, 2006).

Zorn (1996) in his study evaluated the long-term effect of study-abroad programs on students. Twenty-seven nurses who once participated in the immersion experience completed the survey to evaluate the long-term impact of international experience. He found that students who participated in programs for 12 to 16 weeks reported greater long-term impact than those participants who participated for only 3 to 4 weeks.

In research by Wright (2010), involving nursing students who were engaged in clinical abroad, the nurses experienced change in their world view. They reported experiencing more awareness and sensitivity towards other cultures and discovered increased skills and knowledge in addressing cultural differences in nursing practice

(Wright, 2010). Similar experiences were reported in other studies (Egenes, 2012; Levine, 2009; Callister, 2006, Evanson & Zust, 2006).

According to Wilcox and Taylor-Thompson (2012) exposing students to the diverse cultures and health care disparities allows them to understand “why migration to the United States is so prevalent? and realize what immigrants leave behind and how significant the adjustment to U.S. culture is, that would assist students in developing empathy for others” (Wilcox & Taylor-Thompson, 2012, 9). Such global awareness and knowledge about immigrants and people of other cultures allow nurses to deliver culturally sensitive care to their patients.

### **Outcomes of Immersion Experience**

Literatures have revealed that the outcomes of the immersion experience include personal and professional development and increased cultural competency among students (Levine, 2009; Jones et al., 2012; Wros & Archer, 2010). Immersion experience allow nurses to incorporate their cultural awareness and competency to clinical practice (Evanson & Zust, 2006; Morgan, 2012) thus, allowing them to effectively treat patients of various cultural backgrounds (Button et al., 2005; Wood & Atkins, 2006; Callister & Cox, 2006; Lee, 2004). Studies have demonstrated improved communication skills, gain in knowledge about different cultures and changes in values (Carpenter & Garcia, 2012; Evanson & Zust, 2006; Wood & Atkins, 2006).

Haloburdo and Thompson (1998), in their qualitative study explored the learning outcome of senior nursing students who participated in study-abroad programs to the Dominican Republic, Nicaragua and Netherlands. The study looked at the meaning of international experience among nursing students. Fourteen students who had participated in an international learning experience were interviewed using ground theory methodology. Out of 14, 5 students went to Dominican Republic, 4 students went to Netherlands and 5 went to Nicaragua for two weeks. One of the categories that emerged from the study was personal and professional growth. Students reported that the experience broadened their vision, enabled them to think outside the box, increased confidence and enhanced cultural sensitivity and awareness. Poverty, lack of adequate resources left students feeling helpless (Haloburdo & Thompson, 1998).

Students who went to developed and developing country reported increase in cultural sensitivity and decreased ethnocentrism. Students who travelled to developing countries experienced more challenges in compared to students who went to developed country. Despite struggles and frustration, students found their overall experience to be rewarding and eye opening (Haloburdo & Thompson, 1998). Experience of being a minority was an eye opener and allowed students to empathize with patients (Haloburdo & Thompson, 1998). Feeling as a foreigner was also evident in study by Morgan (2012). Feeling of “other” while living in a different community than their own was reported by students in a study by Walsh and DeJoseph (2003, p. 269). Awareness of the experience of being other or minority in a foreign country helped students develop an understanding of the

struggles immigrants endure and their role as a nurse to help these patients (Walsh & DeJoseph, 2003). In addition to enhanced students' cultural competency and sensitivity towards patients of different cultural, more appreciation and respect for other cultures was reported. (Morgan, 2012; Haloburdo & Thompson, 1998; Walsh & DeJoseph, 2003).

Jones, Neubrandner and Huff (2012) explored the effect of immersion experience on students' cultural attitude using Cross-Cultural Sensitivity (ICCS). Data were collected among fourteen student participants who went to Ecuador for ten days. Data were compared with comparison group that did not participate in the immersion experience. Data were collected before and three weeks after the experience. ICCS did not show significant changes in the students' cultural attitude. However, the analysis of their reflective journals showed changes in personal and professional growth. Students reported that the experience gave them more clarity about their goals and validation of their career choices. When confronted with poverty, lack of adequate resources and health care disparities compared to that of America students were "forced to examine their own value system" (Jones et al., 2012, p. 8). Students reported new found appreciation of the materials they had that they took for granted (Jones et al., 2012; Haloburdo & Thompson, 1998).

In a research study by Garcia and Carpenter (2012), students' immersion experience with Mexican patients demonstrated increased cultural awareness, sensitivity,

knowledge and nursing skills necessary to care for patients. Immersion experience enhanced their respect for other cultures, influenced them and their role as a nurse.

In Evanson and Zust (2006) study, having spent times with people of Guatemala, participants reported increased understanding of the culture, values and beliefs of Guatemalan people, which otherwise would not have been possible just by reading books and hearing lecture in a classroom (Evanson & Zust, 2006). Participants reported incorporating their experience and understanding of the Guatemalan's culture in their professional practice (Evanson & Zust, 2006). Desire to continue do international service work was reported.

### **Challenges of Study Abroad Program**

Clinical placement can be frightening, challenging as well as exciting for nursing students. Unfamiliarity of the environment of the hospital, policies, procedures and patients can be intimidating and can provoke anxiety among students, and when the clinical is abroad it adds additional challenges for students (Grant & McKenna, 2003). Although several studies have identified clinical-abroad programs as a great opportunity with many learning experiences and positive outcomes, some studies have found contrary finding (Koskinen & Tossavainen, 2003; Foronda & Belknap, 2012). In addition, not very many studies have considered students' experience and challenges they face in their host country (Grant & McKenna, 2003; Morgan, 2012)

“To ensure that the international exchanges are personally beneficial and educationally viable, it is imperative that resources are made available for planning and preparation” (Green, Johansson, Roser, Tengnah & Segrott, 2008, p. 991; Grant & McKenna, 2003). According to Grant and McKenna (2003), with adequate preparation, clinical placement can enrich students with outstanding experiences and challenges.

To examine clinical experience of students, Grant and McKenna conducted a study involving senior Australian students who engaged in a four-week clinical placement in Northern Ireland and England. The data was collected through interviews and journal entries. Three themes uncovered from the study included, (1) “It’s a progression thing” (recognizing different culture and adapting to the new environment), (2) “Ways we are not used to” (recognizing the differences in nursing culture and healthcare than their own) and (3) “Showing initiative” (discovering what one wants to achieve from this experience, reflecting, recognizing their ability) (Grant & McKenna, 2003, p. 532-533). Some of the challenges that were reported in student’s journals included “fear of unknown, lack of familiarity of policies, procedures, and patients, challenging clinical situation, fear of making mistake, interaction with staffs and being uneasy with clinical expectations” (Grant & McKenna, 2003, p. 532). Grant and McKenna highlighted the importance of carefully planning and preparing students for clinical abroad programs. Also, knowledge about the host country, their nursing practice, and health care system before travelling is deemed important for smooth transition (Grant & McKenna, 2003).

Morgan (2012) investigated UK student nurses' experience of risk during international clinical placement using semi-structured interviews. Ten students who had just returned from clinical experience abroad were interviewed using phenomenological methodology and semi-structured interviews. Students who had recently returned after finishing clinical in a foreign country reported experiencing three types of risks during their immersion experience. Those risks included physical risk (environment, safety, strangers), professional risk (risk of legal consequences) and socio-cultural risk (risk of isolation, negative comments, being foreigner). Exposure to these risks yielded positive outcomes and growth among students. Having survived the perceived risk and challenges by their own action, students reported enhanced self-confidence, independence, ability to tackle difficult situations and learn about themselves. Morgan (2012) reported that these findings can be used to prepare nurses for international clinical placement. These findings may be helpful for students to enhance their safety and learning experience during clinical abroad; however, additional studies are needed.

Foronda and Belknap (2012) designed a qualitative study involving American associate degree nursing (ADN) students to understand if immersion experience in a low income country enhanced transformative learning. The study revealed that participants did not demonstrate transformative learning and the barriers for transformative learning were "vacation mindset, egocentrism/emotional disconnect, and perceived powerlessness/feeling overwhelmed" (Foronda & Belknap, 2012, p.10). Study findings revealed

participants' egocentrism used as a defense mechanism to protect themselves against anxiety or other difficult situations. A study by Koskinen and Tossavainen (2003) involving British nursing students who studied in Finland for three to four months revealed culture shock, anxiety, anger and frustration among students. Lack of social support from instructors left students feeling isolated and dissatisfied. Some students had difficulty overcoming the culture shock and had trouble transitioning into a new culture (Koskinen & Tossavainen, 2003).

Foronda and Belknap (2012) suggested educators to carefully prepare students for study abroad programs and provide support throughout their journey (Koskinen and Tossavainen, 2003). According to Foronda and Belknap (2012), supporting students through "debriefing sessions, reflection and problem-solving groups fosters coping skills and a capacity for empathy rather than emotional disconnect" (p. 13). According to studies, social support from academic staffs and educators "facilitate students' social and academic transition, professional growth, personal growth and progression through the exchange program" (Button et al., 2005, p. 323).

### **Summary**

Literatures emphasized the importance of preparing nurses to be globally aware citizens ready to care for our culturally diverse society. One of the ways to do that is providing them an opportunity to engage in clinical experience in a different country. According to studies, such an opportunity allows nursing students immersion in another culture and to learn about global health and healthcare practices of other countries. The

outcomes of the immersion experience discovered from literature review was overall positive. However, it was noted that the experience gained by one group of students were different from other group of students from different University and geographic locations which suggest that there is no standard curriculum for study abroad programs.

Literatures, furthermore, suggested that learning in a foreign country comes through various great experiences as well as challenges for our students. Research surrounding the barriers or challenges faced by students during their clinical-abroad has not been adequately explored. This is another area that needs more research. Research surrounding negative outcome of the study has been less common according to Foronda and Belknap (2012). Studies suggest that with sound preparations and with the support of educators' students can have fulfilling experience. The next chapter will outline various methods and design utilized to conduct this study.

## **CHAPTER 3**

### **RESEARCH METHODS AND DESIGN**

This chapter addresses Max Van Manen's phenomenology, a methodology used in this study to explore and understand immersion experience of American nursing students. This chapter further outlines the design, the sample, the setting of the study, ethical consideration, data collection, and data analysis. Study limitations are also discussed.

#### **Research Methods**

Max van Manen's phenomenology was chosen as a framework for this study with an aim to uncover student nurses' learning experiences as they lived and immersed in a different culture. Phenomenology is defined by Max van Manen as "the study of the lived experience as we immediately experience it pre-reflectively without taxonomizing, classifying or abstracting it. It aims at gaining a deeper understanding of the nature or meaning of our everyday experiences" (Van Manen, 1990, p. 9).

Van Manen has outlined eight statements that defines what phenomenological research is:

1. The study of lived experience;
2. The explication of phenomena as they present to the consciousness;
3. The study of essences;

4. The description of the experiential meanings as we live them;
5. The human scientific study of phenomena;
6. The attentive practice of thoughtfulness;
7. A search for what it is to be human; and
8. A poetizing activity (Van Manen, 1990, p.9-13).

Van Manen outlines six methodological structures to conduct a phenomenological research study. These include:

Step 1: Turning to a phenomenon which seriously interests us and commits us to the world.

Step 2: Investigating experience as we live it rather than as we conceptualize it.

Step 3: Reflecting on the essential themes which characterize the phenomenon.

Step 4: Describing the phenomenon through the art of writing and rewriting.

Step 5: Maintaining a strong and oriented pedagogical relation to the phenomenon.

Step 6: Balancing the research context by considering parts and whole.

(Van Manen, 1990, p. 31)

Van Manen's specific guidelines to research rooted in hermeneutic phenomenology have been used within several disciplines. Van Manen made a distinction between phenomenology and hermeneutic human science research. According to him,

phenomenology is ‘pure description of lived experience’, while hermeneutics is ‘an interpretation of experience via some text or some symbolic form’ (Van Manen, 1990, p. 25). These two terms are often used interchangeably in Van Manen’s research and he suggests that in phenomenology researchers’ work is more likely to encompass both terms when describing the findings of the research. A term *description* has been used to include both elements by Van Manen (Van Manen, 1990, p. 26).

“Phenomenological research is the study of essence” (Merleau-Ponty, 1962, p. vii; Van Manen, 1990, p. 10). “The essence may only be intuited or grasped through a study of the particulars or instances as they are encountered in the lived experience” (Van Manen, 1990, p. 10). Van Manen stresses that essence is a powerful element of a phenomenon because it allows us to better understand and grasp the nature of the experience or phenomena in a very unique way.

According to Munhall (1994), Phenomenological research is important for implementing nursing care that is empathetic, individualized and holistic. Knowledge acquired through phenomenological research allow nurses “to find meaning in the everyday world of practice and human interaction” and “offers ways of thinking about practice that can bring forward new and complex understanding” (Earle, 2010, p. 89). Van Manen drew his work from other philosophers such as Husserl, Heidegger, Gadamer and Merleau-Ponty, while developing key differences between other philosophers and his own work. One of the significant differences of Van Manen’s approach is “action sensitive rather than philosophical”, and he “offers more specific methodological guidelines for researchers” and focuses on “pedagogy” (Earle, 2010, p, 89). Thus, his

research method has been widely used in several disciplines such as nursing, education, law and psychology (Earle, 2010).

### **Study Design**

Descriptive qualitative approach was used for this study to uncover students' learning experience of immersion in Ghana, Africa. This design is considered appropriate for this study since there is a lack of research on US nursing students' immersion experience while it is happening and from their own perspective. Each student was asked to keep a daily journal of their experiences during their community health clinical experience. They were instructed to write about what they experienced and learned.

### **Primary Study**

This study is a secondary analysis. Primary study was performed by two faculty members who accompanied students to Ghana. This study was performed by these two faculty members as a means to understand their teaching strategies and to understand if taking students to Ghana was an effective educational experience.

### **Sample**

Participants in this study were undergraduate senior nursing students from Minnesota State University, Mankato (MNSU). Mankato has an overall population of nearly 55,000. It serves 15,000 students, which includes over 1,300 international students from over 95 countries (mnsu.edu). Many students in MNSU come from rural Minnesota. Many students are exposed to and enjoy cultural diversity offered by this campus. A total

of twelve senior nursing student participants had the opportunity to go to Ghana and visit the partner school in Ghana for their educational experience. Out of twelve students, nine participated in this study. All participants were enrolled in the Bachelor of Science in Nursing (BSN) program at MNSU. All were senior nursing students. These participants predominantly were from rural Minnesota.

### **Setting**

Students travelled to Ghana. At first, they were in a larger city where they were housed in more of a western style comfortable housing with access to amenities. Later, they were in a rural community where they lived in the same housing where other African students stayed.

### **Ethical Consideration**

Even though the intention was to collect data for program evaluation, Institutional Review Board (IRB) approval was received, and written consents were obtained from all participants as required for analysis and professional publication of the study. All personal identifiers were removed. Copies of journals were coded with numbers to hide identity of participants. All copies of journals will be locked for five years following the publication of this paper.

### **Data Collection**

Journal entries were the sources of data collection for this study. Students were required to write in their journals on a daily basis during the community health clinical

experience. Daily journaling allowed students to remember activities and events of daily life. Journal allows students to learn from their experience (Richardson, 1995).

### **Data Analysis**

Max Van Manen's qualitative approach was used for data analysis. While analyzing the data three areas that focuses on the research questions were carefully examined, the learning experience of the participants, the barriers they encountered and the critical learning moments experienced by students. Using Max Van Manen's qualitative approach the journals were thoroughly read, analyzed, and themes that captured these areas were extracted and discussed (Van Manen, 1990)

### **Limitations**

1. Data was collected only through journal entries, which does not allow for confirmation and validity of the interpretation. In depth interview with the participants could have revealed data that may have been missed from handwritten journal entries.
2. Validity of data was dependent on participants' truthfulness.
3. Reflective entries were done right after the experience, thus omitting long-term participant insights.
4. The participants were from a university in Midwest and majority were female participants thus generalization cannot be confirmed.

### **Summary**

This study sought to understand immersion experience of nursing students in Ghana. The original data was collected by primary researchers. This study is the secondary analysis of the data. Max Van Manen's phenomenology approach was used to analyze the data. The design utilized for the study, the sample and the information about the setting, data collection method was provided. A small section on ethical consideration was also included. A list of study limitation was included. The next chapter will discuss nine themes that were extracted from the journals.

## CHAPTER 4

### STUDY FINDINGS

This study looked at the learning experience of undergraduate nursing students who went to Ghana for their community health clinical. A qualitative research approach based on Max Van Manen was used to understand the phenomena of educational experience discussed by participants. This chapter will uncover several themes captured from journals entries kept by participants during their learning experience of immersion in Ghana. Nine themes emerged:

- I. Experiencing culture shock,
- II. Understanding nursing culture,
- III. Identifying healthcare needs,
- IV. Insight into own culture,
- V. Language barrier,
- VI. Loss of control,
- VII. Personal growth,
- VIII. Professional growth, and
- IX. New found friendship.

#### **I. Experiencing Culture Shock**

Participants reported experiencing culture shock, a first theme noted by participants of their first impression of Ghana soon after their arrival. Another initial challenge all participants reported was dealing with extreme heat and humid temperature.

They also expressed feeling shocked by the road conditions and lack of road rules and safety. They constantly expressed feeling stressed and felt their safety was compromised while riding in the vehicle. A participant stated, *“I quickly learned that I can never look out of the front windshield or I will have an anxiety attack instantly from the insane driving here, I couldn’t believe the way we dodged other vehicles, how close we came to them, and how at any point you can decide to use the other side of the road if you need to get around someone that is in your way”* [Journal 6, p. 8]

Participants were shocked to see poor neighborhoods that had many deficits such as lack of basic clean water, poor sanitation and garbage disposal. Most participants expressed shock to see the houses in the neighborhood. One participant shared, *“The houses were so small and close together and made out of whatever they could find. I couldn’t help but think ‘how can people live like this?’”* [Journal 9, p. 8].

The sight of kids playing naked and barefoot, small children selling goods on streets, and begging on streets was shocking as well as heartbreaking for participants. They constantly felt privileged to be living in developed nations. A participant shared, *“I have never felt so blessed for the simple things I enjoy such as transportation, running water and clothes”* [Journal 5, p. 22].

Participants were amazed at how polite, friendly, helpful and welcoming people of Ghana were. One participant shared the experience at the airport stating, *“We were*

warmly welcomed at the airport and were ushered to our van that was set up to bring us to Atia Beach Resort” [Journal 4, p. 11-12]. Most participants were amazed with people who seemed happy despite poverty. A participant shared, “*They all looked somewhat happy. They seem to have their lifestyle very much in order and everyone knows their roles for everyday*” [Journal 4, p. 17]. Most participants felt safe and were astounded with hospitality shown by people of Ghana.

## II. Understanding Nursing Culture

Understanding nursing culture was a theme identified by all participants. Participants gained clinical experience in a variety of settings such as hospital, clinic, and community. Participants noticed significant differences in nursing practice between their own country and this host country. Participants felt that certain things were not done the right way or met US standards and they did not agree with the techniques of nurses. Students mentioned in their journals the poor sanitation and cleanliness, crowded hospitals and clinics, and the large nurse patient ratio compared to the US. In addition, all participants reported feeling discomfort by lack of or breach in sterile techniques, lack of patient privacy, pain management and inadequate patient education.

What shocked most participants was the lack of compassion of nurses towards patients. One participant felt “*nursing care was task driven instead of patient driven. They did things as fast as possible just to get things done with no regard to patient pain and perception*” [Journal 3, p. 10]. Another participant shared similar feeling about Ghana’s nursing culture stating “*Nursing culture is too problem- solution focused. They*

*don't seem to worry about the rationale behind such solutions or follow up long term”*  
[Journal 1, p. 18].

One of the differences participants noticed was nurse patient interaction. Participants reported the presence of hierarchy in healthcare and were surprised with how much power health care providers hold in Ghana. Participants noticed that people show a great deal of respect towards health care providers. Most participants from their observation thought the nurses were rude, demanding, and unempathetic towards patients and lacked compassion. One participant thought that nurses' behaviors could be due to *“hierarchy in effect”* [Journal 9, p. 19].

Participant were surprised to see there was no counter reaction from patients towards nurses. A participant reported *“Patients see them as mini-gods, so they do not feel that they can stand up against or disagree with health care providers”* [Journal 8, p. 21]. Another participant who observed nurse patient interaction shared: *“When the women spoke to the nurse they were barely audible and often looking down..it was very different to see this sort of nurse patient relationship as opposed to in the States. It seems that patients idolize RNs and MDs as if they do magic; they are afraid to speak and always seem nervous around them”* [Journal 6, p. 17].

One of the differences they found and appreciated most in Ghana was less utilization of technology, which allowed more patient contact. Sharing feeling about delivery of care, a participant stated: *“Nursing in Ghana is so simplistic they don't need fancy machines to do their job...plus it allows you to be with the patient more. I realized*

*today that all the machines we rely on in the States really take away the basics and art of nursing” [Journal 9, p. 23].*

Most participants had an understanding how lack of resources impact nursing care and ultimately patient health. Participants were astounded by nurse’s ability to care for large volume of patients efficiently and effectively despite lack of many resources. To increase efficiency and speed up the work nursing practices noted by participants included mass education, reusing supplies and minimizing waste and being creative with what they have. A participant mentioned, *“It is hard to not bias against their way of providing health care because it is so different than the way we do things in the USA. But I find it amazing that they find ways for everything to work and are so creative with all the supplies they have” [Journal 4, p. 27]*

### **III. Identifying Health Care Needs**

Students had the opportunity to visit different clinical sites and different communities of Ghana. They noticed that there is a great health care needs, a theme echoed among all participants.

Participants were impressed with Ghana’s great emphasis on primary or preventative measures through immunizations, education and screenings. They were amazed to learn the service Ghana provides to pregnant women such as free maternal health care for entire pregnancy up until six weeks post-delivery, provide fortified baby foods to take home when discharged from hospital, and promoting and supporting breast feeding anywhere. Despite the great work hospitals, community nurses and other health

care providers were doing in their capacity, to improve health of people of Ghana, participants acknowledged that there are still great health care needs.

Participants were disheartened to learn the mortality rates of infants and children. Some participants even had the firsthand experience with infants' deaths at the clinical. A participant shared the response after watching and hearing about several infant deaths throughout the clinical by stating, *"I feel as if my experience so far has better prepared me to accept that infant/ intrauterine death is common in Africa. This does not mean it's a good thing, but I was able to contain my feelings and accept that this is the way here"* [Journal 9, p. 25]. Participants thought that healthcare in Ghana was rushed and perhaps lacked adequate assessment and follow up. Huge nurse patient ratios were commonly mentioned. They noticed hospitals and clinics crowded with people waiting to be seen and expressed difficulty watching patients wait long hours to be seen by the doctor. A participant shared about a patient waiting to be seen: *"A woman had been waiting since 6:00 am and she was next in line to see the doctor at 1:00 PM"* [Journal 8, p. 23].

#### **IV. Insight into One's Own Culture**

Living in a foreign country usually allows people to experience and learn about other people's culture and their way of life. Participants who went to Ghana described having similar experiences. The trip to Ghana not only allowed participants to learn of another culture, but the experience opened their eyes to their own culture, a theme echoed among participants.

During interaction with people of Ghana and after observing people's interactions with each other and with the participants, or foreigners, what participants found very

impressive was the importance of community for people of Ghana. Participants saw firsthand how people live together with their extended family, care for one another and show great respect towards their elders. They were astounded with the hospitality and friendliness of people toward others and impressed with how people in Ghana maintain community. A participant, after observing the interaction of people of Ghana, shared her thoughts by stating, *“I really observed how close or sisters/brothers they really are. If you live in or are from the same country you are considered sisters or brothers or family”* [Journal 4, p. 38]. This experience opened the eyes of most participants to their own culture regarding how they treat people of other races and culture.

All participants shared the wonderful experience of being welcomed into the community and other people’s home in Ghana and the hospitality shown towards them. Such experience forced most participants to examine their own culture in America and question how people of other culture would feel if they came to America. Many thought that people of other cultures would feel isolated, unwelcomed if they go to America, unlike their experience in Ghana. A participant who was touched by the hospitality and the kindness shown by people of Ghana shared what she thought about her own country *“I don’t think that people back home are unkind; I just think that our society is so different from theirs and this sort of thing is not done back home (probably for various reasons)”* [Journal 6, p. 32]. Another participant who was very thankful and appreciative of hospitality of people described, *“It made me think of how no one in the US would go out of their way to feed and welcome a big group of minorities into their home”* [Journal 9, p. 30].

Realizing that people in their home country do not reach out to other culture was commonly shared by participants. *“Ghanaians know how to connect with each other, a piece many of us are missing here in the US”* was expressed by a participant. [Journal 2, p. 101]. Some participants expressed the desire to reach out to other cultures upon returning to their home. One participant shared similar feeling: *“We often ignore people from other races and cultures. This awareness and realization is growing in me, especially since there is such a cultural diversity in Mankato. When I return home, I am going to be more proactive about meeting people from other cultures and helping them transition-befriend them”* [Journal 8, p. 22].

## V. Language Barrier

One of the biggest challenges that all participants encountered was language barrier, a third theme. Out of other challenges, participants repeatedly mentioned that inability to speak the language, understand and exchange communication created huge frustration. Participants shared that most of the exchange of communication, whether it was between staff members, staff and doctors or staff and patients constantly occurred in language they did not understand. Often, they felt frustrated, lost and unaware of what was happening around them.

Participants felt that language barrier prevented them from learning, teaching patients and building relationships with those seeking care as well as nurses. Participants expressed feeling uncomfortable and helpless around patients because they could not understand each other. A participant expressed, *“I found somewhat difficult to be with Ghanaian patients, because the majority of them speak Twi and the language barrier*

*really puts a block in communication and even the ability to relate to the patient”*

*[Journal 9, p. 27]. Another participant discussed her encounter with a pregnant patient and shared how helpless she felt: “When I was assessing contractions a woman that I don’t believe spoke much if any English, seemed very scared to have me assessing her. I kept wanting to reassure her, but she looked at me like she was very confused. I felt very badly that there wasn’t more I could do” [Journal 6, p.11]*

While a language barrier caused major frustration in different aspects of their experience in Ghana, participants acknowledged being able to seek alternative ways to communicate. Most participants shared that they asked local nursing students to translate for them. When English was not spoken in front of them and when nobody translated the language, participants reported learning by simply relying on body language, tone of voice and observation. One participant recalled, *“Most of the staff spoke Twi most of the time so, I was constantly trying to figure out what they were saying. I didn’t get the majority, but I am depending on body language and tone of voice much more than I do in normal conversation” [Journal 8, p. 30]. Another participant shared how language barrier made this individual ‘Feel like a minority’ [Journal 9, p. 27].*

## **VI. Loss of Control**

Sometimes sudden changes in the routine, plan or structure that people are accustomed to can lead to anxiety, frustration and sense of loss of control. Loss of control was noted as a common theme. In this research, participants attributed loss of control to situations that they had no control over, such as assignments, lack of organized plan, and sudden change in plan, and lack of set routine and unrealistic expectations of them.

One student shared how she felt about going into clinical *“I feel a little blind going in everyday because so much of each day’s itinerary is changing. It is stressful not knowing what will happen next. It is hard coming here, especially a third world country and feeling “lost” or the “unknown” [Journal 4, p. 47].* Students also shared major frustration surrounding the conflict between the objective of the clinical verses the expectations of them in the clinical.

Most participants shared feeling stressed and a loss of control over demands placed on them. A participant stated, *“My major frustration dealt with me feeling stretched with the community assessment and outreaches. We were also told something, that did not manifest itself. The total lack of control is what bothered me the most. Structure is safety, or feels that way, and heading in a new direction at the turn of the clock results me in feeling stressed” [Journal 5, p. 53].* Another participant expressed the frustration: *“We’re all having a hard time not worrying about our future; not just here for this clinical, but also thinking about home and all the work we have to do when we get back” [Journal 6, p. 34]*

All participants acknowledged that as an American they are used to more structure, routines, deadlines and plan their life accordingly. Lack of such routine and structure was difficult for all participants. A participant who reported having anxiety and frustration related to unpredictable routines and constantly changing plans stated, *“We are never told things in advance, and added to the fact we are nursing students from the US thrown into this blindly it makes life very chaotic. As nursing students in America, we have deadlines and planning engraved into our heads by our instructors and it is very*

*overwhelming to just be expected to drop all that cold turkey and be clueless about things” [Journal 9, p. 30].*

## **VII. Personal Growth**

Participants reported learning about themselves, things they did not know prior to coming to Ghana. They acknowledged experiencing personal growth because of this experience, a theme shared by participants. Most students felt this experience challenged their views about life and people and opened their eyes. It challenged students to get out of their comfort zone and learn and experience others culture and grow as a person.

Living in a country with limited facilities and resources, participants constantly thought about the privilege they had and things they took for granted. A participant shared how washing clothes by hand in the bathtub made her realize things that was taken for granted at home in America [Journal 9, p. 21]. Participants learned to appreciate things they have. Being away from home, participants felt new appreciation for their country, family and their way of life in the United States. They constantly felt privileged to be living in a country that affords them luxury, lifestyle and health care that other people may never experience.

Many times, throughout their experience, participants were confronted with their weakness. Some participants were able to recognize their weakness, develop their own ways to deal with it and focus on their goal. A participant shared *“it is easy for me to get frustrated at the hospital, I find myself taking a deep breath and trying to refocus on why I am here. It took me a little while to realize we aren’t here to learn the medical part of things...we are here to study communities, people and interactions” [Journal 3, p.17].*

Another participant who reflected on the experience shared how it changed this individual: *“I had some time today to really reflect on the art of being, and I have realized that it is very difficult for me to just step back and observe and just live the life in the moment. I know that it will take me a very long time to feel comfortable with it, but I know I want to have that skill in my nursing practice and just life in general- it will make things that much better, and help me understand things clearer”* [Journal, 9, p. 32]

Some participants after returning from the trip reflected on their journey and found change in themselves. A participant acknowledged the change upon returning to the US and shared: *“My overall attitude has changed. I am not as focused on the material things because I know I can survive without them and they cannot make me happy. Also, I am less tolerant to people complaining about petty problems because they have no idea how lucky they actually are and how selfish and petty they sound. I am more laid back and more focused on big picture”* [Journal 3, p. 64]. Another participant shared *“I feel like I have a small gain of knowledge just knowing a different way of life. I guess my whole world has changed a lot in more ways than I can account for”* [Journal 6, p. 89].

### **VIII. Professional Growth**

One of the themes that were common was professional growth. Most participants reported cultural awareness and increased self confidence in caring for patients of different cultures. One participant recalled being nervous when assigned a patient of a different culture in prior encounter stated: *“I know when I was assigned a patient of a different race and culture I was nervous..I feel like I have gained a lot more confidence in*

*caring for someone of a different race. I am taking a lot of knowledge and experiences with me when I leave this country” [Journal 4, p. 105-106].*

Because of this experience, participants reported an increased ability to be more open culturally. A participant who experienced what it felt to be outsider shared her feeling: *“It really makes me think of people in the USA that feel the way we feel here in Africa. It makes me want to be a more rounded nurse and be aware of their feelings and needs” [Journal 4, p. 34-35].* Learning about history of Ghana was an eye opener for some participants. One participant mentioned in the journal, *“It mostly makes me more aware of how much I need to walk into that patient’s room and to be the kind of nurse they need” [Journal, 6, p. 78].* A participant who was amazed by the simplicity of nursing care in Ghana expressed the desire to incorporate that in nursing practice [Journal 9, p. 27].

### **IX. New Found Friendship**

Most participants shared that being far away from their own friends and family allowed them to form a new friendship and great bonding with their own fellow classmates. Thus, new found friendship was echoed by all participants in their group dynamics and relationship with their fellow classmates.

Being away from home and family, homesickness and loneliness were frequently reported by all participants. On stressful days at the clinical, this feeling escalated among most participants. Many reported feelings of frustration and anxiety due to various contexts during clinical and their stay in Ghana. Although they reported feeling better after getting in touch with their families back home, nothing comforted them than being

with their own classmates who shared common feelings and goals. What helped them deal with the difficult clinical days and overall frustration was the support they received from one another. Being able to express and interact with classmates, share stress as well as laughter together was what helped them deal with stress. They expressed leaning on each other a lot especially during difficult times.

A participant shared how she felt coming to Ghana, *“As an outsider in a new place, we don’t have the freedom to ignore each other or pick who we want to talk to. Going into this trip I wasn’t connecting with few people and was worried that was going to cause a problem. But by just taking the time and getting to know someone better even though you don’t have things on common you can establish friendship” [Journal 1, p.15].*

Although few participants struggled to make friends initially a new lasting friendship and bonding was what participants experienced from this trip.

### **Summary**

This chapter discussed the experience of nine senior nursing students of MNSU who went to Ghana for community clinical. Nine themes captured from journals were analyzed using Max Van Manen’s qualitative approach and discussed. The next chapter will discuss the findings of the study.

## **CHAPTER 5**

### **DISCUSSION**

This study was conducted to understand and uncover experience gained by MNSU senior nursing students while they participated in clinical experience in Ghana. This chapter will elaborate upon the findings presented in chapter four. Furthermore, implications for nursing practice, advanced nursing practice, and recommendations for future research will be addressed.

In terms of learning experience, participants reported feeling culture shock surrounding the environment, poverty, transportation system, health care system and nursing culture and nursing care practices. When confronted with what they saw in the neighborhoods, participants described feeling of guilt over things they took for granted such as clean drinking water, clothes, roads and transportation. When they came in face to face with deficits of resources in a community as well as health care, feeling of privilege to be living in a developed nation that affords them luxury, facilities, better health care and education was described by participants.

In terms of health care system, nursing culture and practices, participants expressed feeling shock and observed differences in health care and nursing between Ghana and their own country. They found nursing care task oriented, lacking empathy and

compassion. They were stunned by the level of hierarchy in health care. Participants were amazed by the amount of respect health care providers received from patients and realized how much trust patients placed on their health care providers. This experience made them recognize and understand the need for empathy and compassion to meet the unique needs of patients.

Despite many deficits, participants were astounded with the way health care system still functioned with so little resource. While participants felt uncomfortable with nurses' techniques, ways of doing things, and their interaction with patients, they were enthralled with the teamwork of nurses and their creativity to deliver care to more patients efficiently. Participants realized that being less dependent on technologies and machines allowed health care providers to be with patients more. Participants recognized that despite the great work health care workers were doing in hospitals and in communities through health promotion, prevention, and education through community outreach programs, there was still a great deal of health care needs in communities of Ghana. From these experience participants shared an understanding of how lack of resources impact the delivery of health care and health of patients

Participants' experience challenged their preconceived views of Ghana and its people and appreciated cultural differences. They were appreciative of the hospitality and found people of Ghana more giving, happy, friendly, and helpful. They were amazed by

the simplicity of life of people and found people of Ghana very welcoming. This experience forced participants to examine their own values of their society regarding how they treat people of other cultures. Some of the participants expressed the desire to reach out to people of other cultures to help them and establish friendship when they return home.

Participants discussed the two large barriers of language and feeling loss of control. They shared that language barriers hindered their ability to connect with patients and nurses. Participants expressed frustration for not being able to teach and share knowledge with patients due to language barriers. Similar reaction was shared by participants in other studies (Sealy & Hathorn, 2014; Jones et al; 2012). They depend on other people to translate local language for them and relied on nonverbal communication to understand what was happening around them. Participants were surprised by how much they were able to learn just by watching and paying attention to the environment, body language, and other nonverbal cues. This study supports findings of other studies that immersion experience allows students to explore new ways of learning, think outside the box, learn new ideas and possibilities (Glass, 2006; Christoffersen, 2008; Zorn, 1996).

Participants experienced loss of control when confronted with sudden changes in plans and routines. In addition, participants reported that the demands of clinical and

academic assignment felt overwhelming. Most participants felt unprepared to handle sudden changes in plans. Some participants had more difficulty coping with such challenge than others; however, all participants were amazed with how much they learned about themselves from this experience.

Participants reported a new- found friendship with their own classmates. They reported forming a unique connection, bond and friendship with their own classmates. In an unfamiliar place, being with familiar faces was reported as comforting to participants. The friendship and bonding they shared with each other helped them cope during difficult times.

Professional and personal development because of immersion experience was discussed among several studies (Callister & Cox, 2006; Lee, 2004; Levine, 2009; Tabi & Mukherjee, 2003; Zorn, 1996)). According to Jones et al. (2012) “students’ hands-on clinical experiences with a population that has limited access to health care fosters students’ personal and professional growth” (p.9). This study was no different. Participants in this study experienced both personal and professional growth.

When faced with disparity of resources in every community and health care, students found new appreciation of wealth, luxury, materials and health care of their own country which they took for granted. Similar results were found in a study by Jones et al. (2012). Being away from their home, allowed students to be more appreciative of their family and loved ones. Participants gained a new perspective on how it felt being a

minority in a foreign country. The desire to help other people with different cultural background and race upon returning was shared. Participants experienced cultural awareness and reported gaining increased confidence and ability in caring for patients of different cultural background. Increased cultural awareness, sensitivity, skills and knowledge in addressing cultural differences were reported by participants in studies by Levine (2009), Callister (2006), Wright (2012) and Evanson and Züst (2006). Participants wrote that this experience helped them to be more open to cultural encounters. All participants reported that international immersion experience had a positive impact on them.

### **Implications for Nursing Practice**

With increasing diversity in our current health care system, nurses are confronted with patients of diverse race, cultural backgrounds, socioeconomic backgrounds, and health care practices. Nurses are often the first line providers to care for these patients. Thus, it is essential that the nurses be prepared with the necessary knowledge and skills to meet the unique needs of these patients.

This study shows how important it is for students or nurses to experience what it means to come from a different cultural background and speak a different language. International clinical opportunity allows students to have a firsthand experience of these elements themselves. The experience can allow students to understand the challenges immigrants and patients of different culture face in health care and develop empathy and be nonjudgmental. Exposure to global health and different health care system fosters knowledge on how socioeconomic economic status can impact health care access and

health of an individual. Students can translate their knowledge and experience into practice when they enter the healthcare arena as a professional and deliver outstanding, individualized, culturally competent care to the diverse patient population they encounter.

This qualitative study can also contribute to nursing by offering nursing educators key information that might be helpful in preparing students for international immersion experience. The barriers encountered by participants in the study could help educators in identifying strategies that would help eliminate these barriers and enhance positive experience among participants. Approaches that would help reduce anxiety, frustration and fear related to unfamiliarity of a new place and culture would be beneficial. Clear communication early on regarding expectations and responsibilities of participants during clinical would be advantageous in avoiding confusion, misunderstanding and anxiety among participants. Providing information on the nursing culture and practice, health care system and general information on what to expect during clinical would be beneficial for students.

Immersion experience places several demands on students. Feeling overwhelmed and stretched between demands of school work as well as clinical while adjusting to a new place was commonly discussed. Having support of technology, if possible, might be beneficial for students so they could work on their assignments while still doing clinical overseas. However, in places where technology is not accessible, reducing the load of academic assignments, narrowing the focus of assignment might be helpful for students and may ease their anxiety and stress. More time away from assignment may allow

students to be more present in the clinical and more focused on their learning rather than constantly worrying about completion of projects.

### **Implications for Advanced Practice Nurses**

Advanced Practice Nurses (APN) play a vital role in assessing the learning needs of students, along with their current state of knowledge about global health, their readiness for immersion experience, expectations and their perceived barriers to immersion experience. With this information in hand, APNs in collaboration with educators and faculty members, could identify, plan, develop and implement interventions that could address these barriers, maximize learning, and enhance positive experience and outcomes for students. APNs with their knowledge and skills, can evaluate such interventions and offer recommendations to instructors or nursing department that could be used for planning future immersion experience. APNs could collaborate with other institutions to understand their study abroad programs, to identify what has been successful or has been a challenge for them. This information could also be of great help in planning and preparing study abroad program. There is limited research on the long-term effects of immersion experience on nurses (Button et al., 2005; Haloburdo & Thompson, 1998). APNs could also involve in research to understand the long-term impact of the immersion experience on practicing nurses. Not all nursing students get the opportunity to involve in international clinical experience. With that in mind, APNs with their knowledge, skills and expertise could identify alternative approaches that would allow students to have similar experience and an opportunity to gain knowledge and develop skills at home in the US.

### **Recommendations for Future Research**

Although the body of literature covering nursing students' immersion experience is growing, there is limited research surrounding learning experience of American undergraduate nursing students from their own perspective. More studies that include nursing students from the US are essential to have a deeper understanding of their immersion experience. Additional research that includes students from various geographical location of the US, racial and cultural backgrounds and diverse gender is needed so the results could be generalized. The result of these studies may also prove helpful in preparing students for future global immersion experience.

Research focusing on preparing students for global immersion experience is vital. More studies that is focused on the challenges faced by students during international clinical is needed. It is essential to study the sources of anxiety, fear and frustration and other barriers encountered by students. Research specifically targeted on strategies to decrease these factors could also yield positive outcomes among participants. Preparing students by educating about their host country, common health issues, health care system, clinical and general expectations, and expectations of preceptors could reduce culture shock, help set expectation, better prepare for challenges, reduce frustration and enhance learning. More education on global health is necessary. Educating student participants with emphasis on their being partners with a host country and collaborate with them instead of trying to fix the problem could maximize their learning. Additional studies focusing on the role of the faculty in study abroad programs are needed.

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## **APPENDIX**

### **CONSENT FORM**

You are invited to take part in a research project about the process of establishing international nursing education experiences. As a student in Nursing 461 Spring Semester 2011 Community Health Clinical in Ghana, Africa, you are a possible participant. The research is being conducted by Assistant Professors Jennifer M. Demma and Dr. Hans-Peter de Ruiter. Please read this form before agreeing to be in the research.

#### **Purpose**

The purpose of the research is to learn about the best ways to create international nursing educational experiences that are meaningful for current and future students. In addition, we are interested in learning about obstacles to establishing these courses and we want to learn how to create processes that can help in the development of future international educational experiences as well as improving current endeavors.

#### **Procedures**

Your assignments will be evaluated for the course and your course grade of pass or fail will be determined before any data analysis begins. After completion of the course evaluations, the course materials, faculty course notes, and student assignments will be transcribed and analyzed for themes and concepts related to understanding how to develop meaningful international nursing educational experiences. By signing this consent form, you agree that the researchers have access to your assignments for the course and may use your assignments for data interpretation.

#### **Risks and Benefits**

As part of the Nursing 461 course assignments, you will be asked to answer questions about your personal thoughts, opinions, feelings, reflections and experiences in Ghana. This information will be evaluated as a part of the course and will not be shared with anyone else. Your choice to participate in the data analysis will not alter your course experience in any way. Also, participation in the research project will not affect your course grade of pass or fail and will not affect your evaluation by faculty. You may decide not to participate in the data analysis at any time.

#### **Confidentiality**

After turning in your student assignments, your materials, all course materials and faculty

course notes will be secured in a locked area in a locked office in the School of Nursing. Only the researchers will have access to this information. In addition, all personal identifiers will be removed from all student assignments and faculty course notes and your name and other identifying information will not be kept with your assignments. In any reports or presentations of these data, we will not include any information that will make it possible to identify you.

### **Voluntary nature of study**

Your decision whether or not to participate in this research will not affect your current or future academic progress or standing in this or any other course at Minnesota State University,

Mankato. Even if you sign the consent form, you are free to decide at any time not to have your assignments analyzed for the research project.

### **Contact**

The researchers conducting this study are Jennifer M. Demma and Dr. Hans-Peter de Ruiter. You may contact the researchers at Minnesota State University Mankato by calling (507) 389-6827. If you have any questions or concerns regarding the treatment of human subjects, contact: MSU IRB Administrator Minnesota State University, Mankato, Institutional Review Board, 115 Alumni Foundation, (507) 389-2321.

*I have read the above information and understand that this survey is voluntary and I may stop at any time. I consent to participate in the study.*

\_\_\_\_\_ Signature of participant

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of researchers

\_\_\_\_\_ Date

Participant received a copy.