Exploring the impact of a medical mission trip on graduate nurse practice perceptions, ideals and practice implementation

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Abstract
There is little debate about the significance of nursing educational experiences to promote cultural understanding as the population requiring care becomes increasingly diverse. Faculty are aware of the study abroad research results yielding positive learning outcomes such as participants reporting increased understanding of other cultures and a commitment to being a positive force for improvement of healthcare abroad and in their own community (Saenz & Holcomb, 2009); gains in substantive knowledge, changes in values and communication skills (Carpenter & García, 2012) and increased understanding as well as comfortable, lingering, unsettled feelings resulting from awareness of inequities in resources (Evanston & Zust, 2006). Study abroad is one way to broaden American nursing students’ worldview, but accommodating a study abroad course into a nursing curriculum can prove challenging. One graduate nursing program faculty group felt so strongly about the importance/outcomes of some type cultural immersion trip, the faculty placed a global culture and health course within the required graduate curriculum. A recent medical mission trip to Honduras was the setting for this exploratory/qualitative study. After university expedited IRB approval (educational events), the collection of data included formative narrative journaling throughout the trip, a summative qualitative evaluation of the trip experiences and completion of the Go Culture Assessment (Dodd, 2013). The assessment tool is an online selection tool forecasting cultural performance, relationships, cultural adaptation, leadership development in relocation and personal development. The tool identifies 16 cultural engagement factors to help determine strengths and areas of need. Data analysis and data collected sources will contribute to the understanding of graduate nurse outcomes from the lived experience of the medical mission trip to Honduras. Results can be utilized for pre-trip educational planning and student participant preparation for cultural immersion in a country outside the United States. Further, it is believed the study outcomes will support nursing faculty to persist in the provision of cultural experiences for students in the face of challenges and barriers for implementation of international cultural immersion trips.

Literature Review
A review of the literature reveals a plethora of study abroad/cultural immersion/service learning trip student outcomes: *Students who traveled to Morocco perceived international learning as promoting collaboration in diverse setting. (Puri, Kaddoura, & Domnick, 2013) *Australian nursing students who traveled to India for a cultural immersion program confronted their own biases enhancing own cultural awareness. (Charles et all, 2014) *A Guatemalan immersion experience was an effective strategy for changing nurses’ knowledge, attitudes, and skills. (Smith-Miller, Leek, Harlan, Dieckmann & Sherwood, 2010) *Students participated in medical mission trips to Guatemala or Ecuador. The study suggests service-learning is an effective strategy for teaching cultural competence. (Amerson, 2012) *Students who undertook a cultural immersion study in Guatemala found intense and challenging experiences and facilitated cultural competence. (Larson Ott, & Miles, 2010) *Students traveled to Peru and their cultural competence scores increased significantly following their experience. (Allen, Smart, Odom-Maryon & Swain, 2013) *Students formed a medical-brigade into isolated villages in Honduras. The results revealed the international service-learning experience increased the student’s ability to provide culturally congruent care. (Gowan, Comer, Elliott, & Neubrander, 2011) *Students had a service-learning experience in an underserved village in Belize. This experience served to increase the student’s awareness of their place in a global society and the need for multidisciplinary collaboration in healthcare. (Main, Garrett- Wright, & Kerby, 2013) *Students traveled to the Dominican Republic for a service learning program. The students reported increased cultural awareness and other insights post-trip evaluation. (Curtin, Martino, Schwartz-Barcet, DíMaria, & Oganda, 2013)

Methodology
After IRB expedited approval, data collection was conducted through regular course assignments. Participants were all students taking a graduate global/culture/health course in the fall of 2015. Data collected included the standardized GoCulture Assessment, daily journaling during the trip, a narrative course evaluation and assessment of ability to attain at least three MSN program objectives through the work accomplished during the trip and the other experiences of the trip. All data was collected from the students by the end of the course. A review of the literature was completed. Researchers reviewed data using traditional qualitative analysis practices of Polit & Beck (2012).

Results
GoCultural Assessment (GCA)

Pre-experience readiness based on 16 Cultural Readiness Indicators. As a group, the highest scores were in interaction initiation (89%) and transition ease (89%). Interaction initiation describes communication capabilities. The relatively high score in this area suggests the group, as a whole is at ease with the initiation of discussion. Scoring high in transition ease suggests the group viewed the relocation as a positive experience (www.goculturalinternational.com). The lowest scores, as a group, were in task confidence (67%) and managing uncertainty (70%). A low score in task confidence is indicative of feelings of anxiety and concern about the job to be done and one’s ability to complete the job. Low scores in managing uncertainty indicate concern about the ability to adjust to and meet diverse situations (www.goculturalinternational.com).

Conclusions
Impact of the trip experience:
1) Nurse practice perceptions: “I have never felt more connected, my passion for nursing, and my love for mother nature until now” (Student L., 2014).
2) Nurse ideals: “So sad to leave the people we have met & the culture we have been submerged in” (Student L., 2014). “Memories and experiences over the last week will forever live with us. Our careers are forever changed for the better.” (Student C., 2014).
3) Nurse practice implementation: “When the electricity went out in the clinic, my cell phone became the light for the NP to complete the pap smear. We learned to work outside our comfort zone.” During post trip presentations, the ability to definitively verbalize the depth of the impact of the trip experience was evident and even with the high desire to explain the change felt inside. One quote came forth “If you never go, you will never understand. If you go, you will never be able to explain.” Still...go...you will never regret it.

References available

2014 LCU MSN NURSING STUDENTS
A phenomenological sampling of eight graduate nursing students traveling to Honduras for Global Cultural Health to collect data using a philosophical paradigm utilizing a reflexive strategy. Method of collection of data supported through method and investigator triangulation. Students kept a personal journal daily of events, and how their journey helped them achieve MSN outcomes.

Objective Results

Leininger Conceptual Framework

Transcultural nursing with established clinical approaches to clients with varying cultures are relatively new. According to Madeleine Leininger (1987) founder of the field of transcultural nursing in the mid 1960s, education of nursing students in this field is only now beginning to yield significant results. Today nurses with a deeper appreciation of human life and values are developing cultural sensitivity for appropriate individualized clinical approaches.

Average Scores of Participants

Post-trip experiences measured qualitatively in the form of written answers to five open-ended questions. The answers were summarized into three categories: most meaningful experience, how perceptions were changed, and how the experience will impact nurse practice. Common threads centered on the worship experience at a mountain church, perceptions of the “right” or “entitlement” to healthcare versus one’s accountability to self resulted in paradigm shifts. Almost all nurses expressed personal practice being impacted by increased sensitivity and awareness of others.