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The Self-Perceived Impact Of An International Immersion Experience On The Cultural Competency And Professional Practice Of Recently Graduated Registered Nurses

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THE SELF-PERCEIVED IMPACT OF AN INTERNATIONAL IMMERSION
EXPERIENCE ON THE CULTURAL COMPETENCY AND PROFESSIONAL
PRACTICE OF RECENTLY GRADUATED REGISTERED NURSES

A Thesis Presented

by

Christopher Mills Vaughn

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of

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Abstract

Significant health care disparities exist in the United States. Nurses can play an important role eliminating these disparities. International immersion experiences for undergraduate nursing students may provide long-lasting enhancements in cultural competency and improvements in professional practice. The purpose of this descriptive qualitative study is to explore how a faculty-led international immersion experience for undergraduate nursing students in public health nursing has influenced cultural competency and how this is perceived to have impacted the individuals' current professional practice. Campinha-Bacote's (2002) Process of Cultural Competence in the Delivery of Health Care Services served as a theoretical framework for the study. Participants were sampled based on their experiences in either Bangladesh or Uganda from 2011 to 2013 as part of an international immersion program for undergraduate nursing students. Participants were asked to provide a written response to three prompts. Analysis was guided by the method developed by Colaizzi (Polit & Beck, 2012). Seven individuals agreed to participate. The data collected was somewhat limited in terms of depth, but it did reveal the themes of positive personal and professional development as well as the self-perceived enhancement of one's cultural competency. These findings are discussed within the context of the literature reviewed. Finally, the methodology of this study is reflected upon and recommendations are made for a follow-up study. This study supports the idea that an international immersion experience for undergraduate nursing students is an overall positive experience and can benefit professional practice as well as enhance one's cultural competency. However, more research is still needed to assess specifically how professional practice is benefited and to what extent these benefits are maintained overtime.

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CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1. Introduction

The significant health care related disparities that exist in the United States pose serious challenges to improving the overall health of the population. The National Institute for Minority Health and Health Disparities (NIMHHD), an office within The United States Department of Health and Human Services (USDHHS), has reported on the correlation between higher rates of disease and poorer outcomes among those of a different race, ethnicity, or immigration status as compared to the general population (NIMHHD, 2014). The Healthy People 2020 objectives developed by the USDHHS established as one of their goals the elimination of disparities in health care to equalize access to and delivery of care, thus improving overall public health (USDHHS, 2014). Enhancing cultural competency among health care providers is one potential strategy of improving care and reducing disparities (Institute of Medicine, 2001; Matteliano & Street, 2012; USDHHS, 2014). Registered nurses are, by far, the largest health profession in the U.S. (Bodenheimer & Grumbach, 2012). It is imperative that their education incorporates cultural competencies in an effective and meaningful way. This study seeks to investigate how an international immersion experience for undergraduate nursing students is perceived to improve cultural competency and enhance professional practice.

1.2. Background

The USDHHS reports that, as of 2008, racial and ethnic minorities comprised 33% of the population of the United States (USDHHS, 2014). The Latino population, for example, is the country's largest minority and their percentage of the total U.S. population is expected to increase from 12.6% in 2000 to 30.2% in 2050 (Shrestha &

Heisler, 2011). Health care is not a resource that is equally distributed across all U.S. populations. Those of lower socioeconomic status, a group disproportionately comprised of minorities, are at greatest risk for poor health and chronic disease (Matteliano & Street, 2012). The American Nurses Association, in a position paper on racism and discrimination in health care, stated: “Health care that is not sensitive to differences in race, specific health practices, and needs of different groups is not quality care and can even be harmful” (American Nurses Association, 1998).

The Institute of Medicine (IOM) released two reports at the turn of the century assessing the quality of health care in the U.S. (IOM, 2001) and health care disparities (IOM, 2002). According to the IOM (2001), “the U.S. health care delivery system does not provide consistent, high-quality care to all people” (p. 1). Contributing factors for this include a health care system that has become increasingly complex, the public’s health care needs having changed, and the overall delivery system lacking organization. In a 2002 report, the IOM focused specifically on the health care disparities that exist in the U.S. (IOM, 2002). Minorities in the United States are more likely to be uninsured and to receive public assistance for health care (IOM, 2002). Additionally, racial and ethnic minorities generally receive lower quality care and are less likely to receive necessary services even when enrolled in the same health insurance with the same access to care as non-minorities (IOM, 2002). Among a number of recommendations to resolve these disparities and quality of care issues, the IOM suggests providing patient-centered care “that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions” (IOM, 2001, p. 3).

Additionally, care must be consistent regardless of such factors as gender, ethnicity, and socioeconomic status.

Cultural competency is best understood, not as an end goal, but as an ongoing process on the part of the clinician (American Association of Colleges of Nursing, 2008; Campinha-Bacote, 2002; Jirwe, Gerrish, & Emami, 2006; Matteliano & Street, 2012). The American Association of Colleges of Nursing (AACN, 2008) defines cultural competency as “the attitudes, knowledge, and skills necessary for providing quality care to diverse populations” (p. 1). Jirwe, Gerrish, and Emami (2006) identified four common themes after comparing and analyzing nine theoretical frameworks for cultural competency from around the world: an awareness of diversity, the ability to use cultural assessment skills and cultural knowledge to care for others, being open and non-judgmental, and viewing cultural competency as an ongoing process (p. 9). Nursing theorist Campinha-Bacote (2002) defines cultural competence as being comprised of five constructs. These include cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire (p. 181).

A goal of enhancing cultural competency is to create a health care system that provides high quality care to all patients regardless of race, ethnicity, language, or culture (Betancourt, Green, Carrillo, & Park, 2005). In a series of interviews with 37 experts from various health related fields, including academia, managed care, and government health departments, the researchers sought to understand what role improved cultural competency may have in improving quality and eliminating disparities (Betancourt et al., 2005). According to the interviews, health insurers including Kaiser Permanente, Aetna, and Blue Cross Blue Shield, have incorporated cultural competency initiatives such as

diversity training and education. In academia, cultural competency is being increasingly seen as a necessary component of provider training (Betancourt et al., 2005). Finally, both state and federal governmental bodies recognize an association between improved cultural competency and a mitigation of ethnic disparities (Betancourt et al., 2005). Cultural competency can improve communication and enhance the overall quality of a patient's care (Taylor & Lurie, 2004). A lack of cultural competence in health care can contribute to ethnic disparities and poorer quality care (Kim-Goodwin, 2001).

The AACN (2008), in a position paper on cultural competency and nursing education, argues that providing care that is culturally competent is a "moral mandate" and nursing education must reflect this (p. 2). One such strategy for improving the cultural competency of undergraduate nursing students is participation in an international immersion experience. The Institute for the International Education of Students conducted a survey in 2002 with 17,000 participants of varying disciplines who had studied abroad while in college from 1950 to 1999 (Dwyer, 2004). The survey indicated that an experience living and studying away from one's home country has a long-lasting and meaningful influence on one's personal growth, professional development, and cultural development. For undergraduate nursing students, an international immersion experience has been described as a transformational experience in terms of one's cultural competency (St Clair & McKenry, 1999). An international immersion experience may help one recognize and confront one's own cultural biases and assumptions (Hagen, Munkhondya, & Myhre, 2009), promote the development of greater empathy (Ruddock & Turner, 2007), and improve one's understanding of the social determinants and disparities in health care (Kirkham, Hofwegen, & Pankratz, 2009).

The purpose of this study was to explore how a faculty-led international immersion experience in public health nursing for senior undergraduate nursing students influenced cultural competency. Additionally, this study sought to explore how the immersion experience is perceived to have impacted the individual's current professional practice and whether or not these impacts are maintained one to three years after graduation.

1.3. Theoretical Framework

The theoretical framework guiding this study is Campinha-Bacote's Process of Cultural Competence in the Delivery of Healthcare Services (Campinha-Bacote, 2002). Campinha-Bacote's model reflects a recognition of a multicultural world and the significant health care disparities that exist (Campinha-Bacote, 2002). This model was selected because it can be used as a framework for promoting and practicing culturally competent health care. Within this framework, cultural competence is seen as an ongoing process in which the provider strives to engage clients within their individual cultural context. An important caveat to this model is that it requires providers see themselves as in the process of cultural competency as opposed to being culturally competent.

The model integrates five parts: cultural awareness, cultural knowledge, cultural skills, cultural encounters, and cultural desire. Cultural awareness involves a self-examination of one's own biases and assumptions, as well as one's own cultural background, both personally and professionally. Cultural knowledge is described as the ongoing process of gathering knowledge that includes how a client may interpret an illness and how the incidence of a disease may vary amongst different groups. Cultural skills refers to one's ability as a provider to gather pertinent cultural data from clients of

different cultural backgrounds. Cultural encounters refers to the provider actively seeking out cross-cultural interactions. Finally, cultural desire refers to the provider's motivation to improve their cultural competency. This means being flexible and open to differences across one's professional and personal life in a process Campinha-Bacote (2002) refers to as "cultural humility."

CHAPTER 2: LITERATURE REVIEW

There have been a number of studies that have sought to better understand the benefits of a study abroad or international immersion experience for undergraduate nursing students. The experiences vary greatly with regards to a number of factors including program goals and activities, destination, and length of time spent abroad, among many others. The majority of studies reviewed were of a qualitative design focusing primarily on participants' perceptions of their immersion experiences and what those experiences meant to them. A few studies sought to quantify the experience with a survey or questionnaire. For example, the Zorn International Education Survey, developed by Zorn (1996), was used by multiple researchers to measure the impact of an immersion experience on four specific categories (DeDee & Stewart, 2003; Smith & Curry, 2011; Thompson, Boore, & Deeny, 2000; Zorn, 1996). The literature reviewed suggests an overall positive experience for those who have an international immersion experience. There were a number of recurring themes that will be discussed individually: cultural competency, transformative, personal and professional development, and otherness.

2.1. Cultural Competency

Cultural education is considered an integral part of a nurse's education (AACN, 2008). There are a number of different terms that have been used to describe a health care professional's ability to constructively assess for, and positively incorporate, patients' unique cultural backgrounds into their care. Cultural humility was a term used by Foster (2009) as an alternative to the term cultural competency. Foster defines it as "a lifelong process of self-reflection and self-critique" (p. 100). Nurses who display cultural humility

engage each patient as an individual; they acknowledge and explore differences, and respect patient values and priorities (Foster, 2009). An international immersion experience is thought to be an important way students can develop cultural humility (Foster, 2009). Kollar and Ailinger (2002) explored the impact of international immersion on nursing students using the International Immersion Model as a conceptual framework. Within this model is the theme of “perceptual understanding” (p. 29). The authors expand on this stating: “Open-mindedness, a resistance to stereotyping, the ability to empathize with others, and nonchauvinism encompass attributes found to be inherent in students who have participated in international education experiences” (Kollar & Ailinger, 2002, p. 29). This concept of cultural competency as an ongoing process is also described in Campinha-Bacote’s (2002) model, *The Process of Cultural Competence in the Delivery of Healthcare Services*, in which she describes how providers should strive to see themselves as in the process of cultural competency as opposed to being culturally competent.

Cultural safety was a concept used by Mkandawire-Valhmu and Doering (2012) to frame the assessment of cultural competence around the idea that neglecting to provide culturally competent care can have significant harmful effects, including a perpetuation of disparities. The authors describe cultural safety as, “the practice of actively examining social, economic, political positions, and power differences between the patient and the nurse” (p. 84). The student’s or professional nurse’s ability to effectively consider an individual’s culture when providing care was one of the more commonly explored outcomes of an immersion experience.

The studies reviewed generally explored the development of cultural competency through a qualitative lens that focused primarily on participants' perceptions of how their cultural competency may or may not have been changed by the experiences. Using Campinha-Bacote's (2002) model, Hagen et al. (2009) assessed five aspects of their participants' cultural competency including cultural skills, cultural awareness, cultural encounters, cultural knowledge, and cultural desire. Five students shared their experiences, all of which indicated the positive development of cultural competence. The most significant outcome was a general improvement in relational skills with those of a different background. Other areas of improvement included an enhanced ability to perform a cultural assessment and increased awareness of one's own cultural biases and assumptions (Hagen et al., 2009).

Cultural sensitivity is a term used in multiple studies to describe the participants' ability to be open to and value differences (Johns & Thompson, 2010; R. Lee, Pang, Wong, & Chan, 2007; Leffers & Mitchell, 2010; Ruddock & Turner, 2007; Wallace, 2007). R. Lee et al. (2007) used a mixed qualitative and quantitative design that found 90% of the participants (n=64) reported an increased sensitivity towards cultural differences. Wallace (2007) reviewed the journals kept by students (n=9) participating in a cultural immersion experience. The author found the development of greater cultural awareness came from participants being a minority in their respective immersion destinations. Areas of improvement included an increased ability to recognize and move beyond stereotypes and recognize patients as individuals. Ruddock and Turner (2007) interviewed seven undergraduate nursing students after an immersion experience with a goal of better understanding the "phenomenon of developing cultural sensitivity" (p.

364). The immersion experience was found to essentially force interactions that required adjustments and reflection (Ruddock & Turner, 2007). The result of these interactions was an understanding that cultural sensitivity required openness. The students felt they had experienced personal growth and respect for other cultures as a result of their experience.

Carpenter and Garcia (2012) used a mixed methods design to assess for perceptions of improved cultural competency and to measure improvements in cultural competency by using the Cultural Awareness Survey. Participants (n=35) were nursing students who traveled to Guadalajara, Mexico for the immersion experience. Four components were assessed including cultural awareness, cultural sensitivity, cultural knowledge, and cultural skills. Before and after survey responses indicated an insignificant change in beliefs and attitudes. The classroom portion of the cultural education was specifically reported to be insufficient in terms of improving one's cultural competence. Qualitatively, the authors reviewed journals and conducted interviews with the participants. Positive perceived outcomes from the qualitative portion included enhanced communication skills and improvements in cultural awareness and sensitivity (Carpenter & Garcia, 2012).

Caffrey et al. (2005) used a 28 item Likert scale survey to compare changes in participants' cultural competency. All participants (n=32) were nursing students who had cultural content integrated into their course work, while a subset (n=7) also participated in a five-week immersion experience. Those who did not participate in the immersion experience had an average of 0.19 improvement on the 1-5 point scale. Those who did study abroad showed improvement in their scores by an average of 1.23 points. The area

of greatest improvement was the one in which participants were asked to evaluate their abilities to provide culturally competent care (Caffrey et al., 2005).

2.2. Transformative

Several studies identified a transformative experience as a primary outcome of international immersion (Levine, 2009; Maltby & Abrams, 2009; Pross, 2005). Duffy (2001) argues a primary goal of cultural education should be a transformative experience for the learner. The author identifies the lack of that goal as a potential flaw in traditional cultural education. “Transformative cultural education begins with the assumption of shared power between members of equal but different cultures and acknowledges that co-learning and co-creating occur through interaction between individuals and groups” (Duffy, 2001, p. 491). A transformative cultural education is proposed to best occur in the setting of cultural exchanges and immersion experiences (Duffy, 2001). Foronda and Belknap (2012) share this idea and designed a study abroad program to low-income countries with the expectation that this would maximize the potential for transformative learning. Transformative learning includes challenging one’s point of view, changing one’s way of thinking, and motivating the individual to take action against social injustice (Foronda & Belknap, 2012).

Levine (2009) collected data from ten participants in the form of in-depth interviews. Participants were nurses who had participated in an international immersion experience as undergraduate nursing students. The transformative experiences included feeling humbled, recognizing prejudice, and acting as advocate. Maltby and Abrams (2009) analyzed the reflective journals of 17 undergraduate nursing students participating in a three-week international immersion experience. The students described feeling

deeply changed by the experience and expressed a deeper understanding of poverty and the role of money in health care. Pross (2005) shared the reflections of 16 nursing students post-immersion that included a perceived transformation related to how the experience forced them to question their own values and beliefs and recognize ethnocentrism.

2.3. Personal and Professional Development

Personal and professional development may be somewhat implied within the themes of cultural competency and transformation. However, a number of studies framed how an immersion experience promoted outcomes in these specific realms.

Personal development assessed after an immersion experience was described in different ways in multiple studies (Edmonds, 2010; Kollar & Ailing, 2002; N. Lee, 2004; R. Lee et al., 2007). R. Lee et al. (2007) used a mixed methods design with 64 nursing students focusing on personal and professional development. Among the conclusions were gains in cognitive maturation and the joy felt during cultural exchanges. Kollar and Ailing (2002) asked twelve students, after an immersion experience, to describe how their lives were personally and professionally impacted. Self-confidence and feelings of independence were found to be improved, both of which contributed to greater autonomy upon returning home. Lee (2004), in a phenomenological study involving 18 students, reported how the challenges inherent in an immersion experience, including homesickness, acted as a catalyst for confidence gained upon overcoming the challenge. Additionally, communication skills were reported as enhanced by observing alternative strategies. Edmonds (2010) identified four aspects of personal development including recognizing, encountering, adapting, and mastering. The phenomenological

study with 22 participants concluded there are significant benefits from an immersion experience such as personal development and increased self-efficacy (Edmonds, 2010).

Within the theme of personal development is the acquisition or enhancement of social consciousness gained from an immersion experience (Callister & Cox, 2006; Kirkham et al., 2009; Larson, Ott, & Miles, 2010; Smit & Tremethick, 2013; Smith-Miller, Leak, Harlan, Dieckmann, & Sherwood, 2010). Kirkham et al. (2009) reviewed the reflective journals of 17 nursing students who had studied in Guatemala. The authors found significant improvement in perceived understanding of social determinants of health, disparities in health care, and different community health models. Callister and Cox (2006) described an increased understanding of global health issues from interviews with 20 undergraduate nurses who had participated in an international immersion experience. Smit and Tremethick (2013) studied the outcomes of a ten-day cultural immersion program in Honduras. One theme identified from the study was the reevaluation of the participants' own lifestyles and consumption of resources upon returning home.

Professional development was an identified outcome in several studies, both qualitative and quantitative (Callister & Cox, 2006; R. Lee et al., 2007; Levine, 2009; Pross, 2005; Smith-Miller et al., 2010). However, there have been a limited number of studies that have assessed the longitudinal impact of an immersion experience on professional development. Lee et al. (2007) found an improvement in practical skills, such as counseling and teaching, to be positive outcomes of an immersion experience. Levine (2009) identified improvements of professional development, attributed to the participants' immersion experiences, with regards to flexibility, creativity in practice, and

the ability to recognize each client as an individual. Participants also reported feeling more confident and more proactive in their role as patient advocate (Levine, 2009). Smith-Miller et al. (2010) collected reflection papers from 53 undergraduate nursing students following an immersion experience in Guatemala with an aim to understand how this experience may impact clinical practice. Many participants expressed anticipation of improvements in providing culturally competent care and a newfound appreciation for how socioeconomic status can contribute to disparities. A study involving 21 individuals who had graduated from a nursing university in the U.S. in the last two years used open-ended interviews with an aim to assess participant perception of their undergraduate immersion experience as it pertains to their current professional practice (Duffy, Farmer, Ravert, & Huittinen, 2005). The authors reported perceived changes in professional practice and the belief that the immersion experience continued to impact their cultural knowledge and sensitivity. Many reported shifting their focus onto areas of health that included international nursing and the medically underserved because of their experiences abroad.

Four studies measured professional development, international perspective, personal development and knowledge development using Zorn's (1996) International Education Survey (DeDee & Stewart, 2003; Smith & Curry, 2011; Thompson et al., 2000; Zorn, 1996). This Likert scale was developed to assess to what extent an immersion experience influences the aforementioned four dimensions. The alpha coefficient for the questionnaire as a whole was reported to be 0.97 (Thompson et al., 2000). Thompson et al. (2000) compared students (n=74) who studied abroad in developing countries versus developed countries. Those who were immersed in

developing countries had significantly greater gains in the realm of professional, international, and personal development. Gains were reported in intellectual development, but these were less significant than the other categories. Professional development was the most significantly impacted. Those who had been practicing professionally were asked about the long-term impact on practice, and of the four, this was the only dimension to achieve significance within this group. DeDee and Stewart (2003) gave the survey to 38 nurses who had studied abroad within the past five years. They found a significant impact on all four dimensions, the most significant being the category of international perspective. Interestingly, the participants who had graduated most recently had notably higher scores on professional development suggesting the benefits may wane over time. Zorn (1996) also reported the impact tended to diminish overtime. Long-term impact was found to be strengthened amongst those who participated in longer immersion experiences (Zorn, 1996). Smith and Curry (2011) administered the survey to 36 nursing students who had participated in a two-week clinical course in Ecuador. The authors found the most significant impact to be on professional role development.

2.4. Otherness

The concept of otherness was identified in a number of studies as it pertains to the experience of being an outsider while immersed in an unfamiliar place (Greatrex-White, 2008; Maltby & Abrams, 2009; Morgan, 2012; Pross, 2005; Ruddock & Turner, 2007). Maltby and Abrams (2009) reported on participant reflections of being a minority as well as being relatively rich. Pross (2005) reported that participants felt genuine appreciation for the experience they had as outsiders while abroad. This appreciation was felt in

retrospect after they had been forced to adjust to a new and unfamiliar environment. Greatrex-White (2008) focused on the theme of foreigner when they reviewed the diaries of 26 students who had studied abroad. Based on their data, the authors report that the value of an immersion experience is in part attributable to the experience of being an outsider. The experience was thought to provide students the opportunity to deepen their awareness and empathy for those in their home country who may identify similarly. A study involving undergraduate students from the United Kingdom used semi-structured interviews to assess their experiences of risk while abroad (Morgan, 2012). One such risk was termed socio-cultural risk and was described as the feeling of isolation and the experience of being the other. When the participants were asked about how their perception of risk while abroad impacted their learning, the responses tended towards the positive in areas of promoting self-development, increased understanding of what a patient from another country may feel, and increased self-confidence.

2.5. Conclusions from the Literature Review

There were some notable limitations that recurred when reviewing the literature, the most common being a lack of generalizability. Most of the studies were qualitative with purposive sampling, so producing generalizable data was not a desired outcome. However, it was noted that international immersion programs themselves are not standardized. The experience of one group of students studying abroad cannot be directly compared to students from another university. Their program designs could be different, as could their destination of travel. For example, Thompson et al. (2000) found differences between students who studied in a developing country versus a developed country. How the programs are designed may also significantly affect the outcome

(Foronda & Belknap, 2012). Foronda and Belknap (2012) argue that in order for a transformative educational experience to occur, the instructors must design the course with that outcome in mind. The authors identified three barriers to transformative learning: students treating the trip like a vacation, feeling powerless or overwhelmed, and exhibiting egocentrism. Egocentrism was described in conjunction with the concept of emotional disconnect. The authors described how some participants might protect themselves from the potentially traumatic situations they are in by emotionally distancing themselves from them. Larson et al. (2010) suggested additional research was needed with an aim to establish a more standardized curriculum for immersion experiences based on documented outcomes. Finally, the question as to whether or not immersion experiences lead to long-term improvements in practice remains to be adequately answered. Caffrey et al. (2005) suggested the relationship between cultural competence and actual improvements in practice remained unclear. Ruddock and Turner (2007) called for longitudinal research to assess whether cultural competence developed during an international immersion experience is maintained over time.

It can be inferred from this review of the literature that, overall, students have a positive, perhaps even transformative, experience studying abroad. It also appears that cultural competency is perceived to be consistently enhanced. There is, however, a gap in the research specifically linking perceived improvement in cultural competency and the delivery of culturally competent care in practice. Of the studies that do indicate a benefit in the realm of providing culturally competent care and professional development, substantive descriptions and explanations of how are generally not included.

CHAPTER 3: METHODS

3.1. Design

A descriptive qualitative design was used (Polit & Beck, 2012). The study collected, analyzed and thematically organized the written stories submitted by participants.

3.2. Setting

The study was conducted online in conjunction with the graduate nursing department of a New England University. The study was carried out during the summer and fall of 2014.

3.3. Participants and Sampling

Participants were nurses who had participated in an international immersion experience to either Bangladesh or Uganda in 2011, 2012, or 2013 while undergraduate students. While abroad, the participants engaged in service learning projects. The work included volunteering in health clinics as well as gathering data on the individuals and communities they visited with the goal of using this information to implement future public health initiatives. Inclusion criteria were: having graduated from the University and being currently employed as registered nurses. A total of 63 students took part in one of these programs from 2011 to 2013. The target sample size was 18 students with equal representation from each year and from each program. A total of 28 individuals visited the survey site and seven completed a written response.

Purposive sampling was used to actively seek out potential participants who met the criteria of having traveled abroad as students and are now working as nurses. Those who met the criteria for participation were identified with the assistance of the immersion

program faculty who provided the names, and in some cases emails, of potential participants. The social networking website Facebook.com was then used along with personal emails for recruitment.

The participants using Facebook.com created social networking groups for each year and country of study. Those recruited had self-identified as having participated in one of these international immersion programs. Rabin, Horowitz, and Marcus (2013) performed a study to compare the effectiveness of different recruitment strategies for young adult cancer survivors. The study used mailings, phone-based recruitment, and social networking, including Facebook and Twitter, among other modalities. Mailings were determined to be the most successful recruitment strategy. However, using social media was a productive strategy that the researchers described as “increasingly popular in this demographic” (p. 4). Gearhart (2012) reviewed the use of social networking websites for recruitment and communication. The author emphasized the importance of ensuring that recruitment activities are accurate and not misleading and that privacy is protected when using parts of the social networking sites that may be viewed publically. The author concluded the strategy was appropriate given that the Institutional Review Board is provided with a comprehensive description of how participants will be communicated with and sampled. Social networking was used for recruitment purposes only.

3.4. Protection of Human Subjects

This study sought and received expedited approval by the University of Vermont’s Institutional Review Board on July 23, 2014. A number of strategies were implemented to protect the human subjects. Participants were recruited using either private electronic mail or the private messaging function on Facebook.com. At no point

were participants recruited or communicated with using publicly viewable social networking forums. Confidentiality was protected by using the UVM LimeSurvey (UVM, 2014). This enabled participants to submit their written responses without identifiers attached to the actual submission. Additionally, using the LimeSurvey allowed participants to avoid indirectly identifying themselves to the submission, as they would have using electronic mail to submit their responses.

3.5. Data Collection

Written responses and storytelling were the sources of data for this study. Topics focused on the ways in which recent graduates interpreted their past immersion experiences in the context of current nursing practice. The prompts for the written story were:

1. Please describe the meaning of a study abroad experience to both your personal and professional development;
2. Share a story (ies) as to how your professional practice has been impacted, positively or negatively, by your study abroad experience;
3. Were your expectations met during the study abroad experience regarding cultural competency? Why or why not?

Data was collected using LimeSurvey through the University of Vermont (UVM, 2014). The survey allows participants to complete their responses confidentially and upload their responses immediately.

3.6. Data Analysis

Data analysis was guided by Colaizzi's method (Polit & Beck, 2012). The seven-step process begins by reading the stories for a general feel. Significant statements are

then extracted and meanings formulated. Meanings are clustered into themes and integrated into a comprehensive description. Finally, the description is returned to the participants for validation.

Numerous strategies were employed to ensure trustworthiness and quality. Reflexivity strategies were utilized throughout the data collection and analysis process to ensure the researcher was aware of his own background and values. This was accomplished primarily by keeping a reflexive journal. A colleague prior to beginning the data collecting process carried out a bracketing interview. Member checking was attempted with the intention of validating findings with the participants. One participant responded to this request and provided validation.

CHAPTER 4: RESULTS

Seven individuals agreed to participate. There was one participant from each country and year of study and two participants from the 2012 Uganda group. The longest any participant had been working as a registered nurse was three years while the shortest was less than six months. Five of the participants currently work as inpatient nurses, while two work in outpatient community health centers. Three themes were identified from the written responses using the analytic method described above: personal development, professional development, and enhanced cultural competency.

4.1. Personal Development

The first theme is that of personal development. The current study describes personal development as the way in which an individual's sense of self, self-confidence, and social consciousness are impacted. The participants frequently described an international immersion experience as being a catalyst for positive personal development, particularly how they view the world and their place within it. One participant expressed this idea saying, "International immersion personally challenged me to think about life from a different lens." Another stated: "It gave me incredible perspective. Personally, I was forced to think twice about taking things for granted and it made me really appreciate all that I had." Many participants felt certain ideas and previously held notions were confronted by their immersion experience. One participant recalled the individuals she encountered while abroad and the way these interactions made her feel:

I was moved by the community leaders we saw, particularly the strong, hard working women in the village and the older youth on the cusp of adulthood, pursuing an education and learning how to give back to their community.

This participant went on to express her realization that the education she had and was currently receiving was truly a privilege.

All seven participants expressed positive experiences overall. However, a few negative experiences were expressed. One participant felt as though some of her classmates were not open to the cultural differences they encountered.

My expectations for fellow classmates (though not all) were placed far too high. I was not always impressed with how they conducted themselves in a country that was not their own, with a group of people that was different from them. Rather than take the posture of a learner, people would stand on the side of judgment. There were no other submissions from this particular year and country of study so a comparison of submissions is not possible. However, the participant did express that personally the experience had been a very important part of her life in terms of personal development. A second participant thought many students in her group felt alone without an adequate outlet to discuss what they had seen and experienced. "I wished there had been more debriefing and discussion about clinical time we had in the hospital and in the communities." Overall, however, the experience was described as exceeding expectations.

4.2. Professional Development

The positive role an international immersion experience had on the participants' professional development was the next theme. Professional development is the way in which one's role as a nurse is impacted. The theme of professional development includes the improvement of clinical skills, including how one interacts and communicates with a client and the broader concepts of how health care accessibility and the systems that

deliver care can impact a person's health. All of the submissions discussing one's professional development were positive. One participant reflected on the role the experience continues to play by stating, "It informs how I think, live, and interact professionally." Several participants reflected on how the immersion experience influenced their view of public health and health care accessibility. "Professionally, it made me think a lot about preventative care which was something I had never thought about before. I also learned a lot about health care accessibility which is something a lot of us take for granted." Another participant was similarly impacted stating: "The immersion experience caused me to think on a more global level on public health issues." One participant expressed gratefulness for the medical care available in the United States. "The trip gave me a deep appreciation for all the technology and advances that we have in the U.S., and I can truly be thankful for the medical information and treatments that we have." The immersion experience was also described as a major influence on one's career choice with one participant stating: "The trip fueled my love of travel and definitely piqued my interest in international health care." Another participant described the immersion experience as being, "the reason why I chose the path I did."

Students were asked to share a story that expressed how the international immersion experience had impacted their professional development. One participant, an inpatient staff nurse, shared a story about a patient she had who did not speak English. She used the interpreter phone, but recognized that the lack of direct communication inhibited a personal connection. She acknowledged that the patient was uncomfortable and scared.

I thought back to my experience in Bangladesh, where sometimes I felt uncomfortable and scared when I didn't understand the customs that were going on around me. I imagined there was a good chance she felt the same way... It seemed that throughout the shift, we did connect on some level... When you know what it feels like to not understand what is going on around you because you're the minority, you have more compassion for the patient who may be experiencing that in your home country.

Another participant felt the patients' wishes were often neglected in the clinics she visited abroad. "When I was in Africa, I saw many times the providers ignoring patient wishes." Upon returning home, this participant described her professional practice as being enhanced, stating: "I find it easier to identify the line between what is important to health care professionals and what is important to the patient." Lastly, a participant shared how she feels better able to care for a large and diverse refugee population in her role as a nurse at a community health center, stating: "Having gone to Bangladesh I have a better knowledge of the lifestyle they lead out there and the one they left behind which makes me more culturally sensitive to their needs."

4.3. Cultural Competency

The international immersion experience was consistently perceived to improve or enhance cultural competency. The theme of cultural competency is defined as the ongoing process by which a health care professional values and respects cultural differences, works to improve their ability to assess for these differences, and then integrates this information into the client's plan of care. One student reflected on the development of cultural competency stating, "True cultural competency is something that

should never stop building. The travel experiences we have over a lifetime should all add and hopefully all increase our cultural competency.” One participant found herself more open as a result of the experience stating that international immersion “has opened up my world to continue to interact with people, places, and ways of life that seem...unfamiliar.” Similarly, another participant described an enhanced ability to think more broadly and to be more open culturally when taking care of patients of different backgrounds. The meaning of an international immersion experience for one participant was described as, “putting yourself in a cultural situation that you are not used to. It would be providing care for a patient who primarily speaks a different language and having to provide care that respects their cultural needs.”

CHAPTER 5: DISCUSSION

5.1. Discussion

This study sought to understand to what extent nurses perceived a previous international immersion experience to have benefited them personally and professionally and improved their ability to deliver culturally competent care. The participants collectively reported an overall positive experience in the realms of personal and professional development as well as enhanced cultural competency. In terms of personal development, participants reported feeling their ideas and views challenged by the experience. A number of participants described a change in perspective and a reevaluation of how they think about and participate in the world. Smit and Tremethick (2013) reported that when students in their study had returned from an international immersion experience, they found themselves reevaluating their own lifestyle choices and use of resources. Maltby and Abrams (2009) also reported the participants in their study feeling changed by the experience with a better appreciation for how wealth and resources may impact health care. A participant in the current study described a feeling of privilege in terms of the education she had received while simultaneously being inspired by the work ethic, motivation, and community mindedness she saw abroad. One felt challenged to consider all she had previously taken for granted, while another participant reported her understanding of basic daily choices involving such things as food, transportation, and clothing all confronted by what she saw abroad. A number of studies reviewed similarly reported personal development in terms of enhanced social consciousness gained from an immersion experience. (Callister & Cox, 2006; Kirkham et al., 2009; Larson et al., 2010; Smit & Tremethick, 2013; Smith-Miller et al., 2010).

Kirkham et al. (2009) reported a significant improvement in the way their participants understood health related social determinants and disparities.

The positive effect an international immersion experience may have on professional development was described multiple times in the literature (Callister & Cox, 2006; R. Lee et al., 2007; Levine, 2009; Pross, 2005; Smith-Miller et al., 2010). Pross (2005) reported students questioned their values and recognized ethnocentrism after an immersion experience. Levine (2009) found the experience helped students recognize their own prejudices as well as the importance of viewing each patient as an individual. A participant in the current study described how the experience helped them bring less judgment to encounters with patients while another felt the experience helped better assess for and respect patient wishes. Through the stories some participants shared, it was revealed that an international immersion experience was thought to enhance empathy and compassion as well as the importance of acting as patient advocate.

Duffy et al. (2005) reported a number of students in their study who had an international immersion experience subsequently shifted their career trajectory to include the medically underserved and areas of international nursing. This was echoed multiple times in the current study with one participant describing the experience as “the compass that has guided my life” and “the reason why I chose the path I did.” Another described her international immersion experience as a guide for what she chose to do after graduation. Other participants reported a new global way of thinking with regards to public health and a clearer understanding of the role of preventative care. Similarly, Callister and Cox (2006) found the participants in their study experienced an increased awareness of global health issues. One participant in the current study described how she

began to consider issues surrounding accessibility to health care and health care systems after her experience abroad.

Campinha-Bacote's (2002) model, *The Process of Cultural Competence in the Delivery of Health Care Services* provided a theoretical framework for this study. The five integrated concepts of cultural competency that Campinha-Bacote describes include: cultural awareness, cultural knowledge, cultural skills, cultural encounters, and cultural desire. Cultural awareness is described as the process of self-reflection to identify one's own biases and unique background. Although self-reflection, primarily in terms of personal development, was identified in the data, there were no submissions that reflected on one's own cultural biases and background. The remaining concepts described in Campinha-Bacote's model were identified in the data. Cultural knowledge is described by Campinha-Bacote as the constant process of learning about different cultures. Cultural desire is described as a lifelong process in which nurses are motivated to improve their cultural competency. One participant expressed these ideas stating, "True cultural competency is something that should never stop building." Foster (2009) and Kollar and Ailinger (2002) also described cultural competency as an ongoing, lifelong process. Cultural skills is defined as the ability of the health care professional to effectively gather relevant cultural information from the client. Although no participants in the current study explicitly described the process of gathering cultural data, the stories shared indicated a recognition of differences and a desire to be sensitive to each individual's unique needs. Campinha-Bacote (2002) described the concept of cultural encounters as the active process of seeking interactions with those of another culture. A participant in

the current study felt the immersion experience had helped her to become more open to encounters with unfamiliar cultures and places.

Hagen et al. (2009) had found a general improvement in skills relating to those of different backgrounds after an immersion experience. Similarly, one participant in the current study described feeling more open and able when caring for those of different cultures. Another described the meaning of an international immersion experience was to be placed in an unfamiliar cultural situation as well as providing quality care for a person that respects their unique needs and wishes. Wallace (2007) found improved cultural awareness came from being a minority in an unfamiliar place. Improved cultural sensitivity was another self-perceived outcome of the current study. Cultural sensitivity included recognizing, being open to, and respecting cultural differences. Lee et al. (2007) and Ruddock and Turner (2007) both reported on the improved cultural sensitivity participants developed during an international immersion experience.

There was an overall lack of negative experiences found in the literature and this study was no different. There were only two submissions that reported any negative experiences. One participant expressed the feeling that her classmates acted somewhat judgmentally towards the unfamiliar place and people rather than being open to the experience. Foronda and Belknap (2012) discussed why a student participating in an immersion program might not have a transformational experience. Three potential barriers were reported including egocentrism, perceived powerlessness, and a vacation mentality. The participant who shared this feeling did describe having a personally fulfilling learning experience. Unfortunately, this submission was the only one from that respective year and country of study. It would be useful to know how other students from

this participant's year and country of study felt about their time abroad as a comparison. A second participant thought many students in her immersion group felt alone and without an adequate outlet to discuss what they had seen and experienced. As with the first student, the trip was personally viewed as a valuable learning experience. More data would be necessary to make a comparison between these findings and the literature. Morgan (2012) investigated risks associated with an international immersion experience including socio-cultural risk in which the participant may feel isolated and alone. This participant's reflection could also be relatable to Foronda and Belknap's (2012) finding of students being defensively disconnected or Koskinen and Tossavainen's (2004) finding of the anger, frustration, and anxiety that can accompany the transition into a new culture. Greatrex-White (2008) concluded that the benefit of an immersion experience was, in part, attributable to the experience of being an outsider with regards to how it can deepen empathy and awareness.

One of the stated goals of the current study was to assess how the benefits of an international immersion experience are maintained over time. There were participants sampled from each year of immersion experience from 2011 to 2013. However, with a sample size of only seven, there was not enough data to make conclusions about how the perceived benefits of the experience were maintained. Further research is still needed to assess this.

5.2. Limitations

This was a qualitative study with purposive sampling, so the results were not meant to be generalizable. Member checking was sought to validate the data analysis. Only one participant agreed to offer her validation. The study had a goal sample size of

18 with equal representation from each year and country of study. However, only seven individuals agreed to participate. It was thought that using electronic mail and Facebook messaging would be an effective way to recruit potential participants. The researcher who recruited participants is a graduate student at the participants' former University which, it was hoped, would also encourage individuals to participate. A descriptive qualitative design was selected to collect in-depth reflections. One of the three prompts sought to elicit stories from the participants. It was assumed that this format would give participants a way to fully express themselves without any constraints. The UVM LimeSurvey was used because it enabled a secure and anonymous tool for data collection. It was thought the online survey would also allow for a convenient way by which individuals may participate on their own schedules using their home computers. Unfortunately, the sample size was smaller than anticipated, and the data collected was generally short and not in-depth.

Sample size may have been lower than desired due to the recruitment strategies. Many of the studies reviewed in the literature were conducted by the faculty leaders of the international immersion experience under study. The researchers knowing the students personally and having direct contact with them inherently benefit these studies in terms of recruitment. The primary researcher on this study was being advised by the faculty leaders on the immersion experiences under study. However, the population had since left the University, so contacting and recruiting individuals proved more difficult than was anticipated. There was no monetary compensation offered to those being recruited. Offering a financial incentive may have increased the sample size.

Additionally, it is possible the value of the research was not adequately expressed to those being requested to participate, making them less inclined to take the time and do so.

This study is also limited in terms of the quality of data collected. Participants were asked to go online and respond to three questions using the confidential UVM LimeSurvey. Initially, the current study proposed to have the participants complete their written responses and return using email. The University of Vermont's Institutional Review Board requested UVM LimeSurvey be used to protect the participants from indirectly identifying themselves to the submissions. The unforeseen problem with the LimeSurvey was it did not enable follow-up questions as may have been possible if participants had submitted their responses over electronic mail or if data was collected using interviews. As such, the written submissions tended to be short and lacking in depth. For example, the prompt asking for specific stories from the participants only elicited stories from three of the seven submissions. It is unclear why this was the case. However, it is clear that the means of collecting data created limitations in terms of following up if it was determined that the data collected was inadequate. The survey site is an impersonal tool that may not be suited for collecting in-depth reflections and stories. It is possible that the anonymity of the data collection method made participants more inclined to provide short responses. If they had submitted the responses over email, perhaps they would have taken more time to respond knowing that the researcher may ask them to expand on an idea or story. Additionally, the survey requires the participants click a submit button when finished. Twenty-eight participants visited the site and only seven submitted written responses. It could be that some data was lost if an individual did not properly complete the survey.

Another possibility as to why the data lacked significant depth could involve the elusiveness of attributing enhanced cultural competency to any single factor. Cultural competency is described in the current study as an ongoing process that builds upon itself throughout one's career. The culturally competent care that the participants provide may be embedded in their practice in this way. As a result it may not be readily associated with a specific learning experience such as international immersion. Another consideration is the study was carried out in a state that is generally lacking in diversity. According to the United States Census Bureau (USCB), Vermont is 95.2% white, compared to 77.7% for the country as a whole (USCB, 2014). Choosing a setting in a more diverse location, where interactions with those of another culture are more common, could elicit more information.

5.3. Implications for Nurse Practitioners

The education of registered nurses ultimately impacts the professional practice of nurse practitioners. The IOM (2001) issued a number of recommendations to resolve disparities and quality of care issues in health care. This included the suggestion that all health care providers strive to give care that incorporates individual patient preferences and values (p. 3). The focus of this study was on the education of undergraduate nursing students and their current professional practice. However, the implications of the study are equally relevant for the nurse practitioner whose education begins in nursing school. The strategies that improve registered nursing practice provide the foundation for improved advanced nursing practice.

The National Organization of Nurse Practitioner Faculties released the Nurse Practitioner Core Competencies, which are designed to serve as guidelines for nurse

practitioner education (Thomas et al., 2012). There are three core competencies that are particularly relevant to the current study. Under the policy competency, the nurse practitioner must know how to advocate for policies that ensure equal access to care and also understand the influence that policy may have over practice. The health delivery system competency discusses how the nurse practitioner must be able to develop systems of care that consider the needs of a diverse patient population. Within the competency of independent practice, nurse practitioners must be trained to provide “patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making” (p. 4). This involves incorporating each individual’s cultural background into the care received. Attainment of the core competencies for nurse practitioners requires a solid foundation that begins in how undergraduate nurses are educated. Enhancing cultural competency is an integral part of this.

5.4. Recommendations for Future Research

Although the data collected and analyzed within this study was consistent with what was concluded from the literature reviewed, the sample size was small and the data was lacking in depth. A consequence of this is that the goals of assessing how an international immersion experience enhances cultural competency and improves professional practice and how these benefits are maintained overtime cannot be addressed as thoroughly as was planned. However, this research has provided insight into how a follow-up study may better investigate these questions.

It is the opinion of this researcher that the medium used to recruit, namely Facebook.com, was not the problem. It seems more likely that there were two issues: participants did not know the individual who was recruiting them, and they were not

properly incentivized. Participants were being asked to share personal data. Perhaps the idea of sharing this data with someone they had never met or spoken to made them less inclined to do so. However, it seems that the more significant issue was a lack of overall incentive. Participants were being asked to share information about themselves and offer up their time in the process. Many of the studies reviewed in the literature involved students as participants. Even if voluntary, as opposed to a requirement of the class, students may view participation in a study as a way to improve their academic standing and be more inclined to participate. This is not the case for those who have since graduated. Offering financial compensation as incentive could help solve this problem.

Data collection was centered on written responses to three prompts including one that asked participants to share specific stories as to how an international immersion experience improved their practice. The UVM LimeSurvey offers a secure and confidential way for participants to submit data on their own schedule. However, if follow up is desired or necessary, the survey format makes this difficult. The tool may also have been too impersonal, which could have been another factor contributing to the responses being short and not in-depth. This study asked for personal stories and a more personal approach may have been necessary. Using face-to-face interviews or phone calls would be another way to collect data. A semi-structured interview could use similar prompts and would allow for follow-up questioning and probing for greater detail.

Another consideration as to why the data was not in-depth was the fact that this study took place in Vermont and participant encounters with those of another culture may be limited. Choosing a different setting may be one way to ensure the participants are regularly encountering those of another culture, thus creating more opportunities to

potentially provide culturally competent care. As a result, the participant may have more to offer in terms of relevant stories and in-depth reflection.

A secondary goal of this study was to assess whether the benefits of enhanced cultural competency and improved professional practice were maintained one to three years after graduation. DeDee and Stewart (2003) and Zorn (1996) found the benefits of an international immersion experience tended to wane over time. A good way to assess for this aspect of the phenomenon may be to begin by performing the study with undergraduate students before and after their immersion experiences and then follow up with them at regular intervals for a period of time after graduation. Each time the participants are interviewed, they could be prompted to identify the role an immersion experience plays on their cultural competency and professional practice. Additionally, participants could be asked if there are other, perhaps more significant, ways cultural competency is being continuously enhanced. This could help to better understand the ongoing nature of enhanced cultural competency as it pertains to professional practice. Having participants express the meaning of an international immersion experience, particularly using personal stories, is a potentially powerful and profound way to understand this phenomenon. Combining this design with a quantitative aspect, using, for example, the Likert survey developed by Zorn (1996) could strengthen the outcomes even more by adding the possibility of a numerical trend. Finally, Caffrey et al. (2005) compared two groups in terms of how cultural competency was improved. All participants had coursework that integrated lessons on cultural competency. A smaller subset also participated in an international immersion experience. An international immersion experience at the university where this study was conducted is not a

requirement. As such, adding a comparison group that only received classroom instruction with regards to cultural competency is a feasible goal.

5.5. Conclusion

Health care disparities are a serious and persistent problem in the United States. The American Nurses Association has recognized the importance of health care that is sensitive to cultural and ethnic diversity (ANA, 1998) and the American Association of Colleges of Nursing has called providing culturally competent care a “moral mandate” (AACN, 2008, p. 2). This study sought to understand how international immersion improves nursing practice and enhances cultural competency. The type of data being sought in this study, including individual reflections and stories, may require a more personal data collection method, such as face-to-face interviews. A follow-up study is recommended to better understand the ways in which professional practice is positively impacted by an immersion experience. More research is needed to understand if the cultural competency gained from an immersion experience is maintained over time or if an immersion experience provides more of a foundation upon which cultural competency is continually enhanced by multiple factors.

This study is consistent with prior research on the topic with regards to how an international immersion experience for undergraduate nurses is perceived to enhance their cultural competency as well as contribute to personal and professional development.

In the words of one participant:

I did not expect to go there and change the lives of the people we met abroad...

However, I did expect them to change my life and the way I proceeded with patient care, which they did.

Eliminating the health care disparities in this country will take a multifaceted approach. Improving the cultural competency and enhancing the professional and personal development of health care professionals through international immersion experiences is one strategy towards reaching this goal.

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