

STUDENT ATTITUDES REGARDING GLOBAL HEALTH POLICY DURING AN INTERNATIONAL CULTURAL IMMERSION PROGRAM IN GUATEMALA

by

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As the world population explodes the need for health professionals who have positive attitudes toward cultural diversity and a willingness to learn about other cultures is essential to providing optimal care to these often-marginalized individuals. Presuppositions may hinder both personal and professional growth. However, with the right exposure to other cultures, such as what occurs during an international cultural immersion program, individuals are provided an opportunity to learn about cultural, economic, and healthcare differences in a developing country as compared to their pre-existing knowledge of these same variables in their home country. The purposes of this dissertation were to examine the reflective journal writings of 75 health professions students to better understand how their experiences allowed for the expression of attitudes related to global health policy and to determine how transformative learning was expressed. Participants for this study were predominantly White females ($n=63$; 84%), less than 23 years in age ($n=69$; 92%), with a declared nursing major ($n=57$; 76%). Manuscript 1 sought to examine how health professions students' attitudes evolved toward global health, specifically global health policy, over a 6-year time span. The purpose of this study

was to examine students' attitudes, through reflective writings, regarding global health policy during an international cultural immersion program in Guatemala. Content analysis led to thematic interpretation of the data, where two investigators came to consensus on three themes: (a) Caring in a Resource Poor Country, (b) Divided Opinions on Immigration, and (c) Cultural Impact on Women's Rights.

Findings for this study indicated that poverty and its harsh effects on health and quality of life allowed students to better understand that developed countries suffer from lack of resources, which limits access to healthcare. Other findings demonstrated that both Guatemalans and participants were divided on the topic of immigration, and lastly gender inequality was observed. Participants developed attitudes suggesting a better understanding of human rights issues and a greater need for humanitarian efforts from both government and non-governmental agencies.

Manuscript 2 sought to understand transformative learning in the context of an international cultural immersion program. The purpose of this study was to examine participant writings to determine how transformative learning was expressed. Content analysis led to thematic interpretation of the data, where two investigators came to consensus on three themes: (a) Beyond Privilege, (b) Shift in Positionality, and (c) Regarding Social Justice. Findings of this study suggested that participants moved beyond their bias and judgmental attitudes toward another culture to developing attitudes of understanding and a willingness to be open-minded. They also began to move toward a greater worldview in which they not only challenged themselves and their way of thinking but began to challenge others in how they think and act. Lastly, they saw the injustices that

marginalized individuals face with regard to healthcare. In both studies, poverty was seen as the major contributing factor to the issues faced by the Guatemalan people. Participants moved from singleness of thinking to a desire to act both at home and abroad to improve quality of life, healthcare access, and to be more culturally sensitive to others. Further research is needed to determine the long-term effects international cultural immersion programs have on practice and professional development.

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INTERNATIONAL CULTURAL IMMERSION PROGRAM IN GUATEMALA

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by

Jennifer Dawn Jones-Locklear

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DEDICATION

First and foremost, I must give thanks to God for allowing me the opportunity to pursue this degree. I dedicate this dissertation to the memory of my grandmother, Mrs. Zelma Sampson Jones, and in honor of my grandmother, Mrs. Myrtle Berry Locklear. These two women were my constant inspiration during this process. Grandma Zelma, the constant educator right up until the day she left us, would tell me this, “never let anyone tell you that you can’t, God gave you a brain, use it to help others,” and grandma Myrtle, who at 100 years of age continues to teach me about life and how God is constant and faithful to those who serve him. To my husband Orlando who supported unconditionally, always pushing me forward, I love you more than you will ever know. Your continuous encouragement gave me strength to achieve this goal. To my children and my parents, for reminding me that this is only a journey, but one well worth continuing. To my best friend Martha, words cannot express the gratitude for all the hours spent allowing me to just have random ideas and thoughts while you patiently listened. Lastly, to my church family and Mucho Monday friends, a simple thank you will never be enough, but thank you. All of you were part of my team in some form or fashion, whether praying for me, providing words of wisdom, listening to me rant, or just letting me know you were here to support me; this accomplishment is as much yours as it is mine, I could not have finished without all of you.

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CHAPTER 1: INTRODUCTION

Global health is a priority concern for nursing science (Eckardt, Culley, Corwin, Richmond, Dougherty, Pickler, Krause-Parello, Royce, Rainbow, & DeVon, 2017). The nursing profession has an obligation to respond to critical global health issues such as poverty, inadequate health care, contaminated water, and malnutrition. The world population is projected to increase by more than one billion people over the next 12 years with most of this growth occurring in developing countries (Holtz, 2017; United Nations [UN], 2013). This changing demographic calls on nurses to strengthen their cultural knowledge, skills, and attitudes to care for culturally diverse populations.

Health and economic inequality are inextricably linked (Dabla-Norris, Kochhar, Suphaphiphat, Ricka, & Tsounta, 2015). Individuals who live in economically disadvantaged environments often lack access to health care, potable water, and sanitation (World Health Organization [WHO], 2015a). Worldwide, over 1 billion people live in extreme poverty (less than \$2.00 per day) (WHO, 2015a). In 2016, nearly six million children under the age of five died as a result of complications associated with preterm birth, diarrheal disease, and malnutrition—all linked to poverty (WHO, 2016a). It is crucial to understand these issues and the populations affected by them in the context of global health.

Efforts have been made to address nursing care for diverse populations at the system level. For example, the Culturally and Linguistically Appropriate Services (CLAS) standards were established to increase cultural competence among all health professionals and in health care organizations (U.S. Department of Health and Human Services, 2016). The Quality and Safety Education for Nurses (QSEN) standards provide a blueprint for patient-centered care through nursing specific knowledge, skills, and attitudes (Cronenwett et al., 2007).

Educational programs are preparing nurses to serve diverse populations through curricular and programmatic venues focused on cultural competence. While much attention has been given to cultural competence regarding knowledge and skills, attitudes have been more difficult to measure. Therefore, further research into the attitudes of health professions students regarding global health policy is warranted.

One strategy considered helpful in bringing global health to the forefront of the nursing profession is international cultural immersion programs (Commission on the Abraham Lincoln Study Abroad Fellowship Program, 2005; Farmer, 2015; Holtz, 2017; LaVeist, 2005). Student participation in international cultural immersion programs has increased over the past 2 decades. However, fewer than 5% of participating students are in the health professions (Institute of International Education, 2017). This lack of participation by health professions students is concerning. These immersion experiences are believed to facilitate the development of cultural knowledge, skills, and awareness of self and others (Commission on the Abraham Lincoln Study Abroad Fellowship Program, 2005; Kulbok, Mitchell, Glick, & Greiner, 2012; Opollo, Bond, Gray, & Lail-Davis, 2012). Some international cultural immersion programs may enhance students' understanding of the relationship between health policy and global health.

A review of the literature regarding the impact of international immersion programs on the development of cultural competence revealed limitations in sample size and study design (Edmonds, 2012). In a second review of the literature focusing on international cultural immersion, Kulbok et al. (2012) found that students recognized cultural differences and challenges to developing cultural competence. Overall, students found it hard to live in a country with language and cultural differences (Kulbok et al., 2012). In an integrative review on short-term global health efforts, only 14% of the 19 studies identified the nurse's role

(Dawson, Elliott, & Jackson, 2017). Most of the literature addresses benefits to students and course development (Castillo, Goldenhar, Baker, Kahn, & Dewitt, 2010; Ruddock & Turner, 2007).

Three cultural immersion studies were implicitly linked to global health policies (Engstrom & Jones, 2007; Finch et al., 2011; Plumb et al., 2012). These studies suggest that cultural immersion programs have the potential to influence attitudes toward global health policy. Yet, no studies were found that discussed student attitudes specifically related to global health policy during an international cultural immersion program.

Significance

The world population is projected to increase by more than one billion people over the next 12 years, much of this occurring in developing countries (Holtz, 2017; UN, 2013). The United States is experiencing an increase in immigration as a result of violence and lack of opportunity in Latin America (Cuellar, 2018). The Latino population in the United States currently exceeds 17%, making it the largest ethnic minority group (Stepler & Brown, 2016). Of the nearly 55 million Latinos in the United States, Guatemalans are among the top six subgroups (Motel & Patten, 2012).

Guatemala is the most populated and least developed country in Central America with a population that is largely indigenous Maya and Ladino (a combination of indigenous and Spanish descent) (The World Factbook, 2017). Guatemala has one of the highest infant and child malnutrition rates in the world (Cabrea-Vique et al., 2015). In 1996, a Peace Accord was reached following a civil war which killed over 200,000 indigenous Mayans (Bracken, 2016; Center for Justice and Accountability [CJA], 2016). Guatemalans continue to suffer from the trauma caused by this 36-year civil war (CJA, 2016).

Since 2008, a mid-Atlantic university college of nursing has conducted an international cultural immersion program in Guatemala for U.S. health professions students. This course has been conducted for the past 11 years, and to date, a total of 136 students has completed the course. The overall goal of this course was to increase cultural knowledge and language skills among health professions students to practice safe, quality nursing care with U.S. Spanish-speaking populations.

Purpose of Study

The primary aim of this study was to examine the attitudes of health professions students regarding global health policies and to determine how transformative learning was expressed during an international cultural immersion program in Guatemala. The long-term goal of this study is to eliminate health disparities by delivering safe, quality nursing care through a culturally sensitive approach that takes into consideration the perspectives of others. The research questions were:

- i. *How do health professions students' express attitudes regarding global health policy during an international cultural immersion program?*
- ii. *How do health professions students express transformative experiences during an international cultural immersion experience?*

Assumptions

Participant experiences and perceptions define truth and knowledge (Thorne, 2008). Participants in this study provided reflections regarding their lived experiences in Guatemala.

Definitions

For this study, the following definitions were used:

Health policy. Any decision, strategy, or action that helps society reach specific health goals that improve health care outcomes (WHO, 2015a).

Cultural competence. A continuous process in which health care professionals effectively work within the cultural context of an individual, while developing an attitude that reflects respect and understanding for a culture different from one's own (Campinha-Bacote, 2002).

International cultural immersion. A global experience undertaken for gaining new cultural knowledge, skills, and attitudes.

Health professions student. Any student currently enrolled in a degree-seeking program that practices in a healthcare setting.

Attitude. A viewpoint or reaction to an experience that is reflected in an individual's feelings, behaviors towards objects, symbols, groups, or events and the endurance of organized beliefs (Hogg & Vaughn, 2005).

Conceptual Model

The conceptual model guiding this study is Mezirow's Transformative Learning Theory (Mezirow, 1994). Transformative learning is a process where the adult learner reflects upon experiences, engages in discourse, and acts to improve a given situation (Mezirow, 1997; Mezirow & Associates, 2000). The transformative learner moves from a narrow, socio-cultural belief pattern to one that is broader and more inclusive (Mezirow, 1997). The components of this theory are a) experience, based on individual or other life-

encounters; b) critical reflection, based on introspection or discussion with others; c) rational discourse, based on interchange of ideas and insights; and d) action, based on rational discourse and critical reflection (Mezirow, 1994).

Conclusion

Linguistically and culturally prepared nurses are needed to provide safe, quality care (Razum & Spallek, 2014). To care for an increasingly diverse U.S. population, it is essential to understand student attitudes regarding global health policy and whether and how transformative learning occurs. Gaining this insight could provide guidance to nursing practice, education, and research that would reduce health disparities through culturally relevant approaches that take into consideration diverse perspectives.

This study is organized into five chapters. Chapter 1 described the research problem. Chapter 2 is a synthesis of the relevant literature that sets the underpinning and justification for the research study. Chapter 3 outlines the methodological approach, data management, and analysis. Chapter 4 incorporates the findings and discussion related to Research Question 1. Chapter 5 incorporates the findings and discussion related to Research Question 2.

CHAPTER 2: REVIEW OF THE LITERATURE

This chapter provides a comprehensive review of the literature. First, an overview of global health policy will highlight the 2030 United Nations Sustainable Development Goals (SDGs) and the social determinants of health in relation to immigrant populations. Next, the literature outlines the current science on cultural immersion programs and cultural competence among health care professionals. Lastly, theoretical views on cultural immersion and global health as well as the use of critical reflection in academia are discussed.

Global Health Policy

Global health is one of the four priority areas for nursing science (Eckardt et al., 2017). The nursing profession has an obligation to respond to critical global health issues such as poverty, inadequate health care, contaminated water, and malnutrition. The UN, founded in 1945, is charged with the mission of maintaining international peace and security, promoting sustainable development, and delivering humanitarian aid (UN, 2016a). As a member of the UN, the philosophy of the U.S. government is one of humanitarianism; through this effort lives are saved, leadership is created, and conditions for well-being are advanced (Schwartz, 2012; U.S. Department of State, 2007).

Worldwide, billions of people live in poverty, have no access to basic medicine, and die prematurely (The World Bank, 2018). Half of the global workforce continues to work in sub-standard conditions and lack the benefits associated with safe work conditions, and one in three people suffers from some form of malnutrition with a cost of \$3.5 trillion in health and economic-related issues (UN, 2016b). While improvements have been made, millions of people continue to live in poverty, lack access to basic services, and experience severe malnutrition, requiring continued attention to global health policy. In a continued

effort to improve the health and well-being of individuals worldwide, the UN has set forth the 2030 SDGs. The World Health Organization (WHO), an arm of the UN, offers guidance on the SDGs to advance global health so that individuals obtain the highest level of health (Vonderheid & Al-Gasseer, 2002; WHO, 2016b). These goals (SDGs) are foundational for developing global health policies and are based on social concerns and scientific evidence generated by non-governmental organizations (NGOs), public health groups, and governmental agencies (Feldbaum, Lee, & Michaud, 2010; Koivusalo, 2015).

The 2030 UN SDGs

The UN supports 17 goals that make up the 2030 SDGs (UN, 2018). The goals are (a) ending poverty; (b) ending hunger and achieving food security; (c) ensuring healthy lives; (d) ensuring inclusive, equitable quality education; (e) achieving gender equality and empowerment of women; (f) ensuring availability and sustainability of water and sanitation; (g) ensuring access to affordable clean energy; (h) promoting inclusive, sustainable economic growth and employment; (i) building infrastructure, (j) reducing inequalities between and among countries; (k) making human cities and settlements inclusive and safe; (l) ensuring reasonable consumption and production; (m) acting to combat climate change; (n) conserving oceans, seas, and marine resources; (o) protecting, promoting, and restoring terrestrial ecosystems and managing forests; (p) promoting peaceful, inclusive societies; and (q) strengthening partnerships for sustainable development (UN, 2018). Many of these SDGs are in alignment with the goals of international cultural immersion programs. The SDGs linked to some international cultural immersion programs include ensuring healthy lives, ensuring availability of water, and strengthening partnerships for sustainable development (UN, 2018).

Potable Water

Safe drinking water is a global health concern and a basic human right. Globally, lack of potable water affects nearly a billion people, with many of these being women and children living in rural villages who share water sources with livestock and other animals (WHO, 2011). An estimated 2,200 children under the age of five die daily due to contaminated water (Centers for Disease Control and Prevention [CDC], 2016; WHO, 2016a). As populations grow, the demand for potable water increases; however, for developing countries, safe drinking water remains scarce (Hutton, Haller, & Bartram, 2007; Joshi, Prasad, Kasav, Segan, & Singh, 2014; Mkondiwa, Jumbe, & Wiyo, 2013). The lack of safe drinking water may be the greatest public health failure of the 21st century, and without action an estimated 135 million deaths will occur by 2020 related to waterborne illness (Gleick, 2002).

Numerous studies have shown that households with less economic security are more likely to lack access to potable water and suffer from poor health outcomes (Adams, Boateng, & Amoyaw, 2016; Chiller et al., 2006; Hutton et al., 2007; Joshi et al., 2014). Drawing from data from the Ghana 2008 Demographic and Health Survey, interviews were conducted with almost 9,000 women and men to determine socioeconomic and demographic factors associated with potable water and sanitation (Adams et al., 2016). Researchers found a relationship between increased wealth and education, to better water and sanitation (Adams et al., 2016).

In Guatemala nearly two million children succumb to diseases resulting from diarrhea yearly resulting from a lack of access to potable drinking water (Chiller et al., 2006). Hutton et al. (2007) conducted an analysis of water supply in 11 developing regions (African Region, Region of the Americas, Eastern Mediterranean, European, South East Asia, and

Western Pacific Regions). The analysis revealed that when water is purified, health improves, deaths rates decline, and overall cost savings increase. There was evidence that economic and health benefits greatly increase in countries that are willing to invest in improved water and sanitation (Hutton et al., 2007). Still, in a study in south Delhi, most participants perceived gastrointestinal infection as an important health issue, yet failed to use any method to purify water (Joshi et al., 2014). Furthermore, 53% of the drinking water collected in water container units was found to be contaminated (Joshi et al., 2014).

These studies suggest that low economic status is associated with lack of safe drinking water and poor sanitation. Furthermore, as education levels or economic household wealth increases, so does access to potable water, suggesting that better education may lead to better employment, greater income, and improved access to safe drinking water.

Food Insecurity

Food insecurity is defined as the uncertainty of access to food or the inability to acquire food in an acceptable manner (UN, 2016b). More than 800 million people go to bed hungry each day, adding to the burden of poor health (Feeding America, 2018). Food insecurity may lead to digestion problems, decreased nutrient intake, iron-deficiency anemia, and metabolic dysfunction (Cabrea-Vique et al., 2015). There are multiple reasons why food insecurity exists. Agricultural systems may fail to produce sufficient quantities to support a region, regions may lack the ability to produce food that has adequate nutritional value, and weather patterns or shifts may also affect the amount and quality of food that can be produced (USAID, 2018a). More importantly, underemployment or unemployment may prohibit the purchase of adequate household foods.

Both children and adults are affected by food insecurity (Munger, Lloyd, Speirs, Riera, & Grutzmacher, 2015; Weigel, Armijos, Hall, Ramirez, & Orozeo, 2007). In a study with 24

Latino men and women who had lived in the United States less than 10 years, participants reported food shortage, limited food choices, and poor quality of food and food unfamiliarity. Lacking safety net programs such as access to the Supplemental Nutrition Assistance Program (SNAP) places individuals at greater risk of food insecurity in the United States (Munger et al., 2015).

Adults and children faced with inadequate food resources may have learning disabilities, low self-esteem, poor academic performance, and poorer overall mental health (Weigel et al., 2007). In a survey of 100 migrant and seasonal workers, 82% reported food insecurity, while 49% reported being hungry. Workers living in food insecure homes were more likely to have increased levels of depression, stress, and anxiety (Weigel et al., 2007).

The lack of food has both social and cultural implications, with families becoming socially isolated and feeling as if their culture is lost due to the inability to prepare and eat foods that are traditional in nature. Understanding food insecurity in a developed country, like the United States, may help to understand the need some individuals feel to migrate to another country, especially in Guatemala where poverty and malnutrition is alarmingly high (USAID, 2018b).

Social Determinants of Health

A priority area for nursing science is research that considers the social determinants of health (Eckardt et al., 2017). The social determinants of health include physical and social conditions in which individuals live, work, and play (Braveman et al., 2011). Health of immigrants may be determined by factors such as social determinants of health and immigration status (Fuller-Thomson, Noack, & George, 2011; Martinez et al., 2015; Zimmerman, Kiss, & Hossain, 2011).

Access to Care

Access to healthcare depends largely on immigration status. In the United States, undocumented immigrants can receive health services through emergency departments, health departments, and federally qualified health centers (Gardner, 2007). Undocumented immigrants, however, do not have access to federal government health insurance coverage such as regular Medicaid, and lack the ability to be included in the Patient Protection and Affordable Care Act (PPACA) (Brown, Wilson, & Angel, 2015; Gardner, 2007; Sommers, 2013).

Undocumented immigrants are often without primary health care for extended periods of time, increasing the severity of illness and chronic disease (Sommers, 2013). Predisposing genetic and environmental risk factors also add to the burden of disease (Stutz & Baig, 2014). A lack of epidemiologic and demographic data on the immigrant population places public health providers at a disadvantage (Hilfinger Messias, McEwen, & Clark, 2015). This lack of information also means that clinicians may lack information related to living conditions. Exploitation, discrimination, and fear of deportation may also lead to negative health-seeking behaviors and not reporting crimes, aggression, and social isolation (Stacciarini et al., 2015).

Uninsured individuals forego healthcare (Kaiser Family Foundation, 2017). This is important when looking at policies regarding immigration and healthcare. Frequent changes to immigration policies confuse both recipients and providers of health care. For example, the U.S. Illegal Immigration Reform and Immigrant Responsibility Act of 1996 restricted access to state and federally funded social services, thus limiting health care access (Androff et al., 2011). The government's choice to limit access to health care because of immigration status could lead to a public health emergency (Braveman et al., 2011). In a

recent study with Latino community members and service providers, investigators reported ethnic stereotyping and cultural insensitivity as major barriers to access to care (Larson, Mathews, Torres, & Lea, 2017). In this study, some counties offered some services to all Latinos while neighboring counties placed restrictions on the same services.

Language barriers, fear of deportation, and lack of knowledge regarding U.S. health care systems affect an immigrant's ability to obtain proper health services (Kullgren, 2003). Fewer than 60% of undocumented Latinos have a primary care provider (Sommers, 2013; Stutz & Baig, 2014). The United States, Canada, and the United Kingdom (UK) all have policies in place that restrict health services for immigrants which increases health disparities (Bowhser, Krishnan, Shanahan, & Williams, 2015; Gushulak, Pottie, Roberts, Torres, & DesMeules, 2011; Hargreaves & Burnett, 2008; Meshefedjian, Leaune, Simoneau, & Drouin, 2014). Because policies that impact immigrants also affect their ability to hold economically sound jobs, they are often relegated to economically disadvantaged neighborhoods where water quality and sanitation services are substandard (Androff et al., 2011; Sommers, 2013).

Language Disparities

Health care professionals recognize the need to acquire communication and language skills to serve the diverse U.S. population (Vekemans, 2016). Multiple investigators have shown how language concordance, or similar language between providers and clients, leads to positive health outcomes (Ko, Zuniga, Peacher, Palomino, & Watson, 2018; Larson et al., 2017; Parker et al., 2017; Rayan, Admi, & Shadmi, 2014; Wilhelm et al., 2016). A secondary data analysis was conducted with 22 Latino cancer patients living in a region of the United States that borders Mexico (Ko et al., 2018). In this study, participants expressed that the ability to both understand and communicate with their provider was essential to the

management of their care (Ko et al., 2018). In rural eastern North Carolina, the health and social service needs of aging Latinos was investigated using a focus group methodology (Larson et al., 2017). Latinos felt discriminated against because of their lack of English-speaking ability, immigration status, and low educational levels (Larson et al., 2017).

Parker et al. (2017) found that when patients and providers spoke the same language there was an increase of approximately 10% in glycemic control. Rayan et al. (2014) studied care transition among non-English speaking patients in three oncology units. The findings suggest that language concordance at discharge is associated with quality of care at transition from hospital to home (Rayan et al., 2014). Yet, in one study, investigators found that individuals with limited English proficiency had better diabetic outcomes and target blood pressure than their English-speaking counterparts (Wilhelm et al., 2016). This contradiction may be based on the high availability of resources to individuals with limited English proficiency in an urban setting (Wilhelm et al., 2016).

International Cultural Immersion

International cultural immersion experiences, sometimes called study abroad programs, have been suggested as one strategy to prepare health professions students with an understanding of global health policy, social justice, and cultural competence (Duffy, Farmer, Ravert, & Huittinen, 2005; Kohlbry, 2016; Tabor, Carter, & Ramsing, 2008). Language immersion, one component of these programs, may offer a solution to address language discordance between providers and clients in the health care setting. Two studies specifically focused on language immersion to determine the relationship between language and culture (Carpenter & Garcia, 2012; Miano, Bernhardt, & Brates, 2016). Carpenter and Garcia (2012) compared cultural competence scores of 35 nursing students who took a class versus those who participated in a cultural immersion experience in

Mexico using the Cultural Awareness Survey. In this study, the classroom experience did not contribute to cultural competence as much as the immersion experience (Carpenter & Garcia, 2012). In the second study, Miano et al. (2016) collected oral and written data from 51 participants during a 2-week U.S.-based immersion experience. Interestingly, participants in the language immersion improved language skills but were not motivated to seek further cultural knowledge (Miano et al., 2016).

Three cultural immersion studies were implicitly linked to the SDGs and global health policies (Engstrom & Jones, 2007; Finch et al., 2011; Plumb et al., 2012). Engstrom and Jones (2007) reported how students in Thailand utilized the U.S. child abuse reporting laws to educate mid-level administrators in Thailand. Reciprocity was revealed in shared child abuse laws, meetings, and educational sessions (Engstrom & Jones, 2007). Finch et al. (2011) highlighted two global health policy cases; one on HIV medication and the other on environmental scans.

The first case provided evidence of how HIV patients in Africa could access medication through a pharmaceutical company licensure agreement (Finch et al., 2011). The second case suggested how environmental scans could identify opportunities and barriers to health (Finch et al., 2011). Plumb and colleagues (2012) showcased service-learning in Mexico and Rwanda where participants focused on public health programs, health education, and sustainability. In both countries, students demonstrated appreciation for culture and place in relation to health policy. These studies suggest that cultural immersion programs have the potential to influence an understanding of global health policy.

Cultural competence is a process in which health care professionals strive to work within the cultural context of an individual patient with an attitude that reflects respect and understanding (American Association of Colleges of Nursing [AACN], 2015; Campinha-

Bacote, 2002). Investigators have determined that cultural immersion contributes to cultural competence in the health professions (Castillo et al., 2010; Charles et al., 2014; Duffy et al., 2005; Edmonds, 2012; Kohlbry, 2016; Kulbok et al., 2012). In a study of 13 pediatric residents from Cincinnati Children's Hospital, researchers sought to determine how participation in global health training influenced residents' viewpoints when caring for individuals from diverse backgrounds (Castillo et al., 2010). Following a short-term study abroad program, residents had an increased awareness of health care systems and limitations in developing countries, while developing an increased appreciation for the U.S. health care system. Residents also reflected on a new desire to volunteer and advocate for increasing humanitarian outreach programs (Castillo et al., 2010).

In a study of Australian nursing students who participated in a short-term immersion program in India, investigators examined reflective writings of eight undergraduate nursing students (Charles et al., 2014). Students recognized their own bias toward another culture and that their own culture was a factor in their perception of Indian health care (Charles et al., 2014). International cultural immersion is undertaken to gain new knowledge, skills, and attitudes (Duffy et al., 2005). In one study conducted 2-years post-immersion, participants reported that their cultural sensitivity increased, particularly regarding culture, respect for others, and open-mindedness (Duffy et al., 2005).

In a review of the literature on the impact that international immersion programs have on the development of global perspectives and cultural competence among nursing students, many studies had limitations related to sample size and study design (Edmonds, 2012). One large study was conducted in California with 121 baccalaureate nursing students using a pre- and post-immersion design (Kohlbry, 2016). Immersion length ranged from one day to three weeks and researchers found a correlation between age of student and cultural encounters,

that is, the older the student, the greater the gains in cultural competence. Also, the greater the number of encounters, the greater the opportunity to have cultural beliefs modified. In both the pre- and post-immersion survey, cultural competence levels did not seem to be affected; participants did, however, rate themselves differently post-immersion. Many participants saw themselves as having a limited worldview after the immersion experience, something they had not realized pre-immersion. Most participants were non-Hispanic White females (Kohlbray, 2016). In another review of the literature, Kulbok et al. (2012) found that students recognized cultural differences and challenges to developing cultural competence. Overall, students found it hard to live in a country with language and cultural differences (Kulbok et al., 2012).

Theoretical Views on International Cultural Immersion and Global Health

Multiple investigators have linked international cultural immersion to transformative learning theory (Caldwell & Purtzer, 2014; Gilliland, Attridge, Attridge, Maize, & McNeill, 2016; Ingulli, Doutrich, Allen, & Dekker, 2014; Larson, Ott, & Miles, 2010; Levine, 2009; Walters, Charles, & Bingham, 2017). Caldwell and Purtzer (2014) used a qualitative descriptive approach to determine the transformative learning outcomes that resulted from a short-term study abroad program in Honduras. Findings included fewer biases regarding illness and poverty, increased ability to advocate for people in need, and increased self-assertiveness (Caldwell & Purtzer, 2014).

A mixed methods study with nursing and pharmacy students, conducted in China and India, used a pre- and post-test questionnaire, and the reflective writings students completed post-immersion to examine cultural knowledge, skills, and awareness (Gilliland et al., 2016). Transformative learning was identified in improved cultural knowledge and an appreciation for the “other” (Gilliland et al., 2016). In a pilot study, researchers analyzed interviews of

four advanced practice nurses following an international immersion program to understand what cultural immersion meant to the practicing nurse. Three themes emerged: “changing my practice, learning to see beneath the surface, and appreciating one’s context” (Ingulli et al., 2014, p. 6).

According to the researchers, transformative learning was found in the students’ increased cultural self-growth and enhanced respect and cultural sensitivity (Ingulli et al., 2014). Following a short-term immersion program in Guatemala, students became more aware of cultural differences, felt that they were making a difference, and learned how to navigate daily life (Larson et al., 2010). These researchers found transformative learning in personal and professional development (Larson et al., 2010).

Levine (2009) evaluated transformative learning among registered nurses who participated in an international cultural immersion experience in one of four countries. Using Moustakas’s heuristic model, ten nurses were interviewed following a short-term immersion program. The students in this study recognized that the poor in developing countries do not have the same comforts that exist in the United States regarding health care, food, or employment security. Students expressed personal and professional change, especially regarding patient care and self-understanding. Beliefs were challenged, and disparities were recognized (Levine, 2009).

Walters and colleagues (2017) compared students’ transformative learning 6-weeks post-immersion in Haiti, Turkey, Costa Rica, France, and Italy. Transformative learning was sought through a Reflection Questionnaire. High critical reflection scores were associated with reflective journaling and service learning. The group in Haiti demonstrated the highest critical reflection scores and faced the most poverty and despair. Participants in the France group scored the lowest and reported more time spent on excursions. Findings suggest certain

characteristics of immersion experiences may result in greater transformative learning.

Faculty expertise in design and implementation of immersion programs has the potential to maximize transformative learning (Walters et al., 2017).

Uses of Critical Reflection in Academia

Critical reflection has been used in academia as a means of gaining insight into student thinking, helping students to self-examine as a means of professional growth while helping them make connections between theory and practice (Craft, 2005; Kennison, 2012; Lepianka, 2014). Reflective writing allows the writer to explore self-beliefs, self-awareness, and understanding while examining controversial issues that may cause discomfort or unsettling feelings (Kuo, Turton, Cheng, & Lee-Hsieh, 2011; Schuessler, Wilder, & Byrd, 2012). Reflective writing may also evaluate learning, help faculty understand student challenges, and identify issues that affect practice (Mahlanze & Sibiya, 2017).

In 2008, Kuo and colleagues (2011) used journaling to discover perceptions of both students and faculty during an 8-month clinical practicum in Taiwan. Faculty and students felt the journaling was a positive feature, providing guidance regarding patient care and enhancing communication. Students further felt that journaling enhanced their self-development and built self-confidence (Kuo et al., 2011). In a study with 50 students over a 2-year timeframe, reflective journaling was used to assess cultural humility (Schuessler et al., 2012). Over four semesters, 200 reflective journal entries were analyzed. Critical reflection over time facilitated the development of students' cultural humility (Schuessler et al., 2012). In a study conducted in Africa, reflective journaling helped nursing students with decision-making and problem-solving, including corrective actions and redefining problems (Mahlanze & Sibiya, 2017).

Summary

This literature review provided insight into the link between global health policy,

international cultural immersion, and transformative learning. Organizations such as the UN, WHO, and the AACN all strive to advocate for social justice and the elimination of health disparities. The humanitarian efforts of government and non-governmental agencies employ goals, such as the UN 2030 SDGs, that set out to improve lives and advance global health policies.

Lack of potable water and sanitation can be attributed to the premature deaths of millions of children. In addition, chronic malnutrition, especially in developing countries like Guatemala, contributes to lifelong developmental and cognitive deficits. Indigenous peoples are at greatest risk of suffering from poor health due to lack of resources. Many people will emigrate from their home country to a developed country to improve life for themselves and their families. Immigration carries the potential of further barriers to care. International cultural immersion programs may play an important role in health professional training if mutual goals between countries can be set and capacity-building for international partners becomes a priority.

CHAPTER 3: METHODOLOGY

Chapter 3 focuses on the methodology for the study investigating student attitudes regarding global health policies and transformative learning. To gain this understanding, an interpretive description approach (Thorne, 2008) was utilized to analyze the reflective writings of 75 university students who completed a cultural immersion program in Guatemala between 2010 and 2015. The research design is discussed, along with the setting and sample, parent and pilot studies, and steps taken to ensure ethical consent of study participants. The data management and analysis plans are explained, including steps to ensure trustworthiness.

Research Design

Interpretive description is a research methodology informed by naturalistic and constructivist orientations to inquiry and allows for interpretations that are near the data while allowing for variations (Thorne, 2008). The use of interpretive description comes with the understanding that the phenomenon is grounded in experience (Thorne, 2008). The goal of interpretive description is to identify patterns and themes, while accounting for differences in individuals (Thorne, Kirkham, & MacDonald-Emes, 1997). Thorne (2008) states that interpretive description attempts to understand problems not restricted by time or situation. Derived from philosophers Heidegger and Gadamer, interpretative description supports the idea of multiple realities. Heidegger (1962) argued that meaning occurs in the transaction between the experience and the individual, while Gadamer (1975) claimed that to understand a phenomenon one must consider the temporal and cultural context. Each learner has a unique experience that is influenced by a sociocultural worldview. In this study, the learner was actively engaged in a 3-week international cultural immersion experience through daily contact with Guatemalan Spanish teachers, community members, and host families.

Transformative Learning Theory

This study was guided by Transformative Learning Theory (Mezirow, 1994). Transformative learning is defined as “the social process of construing and appropriating a new or revised interpretation of the meaning of one’s experience as a guide to action” (Mezirow, 1994, p. 222). The theory purports that adult learning, which reflects upon experience, may lead to changes in thinking and in how one views oneself and the world (Mezirow, 1997; Mezirow & Associates, 2000). For transformative learning to occur, individuals must engage in critical reflection, challenge self and group assumptions, and consider various perspectives of the group (Mezirow, 1997; Mezirow & Associates, 2000). The transformative learner moves from a narrow, sociocultural belief pattern, or frame of reference, to one that is broader and more inclusive (Mezirow, 1997; Taylor, 2012). The learner establishes new viewpoints through self-examination and consideration of other viewpoints (Kitchenham, 2008; Mezirow, 1997).

This theory has four main components: experience, critical reflection, rational discourse, and action (Mezirow, 1994, 1997, 1998). Learning occurs by reflecting on the experiences of self and others to reach an individual understanding as well as a collective understanding. Critical reflection occurs through introspection and discussion with others to gain a new perspective and garner the most from the experience. Rational discourse is an interchange of ideas that focuses on content to justify or validate beliefs and is done by challenging the evidence either for or against viewpoints. For this to occur, learners must have sufficient information, positive influences, view opinions objectively, and have a willingness to come to a consensus (Mezirow, 1994). Actions are then taken based on rational discourse and reflective insights (Mezirow, 1994, 1997, 1998).

Transformative learning has been explicitly referred to in three global immersion programs (Caldwell & Purtzer, 2014; Carpenter & Garcia, 2012; Levine, 2009). Caldwell and Purtzer (2014) used a qualitative descriptive study to determine the transformative learning outcomes that resulted from a short-term study abroad program in Honduras. Students' previous viewpoints were exchanged for new ones that were more consistent with their new experiences. Fewer biases regarding illness and poverty, increased ability to advocate for those in need, and increased self-assertiveness were noted (Caldwell & Purtzer, 2014). Carpenter and Garcia (2012) reported transformative learning among nursing students with changes in cultural awareness, especially regarding prejudices. Overall, students felt that the experience helped to improve language skills and that clinical practice would be influenced by the experience (Carpenter & Garcia, 2012). Levine (2009) evaluated transformative learning among registered nurses who participated in an international cultural immersion experience in one of four countries. Students expressed both personal and professional change, especially regarding patient care and self-understanding. Beliefs were challenged, and disparities were recognized (Levine, 2009). This literature predominantly addresses the two components of Transformative Learning Theory of experience and critical reflection. Rational discourse and action were not addressed.

Critical Reflection

Critical reflection has been used to evaluate student knowledge expansion, skill acquisition, and transformation (Charles, 2010; Craft, 2005; Hendrix, O'Malley, Sullivan, & Carmon, 2012; Hubbs & Brand, 2010; Kobert, 1995; Lepianka, 2014; Schuessler et al., 2012; Young & Myrick, 2005; Zori, 2016). Additionally, transformative learning has been noted in critical reflection while examining controversial issues that may cause discomfort or unsettled emotions (Epp, 2008; Harris, 2008). Critical reflection through writing has been used as a

means of gaining insight into thinking and self-examination (Billings, 2006; Blake, 2005; Hendrix et al., 2012; Hubbs & Brand, 2010; Kennison, 2012; Kuo et al., 2011; Lasater & Nielsen, 2009). Reflective writing can provide a deeper understanding of health and illness (Harris, 2005; Lepianka, 2014; Schuessler et al., 2012).

Parent Study

This research used a secondary dataset from a parent study that explored the impact of a cultural immersion program on personal and professional development of nursing students (Larson & Tyndall, 2014). Data were generated from the reflective writings of students who completed a cultural immersion program, a three-credit elective, in Guatemala. The parent study had been conducted annually since 2008 through the development of a longstanding partnership between a mid-Atlantic College of Nursing and a community-based organization (CBO) in Guatemala. The cultural immersion program encompassed a 5-week experience: week one and five were on the university campus (seminars) while weeks two, three, and four were in Guatemala. Seminars during week one included discussions of Guatemalan culture and history, International Health Care Organizations, United Nations (UN) Millennium Development goals, and the intersection of poverty, malnutrition, and lack of safe drinking water in Guatemala. Finally, service learning projects were planned for the purpose of allowing students to work directly with the CBO and members of the community.

During the 3-weeks in Guatemala, the major focus was on language acquisition and cultural immersion. Students studied Spanish every day for 4 hours with individual Guatemalan Spanish teachers. Clinical experiences consisted of working at a nutrition rehabilitation center and a long-term care facility for disabled children and adults, a site visit to a rural hospital that served the Mayan population, and a primary care outreach clinic in a remote mountain village.

In addition to the common language lessons and clinical experiences, students experienced unique contextual factors in the program each year. For example, in 2010 students experienced two natural disasters: the eruption of *Volcan de Pacaya* and tropical storm Agatha. In 2011, students held disaster preparedness workshops with communities affected by the natural disasters. In 2012, students worked with public health staff to disseminate information about rabies vaccinations for dogs. In 2013, students were introduced to a new non-profit organization, Women's Initiative Network in Guatemala (WINGS), which focused on reproductive health and access to contraceptive methods. In 2014, a Clean Water Project was initiated in which nursing faculty and students instructed, installed, and distributed water filters to families in need. In 2015, faculty and students evaluated the Clean Water Project. Recognizing that contextual factors affect attitudes was important to understanding these data (Heffron & Maresco, 2014; Paris, Nyaupane, & Teye, 2014).

Informed Consent

The University Institutional Review Board (IRB) granted full approval of the parent study. Students were invited by a third party (research assistant) not associated with the cultural immersion program to participate in the parent study after course completion. Students were informed of the purpose of the study and that it was a low-risk study that would use de-identified reflective writings. Course faculty were blinded to consent documents until grades were turned into the registrar. Inclusion criteria for the study were successful completion of the course and age greater than 18 years. The principal investigator (PI) for the parent study was the course instructor, and participants' names were not disclosed.

Researcher's Stance

As a registered nurse, I have worked in a rural county for more than 20 years. As a Master's prepared nurse, I have taught students the value of diversity and inclusion. As a member of the Lumbee Indian community in eastern North Carolina, I have observed firsthand the effects of poverty, natural disasters, and discrimination. Some of our community members lack indoor plumbing and rely on the use of a hand pump to obtain drinking water. Witnessing discrimination, and on occasion feeling discriminated against, I have made a conscious effort to find the assets, pride, and value within individuals, families, and communities. As a PhD student, I was naturally drawn to research with a cultural lens. I attended several post-experience seminars when students had returned from Guatemala to listen to their presentations. I also attended conferences to listen and interact with other researchers who have worked with vulnerable populations. I have neither personally participated in an international cultural immersion program, nor was I a part of this international cultural immersion program. This allowed distance between the student and the researcher experiences and minimized bias. It is with this lens that I entered into this study.

Pilot Study

Pilot work by this researcher (JJL) completed on 2014 data was foundational to the current study. The purpose of the pilot study was to explore how students expressed ideas about global health policy. The 2014 reflective writings of a subset of students ($n=13$) who participated in the parent study were analyzed. The reflective writings were transcribed into Microsoft® Word and uploaded to NVivo v10 (QSR International, 2014). Using NVivo, code words were applied to parent nodes and related codes were placed under parent nodes as child nodes.

Students expressed sentiments, thoughts, and ideas about global health policy in five

primary areas: accessibility, fiduciary responsibility, social justice, sustainability, and being marginalized (Jones-Locklear, Larson, & Miles, 2016). Accessibility referred to the lack of access to health care services and potable drinking water. Fiduciary responsibility denoted the lack of funding for population health and food security. Social justice related to lack of government assistance and political corruption. Sustainability referred to the global partnership between the university and local communities. Being underserved implied discrimination faced by subgroups in Guatemala. Two investigators (JLL and KLL) independently read transcripts, reviewed data, and came to a consensus on main findings. These findings, along with the lack of information about student attitudes toward global health policy in the extant literature, led to this investigation.

Study Site

Guatemala has a population of more than 16 million people, with the largest indigenous Mayan population in Central America (The World Factbook, 2017). The official language is Spanish; however, more than 20 Mayan dialects are spoken throughout the country. Guatemala is situated between two oceans and has 29 active volcanoes making natural disasters a common occurrence (The World Factbook, 2017). In 2016, the under-five mortality rate for Guatemala was 28.5/1000, the highest of any Central American country, while malnutrition affected over 50% of children (The World Bank, 2018; UNICEF, 2018). Guatemalans, especially the Mayans, continue to suffer from the trauma caused by a 36-year civil war from the 1960s to the 1990s. In 1996, a Peace Accord was reached, but over 200,000 indigenous Mayans had been killed (Jonas, 2007).

According to the Economic Complexity Index (ECI), Guatemala exported almost \$12 billion in products, of which over \$5 billion include food items (Simoes, 2015). Yet, Guatemala imported over \$17 billion in products making it the 78th largest importer in the

world (Simoes, 2015). This export-import imbalance demonstrates how Guatemalans may lack basic commodities. Furthermore, 50% of Guatemalans live in poverty and, of those, 15% live in extreme poverty (Asturias et al., 2016; Roser & Ortiz-Ospina, 2017).

Sample

Between 2010 and 2015, 85 students completed the 5-week cultural immersion program and 75 students signed informed consent, making up 88.2% of eligible participants. Participants for this study represented a convenience sample of undergraduate and graduate students in the health professions. Participants were from diverse disciplines including nursing, psychology, health education, nutrition, public health, pre-med, women's studies, and exercise physiology. White females accounted for the majority of participants ($n=63$; 84% and $n=69$; 92% respectively). Most participants were younger than 23 years of age ($n=67$; 89.3%) with a declared nursing major ($n=57$; 76%). A little over half of the participants self-reported their Spanish language ability as beginner level ($n=49$; 65.3%) (see Table 1).

Reflective Writing Rubric

Reflective writing is a valid and accepted method of generating qualitative data (Billings, 2006; Chirema, 2007; Hayman, Wikes, & Jackson, 2012). Journaling, as a tool, can be transformative in that journal writing challenges attitudes while allowing for critical thinking (Hendrix et al., 2012; Sockman & Sharma, 2008). Concepts of critical reflections were introduced to participants during the pre-immersion on-campus seminar. A reflective writing rubric served as a guide for their writing (see Appendix B). Participants wrote in their journals a minimum of 5 days each week during the 3-week program in Guatemala.

Table 1

Demographic Profile of Study Participants 2010-2015 (N=75)

	<i>n</i>	Percentage (%)
Age		
<23	67	(89.3)
24-29	6	(8.0)
>30	2	(2.7)
Gender		
Female	69	(92.0)
Male	6	(8.0)
Ethnicity		
White	63	(84.0)
Minority	12	(16.0)
Self-Report Spanish Ability		
None	12	(16.0)
Beginner	49	(65.3)
Intermediate/Advanced	14	(18.7)
Academic Discipline		
Nursing	57	(76.0)
Psychology	3	(4.0)
Health Education	2	(2.7)
Nutrition	3	(4.0)
Pre-medicine/medicine	3	(4.0)
Public Health	5	(6.7)
Women's Studies	1	(1.3)
Exercise Physiology	1	(1.3)

Data Collection

The reflective writings of the 75 participants who completed the cultural immersion program were collected in the parent study from 2010 to 2015. Each student wrote on average 30 pages of reflections. The handwritten reflections were transcribed by a research assistant into Microsoft® Word documents and were reviewed for accuracy by the PI of the parent study.

Each transcript was assigned an identification number and names were removed. This dataset generated over 1,000 single-spaced typed pages of transcripts. Demographic data contained information about age (in years), gender, race/ethnicity, Spanish ability (self-reported), and academic discipline (see Table 1).

Data Management and Analysis

All electronic data were maintained on an encrypted, password-protected, university computer system. Consent forms and copies of handwritten journals were stored in a locked cabinet in a locked office within the College of Nursing. A backup copy of the data was kept on an external hard drive in a locked filing cabinet in a locked office of the PI. Profile sheets were created that described the unique contextual features of each year. Transcripts in the form of Microsoft Word documents were uploaded to NVivo v10 (QSR International, 2014). This qualitative data management program was used to organize, classify, and arrange information based by year (Bazeley, 2007). With NVivo, each transcript is called a “source,” and a data segment of interest is known as a “reference.” NVivo allows for tracking of decisions made during data analysis (Silverman, 2010).

Content Analysis

Inductive content analysis began with multiple readings of the transcripts to foster an understanding of the contextual features and to assist in coding (Bernard, Wutich, & Ryan, 2017). Engagement with the data through multiple readings and ongoing data analysis occurred iteratively during the interpretive process (Dey, 1993; Thorne, 2008). Creswell (2013) describes this analytic strategy as circular rather than linear. Methodological field notes were made throughout the reading of the transcripts to assist in the formulation of ideas and thoughts that served to locate patterns (Bernard et al., 2017).

The purpose of the first reading was to understand individual experiences. Phrases and sentences were highlighted that revealed potential attitudes toward global health policy. The purpose of the second reading was to understand the collective experiences and determine the code frequency by year. During this reading, 44 code words based on the pilot study were used to begin organizing the data. Major categories (parent nodes) and subcategories (child nodes) were created from the code words, allowing for conceptualizing congruence. From this reading, 19 new codes words were added. NVivo was used to compare frequency of code words in the transcripts. Code word frequencies were then exported into an Excel spreadsheet for comparison by source and by year. From the spreadsheet, a combined frequency table was created.

During a third reading, new code words were organized by the appropriate parent and child node. From this reading, new parent nodes were created: communication, family, natural disasters, health care facilities, and government response. Continued analysis of the transcripts allowed for reorganization of parent and child nodes. Next,

sections of data were organized by year and parent node. For example, the year 2010 was linked with the parent node, natural disasters.

A fourth reading assisted with the further merging of related parent nodes. In this reading, data segments relevant to student attitudes about global health policy were highlighted and linked to the relevant parent node. All transcripts were searched for the code word “policy” or any variation of this word, and this was found only once in 2014. Therefore, transcripts were searched for code words similar to policy as discussed in the 2030 UN Sustainable Development Goals (SDGs): poverty, hunger, access, water, healthcare, and human rights. Using matrices by year and parent nodes, a coded summary report was generated. This coded summary allowed for the coded data to be analyzed by year and included exemplars of data relevant to the parent node. The coded summaries led to further analysis of the following parent codes: accessibility (69 references); language (393 references); natural disaster (78 references); health care facilities (184 references); social justice (131 references); and sustainability (69 references). Further analysis required a fifth reading to identify relationships.

Content analysis led to thematic interpretation of the data. Two investigators (JLL and KLL) reviewed the data and developed cluster categories around similar data segments of interest. The investigator for this study (JLL) holds a Master of Nursing Education degree and is a former faculty member of a mid-Atlantic university. She has been a nurse for more than 20 years in rural areas with disadvantaged populations. The second investigator, KLL, has over 20 years of research with the Latino population, speaks Spanish, and is an expert in qualitative research. She was also the PI for the parent study. Agreement was reached on themes and subthemes with a 92% interrater reliability.

The 2030 SDGs (UN, 2018) guided the analysis for Research Question 1: *How do health professions students' express attitudes regarding global health policy during an international cultural immersion program?* Based on the SDGs, exemplars from the transcripts were grouped into cluster categories and interpretive themes. The first theme, **Caring in a Resource-Poor Country**, was characterized by four subthemes: *Failing to Care*, *Questioning Care*, *Volunteering Care*, and *Loving Care*. Student attitudes related to this theme were linked to SDG 3, Ensuring Healthy Lives, and SDG 17, Strengthening Global Partnerships. The second theme, **Divided Opinions on Immigration**, was characterized by three subthemes: *Stimulating the Economy*, *Staying Sick*, and *Valuing the Homeland*. Student attitudes related to this theme were linked to SDGs 8, 10, and 11, which were related to economic development and reducing inequality. The third theme, **Cultural Impact on Women's Rights**, was characterized by three subthemes: *Maintaining Religious Norms*, *Promoting the Mission*, and *Conflicting Family Values*. Student attitudes related to this theme were linked to SDG 5, Achieving Gender Equality. Tables 2 through 4 address Research Question 1.

As the analysis continued, two subthemes were merged with other subthemes. For example, in Table 3 the subtheme *Staying Sick* was merged with the subtheme *Stimulating the Economy*. This was done as a result of similarities to economic issues. In Table 4, the subtheme *Maintaining Religious Norms* was changed to *Maintaining Cultural Norms*. In this same table, the subtheme *Conflicting Family Values* was merged with *Maintaining Cultural Norms*. This was done as a result of similarities to cultural norms.

The Transformative Learning Theory (Mezirow, 1994) guided the analysis for Research Question 2: *How do health professions students' express transformative*

learning during an international cultural immersion experience? Using the components of this theory, exemplars from the transcripts were grouped into cluster categories and interpretive themes. The first theme, **Beyond Privilege**, was characterized by two subthemes: *Judging of Self and Others* and *Humbling Mindset*. The second theme, **Shift in Positionality**, was characterized by two subthemes: *Culture Shock* and *Language Discordance*. The third theme, **Regarding Social Justice**, was characterized by two subthemes: *A New Reality* and *Opposing Forces*. Tables 5 through 7 address Research Question 2.

The next source query included code words or phrases specifically related to the literature on transformational learning. This query of code words such as now, then, realize, difference, attitude, and change resulted in 1,828 references and 83 pages of data. Coded summaries, the result of a source query, were grouped by year and analyzed within years and across years. A matrix of key references, or exemplars, from the coded summaries was created using the four components of transformative learning: experience, critical reflection, rational discourse, and action. Finally, the data were analyzed for patterns, similarities, and differences.

To understand the contextual nature of the data by year, a word cloud frequency was generated (see Appendix C). The word clouds from 2011 through 2015 all featured “children” as a central word, whereas in 2010, the year participants experienced a volcanic eruption and a tropical storm that caused devastating mudslides, the word cloud featured “people” as a central word (see Appendix D). In 2010 “children” moved to a less impressive stance in the word cloud than it was in previous years. This may be in part due to participants being focused on the natural disasters that occurred and did not single out

children in many of their writings but wrote of “people” in general terms.

In Tables 2 through 4, student attitudes were related to the overarching contextual nature of poverty, which was linked to student understanding of global health policy. In Tables 5 through 7, student attitudes were related to the overarching contextual nature of “Standing on Shaky Ground,” which was linked to improved understanding of global health and of self and others.

Table 2

Analytic Strategies: Student Attitudes Related To the 2030 SDGs 3 and 17

Raw Data	Cluster Categories	Thematic Interpretation
<p>Cost is a barrier to receiving healthcare for many people here . . . the healthcare system is totally corrupt and does virtually nothing for people in need of care . . . the government is failing to perform adequately; private and foreign clinics are the preferred means of receiving treatment and care right now. Student 2015</p> <p>If a patient wanted to be seen at the national hospital, they have to buy and bring their own supplies and medication for whatever procedure they need. Student 2012</p>	Failing to Care	Caring in a Resource Poor Country
<p>They [children] for some reason or another lacked proper care and nutrition in their homes, were generously taken in by [nutrition center] and nourished back to health, only to be released again with the possibility of not having enough resources to be nourished properly. Student 2012</p>	Questioning Care	
<p>Three pillars of sustainability: what patients pay, donations, and the volunteers from various parts of the world who take the time to volunteer their services throughout the year . . . Student 2015</p>	Volunteering Care	
<p>I now began to notice positives that kept the spirit and care alive. The staff worked non-stop to provide basic care including feeding, changing clothes and diapers, and mental/physical stimuli to each child. I observed many staff holding the children close, stroking their face with love, and the emotional attachment they had to each child. I realized the poor conditions were not in their control . . . Although many negatives were noted I could not ignore the unity, love, and care the families have for all the children and the other family members. Student 2014</p>	Loving Care	

Table 3

Analytic Strategies: Student Attitudes Related To the 2030 SDG 8, 10, and 11

Raw Data	Cluster Categories	Thematic Interpretation
<p>I realize that there is a very large illegal US Immigration problem. No doubt this conflict-regardless of personal opinion-uses many US resources. I'm convinced that if we focus to invest money to improve international outreach to countries where there are illegal immigrants can improve or even eliminate the problem of illegal immigration issues. Student 2015</p>	<p>Stimulating the Economy</p>	<p>Divided Opinions on Immigration</p>
<p>I complain about being sick for a day with a speedy recovery due to antibiotics but immigrants who arrive in the United States face the same problems but are unable to receive medical care due to fear of deportation or lack of money . . . Medicines then are out of the question because of the lack of medical insurance or the high expense that medicines have in the US. Student 2012</p>	<p>Staying Sick</p>	
<p>Despite years of political and economic unrest these people have strived to reshape, rebuild and reform cultural attitudes and global belief about the conditions of indigenous people in Guatemala. The majority would not dream of forsaking their land let alone their culture. Student 2014</p>	<p>Valuing the Homeland</p>	

Table 4

Analytic Strategies: Student Attitudes Related To the 2030 SDG 5

Raw Data	Cluster Categories	Thematic Interpretation
<p>One mother who wants birth control but the doctor won't give it because she doesn't believe in family planning. I'm sorry but when you become a doctor of medicine you give up your right of option when it deals with patient care. Student 2011</p>	<p>Maintaining Religious Norms</p>	<p>Cultural Impact on Women's Rights</p>
<p>Even if I'm not sure how much the religion impacts the country as a whole, I know one way it is impacted strongly: BIRTH CONTROL. Most devout Catholics completely disagree with birth control. This increases the risk of unwanted children people can't feed, transmission of diseases, and young pregnancy in those with Catholic parents. Student 2013</p>		
<p>In a country where adoption and reproductive rights for women are limited it is quite rewarding to be able to visit a rural hospital with its primary goal to provide goods and services for women . . . the initial mission for H. A. [Hospitalito Atitlan] was to reduce maternal mortality rates among the indigenous . . . this initial goal is a step in the forward progression of both women and basic human rights for Mayans in general. Student 2014</p>	<p>Promoting a New Mission</p>	
<p>The women of WINGS went over birth control methods [and the] controversy concerning Mayan traditions, and the negative view of contraception in the Catholic religion. Student 2014</p>		
<p>Two young girls about 13 years old walking w/ their siblings & they were pregnant! I couldn't believe what I was seeing. All I was wondering was—Did they want this? Do their parents want this?—knowing how little they already have there. Student 2012</p>	<p>Conflicting Family Values</p>	

Table 5

Analytic Strategies: Student Attitudes Related to Transformative Learning New Realizations

Raw Data	Cluster Categories	Thematic Interpretation
<p>I realized how much Americans take their situations for granted. I felt like an extreme outsider. I felt uncomfortable when some of the men stared and unwelcomed when the women looked our way. This made me think of all the times I looked at a group of Latin Americans and made judgments on them. Unfortunately, I have a huge problem with stereotyping. I form opinions of people based on clothes skin color belonging this is something I truly want to stop. Student 2010</p>	<p>Judging Self and Others</p>	<p>Beyond Privilege</p>
<p>Before I left, they [friends/family] felt the need to tell me how horrible they thought Guatemala was... And I think having or not having the desire to learn from other cultures is a huge problem in the US. Many people are so judgmental and so ethnocentric they are missing out on the opportunity to better themselves as students, workers, teachers, and better themselves as a person in whole. Student 2014</p>		
<p>It's just striking and humbling to think about my life and the lives of Americans and the lives of my Guatemalans especially outside of Antigua and how we all struggle on very different levels of Maslow's hierarchy of needs. Student 2011</p>	<p>Humbling Mindset</p>	
<p>When I return home, I am going to try to get better about wasting food, because I know (I really know this now. It's not just my Mom telling me to make me feel guilty). That there are people in the world who do not have food like we do. They can't waste food or they may starve. It really makes you think twice about over filling your plate. Student 2012</p>		

Table 6

Analytic Strategies: Student Attitudes Related to Transformative Learning Attitude Movement

Raw Data	Cluster Categories	Thematic Interpretation
<p>Another difference is water in which sometimes it is available for bathing the children and sometimes it is not. This is culture shock because in America we always have water and necessary equipment and we assume other countries have the same. Student 2011</p>	Culture Shock	Shift in Positionality
<p>For the first time in my limited clinical experience, I fully realized what might be the most unfortunate reality of healthcare: you just can't treat everyone. No one will ever have enough time or resources to see every single patient who needs their help, but that doesn't make it any easier to turn people away. Student 2015</p>		
<p>I now can see firsthand how hard a language barrier is in a medical setting. I strongly feel that being bilingual is a quality that people pursuing a medical career should have. Student 2012</p>	Language Discordance	
<p>In my opinion the only effective way to comprehend and learn a new language is complete cultural immersion. Even with 4 semesters of Spanish courses I was nowhere near as proficient as I thought I should have been. The value of communication is literally a matter of life and death. Student 2014</p>		

Table 7

Analytic Strategies: Student Attitudes Related to Transformative Learning Equality Standards

Raw Data	Cluster Categories	Thematic Interpretation
<p>After establishing my individual perception, I paid close attention to my attitude and prejudgment towards cultural differences and beliefs . . . I learned to be real with myself, I tell myself the truth, and develop goals and strategies in order to better myself as an individual and future health care professional. After establishing my own awareness, attitude, and thought I focused on expanding my knowledge. Student 2014</p> <p>I hope that when I become a nurse, I will be beyond respectful and kind to my patients of a different or same background as me. I will do research in order to best take care of my patients. By traveling to Guatemala, it has provided me with more cultural competency and I am grateful for that because I can take this back to the United States. Student 2014</p>	<p>A New Reality</p>	<p>Regarding Social justice</p>
<p>Seeing the world only through your life is a dangerous way to live because you don't see the whole truth . . . Why is it that society dictates who is worthy of our care, compassion, mercy, and understanding? Student 2015</p>	<p>Opposing Forces</p>	
<p>Before Guatemala, I didn't really understand community health nursing or think that I would like it. Now, I see how important it is! For some, we may be the only health care providers they come into contact with. Don't get me wrong, working in a hospital or doctor's office is important. But, shouldn't we work to prevent people from having to go in the first place? In Guatemala that is imperative because health care providers are rare, and people just cannot afford it. After Guatemala, I definitely want to work more in the community setting. Student 2013</p>		

Trustworthiness

Credibility was maintained throughout the study using the verbatim transcripts and multiple readings of the transcripts (Sandelowski, 1993) and by using thick descriptions of the context and data (Polit & Beck, 2017). The creation of an audit trail using NVivo v10, v11, ensured dependability. During the review of the transcripts, memos documented a clear traceable path of the original data-to-data synthesis and interpretation. This process included the use of fieldnotes during the reading process and journal entries (Creswell & Miller, 2000). Confirmability was accomplished through frequent meetings with the PI of the parent study to review findings (Thorne, 2008; Wolf, 2003).

As a registered nurse who works in a rural setting with indigenous populations, the researcher has personal experience with poverty, discrimination, and lack of resources. The researcher has worked for more than 40 years with families who lack clean water, sanitation, and access to care. When misunderstandings or misconceptions of cultural beliefs and practices in the transcripts were reviewed, the researcher made memos regarding personal feelings. Recognizing that the young age of these participants and possible limited encounters with other cultures influenced their reflections was important to the interpretive process. The researcher recognized that her experience with discrimination had the potential to bias her interpretations. Thus, biases that surfaced were bracketed because of the researcher's orientation to the subject matter.

Summary

Seventy-five health professions participants expressed attitudes about global health and global health policy in their reflective writing over a 3-week cultural immersion program in Guatemala. Data management and analysis included steps to ensure trustworthiness of the study. Content analysis was conducted on these data to find

commonalities and differences. Throughout this process, it was critical to understand that interpretation of the data was constantly evolving during the analytic process. Thematic analysis facilitated the discovery of themes and subthemes regarding participants' attitudes of global health, global health policy, and transformative learning.

Chapters 4 and 5 provide evidence as to how poverty affects many aspects of participants' writings while in Guatemala. Writings in Chapter 4 focus on how poverty affected the lives of individuals observed during the international cultural immersion experience. In Chapter 5, writings focus on how observing those affected by poverty allowed participants to see themselves and others from a wider worldview as they began to critically reflect upon their own lives.

CHAPTER 4: ‘POVERTY IS AN ANGRY BEAST’: STUDENT ATTITUDES REGARDING GLOBAL HEALTH POLICIES IN GUATEMALA

Abstract

Global health policies are not at the forefront of most nursing programs in the United States. International cultural immersion programs have been infused into nursing programs across the country to improve the global health content in nursing programs. Cultural competency tools have been used to measure cultural knowledge and skills in these programs, yet less is known about the evolution of attitudes regarding global health. Using a secondary data set, interpretive description (Thorne, 2008) was applied to examine the reflective writings of 75 health professions students, over 6 years, regarding global health policies during an international program in Guatemala. Participants were predominantly young, White women in one nursing program in a mid-Atlantic state with a rapidly growing Latino population. The United Nations (UN) 2030 Sustainable Development Goals (SDGs) guided content and thematic analysis. The overarching contextual feature was “poverty is an angry beast,” a quote captured early by one student. Poverty was overwhelmingly identified in three major themes: **Caring in a Resource-Poor Country**, **Divided Opinions on Immigration**, and **Cultural Impact on Women’s Rights**. Caring in a Resource-Poor Country was characterized by four subthemes: *Failing to Care*, *Questioning Care*, *Volunteering to Care*, and *Loving Care*. **Divided Opinions on Immigration** was characterized by two subthemes: *Stimulating the Economy* and *Valuing the Homeland*. **Cultural Impact on Women’s Rights** was characterized by two subthemes: *Maintaining Cultural Norms* and *Promoting a New Mission*. These findings suggest potential directions for nursing education, service, and research, with a focus on expanding community-university partnerships to improve global health. The findings also suggest the need for

further research to better understand attitudes toward global health.

Introduction

Nurses have an obligation to global health that warrants a response to address extreme poverty, inadequate health care, contaminated water, and malnutrition (WHO, 2016a). In 2015, 45% of all child deaths worldwide were due to malnutrition, with a cost of \$3.5 trillion (UN, 2016a; WHO, 2016a). An estimated 2,200 children under the age of five die daily as a result of contaminated water (CDC, 2016; WHO, 2016a). More than 7 billion individuals lack access to routine primary health care (Friedman, 2015). Nearly 1.2 billion people try to survive on \$2.00 per day (WHO, 2015a).

The world population is projected to increase by more than one billion over the next 12 years, much of this occurring in developing countries (Holtz, 2017; UN, 2013). The United States is experiencing an increase in immigration from Latin America as a result of conflict and violence (Cuellar, 2018). The Latino population in the United States currently exceeds 17%, making it the largest ethnic minority group (Stepler & Brown, 2016). Of the nearly 55 million Latinos in the United States, Guatemalans are among the top six subgroups (Motel & Patten, 2012).

Guatemala is the most populated and least developed country in Central America, with a population that is largely indigenous Maya and Ladino (a combination of indigenous and Spanish descent) (The World Factbook, 2017). Many Guatemalans suffer from poverty and inadequate resources (The Borgen Project, 2017; The World Bank, 2018; UNICEF, 2018). Guatemala has one of the highest infant and child malnutrition rates in the world (Cabrea-Vique et al., 2015). In 1996, a Peace Accord was reached after the civil war that killed over 200,000 indigenous Mayans (Bracken, 2016; CJA, 2016). Yet, Guatemalans,

especially the Maya, continue to suffer from the trauma caused by the 36-year civil war (CJA, 2016).

Globally, linguistically and culturally prepared nurses are needed to care for varied populations (Razum & Spallek, 2014). Cultural competence is a process in which health care professionals strive to effectively work within the cultural context of diverse populations with an attitude that reflects respect and compassion (Campinha-Bacote, 2002). However, global health and the health policies that influence populations worldwide are not at the forefront of most nursing programs in the United States. The lack of cultural competence may be linked to health disparities and health inequality; therefore, a need to have culturally competent health professionals is key to reducing these differences (Braveman et al., 2011). International cultural immersion programs have been suggested as one strategy to prepare health professions students to improve delivery of care to a growing diverse U.S. population (Duffy et al., 2005; Kohlbry, 2016; Tabor et al., 2008). Many institutions depend on these programs to prepare students with a foundation in cultural competency, global health, and social justice (Brown & Barrett, 2010; Holtz, 2017). Cultural immersion improves cultural competence and provides individuals with the opportunity to better understand global health policy (Kohlbry, 2016).

While nurses provide over half of front-line healthcare globally (All-Party Parliamentary Group on Global Health, 2016), in a recent integrative review on short-term global health efforts only 14% of the 19 studies identified a nursing role (Dawson et al., 2017). Investigators who conducted a review of the literature on the impact of international cultural immersion programs found limitations in these studies related to sample size and study design (Edmonds, 2012). In a second review of the literature on cultural immersion, Kulbok et al. (2012) found that students recognized differences and challenges to

developing cultural competence. In most of the studies, students found it hard to live in a country when confronted with language and cultural differences (Kulbok et al., 2012).

The Quality and Safety Education for Nurses (QSEN) standards provide a blueprint for patient-centered care through nursing specific knowledge, skills, and attitudes (Cronenwett et al., 2007). Cultural competence is integral to the blueprint for patient-centered care (Gilliland et al., 2016). While much attention has been given to cultural competence regarding knowledge and skills, attitudes have been more difficult to measure. Cultural competence may be limited in developing attitudes that promote an understanding of global health policies (Abrums & Leppa, 2001; Brown & Barrett, 2010). Research on students' understanding of global health policies could contribute to interventions aimed at the elimination of health disparities.

Therefore, this study sought to learn how health professions students' attitudes evolve toward global health, specifically global health policy, over a 6-year time span. The purpose of this study was to examine students' attitude, through reflective writings, regarding global health policy during an international cultural immersion program in Guatemala.

Transformative Learning Theory

The conceptual model guiding this study is Mezirow's Transformative Learning Theory (Mezirow, 1994). Transformative learning is a process where the adult learner reflects upon all experiences, engages in discourse, and acts to improve a given situation (Mezirow, 1997; Mezirow & Associates, 2000). The transformative learner moves from a narrow, sociocultural belief pattern to one that is broader and more inclusive of others (Mezirow, 1997). The components of this theory are (a) experience, based on individual or other life-encounters; (b) critical reflection, based on introspection or discussion with

others; (c) rational discourse, based on interchange of ideas and insights; and (d) action, based on rational discourse and critical reflection (Mezirow, 1994).

Review of Literature

A synthesis of the literature incorporated studies on the UN's SDGs, international cultural immersion programs, and the social determinants of health as related to immigrant populations.

Global Health Policy

In the past few decades, worldwide economic conditions have improved, infant and child mortality rates have declined, and more individuals have access to safe drinking water (UN, 2016b). While improvements have been demonstrated, millions of people continue to live in poverty, lack access to basic services, and experience severe malnutrition, requiring continued attention to global health policy. Furthermore, in a review of literature on foreign policy and global health, global health was only viewed as beneficial when there was a foreign policy interest (Feldbaum et al., 2010). The World Health Organization (WHO), often considered the driver of global health policy, has major limitations (Koivusalo, 2015). The WHO does not have the authority to mandate global health policy, but rather offers guidelines for communities to help them obtain the highest level of health (WHO, 2016b).

Currently, the 2030 UN SDGs have been considered the precursors to global health policies (Benton & Ferguson, 2016). Most of the 17 SDGs are health-related and address basic human rights for world populations (UN, 2015, 2018). Many of the SDGs are in alignment with the goals of international cultural immersion programs such as ending poverty and hunger, ensuring healthy lives, achieving gender equality, ensuring availability of water, and strengthening partnerships for sustainable development (UN, 2018). Safe

drinking water is a basic human right and a global health concern. An estimated 2,200 children under the age of five die daily due to contaminated water (CDC, 2016; WHO, 2016a). Greater wealth and higher education level, along with geographic opportunity, correlate with access to better water and sanitation (Adams et al., 2016). Better education leads to better employment, greater income, and improved access to safe drinking water. Furthermore, food insecurity adds to the burden of malnutrition and premature death (The World Bank, 2018).

International Cultural Immersion

Numerous researchers have investigated whether cultural immersion contributes to understanding global health and cultural competence in the health professions (Carpenter & Garcia, 2012; Charles et al., 2014; Gilliland et al., 2016; Kohlbry, 2016; Kulbok et al., 2012; Larson et al., 2010). Three cultural immersion studies were implicitly linked to the SDGs and global health policies (Engstrom & Jones, 2007; Finch et al., 2011; Plumb et al., 2012). Engstrom and Jones (2007) reported how students in Thailand utilized the U.S. child abuse reporting laws to educate mid-level administrators in Thailand. Reciprocity was revealed in shared child abuse laws, meetings, and educational sessions (Engstrom & Jones, 2007). Finch et al. (2011) highlighted two global health policy cases; one on human immunodeficiency virus (HIV) medication and the other on environmental scans. The first case provided evidence of how HIV patients in Africa could access medication through a pharmaceutical company licensure agreement (Finch et al., 2011). The second case suggested how environmental scans could identify opportunities and barriers to health (Finch et al., 2011). Plumb and colleagues (2012) showcased service learning in Mexico and Rwanda where participants focused on public health programs, health education, and sustainability. In both countries, students demonstrated appreciation for culture and place in

relation to health policy. These studies suggest that cultural immersion programs have the potential to influence global health policy.

A review of the literature on the impact study abroad programs have on the development of global perspectives and cultural competence among nursing students was conducted (Edmonds, 2012). Of the 11 articles reviewed, studies took place in both developing and developed countries. While there were indications that study abroad is beneficial to enhancing critical thinking, improving ability to communicate, and developing a global perspective, many studies had limitations related to sample (predominantly young, single White females) and study design (Edmonds, 2012).

In a second review of the literature, Kulbok et al. (2012) reviewed 23 studies between 2003 and 2010. Sample sizes ranged from 5 to 38 and study designs included ethnography, phenomenology, exploratory, multiple cases evaluation, descriptive research, and heuristic. Investigators evaluated the studies for links between culture and global health. Overall, students recognized cultural differences, challenges to developing cultural competence, and differences between nursing practice in their home country and host country. In most of the studies, students found it hard to live in a country with language and cultural differences (Kulbok et al., 2012).

In a study of 13 pediatric residents from Cincinnati Children's Hospital, researchers sought to determine how participation in global health training influenced residents' viewpoints when caring for individuals from diverse backgrounds (Castillo et al., 2010). Following a short-term study abroad program residents had an increased awareness of health care systems and the limitations in developing countries, while developing an increased appreciation for the U.S. health care system. Residents also reflected on a new desire to volunteer and advocate for increasing humanitarian outreach programs (Castillo et al., 2010).

A study of Australian nursing students who participated in a short-term immersion program in India examined reflective writings of eight undergraduate nursing students (Charles et al., 2014). Students recognized their own bias toward another culture and that their own culture was a factor in their perception of Indian health care (Charles et al., 2014). In one study conducted 2-years post-immersion, participants reported that their cultural sensitivity increased, particularly regarding culture, respect for others, and open-mindedness (Duffy et al., 2005).

One large study with 121 baccalaureate nursing students using a pre- and post-immersion design was conducted in California (Kohlbray, 2016). Immersion length ranged from one day up to 3-weeks in countries such as Mexico, Lesotho, Vietnam, Jamaica, Dominican Republic, Swaziland, and Ghana. Researchers found that the older the student, the greater the number of cultural encounters experienced. Also, the greater the number of encounters, the greater the opportunity for modifying cultural beliefs. However, cultural competence levels did not seem to be affected. Many participants saw themselves as having a limited worldview after the immersion experience (Kohlbray, 2016).

Social Determinants of Health

The social determinants of health include physical and social conditions in which individuals live, work, and play (Braveman et al., 2011). The promise of a better life and the ability to earn a living wage has long been a reason for immigration to developed countries. Immigrant status has been considered one of the social determinants of health (Fuller-Thomson et al., 2011; Martinez et al., 2015; Zimmerman et al., 2011).

In the United States, undocumented immigrants do not have access to federal government health insurance coverage such as regular Medicaid or the newly established

Patient Protection and Affordable Care Act (PPACA, 2010) (Brown et al., 2015; Sommers, 2013). Uninsured individuals forego healthcare (Kaiser Family Foundation, 2017). This limits access to health care for immigrants which could have major public health implications. When primary health care is delayed, the potential of severity of illness and chronic disease increases (Sommers, 2013). A lack of epidemiologic and demographic data on the immigrant population places public health providers at a disadvantage (Hilfinger Messias et al., 2015). This lack of information also means that public health providers lack information related to living conditions. Several investigators have found that exploitation, discrimination, and fear of deportation by immigrants may lead to negative health-seeking behaviors (Larson et al., 2017; Stacciarini et al., 2015).

Frequent changes to immigration policies confuse both recipients and providers of health care. For example, the U.S. Illegal Immigration Reform and Immigrant Responsibility Act of 1996 restricted access to state and federally funded social services, thus limiting health care access (Androff et al., 2011). Yet, in a recent study with Latino community members and service providers, investigators reported some county services were offered to all Latinos, while in neighboring counties there were restrictions on the same services (Larson et al., 2017).

Summary

In summary, the 2030 UN SDGs represent a global policy agenda that take individuals and governments into consideration when determining how to best meet global health. The focus is on securing basic human rights for all world populations. International cultural immersion programs may contribute to cultural competence in the health professions. Cultural knowledge, skills, and attitudes are essential to understanding diverse populations and global health policies. Therefore, the purpose of this study was to examine

students' attitudes, through reflective writings, regarding global health policy during an international cultural immersion program in Guatemala. The research question was: *How do health professions students' express attitudes regarding global health policy during an international cultural immersion program?*

Methodology

Interpretive description is a research approach informed by naturalistic and constructivist orientations to inquiry and allows for interpretations that are near the data while understanding variations (Thorne, 2008). The use of interpretive description comes with the understanding that the phenomenon, student attitudes during cultural immersion, is grounded in experience (Thorne, 2008). Derived from philosophers Heidegger and Gadamer, interpretative description supports the idea of multiple realities. Heidegger (1962) argued that meaning occurs in the transactions between the experience and the individual while Gadamer (1975) claimed that to understand a phenomenon one must consider the temporal and cultural context. In this study, the phenomenon was the study of the reflective writings of the health professions students following an international cultural immersion experience in Guatemala. The goal of interpretive description is to identify patterns and themes, while accounting for differences in individuals (Thorne et al., 1997). Furthermore, interpretative description supports the idea of multiple realities and multiple truths. During an international cultural immersion program, each learner brings past experiences that are confronted with new experiences influenced by culture, language, and worldviews. In this study, the learner was actively engaged in a 3-week cultural immersion experience through daily contact with Guatemalan Spanish teachers, community members, and host families, in which they reflected on their observations.

Sample

This current study used a secondary dataset from a parent study that explored the impact of a cultural immersion program on personal and professional development of nursing (Larson & Tyndall, 2014). Between 2010 and 2015, 85 students completed the 5-week cultural immersion program and 75 students signed informed consent, 88.2% of eligible participants. In this study, predominantly White females ($n=63$; 84%) accounted for most participants. Participants for this study represented a convenience sample of undergraduate and graduate students in the health professions. Participants were from diverse disciplines including nursing, psychology, health education, nutrition, public health, pre-med, women's studies, and exercise physiology. Most participants were younger than 23 years of age ($n=67$; 89.3%) with a declared nursing major ($n=57$; 76%). Most participants self-reported their Spanish language ability as beginner level ($n=49$; 65.3%) (see Table 1).

Study Site

Since 2008, a mid-Atlantic university college of nursing has conducted a 3-credit elective course in Guatemala. Participants lived with a Guatemalan host family during the 3 weeks in Guatemala. The families were from both the indigenous Mayan and Ladino populations and were of modest means. These families were part of a community economic development program through a partnership with a community-based organization (CBO) that offered a family-like atmosphere to international participants. Participants ate their meals, helped with chores, and attended community events with their host families. Spanish lessons were held every day for four hours with individual Guatemalan Spanish teachers. Clinical experiences included health talks with children and mothers in schools and community centers, working at a nutrition rehabilitation center, a long-term care facility for

developmentally and physically disabled children and adults, and a primary care outreach clinic in a remote mountain village. Drawing from input given by community leaders, health talks on nutrition, oral health, and hand hygiene were conducted in multiple surrounding villages. Participants further learned about health care delivery through discussions with Guatemalan nurses, lay midwives, Shamans, and leaders of international healthcare organizations. Day trips were made to a rural Mayan hospital, a local Mayan museum, and a coffee plantation. Participants took salsa lessons and learned the art of tortilla making.

Data Collection

Participants wrote daily reflections 4-5 days each week in a journal throughout the 3-week immersion course. The hand-written journals were transcribed verbatim by a research assistant into Microsoft® Word documents and reviewed for accuracy by the PI of the parent study. Each transcript was assigned an identification number and names were removed. Each student wrote, on average, 30 pages generating approximately 1,000 single-spaced typed pages of transcripts. Critical reflection has been used to evaluate student knowledge expansion, skill acquisition, and transformational learning (Charles, 2010; Hendrix et al., 2012; Hubbs & Brand, 2010; Lepianka, 2014; Schuessler et al., 2012; Zori, 2016). Reflection through writing has been used in academia as a means of gaining insight into student thinking and in helping participants self-examine personal and professional growth (Hendrix et al., 2012; Hubbs & Brand, 2010; Kennison, 2012; Kuo et al., 2011). A reflective writing rubric was introduced to participants during the pre-experience seminar to be used as a writing guide (see Appendix B).

Data Management and Analysis

All electronic data were maintained on an encrypted, password protected computer system. Consent forms and copies of handwritten journals were maintained in a locked cabinet, in the locked office of the PI. Profile sheets of each year (2010-2015) were created that described the unique contextual features. Transcripts were uploaded to NVivo v10 (QSR International, 2014). This qualitative data management program was used to organize, classify, and arrange information based on year (Bazeley, 2007). NVivo allows for tracking the decisions made during data management and analysis by coding summary reports (Silverman, 2010). Using NVivo, each transcript is known as a “source,” and a data segment of interest is known as a “reference.” A pilot study that was conducted in 2015 using the reflective writings of a subset of these participants ($n=13$) provided initial code words (Jones-Locklear et al., 2016).

Content analysis. Inductive content analysis began with multiple readings of the transcripts (Bernard et al., 2017). Engagement with the data through multiple readings and ongoing data analysis occurred iteratively during the interpretive process (Dey, 1993; Thorne, 2008). Creswell (2013) describes this analytic strategy as circular rather than linear movement. Transcripts were read multiple times to enhance understanding of the contextual features and for coding purposes. Methodological field notes were made throughout the readings of transcripts. These notes assisted in the formulation of ideas and thoughts that later served to narrow the research focus while assisting in finding patterns and relationships (Bernard et al., 2017).

The purpose of the first reading was to understand individual experiences. Phrases and sentences were highlighted that revealed potential attitudes toward global health. The purpose of the second reading was to determine the code frequency by year. Using NVivo,

code words were applied to parent nodes and child nodes. Parent nodes were created to identify primary categories, and child nodes were created to identify related subcategories. For example, under the parent node accessibility, child nodes were health care and outreach clinic. NVivo allows for a description, a short name, and color choice, if desired, to help with distinguishing nodes and showing relationships. During a third reading, new code words were added and paired with related parent nodes, such as Collaboration, which was paired with parent node, Sustainability.

A fourth reading assisted with merging of related parent nodes. In this reading, data segments relevant to participants' attitudes regarding global health policy were highlighted and linked to the relevant parent node. All transcripts were searched for the code word "policy" or any variation of this word, which was found only once in 2014. Thus, transcripts were searched for code words similar to policy as discussed in the UN SDGs such as poverty, hunger, access, water, healthcare, and human rights. Using matrices by year and parent nodes, a coded summary report was generated that allowed for the coded data to be analyzed by year. The coded summary included references and exemplars of data interpreted as relevant to the parent node. The coded summaries suggested a need for further analysis of the following parent codes: accessibility (69 references); communication (393 references); natural disaster (78 references); health care facilities (184 references); social justice (131 references); and sustainability (69 references). Further analysis required a fifth reading to identify relationships.

Content analysis led to thematic interpretation of the data. Two investigators (JJL and KLL) reviewed the matrices by prominent goals as identified through the 2030 UN SDGs and developed cluster categories around similar data segments of interest. Finally, both investigators agreed upon themes and subthemes.

Trustworthiness

Rigor was achieved through credibility, dependability, and confirmability. The verbatim transcripts were checked for accuracy by two investigators to ensure credibility (Lincoln & Guba, 1985). Two investigators (JJL and KLL) engaged in prolonged contact with the data and agreed upon thematic interpretations. An audit trail for replication studies addressed dependability. Frequent meetings between the two investigators ensured confirmability.

Epistemological integrity ensures the research question is oriented with the interpretation of the sources of data and the analytic process (Thorne, 2008). In this study, the research question was aligned through interpretation of the phenomenon of participants' attitudes associated with cultural immersion.

Analytic logic shows the researcher analyzed the data in an inductive manner (Thorne, 2008). A broad lens was used during initial review but became more focused as the data was continually analyzed. This allowed for an understanding of commonalities and differences. Contextual awareness is the understanding of the particular context of the study.

Findings

The reflective writings of 75 participants were analyzed to include the contextual nature of an international cultural immersion program that occurred over a 6-year time frame in Guatemala. Using thematic analysis, the two investigators (JJL and KLL), identified three themes that related to the overarching contextual factor of poverty, which is inextricably linked to global health policy. The three themes were **Caring in a resource poor country**, **Divided Opinions on Immigration**, and **Cultural Impact on Women's Rights** (see Table 8). **Caring in a Resource-Poor Country** was characterized by four

subthemes: *Failing to Care*, *Questioning Care*, *Volunteering to Care*, and *Loving Care*.

Divided Opinions on Immigration was characterized by two subthemes: *Stimulating the Economy* and *Valuing the Homeland*. **Cultural Impact on Women's Rights** was characterized by two subthemes: *Maintaining Cultural Norms* and *Promoting a New Mission*. Participants saw poverty as being responsible for many of the health and economic issues they observed during their international immersion experience. The harsh reality of poverty was captured by this student's reflection:

Poverty is an angry beast reaching for the most vulnerable people and holding on to them; keeping medical care, clean communities and other necessities just out of reach . . . poverty can be overcome if others in this world would step-up and see the problem . . . and act together to rid our world of the desperate poverty. **Student 2012**

Daily, participants observed malnourished children, mothers without prenatal care, and facilities that lacked basic resources such as gloves, clean water, and medication. Still, this student expressed the importance of others helping to improve world poverty. However, the collaboration between the university and the CBO was viewed as a potential solution to alleviate the burden of poverty.

Theme 1—Caring in a Resource Poor Country

This theme highlighted how health care was provided in a developing country and encompassed failure to care by the Guatemalan government, questioning the care delivered by Guatemalan clinicians, volunteering to care by international clinicians and participants, and loving care delivered by para-professionals. These attitudes were characterized by four subthemes: *Failing to Care*, *Questioning Care*, *Volunteering to Care*, and *Loving Care* (see Table 8). Participants expressed concern about lack of medications, supplies, and health care professionals. Thus, health care often required families or friends to purchase medication and supplies to bring to the hospital. The subtheme *Failing to Care* was expressed by

participants who believed the Guatemalan government was responsible for the lack of funds to provide basic care at the National hospital. One participant wrote:

Cost is a barrier to receiving health care for many people here . . . the healthcare system is totally corrupt and does virtually nothing for people in need of care . . . the government is failing to perform adequately; private and foreign clinics are the preferred means of receiving treatment and care right now. **Student 2015**

Participants received this information from the opinions of their Guatemalan teachers and their host family. At the time of the Guatemalan elections, the President and Vice-President were being investigated for corruption. This understanding of healthcare and the Guatemalan government was based on information and perceptions which may be limited to their socialization while in Guatemala. However, international partnerships were seen as a solution to the healthcare crisis in Guatemala.

Table 8

Thematic Interpretation: “Poverty is an angry beast”

Theme	Subthemes	Exemplar
Caring in a Resource Poor Country	Failing to Care	Cost is a barrier to receiving healthcare for many people here . . . the healthcare system is totally corrupt and does virtually nothing for people in need of care . . . the government is failing to perform adequately; private and foreign clinics are the preferred means of receiving treatment and care right now. Student 2015
	Questioning Care	They [children] for some reason or another lacked proper care and nutrition in their homes, were generously taken in by [nutrition center] and nourished back to health, only to be released again with the possibility of not having enough resources to be nourished properly. Student 2012
	Volunteering to Care	Three pillars of sustainability: what patients pay, donations, and the volunteers from various parts of the world who take the time to volunteer their services throughout the year . . . Student 2015
	Loving Care	I now began to notice positives that kept the spirit and care alive. The staff worked non-stop to provide basic care including feeding, changing clothes and diapers, and mental/physical stimuli to each child. I observed many staff holding the children close, stroking their face with love, and the emotional attachment they had to each child. I realized the poor conditions were not in their control . . . Although many negatives were noted I could not ignore the unity, love, and care the families have for all the children and the other family members. Student 2014
Divided Opinions on Immigration	Stimulating the Economy	[The] main motivation for immigration is money; so why not help stimulate the economies of Central American countries to reduce the motivation for immigration? After seeing the poverty, sickness, and desperation in the eyes of some of the mothers at the clinic . . . I can understand a mother’s choice if she believes that leaving will help relieve her children of the poverty she is leaving behind . . . In the United States, there are poor and homeless but not on the scale that there is here. Student 2012

Table 8

Cont.

Themes	Subthemes	Exemplars
	Valuing the Homeland	Despite years of political and economic unrest these people have strived to reshape, rebuild and reform cultural attitudes and global belief about the conditions of indigenous people in Guatemala. The majority would not dream of forsaking their land let alone their culture. Student 2014
Cultural Impact on Women's Rights	Maintaining Cultural Norms	Even if I'm not sure how much the religion impacts the country as a whole, I know one way it is impacted strongly: BIRTH CONTROL. Most devout Catholics completely disagree with birth control. This increases the risk of unwanted children people can't feed, transmission of diseases, and young pregnancy in those with Catholic parents. Student 2013
	Promoting a New Mission	The women of WINGS went over birth control methods [and the] controversy concerning Mayan traditions, and the negative view of contraception in the catholic religion. Student 2014

The subtheme *Questioning Care* referred to whether or not interventions by the CBOs were effective, premature discharge, and the cycle of poverty. Participants often questioned if children were being discharged home prematurely. While organizations such as a nutrition rehabilitation centers strive to reduce malnutrition, participants reflected on the vicious cycle that can occur related to hunger and poverty. One student who completed the program in 2011 and returned the following year to complete an independent study remembered seeing a toddler return to the nutrition center. This subtheme was exemplified in this expression:

They [children] for some reason or another lacked proper care and nutrition in their homes, were generously taken in by [nutrition center] and nourished back to health, only to be released again with the possibility of not having enough

resources to be nourished properly. **Student 2012**

Malnutrition was prevalent, and participants were concerned that returning home to unchanged conditions would only lead to a repeat of malnutrition. It is important to note that at the nutrition center, a pediatrician and nutritionist conduct daily assessments of the children.

Height, weight, and dietary intake are all considered prior to discharging a child; yet, these participants questioned the judgment of qualified Guatemalan clinicians. The CBO also provided families with a cement floor in their home if needed, a water filter, and a flock of chickens upon discharge, thus helping to reduce the risk of malnutrition and decrease readmission to the facility. While at a nutrition center, participants worked alongside other volunteers who were essential in providing care to individuals at the nutrition center.

The subtheme *Volunteering to Care* was derived from participants' value placed on the delivery of health care in remote regions in need and expansion of services. Participants noted the use of volunteers within organizations increased the number of individuals who could be served, especially indigenous populations in remote areas of Guatemala. Hospital Atitlán is a rural hospital in the highlands serving the Tz'utujil, an indigenous Maya group. The hospital was built with community resources following a 2005 hurricane. A reverse ventilation system cools the facility, a vast array of windows allows for natural lighting, and 700 solar panels provide the heat and electricity to the facility. This array of energy-efficient resources allows for the hospital to be sustainable on the limited resources available. Many participants noted the sustainability of this hospital. One participant reflected,

Three pillars of sustainability: what patients pay, donations, and the volunteers

from various parts of the world who take the time to volunteer their services throughout the year . . . **Student 2015**

Participants were surprised to find that payment for services was not always monetary. Family members could use a barter system or provide a service, such as landscaping, to offset the cost of medical expenses. This method of payment provides a needed service to the facility, essentially reducing cost. One student wrote,

In a country where cost is often a major barrier to seeking medical treatment, it is encouraging to see a group of people working to make healthcare accessible to the poorest of the poor. If and when [the Spanish School] is able to send volunteer groups to the clinic, the quality of services provided and the number of people reached will continue to increase. **Student 2015**

Proper care through volunteerism was expressed by many participants as critical for the survival of Guatemalan non-profit organizations. Participants noted how ongoing groups of volunteer clinicians in various healthcare facilities supported the sustainability of those organizations. Many participants noted that volunteers provide much needed assistance, not only in delivery of care, but also in keeping the environment clean. Some participants would offer additional financial support in the way of sponsorship of a child.

The subtheme *Loving Care* was expressed by participants working alongside Guatemalan nursing assistants. This subtheme encompassed compassion, respect, and dignity. Participants noted how staff did not waiver in the care provided in the face of limited resources. Many participants captured how providing care was possible, one writing:

I now began to notice positives that kept the spirit and care alive. The staff worked non-stop to provide basic care including feeding, changing clothes and diapers, and mental/physical stimuli to each child. I observed many staff holding the children close, stroking their face with love, and the emotional attachment they had to each child. I realized the poor conditions were not in their control . . . Although many negatives were noted I could not ignore the unity, love, and care the families have for all the children and the other family members. **Student 2014**

Participants realized that most staff were relentless in their desire to provide optimal

care for individuals even though resources such as supplies and staff were limited. The compassion shown to children also extended to their families. Participants did not observe differentials between class and wealth distribution, and individuals were cared for with respect and dignity which demonstrated love and compassion.

Theme 2—Divided Opinions on Immigration

Theme 2 highlighted how both participants and Guatemalans were divided on the issue of immigration. This theme was characterized by two subthemes: *Stimulating the Economy* and *Valuing the Homeland*. The subtheme *Stimulating the Economy* was expressed by many participants as a way to address immigration and encompassed economic development and fair wages. Recognizing that a poor economy affects health and the ability to access health, participants began to think of why individuals seek to leave their homeland and what could be done to prevent this action. Participants believed that if economic development in Guatemala improved, individuals would not choose to emigrate.

One participant wrote,

[The] main motivation for immigration is money; so why not help stimulate the economies of Central American countries to reduce the motivation for immigration? After seeing the poverty, sickness, and desperation in the eyes of some of the mothers at the clinic . . . I can understand a mother's choice if she believes that leaving will help relieve her children of the poverty she is leaving behind . . . In the United States, there are poor and homeless but not on the scale that there is here.

Student 2012

Guatemala has an agrarian economy, and much land is owned by foreign agribusiness. Guatemalans work on coffee and banana plantations with substandard working conditions and low wages. The drug trade and lack of governmental security force many individuals to flee the country for their survival. Participants recognized the value in stimulating the Guatemalan economy. When individuals lack financial resources, they are

forced to choose. In many cases, they may leave their homeland and open themselves up to unexpected or unintended hardships.

Participants considered other attitudes about immigration in relation to access to health care. Participants often compared their personal experiences in the U.S. healthcare system to what they observed in Guatemala, seeing healthcare from a new perspective. One student reflected upon his or her healthcare received while in Guatemala compared to the inability of immigrants to receive similar health care in the United States:

I complain about being sick for a day with a speedy recovery due to antibiotics but immigrants who arrive in the United States face the same problems but are unable to receive medical care due to fear of deportation or lack of money . . . Medicines then are out of the question because of the lack of medical insurance or the high expense that medicines have in the US. **Student 2012**

Many immigrants lack the knowledge of where to find needed medical care without fearing deportation. Their wages may be nominal, leaving them with the inability to pay for medications and supplies if needed. Their lack of health insurance further limits their ability to seek regular, primary health care. Immigrants will delay seeking care, thus increasing the likelihood of staying sick.

The subtheme *Valuing the Homeland* refers to learning the fact that many Guatemalans do not desire to leave their country. Cultural pride is evident in community, national, and religious celebrations and fiestas. One participant reflected on valuing the homeland in this way:

Despite years of political and economic unrest these people have strived to reshape, rebuild and reform cultural attitudes and global belief about the conditions of indigenous people in Guatemala. The majority would not dream of forsaking their land let alone their culture. **Student 2014**

Many people live with the hope that they can rebuild and reshape their homes so that

their families can stay together. Participants met Guatemalans who had no desire to leave their homeland but knew others who emigrated out of desperation. Some participants recognized the cultural value associated with remaining in one's homeland and felt that countries like the United States should do more to support economic efforts in Guatemala that would allow individuals to stay in their homeland.

Theme 3—Cultural Impact on Women's Rights

This theme highlights the inequality women face, the ethical dilemmas between cultural norms and restrictions on access to care, and organizations that focus on reducing the mortality rates of women's, infants' and children's reproductive health. Cultural Impact on Women's Rights was characterized by two subthemes: *Maintaining Cultural Norms* and *Promoting a New Mission*. The subtheme *Maintaining Cultural Norms* referred to religious and gender norms that impacted women's rights. While working in the primary care outreach clinic in one rural village, participants across multiple years expressed an attitude of frustration when the Guatemalan physician would not prescribe a woman contraception when requested. One student noted,

One mother who wants birth control, but the doctor won't give it because she doesn't believe in family planning. I'm sorry but when you become a Doctor of Medicine you give up your right of option when it deals with patient care. You cannot force your option onto another person. **Student 2011**

The clinician explained that a deep Catholic belief system prevented her from prescribing or dispensing contraceptive methods. Many participants believed the lives of women were adversely affected by the clinicians' religious beliefs. Participants valued family planning as a right, and their views conflicted with the clinicians' practices. Some participants felt that this lack of respect for women's rights could have long-lasting health

effects contributing to infant mortality rates.

Some participants expressed an attitude of concern with large families of “10 to 15 children,” whereas other participants expressed a concern for families that had five to six children. Participants observed young mothers, possibly adolescents, and pondered how large families could survive amidst poverty and hunger. One student reflecting on family, teenage pregnancy, and poverty wrote:

Two young girls about 13 years old walking w/ their siblings & they were pregnant! I couldn't believe what I was seeing. All I was wondering was – Did they want this? Do their parents want this? – With the amount of poverty in this village I can't bear to think that a mother would want her young daughter pregnant – knowing how little they already have there. **Student 2012**

The Catholic religion was recognized as a strong force in limiting contraceptive methods. Participants questioned both religious beliefs and the current government's stand on adoption as limiting the rights of women.

The subtheme *Promoting a New Mission* described one Guatemalan community-based organization whose mission was to promote reproductive education with Guatemalan men, women, and youth. Participants expressed relief that reproductive services were available, particularly in rural areas. One student wrote,

The women of [an organization promoting reproductive education] went over birth control methods [and the] controversy concerning Mayan traditions, and the negative view of contraception in the catholic religion. **Student 2014**

Participants observed children suffering from malnutrition and poverty, and some expressed attitudes that no mother wants this kind of life for her children. Family planning was perceived as much more than birth control; in some cases, it seemed like a choice of survival. Participants learned that one rural hospital serving a largely Maya population focused attention on the reproductive health of women. Participants reflected on the

progress made to reduce infant and maternal mortality. One participant wrote,

In a country where adoption and reproductive rights for women are limited it is quite rewarding to be able to visit a rural hospital with its primary goal to provide goods and services for women . . . the initial mission for H.A. [rural hospital] was to reduce maternal mortality rates among the indigenous . . . this initial goal is a step in the forward progression of both women and basic human rights for Mayans in general. **Student 2014**

Participants observed how cultural norms overshadow women's rights and how the cultural beliefs of clinicians restricted services for women. Still, non-profit Guatemalan-based organizations and a local hospital were reaching the same women with reproductive health information.

While participants judged a large family as perpetuating poverty and malnutrition, Guatemalans took pride in large families. Many children are an asset to an agrarian economy, which Guatemala has, to help with planting and harvesting crops. Moreover, a high infant mortality rate in Guatemala keep families uncertain about their children's survival. Participants were advocates of organizations such as the one providing reproductive education and services to men and women and a rural hospital as a way of educating and serving Guatemalan families.

Participants reflected on the progress made in Guatemala to reduce infant and maternal mortality. Cultural norms were linked to gender norms as participants learned that some husbands refused to allow their wives birth control methods, as it suggested promoting extramarital affairs. In a country where Catholicism is the predominant religion, many find fault in artificial contraceptive methods (Epigee, 2018), and the rights of women are compromised. These norms perpetuated this cultural impact of women's rights in Guatemala.

Discussion

In this study, interpretive description was used to guide the critical examination of the attitudes of health professions participants regarding global health policies during an international cultural immersion program in Guatemala. Only one student wrote the word “policy” during their experience; however, global health policy was a course objective. The word “poverty” and the effects observed on health and quality of life dominated the participants’ reflective writings. Participants revealed attitudes regarding global health policy, as supported by the UN 2030 SDGs, in relation to health care, immigration, and women’s rights. The theme **Caring in a Resource Poor Country** suggested findings linked to SDG 3, “Ensuring healthy lives and promoting well-being for all,” and SDG 17, “Strengthening . . . global partnerships” (United Nation, 2015, pp. 18, 28). The stark reality of poverty leads to caring in a different way such as providing stimulation and constant support to children and families in need. Although the Guatemalan government did not have sufficient resources, international groups and non-profit organizations were considered critical partners in providing needed resources through philanthropy and volunteerism. International partnerships are effective and sustainable only when there is visible reciprocal benefit to community health (Koivusalo, 2015). Furthermore, participants’ attitudes revealed that love and compassion were important aspects of caring in a resource-poor country. In the absence of resources this type of caring is essential. The theme **Divided Opinions on Immigration** addressed SDG 8, “Promoting sustained . . . economic growth,” SDG 10, “Reduce inequality within and among countries,” and SDG 11, “Making cities and human settlements inclusive, safe, resilient and sustainable” (United Nation, 2015, pp. 21, 23, 24). These SDGs are related to economic development and reducing inequality. There was tension between leaving Guatemala and staying. Participants’ attitudes regarding immigration centered on working to improve wages

and community safety through aid from other countries. Similar to other studies (Fuller-Thomson et al., 2011; Martinez et al., 2015), we found that health in both the United States and Guatemala is affected by the physical environment and immigration status. The theme **Cultural Impact on Women's Rights** addressed the SDG 5 “Achieve gender equality and empower all women and girls” (United Nation, 2015, p. 20). Community-based organizations and a rural hospital aspired to bring reproductive health to all women and girls. Gender and cultural beliefs affect access to family planning products and procedures. Similar to our findings, many communities lack reproductive health care due to religious and cultural beliefs (Epigee, 2018).

Our study was similar to other studies that suggest cultural immersion programs are useful in increasing cultural knowledge, language skills, and a better understanding of poverty (Duffy et al., 2005; Kohlbry, 2016; Tabor et al., 2008). While studies suggest that global health policy is varied by different interests (Koivusalo, 2015), there is information which suggests health policy is linked to humanitarian and human rights issues that have poverty at the foreground (UN, 2018; Vonderheid & Al-Gasseer, 2002; WHO, 2015b). In this study, participants considered poverty to be the primary contributing factor to major health issues Guatemalans face. Other studies suggest that poverty impacts access to health care and the resources needed to sustain healthy lifestyles such as clean water, sanitation, and nutrient-rich foods (Adams et al., 2016; Cabrea-Vique et al., 2015; Chiller et al., 2006).

Participants' attitudes about the delivery of health care was juxtaposed with *Failing to Care* and *Loving Care*. Clearly, hospital supplies, and medicine are critical to an effective health care system, but loving care was viewed as an important aspect of caring in a resource-poor country. Participants reflected that without the international partnerships and

organizations working in Guatemala, the healthcare system would be in greater crisis. Community-based organizations such as the nutrition center and the rural hospital supported the health care system in the government's failure to care. Adequate food, healthcare, equality, and eliminating poverty are human rights issues that are both social and political issues. Human rights issues are global in nature and must be linked to efforts that end poverty.

Limitations

There were several limitations to this study. First, the study was located at a single university college of nursing in one developing country. This may limit the transferability of the study. Second, the sample was predominantly young, White women. While this is reflective of the nursing population in the United States, a more diverse sample is optimal. Third, this was a secondary dataset designed for a different purpose that did not focus on student attitudes and global health policy. The robustness of this dataset comes from the large number of participants over a 6-year timeframe. Lastly, the opinions of participants and Guatemalans may have been limited in scope due to their environment and socialization.

Implications for Practice, Education, and Research

Nursing practice could benefit by initiating conversations surrounding global health, cultural differences, and culturally sensitive care. Included in practice is more attention to bilingual clinicians and certified interpreters to better serve populations with limited English proficiency. Furthermore, there is a need for continuing education regarding best practices when caring for those from diverse cultures. Lippincott has developed an “online bedside resource” that provides essential information for over 100 cultures developed by nurses with experience in that culture (Lippincott, n.d.).

Nursing education could intentionally incorporate current issues facing global health using the 2030 SDGs as a foundation. Currently, global health is an elective in many nursing programs. International cultural immersion programs should be designed with sufficient time for interchange between peers, faculty, and host country leaders.

Incorporating U.S. governmental entities in developing countries such as U.S. Agency for International Development and the U.S. Embassies would provide a broader understanding of the political, economic, social, and health needs of the country. Participants who have previously completed an international cultural immersion program could be paired with participants who will be traveling to that country next. Together they can discuss practical approaches that were successful in meeting the health needs of communities. This could assist faculty and participants in a longitudinal evaluation of outcomes from previous programs and work on long-term goals.

Nursing research could benefit from a longitudinal study that tracks participants each year who build on the community health effort from the previous year. Multiple universities and their international partners could engage in international virtual exchange programs that

collaborate on year-long projects via Internet connections and provide capacity-building relationships. Additional studies are needed to examine the long-term impact on host communities.

CHAPTER 5: THE EXPRESSION OF TRANSFORMATIVE LEARNING DURING CULTURAL IMMERSION

Abstract

International cultural immersion experiences in nursing are one means of teaching students about diversity through real-world encounters with new cultures. Understanding how health professions students express transformative learning during an immersion experience may facilitate quality and safe care to diverse communities. Using a secondary dataset, interpretive description (Thorne, 2008) was used to examine the reflective writings of 75 health professions students over six years during an international immersion program in Guatemala. Participants were predominantly young, White women in one nursing program in a mid-Atlantic state with a rapidly growing Latino population. Content and thematic analysis was guided by Transformational Learning Theory. Three themes were identified that suggest transformational learning. The first theme, **Beyond Privilege**, was characterized by the subthemes *Judging Self and Others* and a *Humbling Mindset*. The second theme, **Shift in Positionality**, was characterized by the subthemes *Culture Shock* and *Language Discordance*. The third theme, **Regarding Social Justice**, was characterized by the subthemes *A New Reality* and *Opposing Forces*. In all six years Transformative Learning was expressed in the areas of experience, critical reflection, and action (intended). Minimal expressions of rational discourse were found. These findings suggest that the 2030 UN Sustainable Development Goals could guide the development of nursing education and research to strengthen discourse on global health and human rights.

Introduction

Global health is one of the four priority areas for nursing science (Eckardt et al., 2017). The Ebola and Zika epidemics have underscored the obligation nurses have in their role to respond to the needs of diverse populations (Fauci, 2014; Samarasekera & Triunfol, 2016). One of the United Nations (UN) Sustainability Development Goals for 2030 is to “strengthen the means of implementation and revitalize global partnerships for sustainable development” (UN, 2016b, p. 28). Additionally, the U.S. Department of State (2007) has strategic goals in place that provide guidance regarding humanitarian aid across the world.

One strategy considered helpful in bringing global health to the forefront of the nursing profession are international cultural immersion programs. Student participation in international immersion programs has increased over the past 2 decades. The U.S. Institute of International Education (2017) reported that 325,000 undergraduate students participated annually in these programs. However, of those participating fewer than 5% were students in the health professions (Institute of International Education, 2017). This lack of participation in the health professions is concerning. If these programs are successful in improving cultural knowledge, skills, and attitudes, then greater participation is warranted.

The All-Party Parliamentary Group on Global Health (APPG) (2016) acknowledged a recent global nursing shortage. The concerns for both communicable and non-communicable diseases, lack of potable water, sanitation regulations, and food insecurity are critical global health concerns (WHO, 2011). Additional threats to global health in developing countries are high infant and child mortality rates. International immersion programs may be the link in providing international partnerships to enhance the delivery of health care in developing countries. A better understanding of the impact that international immersion programs have on bridging the gap between population health and health

disparities is needed.

When addressing the needs of individuals, organizations such as WHO, UNICEF, and the International Red Cross are in positions to place nurses in areas of greatest need. Nurses comprise almost 80% of the global healthcare workforce (Davis, 2017). Nurses can assess, evaluate, and care for individuals, families, and communities while advocating for social justice and equality. Furthermore, nurses can work with legislators and government officials to improve or develop global health policy (Edmonson, McCarthy, Trent-Adams, McCain, & Marshall, 2017).

The purpose of this study was to explore the reflective writings of health professions students to understand transformative learning in the context of an international cultural immersion program. The long-term goal of this study is to eliminate health disparities by delivering safe, quality nursing care through a culturally sensitive approach that takes into consideration the perspective of the other. The theoretical framework that guided this study was Transformative Learning Theory (Mezirow, 1994).

Transformative Learning Theory

Transformative learning is defined as “the social process of construing and appropriating a new or revised interpretation of the meaning of one’s experience as a guide to action” (Mezirow, 1994, p. 222). The theory reasons that adult learning, which reflects upon experience, may lead to changes in thinking about self and worldviews (Mezirow & Associates, 2000). This theory has four main components: (a) experience, based on individual or group encounters; (b) critical reflection, based on self-examination and discussions with others; (c) rational discourse, based on an interchange of ideas and reflective insights; and (d) action, based on rational discourse and reflective insights (Mezirow, 1994, 1998). Transformative learning is reciprocal, cooperative, and supports discovery (Renigere,

2014).

Review of the Literature

A review of the literature delineates the current science communication with diverse populations, and includes literature on communication between patient and provider, and transformative learning includes literature focused on cultural immersion.

Communication Disparities

Patient-provider miscommunication can result in medical errors, patient dissatisfaction, and increased health care costs (Pilar, 2018). Numerous investigators have demonstrated how language and cultural understanding between patients and providers can make a positive impact on health outcomes (Ko et al., 2018; Larson et al., 2017; Parker et al., 2017; Rayan et al., 2014; Wilhelm et al., 2016). For example, a secondary data analysis was conducted with 22 Latino cancer patients living in a region of the United States that bordered Mexico (Ko et al., 2018).

Participants expressed that the ability to both understand and communicate with their providers was essential to the management of their care. Good communication resulted in improved relationships with providers; however, good communication did not ensure cultural sensitivity (Ko et al., 2018).

Several studies focused on Spanish-speaking people in the United States. In a study in rural eastern North Carolina, the health and social service needs of aging Latinos was investigated using a focus group methodology (Larson et al., 2017). Individual and system barriers were identified in relation to language and culture. Rude treatment, an “English-only” language policy, and long waits to see a clinician gave Latino adults the impression of discrimination, whereas service providers perceived that differences in care were related to

lack of interpreters and cultural insensitivity (Larson et al., 2017). Additionally, Parker et al. (2017) studied Spanish-speaking clients diagnosed with diabetes. They concluded that when there is patient-provider language concordance there was better glycemic control (Parker et al., 2017).

Rayan et al. (2014) also discovered in working with individuals who spoke Hebrew, Russian, and Arabic that patient-provider language concordance contributed to better care transitions. On the other hand, investigators working with individuals with limited English proficiency who had a diagnosis of diabetes had better diabetic outcomes and target blood pressure than their English proficient counterparts (Wilhelm et al., 2016). Findings suggest this may be based on the location of the urban hospital and access to many resources (Wilhelm et al., 2016).

Transformative Learning through International Programs

Several studies have shown that transformational learning has been connected to international cultural immersion programs (Levine, 2009; Renigere, 2014; Walters et al., 2017). Levine (2009) conducted interviews with 10 registered nurses who had participated in an international immersion program lasting 6 and 9 weeks to evaluate transformational learning. Findings suggested that transformational learning occurred through changes in beliefs, feelings, and views of health care (Levine, 2009).

A quantitative study using transformative learning theory compared the experiences of 20 students, 6-weeks post-immersion, in, Haiti, Turkey, Costa Rica, France, and Italy (Walters et al., 2017). The investigators found high critical reflection scores when reflective journaling was combined with service learning. Interestingly, participants who served in Haiti faced the most challenges and showed the highest critical reflection scores. Findings suggest that short-term immersion experiences have the potential for transformative learning

(Walters et al., 2017).

Three studies implicitly linked international cultural immersion with transformational learning (Caldwell & Purtzer, 2014; Ingulli et al., 2014; Larson et al., 2010). A qualitative descriptive study of 41 nursing students was conducted to determine the long-term learning outcomes from a 12-day study abroad program in Honduras (Caldwell & Purtzer, 2014).

Participants were interviewed 1- to 3-years post-immersion. Views regarding poverty were changed, as well as an ethical obligation to prevent harm (Caldwell & Purtzer, 2014). In a pilot study, Ingulli et al. (2014) interviewed four registered nurses who participated in an immersion program in Peru, Trinidad, Tobago, and Cameroon in an effort to understand what cultural immersion means to the practicing nurse. Findings suggested the immersion experience moved these nurses toward cultural competence and reinforced respect and cultural sensitivity (Ingulli et al., 2014). In an effort to explore the impact of a cultural immersion program following a short-term immersion experience in Guatemala, a qualitative descriptive study of 13 nursing students was conducted. Findings suggested cultural immersion makes an impression on personal and professional development (Larson et al., 2010).

Reflective Writings

International cultural immersion programs have been studied using reflective writings. Reflective writing enables an examination of controversial issues that may result in discomfort or unsettled feelings and thoughts. Reflection ideally moves individuals beyond superficial issues (Epp, 2008; Harris, 2005; Lepianka, 2014; Schuessler et al., 2012). Schuessler and colleagues (2012) found that reflection led to changes in self and development of cultural humility. Zori (2016) found that reflective writing built confidence in communication skills. In a study with a large sample ($n=89$) of advanced practice nursing

students who spent one week delivering care in a developing country, investigators analyzed reflective writings over nine years and concluded that students may benefit more than host communities (Ryan-Krause, 2016).

In summary, patient-provider language and cultural concordance contribute to better patient outcomes. Yet, problems remain in many parts of the country where interpreters and bilingual clinicians fall short of the need. International cultural immersion programs have the potential to bring about transformational learning, but studies have not explicitly described theoretical components in the findings. Furthermore, many studies had small sample sizes with a wide range of experiences in both developed and developing countries, making it difficult to evaluate outcomes. None of the studies explored how international immersion programs use transformational learning to advance global health in resource-poor countries.

Purpose Statement and Research Question

The purpose of this study was to explore the reflective writings of health professions students to understand transformational learning in the context of an international cultural immersion program. The research question was: *How do health professions students express transformational learning during an international cultural immersion program?*

Methodology

An interpretive description design, guided by Transformative Learning Theory, utilized a naturalistic approach to gain an understanding of how health professions students expressed transformative learning during an international cultural immersion process. Interpretive description allows for interpretations that illustrate complexity and understand change (Thorne, 2008). This study used a secondary dataset from a parent study (Larson & Tyndall, 2014). The parent study was based on a longstanding partnership between a mid-

Atlantic university college of nursing and a community based-organization (CBO) in Guatemala. Since 2008, this partnership has facilitated a 5-week international cultural immersion program for health professions students. The university institutional review board approved this study.

Setting and Sample

Participants in this study were health professions students who were prepared through on-campus cultural seminars the week preceding the 3-week immersion in Guatemala. While in Guatemala, participants and faculty lived in a small village with Guatemalan host families and participated in local community and cultural events. For example, participants attended fiestas, bargained in markets, and observed agricultural practices. Participants also helped their families with household tasks. Taking the local public bus from the village to the city, participants studied Spanish 4 hours each weekday with individual Guatemalan instructors. Clinical experiences included work in a nutrition rehabilitation center, a long-term care facility for developmentally and physically disabled children and adults, and a primary care outreach clinic in a remote Mayan village. Finally, participants collaborated with community leaders to conduct health talks, or *charlas*, with children and parents on nutrition, hand hygiene, and oral health.

The sample was comprised of the reflective journals of 75 participants who completed the cultural immersion program during one of the six years between 2010 and 2015 (see Table 1). (NOTE: The informed consent process has been explained in Chapter 4: Manuscript 1).

Participants were predominantly young, White female students in the nursing program. Interestingly in 2011, more participants (54%) represented minority groups than any other year. In 2014, more participants self-reported intermediate or advanced level

Spanish than any other year.

Data Collection

Handwritten reflective journals were collected upon course completion. Each student wrote, on average, 30 pages of reflective writings during the 3-week immersion program in Guatemala. The handwritten journals were transcribed at the completion of each program year by a trained research assistant, generating over 1,000 pages of single-spaced transcripts. Each transcript was reviewed for accuracy by the PI of the parent study. Demographic data included age range, gender, ethnicity, self-reported Spanish ability, and academic discipline.

Data Management and Analysis

All electronic data were maintained on the university encrypted, password-protected computer system. The transcripts were uploaded to NVivo v11 (QSR International, 2014). NVivo was used to organize, classify, and arrange data by year. Each transcript is known as a “source” and a data segment of interest is known as a “reference.” Inductive content analysis began with multiple readings of the transcripts (Bernard et al., 2017). Memos were created for each source, capturing issues or insights that arose during readings. Findings from the pilot study provided initial code words for source queries. Code words from the pilot study were applied to the data to explore word frequencies (Jones-Locklear et al., 2016). Code words or phrases that were found with the most frequencies were considered parent nodes, such as Accessibility, Health Care, and Disaster. Child nodes were created by highlighting segments of data and applying code words or phrases related to the parent node, such as for parent node: Disaster, child nodes included references about weather and mudslides.

To understand the contextual nature of the data by year, a word cloud frequency

was generated (see Appendix C). The word clouds from 2011 through 2015 all featured “children” as a central word, whereas in 2010, the year participants experienced a volcanic eruption and a tropical storm that caused devastating mudslides, one of the prominent words was “home” (see Appendix D).

Table 9

Demographic Profile of Study Participants by Year 2010-2015 (N=75)

Variable	2010 <i>n</i> =12	2011 <i>n</i> =17	2012 <i>n</i> =15	2013 <i>n</i> =8	2014 <i>n</i> =13	2015 <i>n</i> =10
Age						
<23	12	10	15	8	13	9
24-29	0	5	0	0	0	1
>30+	0	2	0	0	0	0
Gender						
Female	10	16	14	7	13	9
Male	2	1	1	1	0	1
Ethnicity						
White	11	11	15	7	10	9
Non-White	1	6	0	1	3	1
Self-Report Spanish Ability						
None	1	3	1	3	1	3
Beginner	10	10	12	4	8	5
Intermediate/Advanced	1	4	2	1	4	2
Academic Discipline						
Nursing	8	9	14	8	12	6
Psychology	1	2	0	0	0	0
Health Education	1	0	1	0	0	0
Nutrition	1	0	0	0	0	2
Public Health	0	4	0	0	0	1
Biology/Pre-med	1	2	0	0	0	0
Women's Studies	0	0	0	0	1	0
Exercise Physiology	0	0	0	0	0	1

The next source query included code words or phrases specifically related to the literature on transformational learning, such as now, then, realize, difference, attitude, and change. This query resulted in 1,828 references and 83 pages of data. Coded summaries, the result of source queries, were grouped by year and analyzed within year and across years. A matrix of key references, or exemplars, from the coded summaries was created using the four components of transformative learning: experience, critical reflection, rational discourse, and action. Finally, the data were queried for patterns, including similarities and differences.

Content analysis led to thematic interpretation of the data. Two investigators (JJL and KLL) reviewed data and developed cluster categories around similar data segments of interest. Finally, agreement was reached by both investigators on themes and subthemes.

Findings

The reflective writings of 75 participants were analyzed to include the contextual nature of an international cultural immersion program that occurred over a 6-year time span in Guatemala. Using thematic analysis, the overarching contextual nature of this study was **Standing on Shaky Ground**, which encompassed participants' back and forth movement between their presuppositions about culture and the reality of what they observed. **Standing on Shaky Ground** was identified in three major themes: **Beyond Privilege**, **Shift in Positionality**, and **Regarding Social Justice**. The theme **Beyond Privilege** was characterized by two subthemes: *Judging of Self and Others* and *Humbling Mindset*. The theme **Shift in Positionality** was characterized by two subthemes: *Culture Shock* and *Language Discordance*. The last theme, **Regarding Social Justice**, was characterized by two subthemes, *A New Reality* and *Opposing Forces* (see Table 10).

Table 10

Overarching Contextual Nature: Standing on Shaky Ground

Themes	Subthemes	Exemplars
Beyond Privilege	Judging Self and Others	Before I left, they [friends/family] felt the need to tell me how horrible they thought Guatemala was . . . And I think having or not having the desire to learn from other cultures is a huge problem in the US. Many people are so judgmental and so ethnocentric they are missing out on the opportunity to better themselves as students, workers, teachers, and better themselves as a person in whole. Student 2014
	Humbling Mindset	It's just striking and humbling to think about my life and the lives of Americans and the lives of my Guatemalans especially outside of Antigua and how we all struggle on very different levels of Maslow's hierarchy of needs. Student 2011
Shifts-in Positionality	Culture Shock	Another difference is water in which sometimes it is available for bathing the children and sometimes it is not. This is culture shock because in America we always have water and necessary equipment and we assume other countries have the same. Student 2011
	Language Discordance	I also now understand that when a patient who doesn't speak English says "yes" or nods their head yes doesn't mean they actually understand. That's how miscommunications occur and probably one of the main reason why non-English speaking people don't seek healthcare until they are very, very, sick. Student 2013
Regarding Social Justice	A New Reality	My mind has really been opened to the true and real hardships of impoverished people in developing countries. In the United States there are poor and homeless but not on the scale that there is here. I can now truly see the effects of poverty on families, healthcare, communities, the environment and the world. Student 2012
	Opposing Forces	Before Guatemala, I didn't really understand community health nursing or think that I would like it. Now, I see how important it is! For some, we may be the only health care providers they come into contact with. Don't get me wrong, working in a hospital or doctor's office is important. But, shouldn't we work to prevent people from having to go in the first place? In Guatemala that is imperative because health care providers are rare, and people just cannot afford it. After Guatemala, I definitely want to work more in the community setting. Student 2013

Theme 1—Beyond Privilege

Beyond Privilege encompassed American privileges such as clean water and the overabundance of food. These were reconsidered in the context of poverty. This theme also considered learning about culture through a poverty lens that moved participants away from ethnocentrism. Most participants expressed attitudes related to safe drinking water and the abundance of food as privileges they had not recognized prior to the experience in Guatemala. They found it difficult to imagine a home without safe drinking water. One of the first messages participants received from their Guatemalan partners was, “Do not throw away any food. If you do not like the food you are given, let us know and we can find someone who will like it” (J.C. Martinez, personal communication, May 15, 2015). Participants were confronted daily with a new value given to food and water. Judging self and others was part of this privilege and involved a cycle of socialization and stereotyping. In Guatemala this sense of privilege was challenged. One student noted,

I realized how much Americans take their situations for granted. I felt like an extreme outsider. I felt uncomfortable when some of the men stared and unwelcomed when the women looked our way. This made me think of all the times I looked at a group of Latin Americans and made judgments on them. Unfortunately, I have a huge problem with stereotyping. I form opinions of people based on clothes, skin color, belongings—this is something I truly want to stop. **Student 2010**

This student was able to use his or her own discomfort of being an outsider to recognize how foreigners may feel, thus desiring to change his or her action toward others. Participants reflected on how they were socialized to judge different cultures. Stereotyping of others hinders the process of learning about a new culture or individual. In healthcare the danger of this is that one is unable to take the patients’ cultural needs into account when providing care, which could ultimately cause patients to not be forthcoming regarding all

aspects of their health practices.

One student described how family and friends tried to convince her that going to Guatemala was a bad idea in this way:

Before I left, they [friends/family] felt the need to tell me how horrible they thought Guatemala was . . . And I think having or not having the desire to learn from other cultures is a huge problem in the US. Many people are so judgmental and so ethnocentric they are missing out on the opportunity to better themselves as students, workers, teachers, and better themselves as a person in whole. **Student 2014**

This student identified the viewpoints of her social network as being judgmental and ethnocentric. This attitude would prevent someone from becoming a “better” person. This judgment was based on recent news events of border crossings, unaccompanied minors, and families separated at the border.

While participants learned that people in Guatemala lacked opportunities for formal education and lived in substandard housing, they recognized how stereotypes cloud one’s viewpoint. One student reflected in this way:

There is a wide gap between poor and wealthy [here], there are big cities and rural towns, family is important, faith is strong and each person is doing their best to get by. Stereotypes are not correct. Yes, some Guatemalan people are poor, some uneducated but just as many are an average family, their children attend school and the parents work. Leaving Guatemala I am taking a new found hope. **Student 2010**

While in Guatemala participants observed the stark contrast of poverty and wealth. Student perceptions of people “doing the best that they can” met with a reality more similar to their own than different, helping to alter judgmental attitudes. The “new found hope” implies a recognition of the participants’ perception that individuals are more similar than different.

The subtheme, *Humbling Mindset* referred to *participants’* attitudes regarding daily struggles for basic needs in Guatemala and the guilt felt for the “luxury” of home. They also recognized that while America has many problems, they may be minor compared to what they

observed, which was described as humbling:

It's just striking and humbling to think about my life and the lives of Americans and the lives of my Guatemalans especially outside of Antigua and how we all struggle on very different levels of Maslow's hierarchy of needs. **Student 2011**

The notion that life in the United States was somehow better suggested a narrow understanding of the broader health and social problems such as hunger, housing, and health care for both Guatemalans and for Americans. Privilege brought forth a sense of guilt for desiring the luxury of "home." Participants identified how their own beliefs had contributed to their closed-minded attitudes toward other cultures and beliefs. Many also recognized that privilege is not to be taken lightly.

When I return home, I am going to try to get better about wasting food, because I know (I really know this now. It's not just my Mom telling me to make me feel guilty). That there are people in the world who do not have food like we do. They can't waste food or they may starve. It really makes you think twice about over filling your plate.

Student 2012

The devastation witnessed by malnutrition made this student think about the food wasted at home (in the United States). Prior feelings of guilt are now replaced by understanding of others and what they may be suffering. This student like many others also saw that privilege is being able to indulge in their "wants," rather than their "needs." Whether seeing how their presuppositions had caused them to stereotype or judge individuals inaccurately, or how witnessing poverty and the lack of resources had made them compare life in Guatemala to the United States, participants were altering their perspectives. Prior life experiences attributed to participant beliefs and actions; however, participants were moved by exposure to new encounters in Guatemala. This immersion experience offered an opportunity to live with host families and work in areas where poverty and malnutrition were overwhelming. This real-world experience provided participants with a different view of

humanity, one in which they were being cared for by a Guatemalan host family.

Theme 2—Shift in Positionality

The theme **Shift in Positionality** refers to the unstable and non-fixed position participants found themselves in as a result of cultural challenges and limited Spanish ability. The subtheme *Culture Shock* was explained by participants' attitudes about the poverty-wealth gap, access to health care, and natural disasters. One of the major clinical activities conducted in this immersion program was a rural primary care outreach clinic. Participants and faculty worked with village leaders and a Guatemalan physician to bring primary health care to an area that had no health care resources. Each year, the physician volunteered one afternoon to conduct the clinic. Participants had not experienced “turning people away” before coming to Guatemala:

For the first time in my limited clinical experience, I fully realized what might be the most unfortunate reality of healthcare: you just can't treat everyone. No one will ever have enough time or resources to see every single patient who needs their help, but that doesn't make it any easier to turn people away. **Student 2015**

In the shock of realizing that not all individuals would be seen, participants saw the potential devastation that this act of turning people away in need could have on individual and community health. Participants had never observed patients being turned away when seeking healthcare. They realized that with the limit of time and resources during this outreach that not all could receive care; however, they also found themselves asking if more could be done and on what level. Participants also volunteered 2 to 3 days each week at a nutrition rehabilitation center. Approximately 12 to 15 malnourished children resided in the center on any given day until their weight for height was stabilized. The intense attention to their nutritional and health needs took 1 to 2 weeks for recovery and they were discharged home. These children were

receiving food, clean water, medicine, and developmental stimulation. Yet, even in some of the better equipped facilities there were days when water for bathing the children was unavailable. As a result, a participant expressed culture shock in this way:

Another difference is water in which sometimes it is available for bathing the children and sometimes it is not. This is culture shock because in America we always have water and necessary equipment and we assume other countries have the same. **Student 2011**

In both of these excerpts, participants revealed a narrow perspective of their life experience. The phrase, “in America we always have water . . .” refers to the student’s own home. However, community health nurses routinely assist families in the United States who have limited access to water and health care.

The subtheme *Language Discordance* was explained by participants’ ability to effectively communicate with others while learning a new language and culture. Participants studied Spanish 4 hours each day with an individual Guatemalan Spanish teacher. Most participants had taken a Spanish course in high school and self-reported their level of Spanish as beginner. Four hours each day, 5 days a week was an intense language experience. Participants expressed both frustration in the new language and elation when they noticed improvement. Still, participants did not realize the difficulty that is involved in learning a new language until this experience. After many hours of language classes, communication barriers still existed. Participants were expected to communicate in clinical and at home with their host families in Spanish. Participants experienced frustration when they were challenged by a new language.

I knew that learning Spanish would be difficult for me before deciding to come here, but I did not realize that I would have to learn with teachers that hardly speak any English! . . . This made me realize how difficult it must be for people of this culture to live in the United States and communicate with us, especially when they are sick and need to receive health care but cannot adequately explain to the physicians and nurses

what is going on to get the appropriate treatment. **Student 2014**

While frustration seemed aimed toward their teachers and in some cases host families for not speaking more English, they began to take ownership in their own responsibility with learning a new language. Some participants wrote of the time they spent in the evenings working on Spanish assignments they had been provided by their Spanish teachers; others even sought the help of the host family in assisting them in practicing what they were learning. Most participants saw the value in learning Spanish to become a more competent health professional. Participants teetered with feeling that knowing Spanish would be a good resource to have while others felt it almost a necessity. One participant wrote,

I now can see firsthand how hard a language barrier is in a medical setting. I strongly feel that being bilingual is a quality that people pursuing a medical career should have. **Student 2012**

The language barrier that this student wrote of was in regard to a medical setting; however, having a language barrier goes far beyond the medical setting. Participants also saw the value of cultural immersion as a way of forcing language acquisition. One participant expressed language as a matter of life and death,

In my opinion the only effective way to comprehend and learn a new language is complete cultural immersion. Even with 4 semesters of Spanish courses I was nowhere near as proficient as I thought I should have been. The value of communication is literally a matter of life and death. **Student 2014**

The barriers that are created when individuals lack the ability to communicate proficiently in the same language was significant to many participants. This student, like others who came into this program with more than a basic knowledge of the Spanish language, recognized the worth of this immersion experience and how it had broadened his or her knowledge and skills in language. More than that, he or she learned that with immersion

comes an understanding of language and culture that is beyond book knowledge; it was about understanding the culture of language. In some instances, participants wrote of now being able to understand how easily miscommunication can occur and why individuals may be hesitant to seek health care when there is language discordance between provider and patient.

I also now understand that when a patient who doesn't speak English says "yes" or nods their head yes doesn't mean they actually understand. That's how miscommunications occur and probably one of the main reason why non-English speaking people don't seek health care until they are very, very, sick. **Student 2013**

Participants were able to reflect on how culture and language are critical to quality and safe health care. Participants recognized that just because someone responds appropriately to the question asked does not mean that "understanding" has occurred. This realization meant that participants were now aware of the need to probe further in their questioning and to use translators when necessary to ensure that the message is clear to the recipient to avoid miscommunication. In many aspects of life miscommunication can be life altering and in healthcare can be a matter of life or death.

Theme 3—Regarding Social Justice

The theme **Regarding Social Justice** referred to students' consideration of the scale of poverty in a developing country. Participants observed the struggles faced by many resource-poor communities. They observed the harsh reality of children who were malnourished, families who lacked access to healthcare, and children who worked in the fields alongside their parents rather than attending school. The subtheme *A New Reality* prompted participants to examine their own attitudes. Recognizing an inaccurate understanding of the world brought about a sense of truthfulness. One student noted,

My mind has really been opened to the true and real hardships of impoverished people in developing countries. In the United States there are poor and homeless but not on

the scale that there is here. I can now truly see the effects of poverty on families, healthcare, communities, the environment and the world. **Student 2012**

Participants' prior experience with poverty may have been limited in the United States. This is not to say that some had not experienced hardships, struggling for what they considered basic needs; however, the struggles witnessed in Guatemala was a different reality of hardship. This experience triggered an attitude of fairness-treating others with the same respect and kindness. Gaining a respect of others, one of the greatest ethical principles, also occurred in the context of research. This student demonstrates an understanding of how science can assist progress in health care,

I hope that when I become a nurse, I will be beyond respectful and kind to my patients of a different or same background as me. I will do research in order to best take care of my patients. By traveling to Guatemala, it has provided me with more cultural competency and I am grateful for that because I can take this back to the United States. **Student 2014**

The level of respect for another culture by this student was also evident in the writings of others. Many wrote of a desire to be more mindful of other cultures, to seek to find out more about the potential patients for whom they would be caring, and to bring back the knowledge gained in Guatemala and share it with others, not just in healthcare, but with family and friends as well. Knowing that others are treated differently based on culture, race, or economic standing is a social justice issue that many in this immersion experience want to fix.

The subtheme *Opposing Forces* referred to tensions that participants confronted on a daily basis. Participants wrote that some individuals view the world with a single focus, limiting their ability to be open to the needs, views, and/or values of others. This singleness in perspective can be dangerous for individuals and society. Participants found that having

tunnel vision limits one's self. One participant summarized his or her feelings in this way:

Seeing the world only through your life is a dangerous way to live because you don't see the whole truth . . . Why is it that society dictates who is worthy of our care, compassion, mercy, and understanding? **Student 2015**

The danger in having only one view is that bias is increased and a lack of tolerance for others is projected. Furthermore, when only one view point is acknowledged there is a risk of isolating or marginalizing the 'other.' Other participants wrote of understanding and developing a new consideration of an idea or how someone else may think or feel about a subject or situation.

Participants also expressed a clearer understanding of healthcare and their role in healthcare, while also having a desire to do more. Their writings demonstrated a desire to understand not only healthcare but the individuals they serve. One student expressed a clearer understanding of community health and a new career focus:

Before Guatemala, I didn't really understand community health nursing or think that I would like it. Now, I see how important it is! For some, we may be the only health care providers they come into contact with. Don't get me wrong, working in a hospital or doctor's office is important. But, shouldn't we work to prevent people from having to go in the first place? In Guatemala that is imperative because health care providers are rare, and people just cannot afford it. After Guatemala, I definitely want to work more in the community setting. **Student 2013**

This student gained a new understanding of the need and role of community health nursing. He or she was able to see the value of preventative health that community health nursing offers. In recognizing the need for community health nurses, a new attitude and desire to work with community populations was sparked. Many other participants also spoke of feeling pulled in one direction of health care prior to this experience but now felt a calling to work in settings with disadvantaged individuals. These reflective writings suggest that students' own beliefs, values, and attitudes are pliable. Participants expressed attitudes

regarding global health through new experiences with diverse communities and cultures. Critical reflections of bias, judgement, and stereotypes were also demonstrated in these exemplars. Participants recognized their judgmental self and opened up their viewpoint to the ‘other.’ Some participants had a compelling desire to do more and be better individuals and nurses when returning home. This combination of experience, critical reflection, and intent to act suggests the process of transformative learning.

Discussion

In this interpretive description study, guided by Transformative Learning Theory, investigators (JJL and KL) intended to explore whether and how health professions participants express transformational learning in the context of an international cultural immersion program. The ultimate goal is eliminating health disparities by delivering safe, quality nursing care through a culturally sensitive approach that takes into consideration the perspective of the other. Participants were exposed to new cultural experiences that presented perplexing dilemmas and feelings of being an outsider. Transformational learning occurs when individuals are presented with a dilemma that requires re-assessment of attitudes (Mezirow, 1998). Similar to other studies that demonstrated transformational learning (Caldwell & Purtzer, 2014; Gilliland et al., 2016; Levine, 2009), participant writings revealed that bias was diminished, and new understandings of poverty and illness was gained.

Components of Transformational Learning Theory

Participants came into the international cultural immersion program with previous life experiences that influenced their belief system. Participants’ past experiences and new cultural experiences merged or collided while living in Guatemala. Participants did not see their privilege before coming to Guatemala, but rather as a way of (their) life in the United

States. Observing the harsh realities of poverty on multiple levels forced participants to reflect on what it means to live in the United States. To many Americans, the basic necessities such as food and water are widely available, even though one in five American children goes hungry every day (Feeding America, 2018). A universal reality is that many people lack nutritious meals and safe drinking water.

Critical reflection was expressed through self-assessment of being close-minded, judgmental, and stereotyping of others. Critical reflection of past and new experiences exposed participants' conflict or inconsistency with their belief system. This complex thought process of critically reflecting on past and new experiences allowed participants to open themselves to another viewpoint. Participants reflected on not understanding the hardships faced by those in developing countries. They found themselves wanting to change how they conduct themselves and how they would live their daily lives when returning to the United States. Expressions of new attitudes on poverty and prevention suggest a high level of transformative learning. The value in these critical reflections suggest that participants may alter their practice to include another perspective.

Action, another component of transformational learning, was found in the reflective writings as the "intent" to act. This could be in part due to the fact that participants did not have an opportunity to implement actions. Intent to act was described by wanting to participate in more "immersion programs," returning to work at the nutrition rehabilitation center, to work in community health, and "involving [student] organizations in collecting supplies and anything else I can think of for the next year. This [program] has really inspired me and given me the drive to want to travel and volunteer as much as possible." Like many other aspects of life, the desire for action can wane and a person may fall back into their

normal routine of daily living without ever acting on the change they desired when the experience was fresh on their mind.

In all six years exemplars could be found suggesting transformational learning in experiences, critical reflection, and (intended) action. Most participants wrote about past and current experiences, and how their perception and beliefs changed on a superficial level. Also, most participants critically reflected, yet they stopped short when providing details that led to transformative learning. Fewer participants wrote of their intended action upon returning home. Minimal reflections were found in the area of rational discourse. In only three years, 2013, 2014, and 2015, could investigators (JLL and KL) identify exemplars suggesting rational discourse. In 2013, one student wrote about a dialogue with a Spanish teacher over malnutrition, immigration, drug trafficking, and the government's desire but inability to help due to lack of financial resources. In 2014, one student wrote about a conversation with a Spanish teacher related to access to health care. Two participants in 2015 wrote of dialogues that occurred in separate situations with their peers. One participant wrote after her return from Guatemala about apologizing to her coworkers for talking about Guatemala "too much."

The student wrote,

The most difficult part of this transition [returning to the United States] has been my return to work. After three weeks of working with impoverished and malnourished children, I am back to serving [food] to wealthy seniors in an independent living community. I have also apologized to my coworkers in case I talk too much about my experience. **Student 2015**

In this excerpt, rational discourse is conveyed in the interchange between the student and his or her peers, which caused him or her to feel the need to apologize for talking too much about Guatemala. Some interchanges may have a shutting down effect on viewpoints. Many of these reflections fall short of determining a change of viewpoint.

Investigators recognize the limitations to these findings. First, participants may have discussed their beliefs with others and failed to document those interchanges. Second, participants presented their work to faculty upon return from Guatemala, where a great deal of interchange took place but was not captured in the data. Finally, participants may not have had an opportunity to have rational discourse or the ability to take action during the immersion program.

Investigators attempted to prepare participants through pre-experience readings and discussion with an understanding of the economic, political, social, and health needs in Guatemala. While we believe participants developed an understanding of poverty, we are less sure they can link efforts to end it. Linking efforts to end poverty would lead to long-term health impact for host communities. Although each student was in Guatemala for a brief time (3 weeks), they were part of a longstanding community-university partnership in Guatemala. The partnership began with health talks to children in several villages and over the years advanced to address infrastructure issues including safe drinking water, housing, and education.

The majority of participants in this study were young, White women enrolled at a mid-Atlantic university, and most had never spent any length of time outside the United States and none had ever lived with a Guatemalan family. Our study sample was similar to other international programs and the nursing profession, in general. The privileged stance of these participants was juxtaposed with being an outsider and an inability to communicate. They were often left voiceless when they could not say what they wanted. Participants experienced a marginalization that other racial and ethnic groups routinely experience in the United States (Hobbs, 2018; Phillips & Lowery, 2018; Williams, 2017).

Studies have shown that language concordance produces better health outcomes for patients (Ko et al., 2018; Parker et al., 2017; Rayan et al., 2014). Lack of language ability became a frustration for participants, especially in clinical situations. Participants recognized the difficulties that arise from poor communication during a natural disaster, encounters in an outreach clinic, or volunteering in a health care facility. They often felt useless. Key to the transformative process was the ability of participants to reflect on how language can either improve or hinder communication, particularly when providing health care. Similar to what Kulbok and colleagues (2012) found in their study, our finding found that participants found it difficult to live and interact in a country where language barriers exist.

For the first time, participants became aware of how their reality prior to this international cultural immersion experience was different from their new reality. Participants became more aware of their own biases and limited cultural knowledge. Other studies found that personal insight and growth are improved during an immersion experience (Duffy et al., 2005; Kulbok et al., 2012). Similar to our study, other investigators found that cultural awareness is essential to providing optimal care (Charles et al., 2014). As participants began to recognize the struggles of Guatemalans, they were able to see similarities with populations in the United States.

There is value in recognizing that there is not one truth, but rather multiple truths that need to become a part of a world view. This understanding can lead to respect and celebration of broader cultural beliefs and practices. Like our study, other researchers have found that exposure to other cultures may modify belief systems, have a positive impact on nursing practice (Kohlbray, 2016), and lead to development of an appreciation for others (Gilliland et al., 2016).

Each year (2010-2015) had its own challenges; yet, common themes resonated with all years. Each year participants discussed a desire to act upon what they had experienced, a key element to demonstrating transformative learning. These actions took on many forms, from a desire to stay in Guatemala, a desire to return with another health care team, and to raise awareness of the needs of the people in Guatemala. A desire to return and volunteer was also found in a study conducted by Castillo and colleagues (2010).

Implications for Practice, Education, and Research

Nursing practice could benefit by initiating conversations surrounding global health, cultural differences, and culturally sensitive care. Continuing education in practice could bring greater attention to bilingual capabilities of clinicians and certified interpreters to better serve populations with limited English proficiency. Also, best practices when caring for diverse cultures is more accessible with Lippincott's "online bedside resource" that provides essential information for over 100 cultures developed by experienced nurses (Lippincott, n.d.).

Nursing education could intentionally incorporate current issues facing global health using the UN Sustainable Development Goals of 2030 as a foundation. Currently, global health is an elective in many nursing programs. International cultural immersion programs should be designed with sufficient time for interchange between peers, faculty, and host country leaders. Incorporating U.S. governmental entities in developing countries such as the U.S. Agency for International Development and the U.S. Embassies would provide a broader understanding of the political, economic, social, and health needs of the country. Lastly, reflective writing needs to be increased to improve ability to reflect at higher levels and demonstrate critical thinking skills.

Nursing research could benefit from a longitudinal study that tracks participants each

year who build on the community health effort from the previous year. Longitudinal research has the potential to impact practice and education and benefits both academia and organization on how to identify and improve areas of need. Multiple universities and their international partners could engage in international virtual exchange programs that collaborate on year-long projects via Internet connections and provide capacity-building relationships. Investigators suggest that additional studies are needed to examine the long-term impact on host communities.

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APPENDIX A: IRB APPROVAL LETTER



EAST CAROLINA UNIVERSITY
University & Medical Center Institutional Review Board Office
4N-70 Brody Medical Sciences Building · Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office **252-744-2914** · Fax **252-744-2284** · www.ecu.edu/irb

Notification of Exempt Certification

From: Social/Behavioral IRB
To: [Jennifer Jones-Locklear](#)
CC: [Kim Larson](#)
Date: 2/17/2017
Re: [UMCIRB 17-000372](#)
An examination of student attitudes regarding health policy during a study abroad

I am pleased to inform you that your research submission has been certified as exempt on 2/17/2017. This study is eligible for Exempt Certification under category #4.

It is your responsibility to ensure that this research is conducted in the manner reported in your application and/or protocol, as well as being consistent with the ethical principles of the Belmont Report and your profession.

This research study does not require any additional interaction with the UMCIRB unless there are proposed changes to this study. Any change, prior to implementing that change, must be submitted to the UMCIRB for review and approval. The UMCIRB will determine if the change impacts the eligibility of the research for exempt status. If more substantive review is required, you will be notified within five business days.

The UMCIRB office will hold your exemption application for a period of five years from the date of this letter. If you wish to continue this protocol beyond this period, you will need to submit an Exemption Certification request at least 30 days before the end of the five year period.

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

APPENDIX B: REFLECTIVE WRITING RUBRIC

Reflective journaling provides a tool for learning, personal growth, and professional development. Maintaining a journal during the course will help you to interpret everyday cultural experiences. In addition, it provides an opportunity to link course content with clinical experiences. Student journals will be evaluated using the rubric below.

Elements of Reflective Journal	Weight/ Points	Insufficient Reflection 0-77%	Minimal Reflection 78-84%	Critical Reflection 85-92%	In-depth Critical Reflection 93-100%
Explores observations and makes connections with course content. <ul style="list-style-type: none"> ➤ Describe any significant experiences that occurred today. What are your interpretations of these experiences? ➤ Discuss connections you are making with what you are learning based on course content (pre-experience seminar, readings, etc.) ➤ How was the community served through your service/project today? 	30%				
Explores cultural factors that influence health care delivery & practice. <ul style="list-style-type: none"> ➤ What did you learn about the agency you are assisting and/or visiting? ➤ Discuss community strengths and weaknesses. ➤ Describe the contribution of the health care professional in this experience? ➤ What lessons have you learned regarding cultural competency in your chosen health field? 	33%				
Reflects on thoughts/feelings connected to daily experiences. <ul style="list-style-type: none"> ➤ How did the experiences today affect you emotionally? Discuss any negative/positive associations with this experience. ➤ What are you learning about yourself (challenges/successes) through this experience? ➤ Is there anything you would do differently based on what you have learned today? 	37%				

Reminders:

- Write legibly
- Write 5 X week (avoid writing a synopsis of several days in one entry)
- Write at different times of the day (varies perspective)
- Take your journal with you
- Keep in a plastic bag to protect from rain

