

OPENED MY EYES: THE MEANING OF AN IMMERSION EXPERIENCE AS  
A NURSING STUDENT TO CURRENTLY PRACTICING NURSES

By

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A thesis submitted in partial fulfillment of  
the requirements for the degree of

MASTERS OF NURSING

WASHINGTON STATE UNIVERSITY  
College of Nursing

MAY 2010

To the Faculty of Washington State University:

The members of the Committee appointed to examine the thesis of CARMEN KELLOGG find it satisfactory and recommend that it be accepted.

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## ACKNOWLEDGEMENT

I would like first to acknowledge my thesis committee members, Dawn Doutrich, Carol Allen, and Lida Dekker. These women have been mentors to me personally as well as professionally. The guidance I received throughout the research process was priceless, and I truly believe I wouldn't have been able to do this without them. I was lucky enough to have a thesis committee who worked well together, enhancing the academic environment and hopefully the academic outcome. It is one thing to be able to contact and receive feedback from such knowledgeable resources, and quite another to genuinely look forward to learning from them. I hope this thesis makes you all proud.

I would also like to extend warm regards to the hard-working nurses who took time out of their schedules to participate in this study. Anna, Sally, Alissa, and Jake were honest and insightful about their immersion experiences, and without that, the study findings would not exist. Each of these amazing people inspire me to continue to explore meaning in nursing and in culture, and to move forward in my own process towards cultural competence. Thank you.

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Abstract

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May 2010

Chair: Dawn Doutrich

Nursing students embark on immersion experiences for many different reasons. What an immersion experience as a nursing student means to four currently practicing nurses and the care they provide is explored and analyzed for themes in order to increase understanding of the potential long-term impact of these experiences. Using a hermeneutic approach to analysis of narrative data, three overarching themes emerged: changing my practice, learning to see beneath the surface, and appreciating one's context. The phrase 'opened my eyes' was commonly used by each of the participants, and will be discussed further in terms of influence on nursing practice. There are potential implications for nursing education, as understanding about the long-term impact that participation in a cultural immersion experience has on nurses and nursing practice increases.

**KEYWORDS:** nursing students, immersion, culture, nursing education

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### **Dedication**

This thesis is dedicated to Professor Dawn Doutrich who has inspired me from start to finish. I would also like to thank Keith for motivating me when I needed it most.



## **CHAPTER ONE**

### **INTRODUCTION AND BACKGROUND**

#### **Statement of the Problem**

Nurses in all settings play a unique and privileged role in the care of patients and family members. The diverse backgrounds and perspectives that care providers and their clients bring to each encounter present challenges for caring and understanding. In a discussion about nurses' position of power in the nurse/patient relationship, Benner (1984) acknowledges that caring is always local, specific, and individual. She goes on to note that very few nursing interventions are successful without mutual respect and genuine caring between the nurse and patient. Mitchelson and Latham (2000) state that nurses who lack cultural sensitivity can alienate the very people they claim to help. Further insight in to which learning activities within nursing curriculum as well as a better understanding of effective ways of evaluating preparedness to practice safely in a multi-cultural society such as the United States is indicated.

#### **Statement of the Purpose**

Though literature exists on the experiences of nursing students who participate in cultural immersion programs, little is known about the longitudinal impact these experiences may have on future nursing practice and ability to provide competent nursing care to clients from diverse backgrounds. Zorn (1996) agrees that the effects of a short-term immersion experience on a participants'

subsequent personal and professional life long-term is not well known. The purpose of this study is to increase understanding of what a cultural immersion experience as a nursing student means to currently practicing nurses and the care they provide. New understandings of these meanings are uncovered through the identification of common themes. The research question for this study is what does a cultural immersion experience as a nursing student mean to currently practicing nurses?

### **Conceptual Framework**

Campinha-Bacote's "Process of Cultural Competence in the Delivery of Health Care Services" (PCCDHC) describes the progression of moving towards cultural competence in the delivery of health care services and provides the foundational framework for this proposed qualitative research. The PCCDHC considers cultural awareness, skill, knowledge, encounters, and desire as the five components in the process of moving towards cultural competence. The meaning of cultural encounters in the form of an immersion experience is the focus of this study. Cultural desire is recognized as the stimulus for engaging in the process of becoming more culturally competent, and will be discussed in relation to the study findings.

### **Literature Review**

A literature review exploring background concepts relevant to the study was conducted prior to data collection and was refined as new findings were

uncovered as is consistent with hermeneutic phenomenology. Walsh and DeJoseph (2003) conducted an exploratory descriptive study to identify key experiences that may influence the development of cultural competence for nurses. Ten students and two faculty mentors were interviewed before and after an immersion experience in Central America. This study found that short-term international immersion projects and the resulting appreciation for a differing culture increases the ability as a nurse to be open to others' beliefs and values. In a study of long-term effects conducted by Levine (2009), currently practicing nurses who participated in multiple international journeys while in nursing school were interviewed. Using the qualitative research method of topical reflective autobiography, a thematic analysis of in-depth interviews was conducted. Informants spoke of profound changes in both personal and professional lives 5, 10, and 15 years later including: deepened compassion, acceptance of differences, recognizing societal ills, and willingness to take risks in order to promote societal change.

Through the use of quantitative analysis, St. Clair and McKenry (1999) found a statistically significant difference in the achievement of cultural self-efficacy between participants of an international clinical experience and those who did not participate in these experiences from a sample of 200 undergraduate and graduate nursing students. Ruddock and Turner (2007) recommended that long-term research be conducted to assess the impact of international learning

experiences on the delivery of culturally sensitive care after their study found that study abroad programs help aid the development of cultural sensitivity of nursing students. From a nurse educator perspective, Mill, Yonge, and Cameron (2005) recognized the value of international clinical practica in integration of a global dimension and the achievement of cultural sensitivity in nursing curricula and practice. They explored both challenges and opportunities of international clinical placements, concluding that the significant opportunities make international placements desirable and positive for nursing students despite the potential challenges and complexities.

Cultural competence is nursing competence and vice versa. There is evidence that suggests that an immersion experience can play a crucial role in the development of culturally competent nursing care. The awareness of the need for culturally competent health care practitioners is not a new concept to nursing. Borkan and Neher (1991) declare that cross-cultural sensitivity is not innate, but is a social skill that needs to be developed. They found that strategies in their developmental model for promoting empathy in practice are experiential and experiences such as cultural immersion are essential. Bond, Kardong-Edgren, and Jones (2001) reviewed studies examining the learning of culture-specific skills and found that short-term language and cultural immersion experiences were viable strategies in the achievement of cultural and language learning.

Dreher and MacNaughton (2002) recognized that as the United States evolves as a culturally diverse society, a standard of cultural competency is wholesome, desirable, and consistent with democratic principles. They conclude that cultural competence is nursing competence. Nurses are in the unique position to make an impact on the outcomes for vulnerable populations through culturally competent care (American Association of Colleges of Nursing, 2008).

In a qualitative study seeking to describe the phenomena of an immersion experience including process and outcomes of being immersed in a different culture, Ryan, Twibell, Brigham, and Bennett (2000) analyzed the stories of nine practicing nurses. The result was a dimensional matrix, with a core dimension of learning to care. They believe this matrix can help to guide nurse educators in the integration of immersion experiences in nursing curricula. Greatex-White (2007) conducted a hermeneutic phenomenological study by analyzing the diaries of 26 nursing students who participated in study abroad. Six general structures emerged including: leaving behind, escape, foreigner, self-discover, learning, and risk. This study suggests that study abroad is deserving of far greater attention in nursing educations if one of the major goals is the development of culturally competent practitioners.

### **Definition of Terms**

The terms cultural encounters, cultural sensitivity, and cultural desire are considered components of the process towards cultural competence (Campinha-

Bacote, 2002). For purposes of this study, cultural encounters are defined as the process of engaging in face-to-face cultural interactions with those from culturally diverse backgrounds (2002). Cultural desire is defined as the motivation and professional desire to engage in the process of becoming culturally aware, knowledgeable, skillful, and seeking cultural encounters (2002). This study seeks to understand meanings as study participants perceive them, therefore the participants define cultural sensitivity and the process towards cultural competence according to their personal perspective. Through analysis and the emergence of common themes, these meanings are explored in terms of impact for practicing nurses and the care they provide. An immersion experience lasting two weeks or more was one of the inclusion criteria for participants, and is considered an experience of immersing oneself in a culture different from one's own cultural background for the purposes of this study.

### **Significance to Nursing**

Awareness of the need for more knowledge and competence in nursing care provided to individuals from diverse backgrounds is increasing (Reeves & Fogg, 2006), and the American Association of Colleges of Nursing (2008) recognizes that nurses must demonstrate development of cultural competence. The insights from this study may help to better understand the meaning and the attainment of these standards of care by better understanding the way an immersion experience as a nursing student influences the care of currently practicing nurses. There are

potential implications for the number of nursing students participating in cultural immersion experiences and the experiences that undergraduate and graduate nursing programs offer as information is uncovered about the long-term effects on nurses and nursing practice. These implications are then transferred to clients and families who receive nursing care.

## **CHAPTER TWO**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **Introduction and Type of Design**

The goal of this qualitative study is to interpret and understand meaning; therefore a hermeneutic interpretive phenomenological study was conducted, based in Heideggerian philosophy. Hermeneutic methodology differs from traditional scientific methods by requiring an ontological view of participants' interpretations and personal meanings (Leonard, 1994). An ontological view is concerned with why and how one knows the things one does, recognizing that background perspectives affect one's reality. Hermeneutics recognizes researcher perceptions, bias, and background as significant in the interpretative process. One basic philosophical assumption of hermeneutic phenomenology is that humans are social beings whose understanding is always present in the shared background practices of society and culture. This includes the background perspectives of the interpreters as well as those who are being interpreted (Plager, 1994).

#### **Setting and Population**

Following approval by the Washington State University Institutional Review Board, a purposive sample of four participants was recruited and contacted via email or telephone. Six nurse educators were asked to recommend participants who met the inclusion criteria. Inclusion criteria for participants included current practice as a Registered Nurse (RN), greater than two years



experience as an RN, and participation in an undergraduate cultural immersion experience lasting two weeks or more. Two years of RN experience is recognized in Benner's Stages of Clinical Competence as the standard time it takes for a nurse to transition from a novice nurse focusing solely on task completion, to an advanced beginner nurse who is able to point out meaningful and situational components of care (Benner, 1984). Short-term immersion experiences lasting as short as two weeks outside of one's own culture have been found to make a significant difference in the achievement of cultural competence (St. Claire & McKenry, 1999). All four participants of this study met the inclusion criteria and provided diverse perspectives of what their immersion experiences meant.

### **Instrumentation: Scientific Rigor**

Lincoln and Guba (1985) identify four major areas of establishing rigor in qualitative research. These include credibility, dependability, confirmability, and transferability.

#### ***Credibility and Dependability***

Shared experience and background between the researcher and participants help to establish credibility and dependability. Fjelland and Gjengedal (1994) agree that the greater the distance in time, social background, and culture, the greater the challenges and errors of interpretation. The researcher conducting this study is a currently practicing RN in the Pacific Northwest who has been involved in immersion experiences both as a nursing student and as a

nursing instructor. Member checks asking participants for clarification as well as confirmation of accurate interpretation also increased research credibility (Lincoln & Guba, 1985) and were done throughout the interpretive process via email. The collaboration with an analytic team comprised of experienced qualitative researchers with specialized knowledge regarding the subject matter and Heideggerian hermeneutic research also contributed to research credibility and dependability.

### ***Confirmability***

Researcher preconceptions, biases, and past experiences that are significant or may affect how the text is interpreted were disclosed in the researcher field notes. Field notes, along with interpretive summaries and records of thematic analysis were kept as an audit trail. Fully describing the data collection and analysis process was in accordance with standards for researcher confirmability according to Lincoln and Guba (1985). Accurate and traceable citations were referenced throughout.

### ***Transferability***

Generalizability is not a goal of qualitative research, though it is important to conduct research and present the findings in a way that is applicable to others. The transferability of the findings is to be determined by those who read the study report (Lincoln & Guba, 1985). Findings of this study may be especially applicable to nursing students, nurse educators, and practicing nurses who have

experienced or are experiencing immersion in a culture differing from their own. It is the hope that the meanings shared in this study resonate with others so that caring responses can result.

### **Data Collection Procedure**

The researcher conducted individual in depth interviews at a site of the participants choosing. Two of the participants chose a café, and two other participants chose their home. A \$5 Starbucks gift card was offered after the interview in grateful acknowledgement. Interviews lasted one to two hours, and were audio recorded then transcribed verbatim by the interviewer. Interviews were semi-structured using leading questions, and were participant-directed beyond this structure. In addition to a general description of the logistics of the cultural immersion experience, leading questions the participants were asked included:

1. Describe an incident during your immersion experience that was meaningful to you. How, if at all, is this still meaningful to you now?
2. Talk about how you feel your immersion experience influences the nursing care you provide. Can you give examples?
3. Can you share an example of a cross-cultural situation you found shocking or surprising during your current nursing practice?

### **Data Analysis**

Interpretive analysis according to Leonard (1994) involves thematic analysis, analysis of specific episodes or incidents, and the identification of paradigm cases. Thematic analysis seeks global analysis from reading all interviews and notes several times in search of themes. Interviews from this study were transcribed, color-coded, and analyzed for themes. After these holistic readings, a preliminary code list was developed, interviews were then re-read from the perspective of the interpretive plan, and general categories were identified (see Appendix C). After the initial interview, member checks were done via email. Participants that responded confirmed that interpretations were reflective of intended meanings. Analysis of specific episodes or incidents considers all aspects of the situation and the participant's responses in order to identify strong exemplars. The rich descriptive data that emerges from the identification of paradigm cases is necessary for the researcher to attempt to understand and explain participants' situational context. In addition to the researcher, an analytic team of experienced qualitative researchers reviewed and analyzed data. Thematic analysis was performed by each researcher individually, then shared with the rest of the team during a meeting to discuss the interpretation of themes. Themes were then updated and made more comprehensive and encompassing of the participants' interpretive process (see Appendix C).

### **Human Subjects Considerations**

Participants who expressed interest in sharing their experience were informed of the general purpose of the study via email, completed a consent form, and were interviewed at a time that was convenient to their schedule. The leading questions used for the interview were revealed prior to the meeting time so that participants were better prepared to discuss specific incidents and examples. A consent form explained the participants' right to refuse to answer any questions during the interview process, the right to withdraw from the study at any time if they did not wish to continue, the right to have final say in whether quotations were included in the study write-up, and the right to not be identified by name. All participants chose to be identified by their given names.

Identifying data and interview transcriptions were kept locked in a file drawer, and will be destroyed after three years following the completion of the study in accordance with Washington State's Institutional Review Board (IRB) guidelines. Participants were notified of information used for educational purposes such as professional publications or presentations.

CHAPTER THREE

MANUSCRIPT

Opened My Eyes: The Meaning of an Immersion Experience as a Nursing Student  
to Currently Practicing Nurses

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A Manuscript to be Submitted to  
The Journal of Transcultural Nursing

### **Abstract**

Nursing students embark on immersion experiences for many different reasons. What an immersion experience as a nursing student means to four currently practicing nurses and the care they provide is explored and analyzed for themes in order to increase understanding of the potential long-term impact of these experiences. Using a hermeneutic approach to analysis of narrative data, three overarching themes emerged: changing my practice, learning to see beneath the surface, and appreciating one's context. The phrase 'opened my eyes' was commonly used by each of the participants, and will be discussed further in terms of influence on nursing practice. There are potential implications for nursing education, as understanding about the long-term impact that participation in a cultural immersion experience has on nurses and nursing practice increases.

### **Introduction and Condensed Review of Literature**

Nurses in all settings play a unique and privileged role in the care of patients and family members. The diverse backgrounds and perspectives that care providers and their clients bring to each encounter present challenges for caring and understanding. In a discussion about nurses' position of power in the nurse/patient relationship, Benner (1984) acknowledges that caring is always local, specific, and individual. She goes on to note that very few nursing interventions are successful without mutual respect and genuine caring between the nurse and patient. Mitchelson and Latham (2000) state that nurses who lack

cultural sensitivity can alienate the very people they claim to help. Further insight in to which cultural learning activities within nursing curriculum as well as a better understanding of effective ways of evaluating preparedness to practice culturally safe care is indicated. Lack of understanding of how immersion experiences affect care in a multicultural society such as the United States affects the quality of nursing care.

Though literature exists on the experiences of nursing students who participate in cultural immersion programs, little is known about the longitudinal impact these experiences may have on future nursing practice and ability to provide competent nursing care to clients from diverse backgrounds. Zorn (1996) agrees that the effects of a short-term immersion experience on a participants' subsequent personal and professional life long-term is not well known. The purpose of this study is to increase understanding of what a cultural immersion experience as a nursing student means to currently practicing nurses and the care they provide. New understandings of these meanings are uncovered through the identification of common themes. The research question for this study is what does a cultural immersion experience as a nursing student mean to currently practicing nurses?

Walsh and DeJoseph (2003) conducted an exploratory descriptive study to identify key experiences that may influence the development of cultural competence for nurses. Ten students and two faculty mentors were interviewed



before and after an immersion experience in Central America. This study found that short-term international immersion projects and the resulting appreciation for a differing culture increases the ability as a nurse to be open to others' beliefs and values. In a study of long-term effects conducted by Levine (2009), currently practicing nurses who participated in multiple international journeys while in nursing school were interviewed. Using the qualitative research method of topical reflective autobiography, a thematic analysis of in-depth interviews was conducted. Informants spoke of profound changes in both personal and professional lives 5, 10, and 15 years later including: deepened compassion, acceptance of differences, recognizing societal ills, and willingness to take risks in order to promote societal change.

Through the use of quantitative analysis, St. Clair and McKenry (1999) found a statistically significant difference in the achievement of cultural self-efficacy between participants of an international clinical experience and those who did not participate in these experiences from a sample of 200 undergraduate and graduate nursing students. Ruddock and Turner (2007) recommended that long-term research be conducted to assess the impact of international learning experiences on the delivery of culturally sensitive care after their study found that study abroad programs help aid the development of cultural sensitivity of nursing students. From a nurse educator perspective, Mill, Yonge, and Cameron (2005) recognized the value of international clinical practica in integration of a global

dimension and the achievement of cultural sensitivity in nursing curricula and practice. They explored both challenges and opportunities of international clinical placements, concluding that the significant opportunities make international placements desirable and positive for nursing students despite the potential challenges and complexities.

Cultural competence is nursing competence and vice versa. There is evidence that suggests that an immersion experience can play a crucial role in the development of culturally competent nursing care. The awareness of the need for culturally competent health care practitioners is not a new concept to nursing. Borkan and Neher (1991) declare that cross-cultural sensitivity is not innate, but is a social skill that needs to be developed. They found that strategies in their developmental model for promoting empathy in practice are experiential and experiences such as cultural immersion are essential. Bond, Kardong-Edgren, and Jones (2001) reviewed studies examining the learning of culture-specific skills and found that short-term language and cultural immersion experiences were viable strategies in the achievement of cultural and language learning.

Dreher and MacNaughton (2002) recognize that as the United States evolves as a culturally diverse society, a standard of cultural competency is wholesome, desirable, and consistent with democratic principles. They conclude that cultural competence is nursing competence. Nurses are in the unique position

to make an impact on the outcomes for vulnerable populations through culturally competent care (American Association of Colleges of Nursing, 2008).

### **Research Design**

The goal of this qualitative study is to interpret and understand meaning; therefore a hermeneutic interpretive phenomenological study was conducted, based in Heideggerian philosophy. Hermeneutic methodology differs from traditional scientific methods by requiring an ontological view of participants' interpretations and personal meanings (Leonard, 1994). An ontological view is concerned with why and how one knows the things one does, recognizing that background perspectives affect one's reality. Hermeneutics recognizes researcher perceptions, bias, and background as significant in the interpretative process. One basic philosophical assumption of hermeneutic phenomenology is that humans are social beings whose understanding is always present in the shared background practices of society and culture. This includes the background perspectives of the interpreters as well as those who are being interpreted (Plager, 1994).

### ***Sample***

A purposive sample of four participants was recruited and contacted via email or telephone. Six nurse educators were asked to recommend participants who met the inclusion criteria. Inclusion criteria for participants included current practice as a Registered Nurse (RN), greater than two years experience as an RN, and participation in an undergraduate cultural immersion experience lasting two

weeks or more. Two years of RN experience is recognized in Benner's Stages of Clinical Competence as the standard time it takes for a nurse to transition from a novice nurse focusing solely on task completion, to an advanced beginner nurse who is able to point out meaningful and situational components of care (Benner, 1984). Short-term immersion experiences lasting as short as two weeks outside of one's own culture have been found to make a significant difference in the achievement of cultural competence (St. Claire & McKenry, 1999). All four participants of this study met the inclusion criteria and provided diverse perspectives of what their immersion experiences meant.

Anna is a community health nurse who participated in an immersion experience in Trinidad and Tobago. Sally is a currently practicing Critical Care Unit (CCU) nurse who participated in an immersion experience in Peru. Alissa has just transitioned from mental health to the Operating Room (OR) and participated in an immersion experience in Peru. Jake is an Intensive Care Unit (ICU) nurse who had an immersion experience in Cameroon. Each of these nurses participated in their immersion experiences within the latter half of their respective nursing programs. Considerations for this purposive sample of practicing nurses included diverse immersion experiences, diverse nursing programs that sponsored the immersion experiences, and diverse current nursing specialties. It was thought that these differences would enhance the overall

transferability of the findings and increase the significance of common themes that emerged.

### ***Method***

The researcher conducted individual in depth interviews at a site of the participants choosing. Two of the participants chose a café, and two other participants chose their home. A \$5 Starbucks gift card was offered after the interview in grateful acknowledgement. Interviews lasted one to two hours, and were audio recorded then transcribed verbatim by the interviewer. Interviews were semi-structured using leading questions, and were participant-directed beyond this structure. In addition to a general description of the logistics of the cultural immersion experience, leading questions the participants were asked included:

1. Describe an incident during your immersion experience that was meaningful to you. How, if at all, is this still meaningful to you now?
2. Talk about how you feel your immersion experience influences the nursing care you provide. Can you give examples?
3. Can you share an example of a cross-cultural situation you found shocking or surprising during your current nursing practice?

### ***Analysis***

Interviews from this study were transcribed, color-coded, and analyzed for themes. After these holistic readings, a preliminary code list was developed,

interviews were then re-read from the perspective of the interpretive plan, and general categories were identified (see Appendix C). After the initial interview, member checks were done via email. Participants that responded confirmed that interpretations were reflective of intended meanings. Analysis of specific episodes or incidents considers all aspects of the situation and the participant's responses in order to identify strong exemplars. The rich descriptive data that emerges from the identification of paradigm cases is necessary for the researcher to attempt to understand and explain participants' situational context. In addition to the researcher, an analytic team of experienced qualitative researchers reviewed and analyzed data. Thematic analysis was performed by each researcher individually, then shared with the rest of the team during a meeting to discuss the interpretation of themes. Themes were then updated and made more comprehensive and encompassing of the participants' interpretive process (see Appendix C).

## **Results**

An overarching theme that was evident in each of the participants' experiences was illustrated by the phrase, "opened my eyes". From this, several themes regarding the meaning of an immersion experience to currently practicing nurses and the care they provide were uncovered and fit in to three categories: changing my practice, learning to see beneath the surface, and appreciating one's

context. These three themes are by no means mutually exclusive, and often overlap as they reveal the meanings in these participants' immersion experiences.

### *Changing My Practice*

As participants described incidents during their immersion experience, they often spoke of the impact on their current practice. One of the ways in which the participants' practice was changed was by taking the pathology out of cultural differences, and learning more about preventative and primary care. When Anna was first introduced to the woman referred to as 'The Matron' in the community of Tobago, she was skeptical and concerned about the safety of the assistance given to women for natural births. As she learned more about this woman's role in the community she stated that this experience:

*Opened my eyes* [italics added] to more of the art of nursing or the art of medicine versus the science. And that idea that we don't have everything right and that there's different ways to do things. And it started my thinking – one of my things I'm still sort of in to or annoyed by is sort of this overmedicalization of birth and pregnancy. I think that's one thing that impacted me quite a bit.

Anna also finds meaning regarding the importance of community health and preventative care as she applies it to her professional career path. She describes observing the community health nurses in Tobago:

They knew their community – they knew the people so well and where they lived and went to school and they just knew what their lives were like. And I think that can really help you see where you can make a difference for people and where you can work to promote health and where maybe their issues are. And I think maybe that’s similar in home visiting you see the conditions where they live which can obviously affect their health. You see the people that are around them, the people hanging out at their house and see who’s important in their life and who’s sort of influencing what they think about health. This is a thing that often happens – especially when you’re working with other cultures.

Each of the participants indicated that their immersion experience changed their practice. For example, Alissa now chooses to work in nursing specialties that she believes best prepare her for international nursing. Sally tosses her fears aside and attempts to communicate in foreign languages with her current patients, and Jake is currently involved in an organization for sustainable health care abroad.

### ***Learning to See Beneath the Surface***

Three of the four participants indicated that their immersion experience prompted them to “see beneath the surface” and investigate further the factors that may affect a person’s life and the subsequent care the person received.

Participants indicated an increased awareness of systemic issues in health care



and potential structural violence. For example, while in a hospital and orphanage in Cameroon, Jake was taken aside by two separate leaders, each telling him not to trust the other. He eventually learned that the owner of the land the orphanage was on had political ties and requested payments for continued use of his land.

Jake says about his systemic epiphany:

So I started realizing how many systemic problems go into creating barriers from people actually being able to nurture some semblance of health; and how that's kind of trickled down from the top. And I guess what I really took away from it was that you *gotta look deeper* [italics added] into what someone is telling you, you can't take things at face value in a place that's under-developed or even developed here in the United States.

Jake takes meaning from this experience in his current practice when describing a more recent incident:

There's such divide between units. And you know typically these people are not necessarily like that. It's because this is what's expected from the system up on our unit and you have different expectations. But we're all left like in this cockfight you know down here to kind of hash it out; instead of it being approached from a systemic thing saying like, "how do we fix this?" So yeah, absolutely I think about it every day in my practice.

Likewise, Sally initially experienced confusion when a 90 year-old patient and mother of two Registered Nurses presents to the ICU without a code status. She explains that her time in Peru “Makes you not assume so you *keep digging further* [italics added]” to why this situation exists. As an ICU nurse, Sally comes from the world-view that this decision requires immediate attention. Rather than make judgments about this family, she had a deeper understanding of the potential familial and cultural influences that may have contributed to the lack of code status. Similarly, Alissa felt that her immersion experience in Peru “Did sort of *open my eyes* [italics added] to what it means to be poor in different places. And I really see that in the different places I’ve worked”. In her current work, Alissa addresses issues of social justice and recognizes that there are many unseen factors that influence the lives of those she cares for as a nurse.

### ***Appreciating One’s Context***

Recognizing the privilege of their own cultural background and finding value in new things is a theme reflected by each one of the four participants. Alissa’s experience teaching a six year-old girl basic hand washing skills exemplifies this theme as she explains:

It made me realize how I had lost track of just the gloriousness of life and all its simplicity. I get so caught up in my studying, paying my rent, work, what I’m going to do with my future – and a lot of these people are just living day to day like ‘am I going to wake up tomorrow?’ ‘Is my kid going

to wake up tomorrow'? Things like that really struck me and was meaningful to me. I think about it just about every day.

Jake also reflects on changes deep in his sense of self:

I didn't know how it was going to change me until I got back but having a little grace for my own culture *opened my eyes* [italics added] to how judgmental I'd become. I live in this nation and I patronize its resources and I participate in its system and yet I sit here and I scoff and I nit pick and I judge and I do all these things. Cultural sensitivity, doesn't it apply to back home too? So starting to apply that just really helped me feel a little bit more comfortable in my life.

Both Alissa and Jake reflect on how they have taken aspects of their lives, their reality, for granted. After witnessing the disparities between what they saw during their immersion experiences and their respective homes, both gained greater appreciation for the resources available to them. Being taken outside of their usual reality, and immersed in a new and different reality made each of these nurses realize how much a person's current situation affects health and quality of life.

Sally recalls coming home and questioning the need for many of her material possessions after spending time in Peru. Likewise, Anna finds new appreciation in simpler aspects of life in Trinidad and Tobago after she gets a glimpse of a differing cultural reality:

There's a lot we can learn from those places and then we just sort of have this – we talk about our health care system being “so great” and “the best in the world” and we do have so many resources. But it doesn't necessarily lead to health for a lot of people. Whereas as a population I think maybe in a place where they don't have a lot of resources I think they theoretically might be more healthy.

Realizing that initial judgments of another culture were inaccurate may have been difficult for participants to accept at first. It is unsettling to discover that what has been taken for granted, is not taken for granted by others. By appreciating how one's context influences culture and is influenced by culture, these nurses have developed reflective practices based on being able to see and experience differences.

### **Discussion and Implications**

#### ***Opened My Eyes***

As common themes emerge and meanings are drawn from each participant's immersion experience, one phrase in particular, “opened my eyes”, became apparent. Uncovering a literal phrase that was used by every participant in this study unprompted was an unexpected finding. Being immersed in a culture differing from their own impacted these nurses in a way that they had not foreseen when their own background perspectives were challenged. The participants gained new perspectives on the meaning of health and wellness. Through a new

lens, these nursing students were able to examine and become aware of their cultural biases, which is recognized by Campinha-Bacote (2002) as an important step in the process towards cultural competence.

Other literature exists discussing similar phrases as overarching themes from nursing students who participated in an immersion experience. Maltby and Abrams (2009) explored the meaning of an immersion experience in Bangladesh for nursing students and uncovered the theme ‘seeing with new eyes’: beginning to see, thinking about the seen, wanting to change the seen, and transformed by the seen. Likewise, Walsh and DeJoseph (2003) identify the phrase ‘I saw it in a different light’ from research on international learning experiences in nursing education. These studies findings resonate with the findings of this research study, and support “opening my eyes” as a common theme for nursing students who participate in immersion experiences.

Learning opportunities that encourage nursing students to open their eyes to cultural bias, and differing cultural perspectives may positively impact the future of the nursing profession. This study and its findings suggest that for these participants, an immersion experience is a highly effective learning opportunity to do so.

### ***Cultural Competency as a Nursing Competency***

Campinha-Bacote’s Volcano Model and “The Process of Cultural Competence in the Delivery of Health Care Services” describes the process

towards cultural competence in the delivery of health care services. The Volcano Model considers cultural awareness, skill, knowledge, encounters, and desire as the five components in the process of moving towards cultural competence. During these immersion experiences, cultural awareness, cultural skill, and cultural knowledge are encouraged as these nursing students participate and interact with cultures differing from their own. Offering immersion opportunities encourages cultural encounters. These opportunities are often presented as international programs, such as those experienced by the participants of this study. Anna recalls how she:

Spent a couple days with families just in their houses and I think that those sort of experiences were to teach us more about the culture and how people lived and so that was a good opportunity to see how culture impacts health.

Cultural desire is considered to be the stimulus for other components of cultural competence and the process towards cultural competence as a whole (Campinha-Bacote, 2002). In this study, cultural desire is evident in the meanings the participants draw from their time spent immersed in a culture differing from their own. Anna states that, “One thing that I have sought out I think really the whole time that I’ve been a nurse is to be able to work with other cultures”. Jake continues to be involved with an organization that promotes sustainable programs abroad and explains, “Our intention as a non-profit is to take nursing students and

to take people overseas for these kind of experiences”. Likewise, Alissa says, “I would say I want culture. I want to learn as much as I can about all of these different areas”.

By nurturing cultural desire, these immersion experiences have contributed significantly to continued cultural growth and the process towards cultural competence. American Association of Colleges of Nursing (AACN) (2008) recognizes the nursing competency of applying knowledge of social and cultural factors that affect nursing and health care across multiple contexts. Maltby and Abrams (2009) suggest that study abroad travel should confront students with difference, as this can help them apply cultural competency skills to their own practice with knowledge and empathy.

Because of the cultural desire that these participants felt stemmed from a rewarding immersion experience in a differing culture as a nursing student, these participants continue to seek out further cultural encounters, positively affecting their ability to safely care for patients and family members of all cultural backgrounds. As Campinha-Bacote (2002) simply states, providing culturally competent nursing care is a skill that is necessary for nurses to function in a multicultural world.

### ***Immersion and the Future of Nursing Education***

It is important for the future of nursing education to explore an immersion experience’s impact on nursing practice. The American Association of Colleges

of Nursing (AACN) (2008) provides a framework for the integration of cultural competence in baccalaureate nursing education in order to prepare nurses to provide culturally competent care to vulnerable populations as is congruent with social justice and human rights. Anna reflects on the impact of her experience:

Now I feel like I can learn so much from other cultures and how people do things in other places and I'm thankful for that. So sometimes I wonder if I hadn't gone if it would have sort of lead me on a different path to doing something different than this.

Sally discusses what her immersion in Peru means to her current practice:

I'm not so hindered, I'm not so scared to put myself out there.

Because I saw how much putting myself out there to give people help or try to communicate with their needs and that humanistic component ... I never thought that trying to realize where the person is coming from is a nursing aspect.

It is the responsibility of nurse educators to prepare nursing students for success as practicing nurses. Reeves and Fogg (2006) explored life experiences of nursing students that promoted culturally competent care in response to faculty differences regarding the inclusion of cultural content in the nursing curriculum. They conclude that nurse educators are ideally poised to provide guidance into the role of caring for a multi-cultural society.



One of the themes that Callister (2006) uncovered in her research of the meaning of international clinical nursing electives, was developing cultural competence. This research is now being used in the development of long-term curricular planning for future international clinical nursing electives to provide outcomes for professional accreditation. The American Association of Colleges of Nursing (2008) propose the integration of cultural competence in baccalaureate nursing programs with the assumption that cultural competency development for students and faculty occurs best in diverse environments facilitated by guided experience.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) (2009) identifies that a lack of sensitivity and respect to the needs and health beliefs of diverse cultures impacts patient satisfaction, quality, and safety. In addition, one-half of the current population lacks the cultural skills to function within the United States health care system. For these participants, the meanings gained from an immersion experience encouraged cultural sensitivity and respect.

### **Limitations and Recommendations**

Ideally, narrative data continues to be collected until data saturation occurs and narratives become redundant, thus demonstrating the strength of emerging themes. A limited sample size of four participants due to resource and time constraints may be considered a limitation of the study. Focusing on the quality of data collected from participants can reduce this potential limitation. The

richness of exemplars that emerge from data is what contributes to research understanding (Leonard, 1994). The study may also be limited geographically, as all participants are currently practicing in the Pacific Northwest, and have graduated from a nursing program in the same geographical region. Immersion experience locations for these participants did vary, however, in an attempt to enrich data and emerging themes. In addition, the helping nature of the nursing profession and social response may encourage participants to focus on positive interactions that display nursing competence. The leading question asking participants to describe a shocking or surprising situation is intended to encourage disclosure of both positive and negative incidents in order to minimize this limitation.

Further research exploring the qualities that contribute to the success of an immersion experience's impact on increased cultural competency in nursing practice is recommended. Button, Green, Tegnah, Johansson, and Baker (2005) conclude from their literature review that differences such as duration, preparation, and program debriefing affected the overall international experience. Understanding which instructor qualities nursing students found most and least helpful, which aspects of the experience are most meaningful, and how learning activities such as reflection add to understanding of the overall experience would increase understanding of how an immersion experience may contribute to enhanced cultural and nursing competency and is suggested for future research.

Though immersion experiences for these nursing students all took place internationally, there are opportunities for meaningful immersion experiences for nursing students to take place in local communities if they are structured and intentionally facilitated by knowledgeable instructors to approximate an immersion. The meanings of immersion experiences that take place within the United States in addition to international programs would also contribute to the understanding of their impact on nurses and nursing practice.

### **Conclusion**

Influence on nursing practice, learning to see beneath the surface, and appreciating one's context are themes that emerged from this study. Just as the five constructs of Campinha-Bacote's "Process of Cultural Competence in the Delivery of Health Care Services" must all be experienced, the resulting meanings from these nurse's immersion experiences are interdependent and overlapping. These themes give insight in to what immersion experience as a nursing student means to these participating nurses, as each concludes that the experience "opened my eyes".

As nursing continues to evolve as a profession, it will become even more apparent that cultural competency is indeed nursing competency. For this reason, and for the meanings that participants identified, an immersion experience is an effective way to 'open the eyes' of health care providers so that they may become more competent in the nursing care they provide.

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APPENDIX A  
Informed Consent



**WASHINGTON STATE UNIVERSITY****College of Nursing****Research Study Consent Form**

**Study Title:** The Meaning of an Immersion Experience as a Nursing Student to Currently Practicing Nurses: A Phenomenological Study.

**Researchers:**

Primary Investigator: Dr. Doutrich, Associate Professor of Nursing (360-546-9464)

Co-investigator: Carmen Kellogg, BSN, Graduate Nursing Student (920-915-4169)

Committee Member: Carol Allen, Associate Professor of Nursing (509-324-7341)

Committee Member: Lida Dekker, Nursing Instructor (360-546-9269)

You are being asked to take part in a research study carried out by Dawn Doutrich, PhD, RN, CNS, and Carmen Kellogg, RN, BSN. This form explains the research study and your part in it if you decide to join the study. Please read the form carefully, taking as much time as you need. Ask the researcher to explain anything you don't understand. You can decide not to join the study. If you join the study, you can change your mind later or quit at any time. There will be no penalty or loss of services or benefits if you decide to not take part in the study or quit later. This study has been approved for human subject participation by the Washington State University Institutional Review Board.

**What is this study about?**

This research study is being done to increase understanding of what a cultural immersion experience as a nursing student means to currently practicing nurses and the care they provide. This is explored through the identification of common themes.

You are being asked to take part because you are a currently practicing Registered Nurse (RN), have RN experience greater than two years, and have

participated in an undergraduate cultural immersion experience lasting two weeks or more.

Participating in the study will take about 1-2 hours for the interview, and possibly 1-2 hours of email follow up for a total of 3-4 hours time commitment.

You cannot take part in this study if you do not meet the inclusion criteria.

### **What will I be asked to do if I am in this study?**

If you take part in the study, the researcher will interview you individually in a private environment of your choice. The interview will last 1-2 hours, you will be asked to answer the following questions:

1. Describe an incident during your immersion experience that was meaningful to you. How, if at all, is this still meaningful to you now?
2. Talk about how your immersion experience influences the nursing care you provide. Can you give examples?
3. Can you share an example of a cross-cultural situation you found shocking or surprising during your current nursing practice?

The interview will be audio recorded and later transcribed verbatim by the interviewer. After the interview, you may be asked to clarify or confirm statements through email communication, which may require an additional 1-2 hours of your time.

You have the right to refuse to answer any questions during the interview process, the right to withdraw from the study at any time if you do not wish to continue, the right to have final say in whether quotations will be included in the study write-up. You have 3 options in regards to ownership of your stories; please select one of the options below by placing a checkmark in the space provided:

Option 1  (I agree to be identified by name)

I would like my name written as follows:

\_\_\_\_\_

Option 2  (I do not wish to be identified by name, you may choose a pseudonym)

Option 3  (I do not wish to be identified by name, I would like to choose a pseudonym)

I would like my pseudonym to be written as follows:

---

Information from these interviews will be included in the research findings and submitted for publication. You are welcome to any information about the results of this study.

**Are there any benefits to me if I am in this study?**

A potential benefit to you for taking part in this study is the opportunity to process and reflect on your own present and past experiences during the interview process. You may also benefit from a sense of professional satisfaction by contributing to nursing research.

This project is significant to the field of Nursing and to Nursing Education. The insight from this study may help to better understand the meaning and the attainment of nursing standards of care by better understanding what an immersion experience as a nursing student means to currently practicing nurses.

**Are there any risks to me if I am in this study?**

The potential risks from taking part in this study include psychological or emotional discomfort when sharing experiences. These risks are considered to be no more than minimal.

The potential for these risks is minimized by you having the right to refuse to answer any questions during the interview process, the right to withdraw from the study at any time if you do not wish to continue, the right to have final say in whether quotations will be included in the study write-up, and the right to not be identified by name.

If necessary, you will be referred to your Employee Assistance Program (EAP) should you express an interest in supportive services as a result of this study. You can reach the Providence EAP at 503-215-3561 and the Legacy Employee Health at 503-413-7487 and OHSU EAP at 1-800-327-2255.

**Will my information be kept private?**

The data for this study will be kept confidential to the extent allowed by federal and state law. No published results will identify you, and your name will not be associated with the findings unless you choose to be associated. Under certain circumstances, information that identifies you may be released for internal and external reviews of this project.

Identifying data and interview transcriptions will be kept locked in a file drawer in a private residence unless necessary for educational purposes.

Only research investigators will have access to this data. Data and transcriptions will be destroyed after three years following the completion of the study in accordance with Washington State's Institutional Review Board (IRB) guidelines. You will be notified of information used for educational purposes such as professional publications or presentations during this time. During the research process, your privacy will be maintained and only discussed amongst the research investigators unless you otherwise consent.

**Are there any costs or payments for being in this study?**

There will be no costs to you for taking part in this study. You will be offered a \$5 Starbucks gift card at the time of the interview as compensation for participating in this study.

**Who can I talk to if I have questions?**

If you have questions about this study or the information in this form, please contact researcher

Dawn Doutrich at:

[doutrich@vancouver.wsu.edu](mailto:doutrich@vancouver.wsu.edu)

360-546-9464

Or Carmen Kellogg at:

[nursecarmenk@yahoo.com](mailto:nursecarmenk@yahoo.com)

920-915-4169

If you have questions about your rights as a research participant, or would like to report a concern or complaint about this study, please contact the Washington State University Institutional Review Board at (509) 335-3668, or e-mail [irb@wsu.edu](mailto:irb@wsu.edu), or regular mail at: Albrook 205, PO Box 643005, Pullman, WA 99164-3005.

**What are my rights as a research study volunteer?**

Your participation in this research study is completely voluntary. You may choose not to be a part of this study. There will be no penalty to you if you choose not to take part. You may choose not to answer specific questions or to stop participating at any time.

**What does my signature on this consent form mean?**

Your signature on this form means that:

- You understand the information given to you in this form
- You have been able to ask the researcher questions and state any concerns

- The researcher has responded to your questions and concerns
- You believe you understand the research study and the potential benefits and risks that are involved.

**Statement of Consent**

I give my voluntary consent to take part in this study. I will be given a copy of this consent document for my records.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

**Statement of Person Obtaining Informed Consent**

I have carefully explained to the person taking part in the study what he or she can expect.

I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation.

I also certify that he or she:

- Speaks the language used to explain this research
- Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her
- Does not have any problems that could make it hard to understand what it means to take part in this research.

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Consent  
Study

\_\_\_\_\_  
Role in the Research  
Study

### **Email Script for Recruitment of Participants**

Dear \_\_\_\_\_,

My name is Carmen Kellogg and I am a graduate nursing student at Washington State University. I am seeking participants interested in being interviewed for my Masters thesis. The purpose of the study is to increase understanding of what a cultural immersion experience as a nursing student means to currently practicing nurses and the care they provide. Because of your cultural immersion experience, you have been referred to me by Professor \_\_\_\_\_. However, he or she will not be aware of whether you choose to participate.

Participation in this research study would require a total of 3-4 hours of your time, 1-2 hours for a one-on-one interview at a location of your choice, and an additional 1-2 hours of follow up email clarification.

A potential benefit to you for taking part in this study is the opportunity to process and reflect on your own present and past experiences during the interview process. You may also benefit from a sense of professional satisfaction by contributing to nursing research.

This project is significant to the field of nursing and to nursing education. The insight from this study may help to better understand the meaning and the attainment of nursing standards of care.

If you are currently practicing as a Registered Nurse (RN), have RN experience greater than two years, participated in an undergraduate cultural immersion experience lasting two weeks or more, and are interested in taking part in this important study, please contact me for further information.

I hope to hear from you soon,

Carmen Kellogg, RN, BSN  
[nursecarmenk@yahoo.com](mailto:nursecarmenk@yahoo.com)  
920-915-4169

### **Debriefing Script**

Thank you for participating in this important study, is there anything else you wish to talk about?

Do you have any questions for me?

You are welcome to contact me further regarding the results of this study. I also invite you to attend my thesis defense. I will contact you by email with information on the publication of this research study, as well as the date and time of the thesis defense.

The experiences you have shared are extremely valuable to understanding and to the field of nursing. Once again, thank you.

Carmen Kellogg  
[nursecarmenk@yahoo.com](mailto:nursecarmenk@yahoo.com)  
920-915-4169

- or -

Dawn Doutrich  
[doutrich@vancouver.wsu.edu](mailto:doutrich@vancouver.wsu.edu)  
360-546-9464

APPENDIX B

Institutional Review Board Forms



CITI Completion Report

IRB Approval

MEMORANDUM

TO: DAWN DOUTRICH and Carmen Kellogg,

FROM: Patrick Conner, Office of Research Assurances (3005)

DATE: 10/15/2009

SUBJECT: Certification of Exemption, IRB Number 11078

Based on the Exemption Determination Application submitted for the study titled "The Meaning of an Immersion Experience as a Nursing Student to Currently Practicing Nurses: A Phenomenological Study," and assigned IRB # 11078, the WSU Institutional Review Board has determined that the study satisfies the criteria for Exempt Research at 45 CFR 46.101(b)(2).

This study may be conducted according to the protocol described in the Application without further review by the IRB.

It is important to note that certification of exemption is NOT approval by the IRB. You may not include the statement that the WSU IRB has reviewed and approved the study for human subject participation. Remove all statements of IRB Approval and IRB contact information from study materials that will be disseminated to participants.

This certification is valid only for the study protocol as it was submitted to the IRB. Studies certified as Exempt are not subject to continuing review (this Certification does not expire). If any changes are made to the study protocol, you must submit the changes to the IRB for determination that the study remains Exempt before implementing the changes (The Request for Amendment form is available online at [http://www.irb.wsu.edu/documents/forms/rtf/Amendment\\_Request.rtf](http://www.irb.wsu.edu/documents/forms/rtf/Amendment_Request.rtf)).

Exempt certification does NOT relieve the investigator from the responsibility of providing continuing attention to protection of human subjects participating in the study and adherence to ethical standards for research involving human participants.

In accordance with WSU Business Policies and Procedures Manual (BPPM), this

Certification of Exemption, a copy of the Exemption Determination Application identified by this certification and all materials related to data collection, analysis or reporting must be retained by the Principal Investigator for THREE (3) years following completion of the project (BPPM 90.01).

Washington State University is covered under Human Subjects Assurance Number FWA00002946 which is on file with the Office for Human Research Protections (OHRP).

Review Type: New  
Review Category: Exempt  
Date Received: 10/9/2009  
Exemption Category: 45 CFR 46.101 (b)(2)  
OGRD No.: N/A  
Funding Agency: N/A

You have received this notification as you are referenced on a document within the MyResearch.wsu.edu system. You can change how you receive notifications by visiting <https://MyResearch.wsu.edu/MyPreferences.aspx>

APPENDIX C

Code Book

## THESIS CODE KEY

EXPOSURE TO COMMUNITY HEALTH

PREPARATION BEFORE

PRAXIS DURING AND AFTER

RECOMMENDATIONS

INFLUENCE ON FUTURE CAREER PATH

OPENED MY EYES

CULTURAL AWARENESS/BIASES

CULTURAL SKILLS/BECOMING A NURSE

CULTURAL ENCOUNTERS/KNOWLEDGE

CULTURAL SENSITIVITY/EMPATHY

CULTURAL DESIRE

TRANSLATORS/LANGUAGE BARRIER

INSTRUCTOR QUALITIES/BONDS

SAFETY

SUPPORT/TRANSITION BACK

### CULTURAL THEMES

- Cultural Awareness/Biases (seeing below the surface) – digging deeper/reflection “Taking pathology out of cultural differences”
- Cultural Sensitivity/Empathy (Bringing own cultural awareness – towards practicing sensitivity). Things we take for granted in our own culture.
- Cultural Desire
- + Opened My Eyes

## **NURSING CAREER THEMES**

- Exposure to Community Health
- Influence on Future Career Path – Influence on career/changing my practice
- Cultural Skills/Becoming a Nurse
- Translators/Language Barrier
- Self-Sacrifice and Motivation by the goal of international care nursing (cultural desire) - Active processes – they aren't done yet

## **IMMERSION EXPERIENCE THEMES**

- Instructor Qualities/Bonds
- Support/Transition Back
- Recommendations (Praxis)

### 1. Changing my Practice

- didn't really know what else was out there, taking pathology out of cultural differences, community/upstream, career path changes (Alissa going to Peru purpose), being/becoming a nurse, seeking opportunities for cultural interactions, difference in birth conversations by Anna, role modeling/mentoring

### 2. Learning to See Beneath the Surface

- Anna mindful religion and culture, started my line of... Sally taking time to dig deeper c code status, Jake example of ER and ICU differences are really cultural differences, Alissa just asking, Jake systemic differences

### 3. Recognizing the Importance of Small Things (Understanding Situatedness)

- Finding value in new things, recognizing privilege of own culture, understanding socio-political, difference 1 person makes, teaching hand hygiene from Alissa small because not technical skill, finding value in new things.