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ASSOCIATE DEGREE NURSING STUDENTS' THOUGHTS, FEELINGS, AND
EXPERIENCES OF SHORT STUDY ABROAD
IN A LOW-INCOME COUNTRY

by

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A Dissertation submitted to the Faculty of the Graduate School,
Marquette University,
in Partial Fulfillment of the Requirements for
the Degree of Doctor of Philosophy

Milwaukee, Wisconsin

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ABSTRACT
ASSOCIATE DEGREE NURSING STUDENTS' THOUGHTS, FEELINGS, AND
EXPERIENCES OF SHORT STUDY ABROAD
IN A LOW-INCOME COUNTRY

Cynthia L. Foronda, MS, RN

Marquette University, 2010

Associate Degree Nursing students are rarely offered opportunities to study abroad. Educational research about nursing students studying abroad is limited but suggests positive outcomes. Prior research has focused on graduate or baccalaureate students in developed and less developed countries, thus, the experience of studying abroad in a low-income country for the associate degree student is unknown. The purpose of this study was to describe the thoughts, feelings, and experiences of associate degree nursing students who participated in a short study abroad course in a low-income country. Ten students participated in phone interviews to share narratives two to six weeks following their return home.

Mezirow's (1991) theory of transformative learning was applied to the findings. Three categories emerged from the analysis. Participants revealed thoughts of "constant comparisons," feelings of an "emotional journey," and they experienced "learning." The category of "constant comparisons" encompassed subcategories of cultural beliefs, health practices, and poverty. Fear, frustration, shock/surprise, and sympathy emerged as subcategories within the emotional journey. "Learning" comprised of subcategories of elaborating and/or learning new meaning schemes and transforming meaning schemes. Participants did not demonstrate the highest level of learning as described by Mezirow (1991), perspective transformation, as participants signified no intent for social action.

Several potential blocks to perspective transformation were identified: egocentrism/emotional disconnect, perceived powerlessness/being overwhelmed, and a vacation mindset. The findings pose implications for nursing education. To cultivate transformative learning, nurse educators must implement select strategies with students promoting critical reflection and empathy for others during study abroad experiences. Educators must be aware of defense mechanisms and promote effective coping. The findings highlight the importance of proper preparation efforts, objectives, teaching strategies, and assessment methods to foster education of social action in nursing.

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I express gratitude to the educational institution that provided me the opportunity to lead a study abroad course in Ecuador. I consider the experience a highlight of my life. I wish to acknowledge the international agency that coordinated the initiative to provide education abroad for community college students. This organization supported my research efforts and continues to facilitate life-changing opportunities for community college students. To the instructors who spearheaded the transcultural nursing course and helped to mentor me, I am grateful.

I thank my parents for their endless support throughout this lengthy journey. They assisted in caring for my children so I could have time to write this important document and accomplish a life-long dream while being a mother. Finally, I am grateful to my husband, who has stood by me since the beginning of my nursing career.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	i
LIST OF FIGURES.....	vi
CHAPTER	
I. INTRODUCTION.....	1
A. Purpose of the Study.....	3
B. Significance for Nursing.....	4
C. Definition of Terms.....	6
II. REVIEW OF THE LITERATURE.....	9
A. Conceptual and Philosophical Underpinnings.....	9
1. Constructivism.....	9
2. Narrative research methodology.....	10
B. Theoretical Frameworks.....	11
1. Theory of transcultural nursing.....	11
2. Theory of transformative learning.....	13
C. Nursing Degrees.....	16
D. Nursing Research.....	18
1. Cultural awareness, sensitivity, and competence.....	19
2. Cognitive and personal development.....	24
3. Transformation.....	28
4. Conflicting findings.....	34
5. Summary of gaps.....	36
E. Study Assumptions.....	39

F. Research Question.....	39
III. RESEARCH DESIGN & METHODS.....	41
A. Design and Methods.....	41
B. Data Collection.....	41
C. Assuring Scientific Rigor.....	44
D. Data Analysis.....	46
E. Provisions for the Protection of Human Rights.....	48
IV. FINDINGS.....	49
A. Course Description.....	49
B. Participants' Demographic Data.....	52
C. Emerged Categories.....	54
1. Constant comparisons.....	56
a. Cultural beliefs.....	56
b. Health care practices.....	58
c. Poverty.....	61
2. Emotional Journey.....	62
a. Fear.....	62
b. Frustration.....	64
c. Shock/Surprise.....	67
d. Sympathy.....	69
3. Learning.....	72
a. Elaborating and/or learning new meaning schemes...72	
b. Transforming meaning schemes.....	74

D.	Negative Case Analysis.....	76
E.	Blocks to Perspective Transformation.....	81
	1. Egocentrism/emotional disconnect.....	81
	2. Perceived powerlessness/being overwhelmed.....	84
	3. Vacation mindset.....	85
V.	DISCUSSION.....	88
A.	Interpretation of the Findings.....	88
	1. Constant comparisons.....	89
	2. Emotional journey.....	91
	3. Learning.....	92
	4. Blocks to transformation.....	93
	a. Egocentrism/emotional disconnect.....	93
	b. Perceived powerlessness/being overwhelmed.....	95
	c. Vacation mindset.....	95
B.	Relationship to Previous Nursing Research.....	97
C.	Theoretical Implications and Methodological Importance.....	99
	1. Theoretical implications.....	99
	2. Methodological importance of the findings.....	100
D.	Implications for Nursing Practice and Education.....	101
	1. Nursing practice.....	101
	2. Nursing education.....	101
	a. Preparation efforts and objectives.....	102
	b. Teaching strategies and assessment methods.....	104

E.	Implications for Vulnerable Populations.....	108
F.	Strengths and Limitations of Study.....	111
	1. Strengths.....	111
	2. Limitations.....	112
G.	Suggestions for Future Research.....	113
H.	Conclusion.....	116
	BIBLIOGRAPHY.....	117
	APPENDICES.....	127
I.	Appendix A: Transcultural Nursing Course Schedule of Activities (Group A).....	127
II.	Appendix B: Transcultural Nursing Course Schedule of Activities (Group B).....	128
III.	Appendix C: Invitation to Participate.....	129
IV.	Appendix D: Consent Form.....	130
V.	Appendix E: Interview Guide.....	132

LIST OF FIGURES

Figure 1: Foronda's (2006) Comparative Concept Analysis7

Figure 2: Foronda's Learning Journey Model.....55

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CHAPTER I

Introduction

With advances in technology, transportation, and communication, the world is growing increasingly interconnected. Over 37.9 million immigrants, including documented and undocumented immigrants, now live in the United States, making one out of every eight residents an immigrant (Camarota, 2007). The rate of immigration to the United States has been steadily increasing, more than doubling since 1980 and growing at a rate of one million per year since 2000 (Camarota, 2007). World poverty is a driving force in these immigration trends. To prepare students to work with immigrant and international clients, study abroad programs have been used extensively in the United States (Fairchild, Pillai, & Noble, 2006). According to the Institute of International Education (2008), more than 223,000 students studied abroad in 2005 to 2006 and over the past ten years, the number of students studying abroad has increased by 150%. Study abroad programs are rarely implemented in community college curricula and even less frequently in the specific discipline of nursing. According to a 2008 survey, the top identified challenges to expanding education abroad at community colleges were 1) student cost and fees (83%), 2) budget cuts (53%), and 3) limited staff/resources (53%) (Institute of International Education, 2008). Community colleges educate 50% of the nation's undergraduates, yet they send less than 3% of the students who study abroad; and of all U.S. students who study abroad, only 9.8% are health sciences students (Institute of International Education, 2007). Therefore, associate degree nursing (ADN) students are rarely offered the profound learning experience of studying abroad.

Madeline Leininger was a pioneer linking nursing to internationalism. Starting her work in the 1950's, she coined the term transcultural nursing. Madeleine Leininger said, "Providing culturally congruent care should be one of the highest priorities of nursing organizations and educational institutions as they plan for universal health care reform and to function in a multi-cultural world" (Leininger, 1994, p. 254). Leininger envisioned the current trends of nursing care requiring cultural competence, and traveling abroad herself, she recognized the valuable learning impact of immersions. Leininger's work contributed to the profession of nursing, intra-nationally and internationally, spearheading initiatives to learn about other cultures.

In 2005, the U.S. Congress created the Lincoln Commission, mandating a dramatic increase in American college students studying in other countries (Brennan, 2006). The commission noted "studies consistently show that United States' students score below their counterparts in other advanced countries on indicators of international knowledge. This lack of global literacy is a national liability in an age of global trade and business, global interdependence, and global terror" (*Senator Paul Simon Study Abroad Foundation Act of 2007*, 2007, Sec. 2 (4)). These findings prompted the introduction of the Senator Paul Simon Study Abroad Foundation Act of 2007. The act proposed that not less than one million undergraduate students study abroad for academic credit within 10 years of enactment. The act also emphasized the importance of including community college students in this proposal as the objectives specify the demographics of study abroad participation reflect the demographics of the United States undergraduate population. Additionally, the act indicated an increasing portion of study abroad take place in nontraditional study abroad destinations, with a substantial portion of such

increases taking place in developing countries (*Senator Paul Simon Study Abroad Foundation Act of 2007*, 2007, Sec. 6 b). On June 10, 2009, the Senator Paul Simon Study Abroad Foundation Act was approved by the U.S. House of Representatives as part of the Foreign Relations Authorization Act for Fiscal Years 2010 and 2011 (NAFSA, 2009). Although the bill never became law, this federal directive provides insight into the prospective direction of education and supports the need for research regarding community college students who study abroad in low-resource countries.

Purpose of the Study

The future of nursing education is international (Institute of International Education, 2008; Leininger, 1994). Before an international curriculum will be accepted, educators and administrators will look to the literature for evidence to support the initiative of study abroad. The research regarding study abroad has been growing, but has normally focused on baccalaureate degree nursing students. Graduates of ADN programs represent 60% of the entry level graduates each year (National League for Nursing, 2007) and comprise over one third of the RN workforce (U.S. Department of Health and Human Services, Health Resources and Services Administration, 2004). Over 1,000 ADN programs currently exist to prepare this nation's future nurses (National League for Nursing, 2008). Associate degree nursing students represent a considerable portion of nursing students, yet no study was located addressing the ADN student who studied abroad.

The preparation of the ADN student differs from the BSN student. Associate degree curricula often lack a community health course and a culture care course. These experiences are more commonly interwoven within a BSN curriculum. Without having

these core courses, the ADN student may experience different learning outcomes from studying abroad than the BSN student. Examining the experiences of studying abroad for ADN students provides knowledge for administrators to make decisions regarding international education. The knowledge obtained from this study helps educators to evaluate the value of study abroad. Understanding the outcomes of study abroad assists educators to identify areas for improvement and select appropriate teaching methods. Students benefit from knowing about the experience of studying abroad in a low-resource country. Knowing the benefits and drawbacks of studying abroad helps students to decide whether to partake in such courses. For those who are unable to participate, the knowledge informs students about the experience. Research regarding ADN students who studied abroad in a low-income country is lacking but is necessary to provide direction in the future of nursing education. Therefore, the purpose of this study was to serve as a starting point and describe the thoughts, feelings, and experiences of ADN students who studied abroad in a low-income country.

Significance for Nursing

Findings obtained from this research study benefit nursing students, nurse educators, and influence future nurses. The information helps to prepare future students about what to expect when studying abroad and supports decision-making regarding whether to participate. The knowledge obtained assists educators to understand the impact of study abroad on students. The findings provide evidence for decision-making about the value of international courses in the nursing curriculum. The findings help identify gaps in knowledge acquisition, thus, assist educators to rethink and modify teaching strategies to best prepare the nursing student. A goal of nurse educators is to

facilitate growth of students so they become proficient practitioners. The findings provide insight into the thoughts, feelings, and experiences of future nurses. Exploring these thoughts, feelings, and experiences helps others better understand how the students changed from the study abroad experience. This knowledge serves as a foundation for uncovering deficits in education and unveiling the valuable lessons learned to ensure future nurses are culturally knowledgeable and emotionally ready for nursing practice. People's actions are based on upon their perceptions and feelings, lending importance to the discovery of students' feelings (Holloway & Freshwater, 2007). This study elicits this meaningful information of the students' thoughts, feelings, and experiences.

In this study, I addressed nursing within an international context, addressing future trends and providing insight into students' experiences in the global health community. The research promotes studying abroad and brings attention to the importance of international awareness. Students and nurses who read this study may be influenced to pursue international opportunities. This study is the first to explore the thoughts, feelings, and experiences of associate degree nursing students who studied abroad in a low-resource country. Further educational research will be built upon the findings of this study.

This research raises awareness of the experience of studying abroad, particularly in a low-income country. Both the Senator Paul Simon Study Abroad Foundation Act of 2007 and the American Nurses Association (ANA) call for Americans to attend to the needs of individuals and communities in low-income countries. The ANA Code of Ethics, Provision 8.1, recommends nurses collaborate with health professionals to address international health needs including, but not limited to, world hunger and lack of access

to health care (American Nurses Association, 2001). Therefore, this research study contributes by providing a documented analysis of the experience of participation in a low-income country.

Definition of Terms

Some confuse the meanings of the words “service learning” and “study abroad” in low-income countries. After performing a literature review and concept analysis on the words “study abroad” and “service learning” (Foronda, 2006), I determined that major differences exist and the words are not interchangeable (see Figure 1.). Analysis, using Rodgers and Knafl’s (2000) techniques, revealed study abroad is driven by a student need for learning and service learning is driven by a community need. Study abroad and service learning meet student learning needs. Service learning community partners benefit to a greater extent than study abroad partners based on the community focus. Service learning and studying abroad both resulted in the major consequence of transformation, although, short study abroad resulted in a deeper, more profound change in students as compared to service learning. Therefore, only the concept of “short study abroad” was emphasized in the research study. The following definition was applied to the meaning of *short study abroad* [italics added]: “the learning and immersion experience of studying for 2 to 3 weeks in a foreign country for academic credit” (Foronda, 2006). *Low-income country* [italics added] was defined as “a country having wide-spread poverty; ‘third world’ country, or ‘developing’ country.”

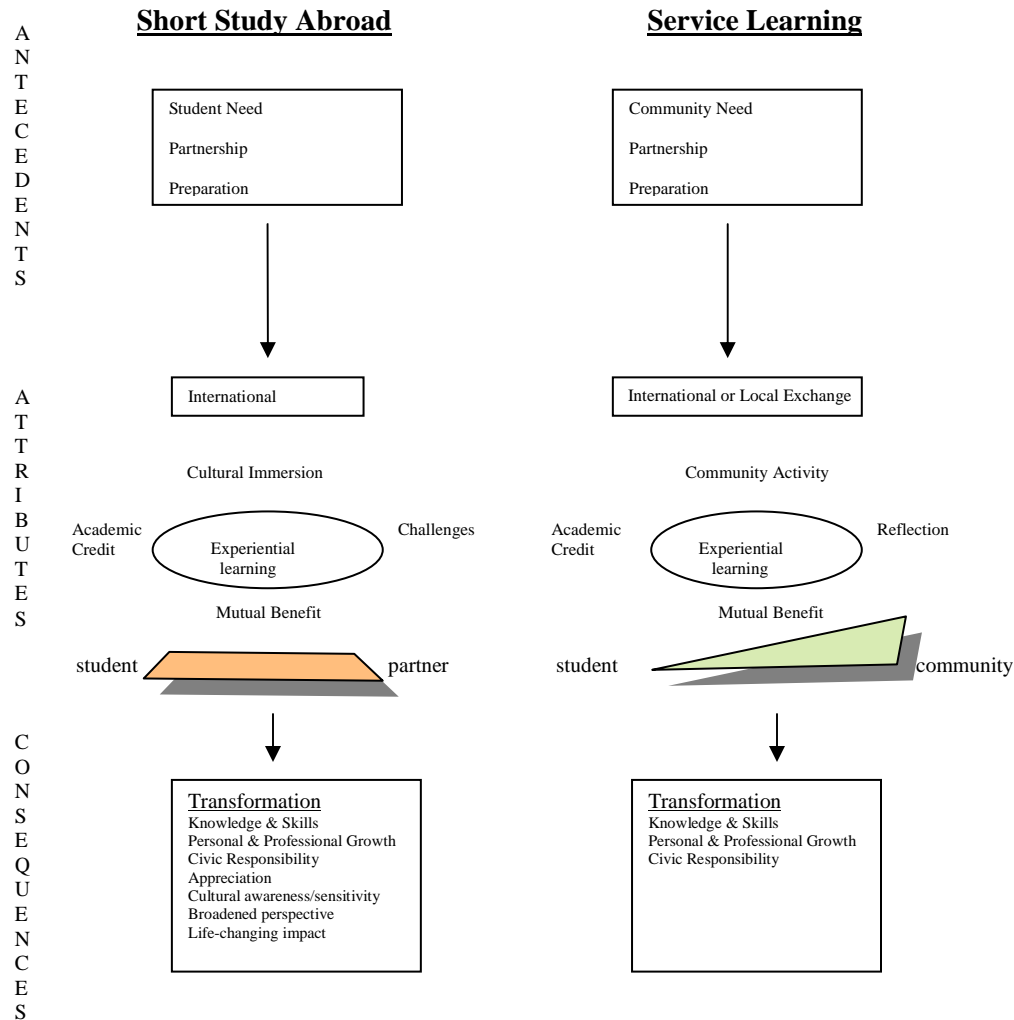


Figure 1. Foronda's (2006) Comparative Concept Analysis.

In terms of feelings, there was an important difference between the terms *sympathy* [italics added] and *empathy* [italics added]. The following definition of sympathy, from the American Heritage® Dictionary of the English Language (n.d.), was applied, "A feeling or an expression of pity or sorrow for the distress of another." The following definition of empathy, devised by Carl Rogers (1959), was used,

The state of empathy, or being empathic, is to perceive the internal frame of reference of another with accuracy, and with the emotional components and meanings which pertain thereto, as if one were the person, but without ever losing the “as if” condition. Thus it means to sense the hurt or the pleasure of another as he senses it, and to perceive the causes thereof as he perceives them, but without ever losing the recognition that it is as if I were hurt or pleased, etc. If this “as if” quality is lost, then the state is one of identification (p. 210-211).

Empathy connotes a deeper emotional connection with others when compared to sympathy.

Studying abroad in a low-income country is a unique and challenging opportunity for the associate degree nursing student. The experience of the associate degree nursing student has not been well documented yet is fascinating given the drastically different living conditions, cultural considerations, and health practices of the Ecuadorians. This study contributed by explicating the thoughts, feelings, and experiences of the associate degree nursing student who studied abroad in a low-income country.

CHAPTER II

Review of the Literature

Conceptual and Philosophical Underpinnings

Constructivism.

To answer the research question, a narrative approach was most appropriate.

Constructivism is the philosophy that underpins the assumptions and beliefs in narrative research in nursing. In performing narrative research, the researcher's goal is to seek out meaning rather than absolute truth (Bailey & Tilley, 2002). Constructivism concedes the possibility of multiple realities, those realities in people's minds (Guba, 1990).

"Knowledge is a human construction, never certifiable as ultimately true but problematic and ever-changing" (Guba, 1990, p. 26).

Constructivism acknowledges relativism – that many interpretations can be made in any inquiry and that realities exist in the form of multiple mental constructions, socially and experientially based (Guba, 1990). Epistemologically, constructivists exclude the notion of objectivity and embrace subjectivity. "Subjectivity is not only forced on us by the human condition (as the postpositivist might admit) but because it is the only means of unlocking the constructions held by individuals" (Guba, 1990, p. 26). Methodologically, the constructivist attempts to "identify the variety of constructions that exist and bring them into as much consensus as possible" (Guba, 1990, p. 26). The hermeneutic and dialectic processes involved produce an informed and sophisticated construction while keeping the channels of communication open for continuous improvement (Guba, 1990).

Constructivism thus intends neither to predict and control the “real” world nor transform it but to reconstruct the “world” at the only point at which it exists: in the minds of constructors. It is the mind that is to be transformed, not the “real” world (Guba, 1990, p. 27).

Narrative research methodology.

Narrative methods of inquiry date back to the time of Aristotle (Bruner, 2002).

This method is quite new to nursing, as the term first appeared in the reputable Cumulative Index to Nursing & Allied Health Literature (CINAHL) database in 1997 (Holloway & Freshwater, 2007). Nonetheless, the technique is growing in acceptance and is being increasingly used in nursing. “Narrative methodology results in unique and rich data that cannot be obtained from experiments, questionnaires, or observations” (Leiblich, Tuval-Mashiach, & Zilber, 1998). The narrative interview allows an individual to tell one’s story. This process not only gives voice to participants, it provides evidence for practice. The data of qualitative research are the thoughts and feelings of the participants as expressed in their words and behaviors. “It is sometimes forgotten that people act on their perceptions and feelings, and their behaviors are rooted in these” (Holloway & Freshwater, 2007, p. 117). Furthermore, according to Leiblich, Tuval-Mashiach, and Zilber (1998),

Stories imitate life and present an inner reality to the outside world; at the same time, however, they shape and construct the narrator’s personality and reality. The story is one’s identity, a story created, told, revised and retold throughout life (p. 7).

Narratives not only elucidate one’s identity and memory, but also tell about one’s culture and social world (Leiblich, Tuval-Mashiach, & Zilber, 1998). They allow one to select what they feel comfortable saying in front of others. The narrative approach advocates pluralism, relativism, and subjectivity resulting in a “narrative truth” (Spence, 1986).

This narrative process enables nurse researchers to investigate the aesthetic and personal domains of knowing. Holloway and Freshwater (2007) put forward that “narrative is fundamental to the explication of nursing knowledge” (p. 25).

Theoretical Frameworks

As the research question combines the two disciplines of education and nursing, two theoretical frameworks influenced the study. First, Madeline Leininger’s (1978, 1991, 1995, 1996) theory of transcultural nursing inspired my research interest. Leininger’s theory attended to the unique cultural considerations and actions of nursing thought and practice. Leininger’s work on transcultural nursing enlightened me to an area of inquiry that was both fascinating and necessary. Second, Mezirow’s (1981, 1991, 1994, 1997, 2009) theory of transformative learning was used to guide this education-based study. Mezirow’s theory integrated foundational principles of education and perspective transformation. The critical reflection and rational discourse involved were both part of the narrative research process and the learning process. The two theories were complementary and contributed to the phenomena of interest, that is, the thoughts, feelings, and experiences of ADN students who studied abroad in a low-income country.

Theory of transcultural nursing.

Madeline Leininger began to develop her culture care theory in the 1950’s when she realized several noteworthy deficits in nursing. Working as a clinical specialist in psychiatric nursing in a child guidance home, she noticed the children ate, talked, and interacted differently (Leininger, 1996). She recognized the varied cultural backgrounds of the children affected their needs, yet cultural factors and humanistic care were being missed in nursing practice (Leininger, 1996). Therefore, in her theory, she emphasized

that “care was the essence of nursing and the distinct, unifying, and essential phenomenon of nursing” (Leininger, 1996, p. 72). Leininger’s (1996) definition of care included “the abstract and manifest phenomena and expressions related to assisting, supporting, enabling, and facilitating ways to help others with evident or anticipated needs in order to improve health, a human condition, or a lifeway” (p. 73). Blending ideas from the discipline of anthropology, she pointed out the importance of noting one’s cultural background and influences in providing care. Leininger (1996) recognized that meanings, symbols, patterns, and processes may differ transculturally, and nurses needed to expand their thinking and knowledge to provide professional and wholistic care to patients. The Sunrise Model depicted the multiple cultural and social structure dimensions that affect individuals, families, groups, communities, and institutions and offered three modes of nursing actions and decisions to provide culturally congruent care (Leininger, 1996). This theory can be used with any culture and according to Leininger (1996) “it is the major theory explicitly focused on cultural care phenomena in order to discover specific cultural care values, beliefs, and lifeways and to establish comparative transcultural nursing care knowledge world-wide” (p. 76). Nursing students who studied abroad were immersed in another culture within the context of nursing. Leininger’s theory recognized the complexity of cultural differences with respect to the role of the nurse. Leininger’s thinking informed this research and the transcultural nursing course offered to participants in this study. Leininger’s ethnonursing method was incongruent with the educational aims of this study, thus, an education-focused theory was chosen to frame this study.

Theory of transformative learning.

Jack Mezirow (1981, 1991, 1994, 1997, 2009) developed the theory of transformative learning, a constructivist-based theory of adult learning. Influenced by Paulo Freire's concept of "conscientization," Roger Gould's theory of transformation, and others' writings and experiences, the concept of transformative learning emerged from Mezirow's 1978 study of women returning to college (Mezirow, Taylor, & Associates, 2009). Using a grounded theory methodology, he identified ten phases of learning in women attending higher education resembling a transformative process (Mezirow, Taylor, & Associates, 2009). Mezirow continually developed and refined his theory of adult learning and education to become known as transformative learning theory (Mezirow, 2009). "Transformative learning may be defined as learning that transforms problematic frames of reference to make them more inclusive, discriminating, reflective, open, and emotionally able to change" (Mezirow, Taylor, & Associates, 2009, p. 22). The theory incorporates experiential and social/communicative learning, critical reflection, rational discourse, and perspective transformation (Mezirow, 1994). The transformation theory was "intended to be a comprehensive, idealized, and universal model consisting of the generic structures, elements, and processes of adult learning" (Mezirow, 1994, p. 222).

In this theory, the fundamental constructs of learning are meaning structures. Meaning structures are two-dimensional, comprised of meaning schemes and meaning perspectives. A meaning scheme (a more specific dimension of our frame of reference) is a "concept, belief, judgment, and feeling which shape a particular interpretation (e.g., when we think of abortion, black people, the Muslim religion, free market capitalism, or

liberalism)” (Mezirow, 1994, p. 223). Meaning perspectives are “broad sets of predispositions resulting from psychocultural assumptions which determine the horizons of our expectations (e.g., social norms, ideologies, personality traits, learning preferences, focus on wholes or parts)” (Mezirow, 1994, p. 223). “Meaning schemes are specific manifestations of our meaning perspectives” (Mezirow, 1994, p. 223). In other words, meaning schemes are like constellations within a galaxy. For example, an American student may believe Americans are better than Ecuadorians. This belief is a meaning scheme which is enforced or changed after a study abroad experience.

Mezirow (1994) presented four total processes or ways of learning: by refining or elaborating our meaning schemes, learning new meaning schemes, transforming meaning schemes, and transforming meaning perspectives” (p. 224). First, elaboration of meaning schemes refers to one elaborating an existing point of view (Mezirow, 1997). An example of elaboration, continuing with the ethnocentric American student, following a study abroad experience, the student obtained further evidence to reinforce her initial bias (Mezirow, 1997). The second process, learning new meaning schemes, is different as it entails establishing a *new* [italics added] point of view (Mezirow, 1997). In this case, the ethnocentric American student encountered a new group of individuals, focused on their shortcomings, and created new yet negative meaning schemes for them (Mezirow, 1997). The third process, transforming meaning schemes, involves *transforming* [italics added] one’s point of view. An example of this process, the American student who studied abroad in Ecuador reflected upon prior misconceptions about this group of individuals and changed her point of view (Mezirow, 1997). Although she previously thought she was better than Ecuadorians because of her nationality, she no longer feels superiority

and is more understanding and accepting of them as humans. The fourth process, perspective transformation, entails a change in “habit of mind” (Mezirow, 1997). In this process, the American student became aware of her generalized bias and changed her perspective regarding cultures other than her own. After studying abroad, she realized humans are similar beings with equal human rights. She critically reflected upon her prior perspective, transformed her perspective, and incorporated this new thought process broadly across cultures. With her new frame of mind, she thinks about the inequities she witnessed and feels motivated to make changes for the better.

Transforming meaning perspectives is the most significant kind of learning. Perspective transformation arises as a cumulative effect or from a major event in one’s life. When a specific belief is not working well for an individual or when old ways of thinking are no longer functional, one is presented with a dilemma. The dilemma is disorienting, often painful, as deeply held personal values are called into question (Mezirow, 1991, p. 168). A critical reflection of this problem can result in one changing his or her mind, a transformation of meaning schemes. Mezirow (1991) devised the following eleven phases of premise reflection that result in perspective transformation:

1. A disorienting dilemma
2. Self-examination with feelings of guilt or shame, sometimes turning to religion for support
3. A critical assessment of assumptions
4. Recognition that one’s discontent and the process of transformation are shared and others have negotiated a similar change
5. Exploration of options for new roles, relationships, and actions
6. Planning a course of action
7. Acquiring knowledge and skills for implementing one’s plans
8. Provisionally trying out new roles
9. Renegotiating relationships and negotiating new relationships
10. Building competence and self-confidence in new roles and relationships
11. A reintegration into one’s life on the basis of conditions dictated by one’s new perspective (p. 168-169).

Perspective transformation is an “emancipatory process of becoming critically aware of how and why the structure of psycho-structural assumptions has come to constrain the way we see our relationships, reconstituting this structure to permit a more inclusive and discriminating integration of experience and acting upon these new understandings” (Mezirow, 1981, p. 6). The final outcome in the theory is reflective action. “Action in transformation theory means making a decision, not necessarily an immediate behavior change”...and results in “learners motivated to take collective social action to change social practices, institutions, or systems” (Mezirow, 1994, p. 226). Perspective transformation involves a deep self reflection followed by a new framework of thinking and intent to take action and make changes.

Mezirow’s (1981, 1991, 1994, 1997, 2009) theory of transformative learning was used as the theoretical framework of this study. The theory of transformative learning provided a structure for understanding the immersion process that occurred with nursing students who studied abroad in a low-income country. The theory recognized the examination of feelings and perspective transformation that may occur as a result of studying abroad and supplied an educational foundation for that process. From a research standpoint, this theory philosophically fit and emphasized the reflective and social pieces of student learning, corresponding with the technique of narrative research. Thus, the reflective nature of the narrative interview, in and of itself, may have elicited or contributed to further student learning.

Nursing Degrees

This study focused on associate degree nursing students. Baccalaureate degree nursing students receive more opportunities to study abroad and the effects of these

experiences have been studied. The experience of the ADN student studying abroad was unknown. The findings of baccalaureate-focused studies could not be applied to ADN students as differences exist between the two populations.

ADN students, on average, are older than the traditional baccalaureate student. In 2006, 47% of baccalaureate degree nursing students were age 25 or younger compared to 24% of ADN students (National League for Nursing, 2006). Often, associate degree students are in pursuit of a second or third career upon entering nursing school. Some ADN students already possess a college degree in a different field. According to the National League for Nursing (2006), 32% of baccalaureate degree nursing students were over age 30 compared to 49% of associate degree nursing students. Seventeen percent of ADN students were over age 40 (National League for Nursing, 2007). Maturity and life experiences may play a role on the impact of study abroad warranting investigation.

With respect to curriculum, the associate degree program is usually comprised of one year of prerequisite courses followed by two years of nursing courses. On average, the curriculum is between 60-62 credits, thus, providing a technical degree. The baccalaureate curriculum is generally four years long or 120 credits, thus, giving more time and depth to educational preparation with the award of a bachelor's degree. The ADN curriculum is often shortened in specialty areas such as obstetrics, pediatrics, mental health, and community health. ADN students have a lower retention rate (National League for Nursing, 2006). Another difference, many private universities possess a religious affiliation and philosophy. State colleges are prohibited by law from incorporating religion. Religious denominators may pose differences in thoughts and actions of the BSN student compared to the ADN student. Regardless, both programs

result in nursing students completing the same competency exam, the NCLEX (National Council Licensure Examination) to become a registered nurse.

Although students graduating from ADN and BSN programs both complete the same board exam and carry the same license to practice, the American Association of Colleges of Nursing (AACN) advocates the responsibilities of practice should coincide with levels of education and experience. In 1995, the AACN issued the document, “A model for differentiated nursing practice,” which addressed the recommended direction employers, educators, and legislatures should take in terms of roles and responsibilities of the ADN-prepared nurse and BSN-prepared nurse. Differentiated competencies were formulated expanding the care base of the BSN compared to the ADN. The minimum level of entry into practice has been argued upon for decades, yet with nursing shortages throughout the world, the minimum standard remains an associate’s degree. Professional organizations in nursing are in agreement that nurses should achieve the highest degree possible. In 2007, more than half the nation’s enrolled registered nurse (RN) students (54%) were in associate degree programs (National League for Nursing, 2007). Therefore, this percentage forecasts the continued presence of ADN-prepared nurses in the United States and demonstrates the importance of studying this population.

Nursing Research

Just as the number of students studying abroad has increased, the body of knowledge related to study abroad in nursing has followed. Within the past five years, the nursing-focused research related to studying abroad has doubled. Additionally, the literature includes informal, anecdotal pieces regarding educators’ experiences teaching abroad and information regarding the implementation and planning of excursions. I

performed an integrative review of only the formal research performed in the context of nursing students studying abroad. No studies were found focusing on the ADN student who studied abroad.

The literature search was performed using the databases of the Cumulative Index to Nursing & Allied Health Literature (CINAHL), Medline, and Dissertations & Theses: Full Text. Within each database, separate searches were performed using the terms “study abroad” and “nursing” as keywords. Abstracts were reviewed and articles were chosen based on relevance. Ancestral approach was also used. One study was excluded as it focused on longer immersions of over two years (Wang, Singh, Bird & Ives, 2008). An instrument validation study was also excluded (Ryan & Twibwell, 2002). Therefore, 25 studies were included in the integrative review. The review of literature uncovered three common outcomes of studying abroad: cultural awareness, sensitivity, and competence, cognitive and personal development, and transformation. The literature review also revealed some conflicting findings and knowledge gaps. Studies were clustered under the three major outcomes identified: cultural awareness, sensitivity, and competence, cognitive and personal development, and transformation.

Cultural awareness, sensitivity, and competence.

Studying abroad has been extensively linked to increasing cultural awareness, sensitivity, and competence of nursing students (Callister & Cox, 2006; Drake, 2004; Evanson & Zust, 2006; Genz, 2007; Haloburdo & Thompson, 1998; Inglis, Rolls, & Kristy, 2000; Koskinen & Tossavainen, 2003; Koskinen & Tossavainen, 2004; Lee, et al., 2007; Rolls, Inglis, & Kristy, 1997; St. Clair & McKenry, 1999; Tateyama, 2002; White, 2008). Only one study revealed culture shock and language barriers impeded the

intercultural learning process for some participants (Koskinen & Tossavainen, 2003).

Koskinen and Tossavainen (2003) sought to describe the process of gaining intercultural competence among British undergraduate nursing students during their study abroad in Finland. They used an ethnographic approach with 15 British nursing students who stayed in Finland for three to four months. While some students demonstrated extensive inter-cultural competence, other students were blocked from achieving competence by the challenges of the language barrier and culture shock.

Ruddock and Turner (2007) explored whether having an international learning experience as part of a nursing education program promoted cultural sensitivity in nursing students. They used a Gadamerian hermeneutic phenomenological approach with seven BSN or diploma students in Denmark who participated in an exchange to Jamaica, Malta, Greenland, or Australia. They unveiled developing cultural sensitivity involved a complex interplay between becoming comfortable with the experience of making a transition from one culture to another, making adjustments to cultural differences, and growing personally.

Rolls, Inglis, and Kristy (1997) performed a qualitative study investigating nursing student concerns, expectations and perceived benefits of studying abroad using interviews pre, during, and post-trip. At first, students (N=5) noted concerns including danger, getting sick, safety, and dealing with food and language. During the second and third interviews, those concerns were ameliorated. In the end, students developed confidence, an increased awareness of culture, and experienced attitudinal changes of increasing acceptance and understanding towards the cultures and health care needs of Thailand. Tateyama (2002) examined interest in and attitudes toward learning English

with 11 Japanese nursing students who participated in an Australian program for three months. Tateyama used pre and post-tests with questionnaires to obtain information. The findings suggested the abroad experience positively affected students' motivation and interests. Students realized how important it was to be aware of the Japanese culture in order to understand the Australian culture.

Inglis, Rolls, and Kristy (2000) used a questionnaire to measure shifts in nursing students' attitudes towards the Nepalese people. The questionnaire was modeled on one used by Jamrozik (1995) to examine knowledge about and attitudes towards tribal Aboriginal people in Western Australia. Inglis, Rolls, and Kristy (2000) "took a small number of the items from Jamrozik, altering the wording to make them specific to the different cultural context. Further items were added to the questionnaire bringing the total to twenty-three" items (p. 250). No reliability and validity data were reported. Participants responded to the statements using a six-point scale. Students were given two surveys, one before the trip and one during the last week of the tour. The control group also took two surveys. Using a control group (n=18) compared to a group who studied in Nepal for three weeks (n=18), the study abroad students demonstrated significant shifts to eight items indicating a greater agreement or disagreement with the statement than on the pre-test. Another result, students learned to develop more independent behavior. St. Clair and McKenry (1999) (N=200) also found students' attitudes changed as a result from studying abroad through mixed methods. The qualitative analysis revealed students were able to become aware of and overcome their ethnocentrism. They concluded that two weeks of immersion was sufficient to move nursing students' understanding and change previous attitudes.

Drake (2004) qualitatively explored the short study abroad and reentry experience of nursing students (n=9) to discover perceptions of their ability to become culturally competent. She found immersion and re-entry accelerated the process of developing cultural sensitivity and cultural competence. Using a phenomenological approach, Callister and Cox (2006) also found international experiences fostered increased cultural understanding in nursing students (N=20). Inglis, Rolls, and Kristy (2000) employed a quasi-experimental, pre-posttest design to compare the changes in attitudes towards cultural difference of participants in a study abroad program to a group who did not participate in the tour. They discovered nursing students (N=36) displayed positive cultural adjustment and adaptation. A mixed methods study by St. Clair and McKenry in 1999 (N=200) showed statistically significant differences in cultural self-efficacy ($p < 0.05$) with students who completed international experiences. Qualitative analysis reiterated cultural awareness and sensitivity, as well as understanding and integrating the patients' cultural practices and beliefs into Western health care practices. Koskinen and Tossavainen (2004) identified the process of learning intercultural competence through studying abroad in nursing. They used an ethnographic approach with 21 Finnish nursing students who participated in a three to four month exchange. Three ethno-categories emerged: transition from one culture to another, adjustment to the difference, and gaining intercultural sensitivity. Students noted the experience was stressful yet rewarding.

White (2008) used a Heideggerian phenomenological approach to study 26 nursing students who participated in a study abroad experience. The findings supported study abroad to increase cultural awareness, sensitivity, and assist in development of cultural competence (White, 2008). Students described feeling like an "outsider" and this

“disturbing” experience changed their perspectives. Genz (2007) studied to what extent and how do students develop cultural competence through a short term immersion. Applying mixed methods, she compared nursing students (n=10) who participated in a three week experience in Belize to students (n=20) who did not participate. Using the Inventory for Assessing the Process of Cultural Competence in the Delivery of Healthcare Services tool, she found students who participated in the immersion scored themselves higher on six criteria after the trip, suggesting learning of cultural competence. Participants described development of cultural competence as a metamorphosis. “All participants said that they had been transformed” (p. 163). Hindrances to achieving cultural competence included lack of a sense of well-being, a non-supportive environment, access to technology, and language barrier.

St. Clair and McKenry (1999) studied 80 graduate and undergraduate nursing students who studied abroad in various countries compared to a control group of 120 who had no study abroad experience. They utilized mixed methods including use of the Cultural Self-Efficacy Scale (CSES) and a qualitative approach using journals and observation. The 26-item, 5-point Likert response scale yielded an internal consistency of .80. Students who had participated in international experiences demonstrated more growth in cultural self-efficacy scores compared to those who remained in the United States ($p = .007$). Qualitative analysis indicated that study abroad students experienced a transformative perspective about being culturally aware and sensitive. “It was evident that behavioral and philosophical changes occurred in the students participating in the international experiences” (St. Clair & McKenry, 1999, p. 231). “Perspective transformation” was named the final stage of the process of cultural transformation.

The majority of research supported the utility of study abroad to teach cultural concepts. Study abroad was linked to achieving cultural awareness, cultural sensitivity, cultural competence, cultural understanding, cultural adjustment, cultural adaptation, changing attitude towards cultures, and overcoming ethnocentrism. One study suggested students may be unable to overcome abroad challenges to acquire intercultural competence (Koskinen & Tossavainen, 2003).

Cognitive and personal development.

According to two separate quantitative studies, study abroad was noted to promote cognitive development in nursing students (Frisch, 1990; Zorn, Ponick, & Peck, 1995). Both studies utilized the Measurement of Epistemological Reflection (MER), a paper and pencil instrument that assesses intellectual development in six domains (decision making; role of learner; role of teacher; role of peers, evaluation; and view of knowledge, truth, or reality). Participants responded to six short essay questions and their responses were rated by two individuals. If the raters disagreed on a score of an item, they met until consensus was achieved (Frisch, 1990). The inter-rater agreement was noted as high in Frisch's study, but no statistic was given. In the Zorn, Ponick, and Peck (1995) study, the inter-rater reliability was noted as .64. The reliability of the instrument itself was not provided in either study. Frisch (1990) compared students who studied in Mexico for six weeks (n=6) to students who had not participated in the exchange (n=17). Zorn, Ponick, and Peck (1995) compared nursing students who studied abroad for a semester in England (n=8) to students who did not participate in the England international experience (n=20). In both studies, students who participated in study abroad experiences demonstrated a statistically significant increase in cognitive growth

over students who did not engage (Frisch, 1990; Zorn, Ponick, & Peck, 1995). Both studies investigated cognitive growth amongst baccalaureate students, although, only one study examined nursing students who traveled to a developing country (Mexico) as opposed to a developed one (England). These studies had small samples and low power. The reliability of the instrument was questionable as it was not reported. The authors recommended increased evaluation, revision, and acceptance of international study. Further research is warranted to validate the findings.

Studying abroad has been found to increase empirical knowledge. In a qualitative study with 14 senior level BSN students who participated in a trip to either the Dominican Republic, Nicaragua, or the Netherlands for two weeks, Haloburdo and Thompson (1998) investigated the learning outcomes of an international experience for Bachelor of Science in Nursing (BSN) students. The students who went to the Dominican Republic lived with families in motels or convents and worked in rural, outpatient, and home settings. The students in Nicaragua stayed with each other in a hotel and worked in outpatient and home settings. In the Netherlands, the students lived together in a dorm room and visited health care agencies and worked one day in a hospital with a Dutch nurse. Students displayed the category of empirical knowledge, including subcategories of learning sociopolitical resources influencing health care, population-based health problems, and appreciation versus criticism of the United States. Another category that emerged along with empirical knowledge development, students noted the benefits of the learning experience. They expressed the value of experiential learning as opposed to solely classroom studies. Students described they had acquired teaching/learning strategies as a result of studying abroad. The third category that emerged from this study

was personal and professional growth. The students who had traveled to the developing countries identified more struggles. Frustrations were evident, yet these very struggles contributed to the reward of the experience. One student mentioned,

“I’d say it was wonderful and it was horrible. It was beautiful, it was ugly. It was funny, it was extremely sad. It was tragic at times. It was just a wide range of different things, but overall, it was like nothing I’ve ever done before, and I would not trade the experience for the world” (p. 16).

Several studies have suggested study abroad results in personal growth or development. Two quantitative studies used the International Education Survey (IES) to measure professional nurse role, international perspective, personal development, and intellectual development (Thompson, Boore, & Deeny, 2000; Zorn, 1996). Zorn (1996) had 27 alumni answer questions with a Likert scale regarding the effects of the international education experience. International perspective and personal development produced the highest numbers indicating a “high/large” effect. Zorn (1996) also found age was positively correlated with personal development achieved. Zorn (1996) postulated that older participants may bring a “higher sense of awareness, with more of a desire or readiness for integration” making the experience richer and more meaningful (p. 109). Thompson, Boore, and Deeny (2000) evaluated the impact of an international experience on nursing students in Northern Ireland. With a sample of 74 undergraduate students, they found students who studied in a developing country scored higher in obtaining international perspective ($p < 0.01$), personal development ($p < 0.001$) and intellectual development ($p < 0.05$) than those who participated in a developed country. All students indicated gains in every dimension of the survey as a result of studying abroad.

Achievement of personal and professional development was evident from qualitative research as well. Green, Johansson, Rosser, Tegnah, and Segrot (2008), explored the experiences of 32 nursing students from the UK and Sweden having placements in various developed and undeveloped countries. Using semi-structured interviews, they explored the experiences of nursing students participating in international study programs. The following themes emerged: culture, aspirations and values, personal development, professional development, and enablers/disablers. Personal development comprised of subthemes of personal enrichment, confidence, and relationships; the professional development theme had subthemes of theory to practice, healthcare systems, skills acquired, and roles. The researchers emphasized areas for improving the student experience including better preparation efforts, improved support and monitoring of students, greater engagement with the partner institutions, and more effective mentoring of staff (Green, Johansson, Rosser, Tegnah, & Segrot, 2008).

Walsh and DeJoseph (2003) explored the experiences of nursing students (n=10) and faculty mentors (n=2) who sought to increase their cultural competence through participation in a two week immersion experience in Guatemala. This exploratory, descriptive study found students obtained personal and professional growth. Themes included “being other,” “I was already a nurse,” and “expanding my worldview.”

Students and faculty expressed increased global awareness. Callister and Cox (2006) used phenomenological interviews with 20 BSN students who participated in an international nursing elective. Similarly, students described developing cultural competence and experiencing personal and professional growth. Lee, Pang, Wong, and Chan (2007) used mixed methods to evaluate a summer exchange program focusing on nursing students’

professional and personal development within the context of learning health counseling skills and studying cultural aspects of the host region. Sampling 64 students in various levels of education (diploma, high diploma, baccalaureate, and master's), 90% of the students indicated increased cultural appreciation and sensitivity. Students demonstrated significant differences in exchange perspective, professional development, and personal development ($p < 0.001$).

The research in nursing has suggested significant cognitive and personal development as a result of studying abroad. Quantitative studies proposed studying abroad increased international perspective, intellectual development, professional development, and personal development. Qualitative research supported these notions and put forward outcomes of increasing global awareness, empirical knowledge, and fostering personal and professional growth.

Transformation.

A final core concept resulting from study abroad was obtained from the literature review: transformation. Researchers applied the term “transformation” to describe the profound outcome of students studying abroad. This term appeared more frequently in the recent literature, although, the definition is unclear. Six studies described a personal transformation from studying abroad (Evanson & Züst, 2006; Genz, 2007; Levine, 2009; Reimer Kirkham, Van Hofwegen, & Pankratz, 2009; Ruddock & Turner, 2007; St. Clair & McKenry, 1999).

Ruddock and Turner (2007) mentioned the phenomenon of transformation in their research with nursing students who studied abroad. Using a phenomenological approach, nursing students in Denmark were questioned, “What was it like to live and learn in

another culture?” The seven diploma or BSN students had participated in an exchange to Jamaica, Malta, Greenland, or Australia. Data were analyzed using the Turner method and three themes emerged. The first theme, experiencing transition from one culture to another involved students feeling a bit of a shock, an inner feeling of chaos, dealing with stress and disappointment, confronting differences, experiencing different cultures, feeling alone, and open mindedness (p. 364). The second theme, adjusting to cultural differences, acknowledged moving between the familiar and unfamiliar, feeling different/crossing barriers, having a network, connecting with others, getting support from other students, openness to differences, and developing social networks (p. 364). The third theme was developing cultural sensitivity and growing personally. Subthemes derived were broadening my horizon, seeing the world through different eyes, becoming more accepting of different points of view, expanding one’s world view, confronted by differences, and transforming. The transforming described was regarding a change in cultural understanding. One participant stated she was “...more aware of my own values and the need to accept the values of others’...” (p. 365). Participants learned “to be tolerant of others’ lifestyles” (p. 366). Participants gained “an increased awareness and appreciation of their own culture, along with adapting to a new culture” (p. 366). The transformation Ruddock and Turner (2007) described was consistent with Mezirow’s (1991) transforming meaning schemes but not demonstrative of the more grand phenomenon of perspective transformation.

St. Clair and McKenry (1999) performed an exploratory study integrating quantitative and qualitative measures to examine the relationship of cultural immersion with cultural self-efficacy and cultural competence. The researchers compared 80 senior

undergraduate and graduate nursing students who had participated in an international immersion experience in Jamaica, Ireland, England, or Ghana to a control group of 120 students. The quantitative portion of the study incorporated Bernal and Froman's (1993) Cultural Self-Efficacy Scale (CSES). Students who had participated in the international experiences scored significantly higher in cultural self-efficacy ($p = 0.007$) than the students who remained in the United States. "Although this was not a qualitative study, qualitative analysis of the journal writings was completed to further explain the findings from the quantitative instrument..." (p. 231). Applying Mezirow's (1981) perspective transformation theory, the researchers analyzed journals and concluded the students who studied abroad demonstrated perspective transformation. "For those in third world countries, the students discussed how poverty and lack of resources – and the way in which these factors contribute to hopelessness, apathy, and violence-was their (the students') perception and problem" (p. 232). Students identified ways to integrate the positive aspects of the new culture into their lives. One student wrote,

I feel as if I have been asleep my whole life. I didn't realize who I was, what I believed, or where I was going. I now know what I value about myself and my profession and what I need to do to practice from a culturally sensitive and competent perspective (p. 232).

Though formal themes were not developed through rigorous qualitative analysis, the researchers noticed themes of culture shock, fear of the unknown, being intimidated by the cultural differences; shame resulting from preconceived ideas; and powerlessness in the face of the oppression, poverty, and suffering. St. Clair and McKenry (1999) professed that students may believe they are culturally sensitive, but short term immersion helps students recognize and overcome their "unknown ethnocentrism" (p. 234). The students in St. Clair and McKenry's (1999) study demonstrated an in-depth

understanding of global interconnectedness and intent to change for the better, consistent with Mezirow's (1991) perspective transformation. This study was the only nursing study located that applied Mezirow's (1991) transformation theory to the experience of study abroad.

Applying mixed methods, Genz (2007) studied to what extent and how do students develop cultural competence through a short term immersion. She compared nursing students (n=10) who participated in a three week experience in Belize to students (n=20) who did not participate. Quantitative analysis demonstrated learning of cultural competence. Qualitative analysis, using a triangulated approach incorporating interviews, observations, and reviews of student journals, yielded themes. The process of metamorphosis consisted of "being in the comfort bubble," "breaking out of the comfort zone," "molding," "adapting," "understanding," and "providing culturally competent care." Participants described their development of cultural awareness towards cultural competence as a process of transformation. "All of the students said that they had been transformed...that they would do things differently because of the short-term immersion experience, and that they would apply new learning to future practice" (p. 163). One participant described, "I will try harder to make better use of the supplies and resources that we have and not be so wasteful. I will be more aware of what I have and what I need and will be more cost effective" (p. 165). The transformation described meshes with Mezirow's (1991) definition of transformation.

Reimer Kirkham, Van Hofwegen, and Pankratz (2009) also found students achieved a new viewpoint following a three to four week immersion in Guatemala. Using focus groups, field notes, journal entries, and minutes from meetings, the researchers

explored the nature of learning achieved by students regarding social justice in the context of international health experiences. They also sought to identify and facilitate strategies that support students in the integration of the learning into personal and professional domains upon return to Canada. Seventeen university nursing students and three faculty members' experiences were examined. Respondents reported profound learning and new ways of viewing the world, including a heightened social consciousness. One participant described learning the importance of advocating at the governmental level for the whole Mayan population. In response to viewing poverty, another participant verbalized, "I can either give up hope or join in the anger of injustice" (p. 7). The change in habit of mind as described by Mezirow (1997) was evident in the participant's statement, "I think about how it changed me when I came home...I felt uncomfortable buying things" (p. 8). The transformation depicted in this study merged with Mezirow's (1991) notion of perspective transformation. The participants struggled with how to translate and sustain the learning when at home. This study was important as it identified the difficulty students had in staying motivated to take social actions once home. A variety of strategies, ranging from individual, group, and curricular-based, were presented to foster transformative learning.

Levine (2009) discussed the "life-changing" experiences of students who studied abroad. She completed a narrative study with the objective of describing the social and personal issues that occurred when students were immersed in other cultures. She performed semi-structured interviews with ten BSN students who had studied abroad from six to nine weeks in one or two countries (in Central America, Southeast Asia, or Eastern Europe). The interviews took place three to thirteen years after the experience.

Along with providing rich narrative quotations, she elicited three themes: “having blind trust,” “valuing others,” and “transforming experiences” (p. 160). The transforming experiences category comprised of subthemes including taking risks, assuming advocacy roles, recognizing prejudice, and having life changes. Participants reflected they learned advocacy skills from their experience abroad that they incorporated in their nursing practice. Participants reflected on their own discriminatory beliefs, recognized their biases, and made life changes. Participants described having a different view point after the experience. One participant wrote,

Maybe there is something that makes you inflexible, and when you’re forced to change every way that you think is right, then wow that is mind opening. That widens your tunnel vision, your mind has been opened, and there are ways of being open to others and accepting of others, that’s the important part (p. 163).

Another participant indicated the intent for social action as she stated, “I believe the first step towards creating positive change is awareness” (p. 161). The transformation Levine (2009) described was consistent with Mezirow’s (1991) definition of transformation.

Evanson and Zust (2006) performed a descriptive qualitative study to describe the effects of an international nursing student experience on participants’ later personal and professional lives. With six BSN-prepared nurses who participated in a week long service learning experience in Guatemala two years prior, written narratives along with a focus group were used to gather data. The overarching theme was the gaining of “bittersweet knowledge.” Three subthemes emerged including “coming to understand” (lasting connections, cultural awareness, global perspective), “unsettled feelings” (Did we/Can we help? Are we really better off? Why do we have so much when others have so little?) and “advocating for change.” Every student indicated a desire to continue with international service work in the future. One student indicated she decided to sponsor a child in San

Lucas Toliman. A second student said she planned to return to Guatemala in the near future. Additional examples were cited including “wanting to be a humanitarian and do stuff with our tax money that’s going to help people” and sharing stories of the experience with coworkers to advocate for better understanding of immigrants. Such examples indicated changes to take social action, a critical component of Mezirow’s (1991) definition of perspective transformation.

Qualitative research has indicated that transformation occurs following studying abroad. The following themes and subthemes emerged: transforming, transforming experiences, metamorphosis, perspective transformation, profound learning and new ways of viewing the world including heightened social consciousness, and bittersweet knowledge including advocating for change. The literature suggests studying abroad in low-income countries may produce life-changing effects as far as transforming oneself.

Conflicting findings.

Although most studies complemented and validated the outcomes of studying abroad, some conflicting data were found. Most studies indicated studying abroad fostered inter-cultural competence, however, Koskinen and Tossavainen (2003) discovered developing cultural competence was not always the result. They studied British nursing students who studied in Finland for three to four months. Some of the students expressed a cultural shock they were not able to overcome during their stay. The stress of language, culture, education, and housing inhibited students’ ability to participate and learn. “Students who lacked an ability to face the differences remained outsiders throughout their stay” (Koskinen & Tossavainen, 2003, p. 373). These

“outsider” students felt threatened or embarrassed by situations and reacted by withdrawing. One student verbalized:

...on some wards, it is so difficult to do anything because of the communication barrier...On others, if you get somebody who speaks good English, it has been a lot easier and a lot more beneficial to your own experience...perhaps your people don't want to speak English, you can't speak Finnish so you end up just sitting there doing nothing...trying non-verbal communications skills, that has been quite disappointing” (p. 374).

The authors concluded “students’ maturity, experienced orientation, and ability to adjust to intercultural differences facilitated the process of intercultural competence” (p. 376).

Although many articles acknowledged the existence of language barriers and stress, especially in developing countries, this study was the first to describe a block to learning.

A second area of contention, according to the literature, is the length of immersion required to achieve significant, long-lasting results. Zorn (1996) discovered the longer one studied abroad, the higher the long term impact of the experience. Zorn used the International Education Survey (IES), a 29-item, 7-point Likert scale. The survey examined four dimensions including professional nurse role, international perspectives, personal development, and intellectual development. The alpha coefficient of the IES was .97. “All four dimensions of the IES had a significant positive correlation ($p < 0.05$) with the length of the program” (Zorn, 1996, p. 108). Although impact was reported to decrease over time, students who participated in 12-16 week programs reported higher long-term impact than those participating in three-four week programs. Limitations to the study included threats of history as the sample was comprised of alumni graduating between 1979 and 1993. Other research suggested short study abroad experiences significantly affected students. St. Clair and McKenry (1999) and Haloburdo and Thompson (1998) found two weeks was long enough to achieve desirable outcomes.

Evanson and Züst (2004) suggested one week was sufficient to achieve professional and personal growth.

Examining the most recent literature, the phenomenon of transformation is described as a result of study abroad, yet the meaning has been constructed differently. Ruddock and Turner (2007) use the term transformation to connote cultural understanding. The term transformation also has been used to signify more than the change of achieving cultural sensitivity or understanding. Researchers have expressed students experience a transformed perspective, see life in a different view, or broaden their horizons after studying abroad. The extent of this transformation is not well understood. According to Mezirow (1991), an attribute of perspective transformation is intent to take social action. Although some research indicated students intended to take social action, a critical component of perspective transformation (Evanson & Züst, 2006; Genz, 2007; Levine, 2009; Reimer Kirkham, Van Hofwegen, & Pankratz, 2009; St. Clair & McKenry, 1999), other research described a transformation, but the learning demonstrated was at a lower level consistent with Mezirow's (1991) transforming meaning schemes (Ruddock & Turner, 2007). The concept of transformation as applied to nursing students who studied abroad has varied and was often undefined.

Summary of gaps.

After examining the literature related to study abroad in nursing education, several gaps became apparent. First, all existing research had been performed with BSN nursing students, diploma students, graduate students, and alumni, but no study was found focusing on community college nursing students (associate degree nursing students). As study abroad is expanding, information is needed about this population.

Second, seven of the included studies referred to students who studied abroad in developed countries. Six studies combined the data of students who studied in developed countries with data of students who studied in undeveloped countries, though the experiences are quite different. An emphasis in nursing education is to serve the sick and vulnerable. According to the Senator Paul Simon Study Abroad Foundation Act of 2007, the United States should begin expanding study abroad programs directed toward low-resource countries. Thompson, Boore, and Deeny (2000) found nursing students ($N=74$) who studied in developing countries as opposed to developed countries experienced more learning. Using Zorn's (1996) International Education Survey, students who studied in developing countries scored significantly higher ($p < 0.05$) than students who studied in developed countries in the areas of international perspective, personal development, and intellectual development. Thus, the experiences and outcomes of nursing students who studied abroad in developing countries requires additional exploration.

Furthermore, the type of transformation achieved by students who studied abroad was unclear. Although several studies indicated an outcome of student transformation (Evanson & Zust, 2006; Genz, 2007; Levine, 2009; Reimer Kirkham, Van Hofwegen, & Pankratz, 2009; Ruddock & Turner, 2007; St. Clair & McKenry, 1999), this term was used loosely, often without definition. Five studies were found demonstrating outcomes of perspective transformation as defined by Mezirow (1991) (Evanson & Zust, 2006; Genz, 2007; Levine, 2009; Reimer Kirkham, Van Hofwegen, & Pankratz, 2009; St. Clair & McKenry, 1999). Therefore, the true nature and extent of the transformation involved in study abroad remains uncertain.

The majority of completed research in nursing related to study abroad lacked rigor. Sample size was an issue in most quantitative studies as four studies had only five to seven participants. Some studies investigated short term abroad experiences and others looked at immersions lasting months. The few quantitative studies noted lacked power, used instruments lacking high reliability, or modified instruments without reporting reliability and validity data. The existing qualitative studies on the topic also varied in rigor. Researchers often clustered together students having different experiences years apart. Some studies included instructors with students as participants. In multiple studies, the primary investigator was also the students' instructor, a potential influence. Many studies lacked rigor in the procedure and analysis. The limitations in the previous research studies strengthen the argument for increased and more rigorous research efforts.

After reviewing and synthesizing the data regarding study abroad in nursing, the outcomes appeared positive. Studying abroad has been linked to fostering cognitive growth, cultural awareness, and personal transformation. For most students, the experience created a life-changing impact providing them a global perspective. The type of transformation incurred, whether only a change in transforming meaning schemes vs. a perspective transformation as defined by Mezirow (1991), remains unknown. Study abroad is relevant and applicable in nursing education. Future nurses should be aware of the global community with respect to health and study abroad provides lessons to be applied in one's homeland. Students have reported increased empathy, increased cultural understanding, cultural competence, improved communication, valuing the importance of assessing health beliefs and practices, collaborating, and appreciating education and healthcare in the United States as a result of studying abroad (Harrison & Malone, 2004).

As society continues to internationalize and diversify, nursing curricula should follow. Clearly, more rigorous research is needed to elicit the best methods and outcomes of international education.

The current body of knowledge regarding study abroad experiences in nursing for the associate degree student is slim to none. Although international study in nursing is on the rise, most research is being completed with students at a baccalaureate level or higher. Few studies explored the experience of being in a low-income country. Some studies combined a range of experiences of students who participated in high-income and low-income countries. Research has rarely focused on the short term study abroad experience as opposed to a semester abroad or longer experience. The timeframe of the immersion may affect the learning impact of the study abroad experience. This study was the first to examine the thoughts, feelings, and experiences of ADN students who studied abroad in a low-income country.

Study Assumptions

The following five assumptions applied to the research study: 1) Students were able to remember their experiences sufficiently, 2) students were able to articulate their experiences, 3) the students' upbringing was in a developed or high-income country, 4) students had not previously experienced perspective transformation, and 5) students were at an intellectual or developmental level capable of perspective transformation.

Research Question

Based on the literature review, a starting point of inquiry was warranted regarding the associate degree nursing student who studied abroad. Therefore, I developed the following research question to guide the research study: "What are the thoughts, feelings,

and experiences of ADN students who participated in a short study abroad program in a low-income country?”

CHAPTER III

Research Design and Methods

The purpose of the study was to describe the thoughts, feelings, and experiences of associate degree nursing students who studied abroad in a low-income country. The qualitative nature of this query warranted a narrative method. The research design and methods, data collection, assurance of scientific rigor, data analysis, and provisions for the protection of human rights are described in this chapter.

Design and Methods

To answer to the research question, a qualitative design, consisting of a narrative method, was required. According to Lieblich, Tuval-Mashiach, and Zilber (1998), “Narrative research, refers to any study that uses or analyzes narrative materials” (p. 2). The goal and method in narrative research is to obtain one’s story. As people are “storytellers by nature,” narrative research helps to “understand the inner world of individuals” (p. 7). Therefore, the method of this study was asking students an open ended question and the data were the narratives. The narrative approach allowed for the students to tell their stories, thus, explicating their thoughts, feelings, and experiences of studying abroad in a low-income country.

Data Collection

To determine adequate sample size in narrative research, the richness and breadth of the data is more important than a specific number of participants (Holloway & Freshwater, 2007). “In spite of the fact that most narrative studies are conducted with smaller groups of individuals than the sample size employed in traditional research, the quantity of data gathered in life stories is large” (Lieblich, Tuval-Mashiach, & Zilber,

1998, p. 9). Narrative research can be performed with as few as one participant, as a single case study. I considered the size of the group of students studying abroad (34) and decided a sample size of ten participants was sufficient to provide “a new and richly textured understanding of experience” (Sandelowski, 1995, p. 183). The criteria for inclusion were that participants had to a) be age 18 or above, b) be an associate degree nursing student, and c) participate in the transcultural nursing course in Ecuador. Institutional Review Board (IRB) approval was granted from Marquette University. Additional written permission was granted by the international organization coordinating the abroad experience. The name of the organization is not listed to protect anonymity of the participants in this study. This organization provided me with the email addresses of students for recruitment purposes.

In recruiting the participants, I obtained a list of all of the students’ names and email addresses who participated in the transcultural nursing course. I emailed all students matching the criteria an invitation to participate (see Appendix C) along with an attached, typed consent form (see Appendix D) to view. I emailed a follow up invitation two weeks later to those who did not respond. The invitation requested the student reply with contact information if he or she was interested in participating. I asked participants to determine a time and place for an interview that ensured privacy and offered minimal distractions or interruptions. We scheduled convenient times for the phone interviews by email. The interviews occurred two to six weeks from the date the participants returned home from Ecuador. This timeframe allowed the information to be well-retained, yet it allowed for the student to adjust back to life in the United States and reflect upon the experience.

Because the participants lived in various locations throughout the country, a phone interview was deemed the most practical approach. Talking on the phone also provided participants the benefit of choosing the preferred setting for the interview. I contacted participants by telephone and obtained oral consent prior to initiating the interview. I informed the participants when the recording began and ended. The consent as well as the interviews were digitally recorded to ensure accuracy. I asked several demographic questions first (see Appendix E). These questions were deemed necessary to obtain information about the sample that might influence the findings. I asked participants to answer the following statement: “Tell me about your thoughts, feelings, and experiences of studying abroad in Ecuador.” I used prompts to facilitate elaboration and clarification of responses such as “Tell me more about that,” “What do you think about that,” “How did you feel about that,” and “What was that experience like?” I thanked participants verbally following the interview and asked them to spread the word about the study to others who participated in the study abroad program. I offered participants a choice of a five-dollar gift card from Blockbuster Video®, McDonalds®, or Target® as compensation. I mailed the gift cards within one week of the interview.

I placed the recorded interviews on a cassette disc and mailed the disc to a professional transcriptionist. The transcriptionist did not receive the names of the participants, rather, the interviews were coded numerically. The transcriptionist typed up the transcripts and emailed them to me. The transcriptionist was asked to erase the files upon completion of transcription. The transcriptionist confirmed by email she had eliminated the data. I kept the participants’ responses confidential by downloading the audio files and transcripts to a password protected computer. I placed the printed

transcripts in a locked cabinet only I could access for an indefinite time as encouraged by the IRB.

Assuring Scientific Rigor

In qualitative research, one concept of assuring scientific rigor is known as “trustworthiness.” In other words, “How can an inquirer persuade his or her audiences that the findings of an inquiry are worth paying attention to, worth taking account of?” (Lincoln & Guba, 1985, p. 290). According to Lincoln and Guba (1985), trustworthiness involves establishing credibility, dependability, transferability, and confirmability. These terms are “the naturalist’s equivalents for the conventional terms ‘internal validity’, ‘external validity’, ‘reliability’, and ‘objectivity’ (Lincoln & Guba, 1985, p. 300). I incorporated measures to assure trustworthiness by applying these qualitative criteria.

Credibility refers to obtaining confidence in the truth of the findings (Lincoln & Guba, 1985). To ensure credibility of the findings, peer debriefing, and negative case analysis were integrated. Peer debriefing is “a process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit with the inquirer’s mind” (Lincoln & Guba, 1985, p. 308). I shared my initial content categories with an expert narrative researcher and discussed the emerging findings. We worked together to achieve consensus on the categories with supportive quotations. I provided two other nurse researchers with the categories and supportive quotations. They provided feedback regarding the analysis guiding my interpretations. Three nurse researchers assisted in evaluating my conclusions to assure accuracy. I performed negative case analysis. Negative case analysis is “an activity aimed at refining working hypotheses as

more and more information becomes available” (Lincoln & Guba, 1985, p. 301). I searched for contradictions and outliers from the emerged findings. I revised and reformulated the initial analysis based on the findings until a consistent, logical category scheme emerged.

Additional efforts to promote credibility involved re-reading all transcripts while listening to the audio files to identify and correct errors. I utilized a high-quality digital tele-recorder and tested all equipment prior to the interviews, preventing technical difficulties during the interviews. Finally, I allowed participants the freedom to choose the location and time of the interview, promoting a comfortable experience for the participant.

Dependability is similar to the quantitative concept of reliability. To assure dependability, the inquiry audit technique was used. The inquiry audit technique involves an examination of the accuracy of the process and product of the research (Lincoln & Guba, 1985). An expert narrative researcher examined the process of the analysis. Three nurse researchers examined the findings or the product. They examined the supportive quotations under the emerged categories. They examined the conclusions to justify the accuracy of the interpretation.

I also strived to establish transferability. Transferability refers to providing “the *data base* [italics added] that makes transferability judgments possible on the part of potential appliers” (Lincoln & Guba, 1985, p. 316). Transferability is enhanced by providing thick description of the data “to enable someone interested in making a transfer to reach a conclusion about whether a transfer can be contemplated as a possibility” (Lincoln & Guba, 1985, p. 316). Lengthy, rich quotations of participants’ narratives were

provided to give depth and breadth to the data. When necessary, I added information as to the context of the situation or story before and after quotations. Participants were offered the opportunity to expand in telling their stories as I asked questions such as “Tell me more about that” and “Would you elaborate?” Interviews concluded with the question, “Is there anything else you would like to discuss?” providing opportunity for completeness and accuracy of the narratives. Furthermore, the peer review process assisted in achieving transferability of the findings as multiple readers developed similar conclusions.

I incorporated two techniques to enhance confirmability. Confirmability is established by examination of “the product- the data, findings, interpretations and recommendations”- and attesting “that it is supported by data and is internally coherent so that the ‘bottom line’ may be accepted” (Lincoln & Guba, 1985, p. 318). First, I maintained a reflexive journal throughout the data collection and analysis process. This journaling process assisted me in documenting and monitoring my decisions, preventing researcher bias. Second, I announced my background, affiliation with the course, my research perspective and position regarding study abroad. Thus, the reader is informed of my involvement and bias with study abroad. Additional evidence of confirmability, I did not find the student transformation I expected.

Data Analysis

I listened to all interviews, verifying the audio data and correcting transcription errors. I read the transcripts numerous times, observing the general tone of the interview and recorded a brief summary paragraph of each interview. Data were analyzed using

Lieblich, Tuval-Mashiach, and Zilber's (1998) categorical-content perspective. The steps of the content analysis are summarized as follows:

- 1) Selection of the subtext.
- 2) Definition of the content categories.
- 3) Sorting the material into the categories.
- 4) Drawing conclusions from the results (p. 112-114).

I am an Angla nursing instructor, knowledgeable and experienced in study abroad and international travel. I speak English and Spanish and I participated as an instructor of the transcultural nursing course in Ecuador two times. I did not participate as an instructor the year the data were collected. I had personally visited many of the same sites the students visited and I remembered my experiences as the participants discussed their experiences. My preconception was that the students would experience a personal transformation. I had witnessed evidence of student transformations in the past. I used my background to interpret and synthesize the data. I used intuitive processes to guide the interpretation followed by justification (Lieblich, Tuval-Mashiach, & Zilber, 1998). I color-coded of the transcripts to delineate selections of subtext and categories. I developed categories and slated quotations under the headings. I electronically categorized the subcategories with their supportive quotes to organize the supportive data. I submitted the quotes to three doctoral-prepared nurse researchers to critically evaluate the data. Based on feedback from the expert nurse researchers, I re-analyzed the data and discussed my interpretations until consensus was achieved by the committee. A negative case analysis was performed. The findings were presented to these experienced researchers for consensual evaluation (Lieblich, Tuval-Mashiach, & Zilber, 1998).

Provisions for the Protection of Human Rights

I took various measures to ensure the protection of the participants' human rights. I obtained IRB approval and permission from the international organization coordinating the abroad experience. I emailed participants a typed consent to read and provided an oral consent over the telephone immediately before the interviews took place. The risks were no more than one would encounter in everyday life. The benefits included possibly acquiring a better understanding of one's thoughts, feelings, and experiences of studying abroad in Ecuador. I offered participants multiple opportunities to ask questions before and after the interview (see Appendix E). I reiterated the voluntary nature of the study. In addition, I kept all responses confidential and separated all indirect identifiers from the data.

I incorporated narrative methods in this study to appropriately and adequately capture answers to the research question at hand. I determined the design and methods prior to engaging in study, and received institutional review board approval. I used data collection and analysis techniques developed by Lieblich, Tuval-Mashiach, and Zilber (1998). As my personal experience as an instructor in Ecuador was life-changing, I demonstrated genuine interest and care in listening to the participants' narratives. Recognizing student participants may feel vulnerable when talking to an instructor, I emphasized the voluntary and confidential nature of the research process. All ten students provided descriptive narratives regarding their thoughts, feelings, and experiences studying abroad in Ecuador.

CHAPTER IV

Findings

In exploring the thoughts, feelings, and experiences of ADN students who studied abroad in a low-resource country, I followed a structured analytical process and factored in my experience and knowledge to analyze the data. First, the course is described to provide a background of the students' abroad experience. Demographic data is presented but is limited to protect participants from potential identification. Categories and subcategories emerged from the data and are described with rich, supportive quotations from the narratives. A negative case analysis was performed to enhance rigor.

Course Description

The name of the short study abroad course was titled International Transcultural Nursing. The course description on the syllabus read as follows:

International Transcultural Nursing provides the student the opportunity to experience a direct relationship with healthcare providers and recipients from various cultural backgrounds in an international setting – the country of Ecuador. Students will travel to supervised sites for theoretical concepts as well as clinical experiences. Students will gain valuable components of learning process relating to culturally diverse communities with emphasis on holistic care.

The course had been assigned either two or three elective credits, depending on the individual college's semester or quarter system. The course was a hybrid, having an online component and clinical component. The course objectives were to: 1) apply the nursing process to transcultural recipients of healthcare throughout the lifespan, 2) analyze cultural influences on the role of nurse for the particular country in the areas of: teaching-learning, communication, legal-ethical, nutrition, and 3) evaluate the practicum experience in professional and personal growth and leadership. The teaching methods included lectures, online discussions, debriefing sessions, group discussions, formulation

of personal objectives, hospital observations (urban and rural), supervised patient care, and interactions with indigenous Ecuadorian healers, nurses, and nursing students. Students were evaluated by various means for a letter grade. As the first assignment, students were required to electronically post a personal introduction and their expectations for the course as a pre-trip discussion. The students were given two pre-trip online quizzes on Ecuador and nursing. Prior to departure, students had to complete a pre-trip project comprised of short-answer questions about Ecuador, diseases, and language. Students completed an objectives paper requiring them to formulate personal objectives for the course. During the clinical component, students were assigned a learning journal. Students documented their personal journey of activities and experiences while in Ecuador. Students' clinical participation and performance was evaluated throughout the trip. Post-trip, students completed a presentation project resulting in a media product to represent the experience. Students chose to work individually or as a group on the media project. Students finished the course with an online posting of a review of their experience and wrote to address their initial expectations.

The course entailed a two week immersion in Ecuador. Three nursing instructors were present during the overseas portion; the lead instructor graded all assignments. The lead instructor collaborated with other instructors in grading students' clinical performance. The course was offered twice in one summer. The lead instructor for each session was different. The course objectives were the same for both sessions, but the itinerary of the immersion experiences varied slightly from group A to group B (see Appendices A and B). There were 19 students in group A and 21 students in group B,

yielding a high instructor to student ratio in both experiences. Five of the students in the second group were from a university and were BSN students; these students were not recruited for the study.

The students and instructors flew to Miami separately; then, departed as a group to Quito, Ecuador. Upon arrival, students were picked up directly from the airport by pre-arranged transportation to the urban hotel. The students spent one week in Quito, touring a university, various hospitals, and a nursing home in the city (see Appendices A and B). The students experienced hands on activity in the nursing home, assisting with bathing and dressing. The students partook on a “Chiva ride,” a double-decker bus with a band playing on top, driving through the streets of Quito at night. The second week, the students took a six-hour bus ride to a remote village in the Amazon rain forest to stay in a Quichuan community. Students were housed in groups in wooden cabanas having waterproof roofs, screens, and beds. The cabanas housed three to four students, some having bunk-beds and others having beds solely on the floor, and no cabanas had an inside bathroom. There was an externally-located public bathroom with electricity and cold showers. The students participated in a traditional yucca planting ceremony. Students used machetes and performed hard labor to clear out forestry for yucca planting. The female participants had traditional makeup applied to their faces and drank a native drink prior to planting. Only females were allowed to plant the yucca in the ground as the women signify fertility according to the Quichua tradition. Students participated in a medicinal plant hike, lead by natives and ethnobotanists, to identify the various plants in the Amazon rain forest used to remedy illnesses. Students attended a local shaman’s home to view a demonstration of a shaman ceremony. Students sat on the wooden floor

in the dark of the shaman's home to watch him pray over an individual. The shaman drank a traditional hallucinogenic drink, ayawaska, made from the various plants in his garden, to enable him to envision the source of illness. He smoked, sang, and waved palm leaves over an individual in this ceremony.

Students had opportunity to talk with an indigenous midwife. The students discussed cultural differences with an anthropologist and had a scheduled discussion with an Ecuadorian nurse who lived and practiced in the rain forest. One group of students participated in a health fair with the locals and the other group taught about health to students from local schools. The instructors held two debriefing sessions for students to talk about their experiences. Students informally debriefed during lengthy bus rides and meals. Several tourist-like, yet culturally informative activities were incorporated including visiting "Mitad del Mundo" (Middle of the World) and Papallacta Springs (natural volcanic hot springs). The students returned back to Quito prior to departing to the United States. They had several hours of "down time" to rest, shop, or explore Quito prior to leaving the country. Then, they were bussed back as a group to the airport for return to the United States. The students spent a total of 15 days in Ecuador.

Participants' Demographic Data

I invited 34 students to participate, including 31 females and three male students. The first ten students who volunteered to be interviewed were selected. All ten participants interviewed were female. To protect the anonymity of participants, I have limited the disclosure of demographic data. The participants' ages ranged from 20 to 49. Nine participants identified themselves as Caucasian American and one participant identified herself as a person of color. All participants were born in the United States of

America (USA). The participants varied in schooling completed in the nursing program. The associate degree curriculum is comprised of four semesters completed over two years on a full time basis. One participant had completed her first semester, one participant had completed her third semester, one participant had completed her fourth semester, and seven participants had completed their second semester of the nursing program. Seven of the ten participants had traveled previously outside of the country, and three participants had never traveled outside of the USA. For all seven participants, the type of experience outside of the country was for vacation purposes. In addition to her vacation excursions, one participant had previously participated in a short study abroad program to Spain. This participant's experience included studying in Spain for two weeks as part of a high-school Spanish course.

Participants were asked to describe what setting they had lived in most of their lives. Four participants described their background as "urban." Three participants chose "small town" to describe their living situation. Two participants were from "rural" settings and only one participant described her residence as "suburban." All participants said they had experiences either socially or at work or school with persons of a culture other than their own. The participants were from a total of three different schools located in the Midwest and Southeast. Some participants knew each other prior to the course, because of attending the same school. The telephone-recorded interviews ranged from 27 minutes to 56 minutes in length. I asked all of the participants to "Tell me about your thoughts, feelings, and experiences of studying abroad in Ecuador." I obtained narratives, each story being unique. Every participant described the experience as positive and common categories emerged.

Emerged Categories

The following three categories emerged from the analysis: Constant Comparisons, Emotional Journey, and Learning. The category of Constant Comparisons encompassed the following subcategories: cultural beliefs, health care practices, and poverty. The category of Emotional Journey included the four subcategories of fear, frustration, shock/surprise, and sympathy. Using Mezirow's theory of transformative learning (1991) as a guide, the final category of Learning emerged, demonstrating two subcategories: elaborating and/or learning new meaning schemes and transforming meaning schemes. From the findings, the Learning Journey Model was developed (see Figure 2).

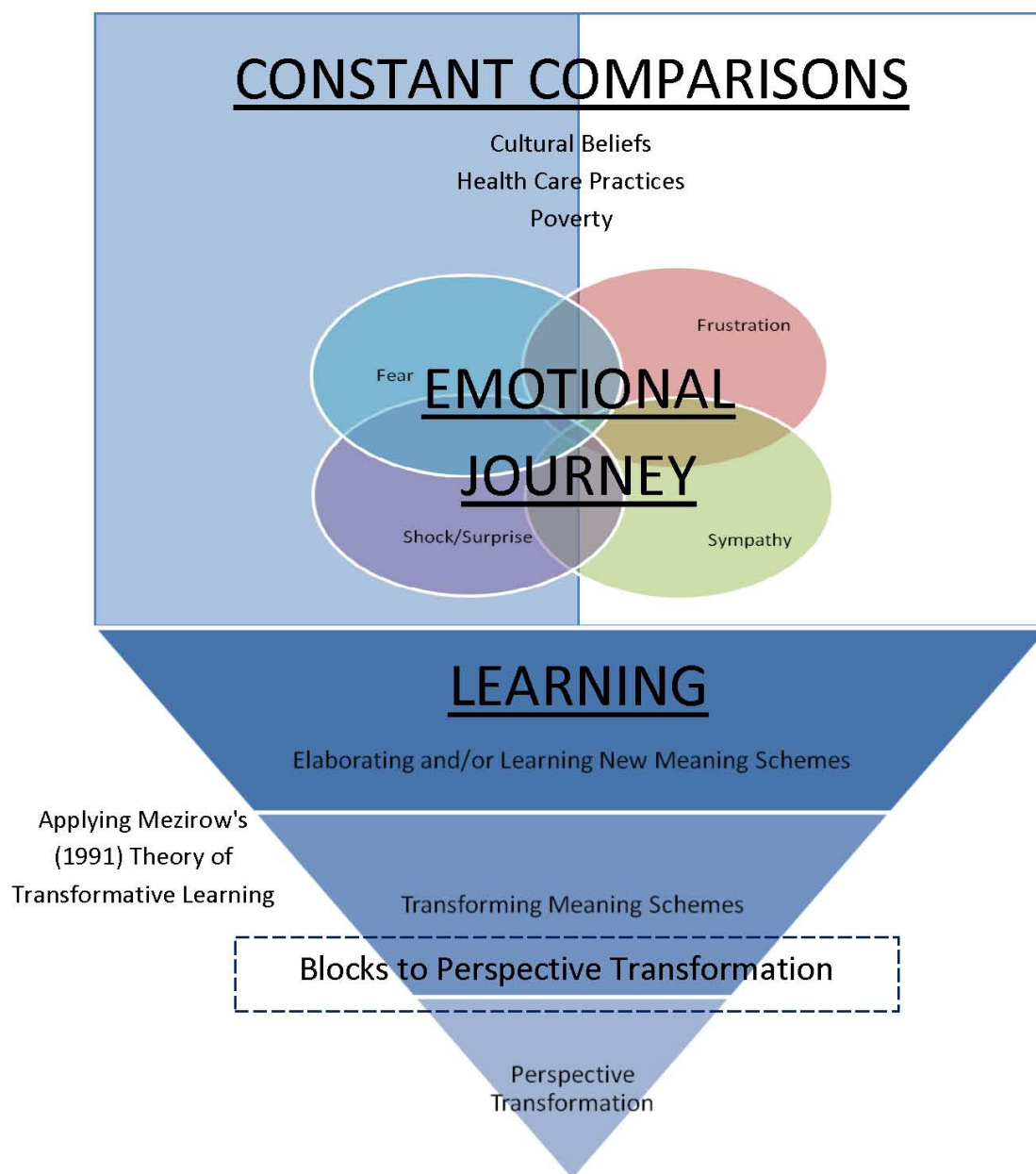


Figure 2. Foronda's (2010) Learning Journey Model.

Foronda's (2010) Learning Journey Model displays the thoughts, feelings, and experiences of associate degree nursing students who studied abroad in a low-income country. The participants' thoughts revealed Constant Comparisons. They consistently

compared the Ecuadorians and their lifestyles to Americans and their lifestyles. The subcategories of the Constant Comparisons were cultural beliefs, health care practices, and poverty. The participants' feelings displayed an Emotional Journey involving fear, frustration, shock/surprise, and sympathy in no particular order. The Constant Comparisons and Emotional Journey were intertwined occurring throughout the study abroad experience. Finally, the outcome of the participants' Constant Comparisons and Emotional Journey was the experience of Learning. Using Mezirow's (1991) theory of transformative learning as a lens, the participants demonstrated processes of learning: elaborating meaning schemes and/or learning new meaning schemes and transforming meaning schemes. Participants did not provide evidence of achieving the highest level of learning identified by Mezirow (1991), transforming meaning perspectives. Possible blocks preventing perspective transformation were identified.

Constant comparisons.

One of the most striking characteristics of the narratives was the constant comparisons participants made. Every participant constantly made comparisons between Ecuador and the United States. The narratives continuously described the differences of the Ecuadorians compared to Americans. Within the category of constant comparisons, three subcategories were formed: cultural beliefs, health care practices, and poverty.

Cultural beliefs.

All of the participants described differences in cultural beliefs of Ecuadorians from Americans. The experience of being in the rain forest, with the Quichua Indians, made a large impact on the participants. Six participants described viewing a shaman ceremony. Participant #2 stated,

We learned about Quichuan culture...We saw a shaman ceremony...the Quichuan have a different way of thinking...in their belief system...he drank the ayawaska...he showed us how he would bless everyone...It was really interesting 'cause this is such a sacred part of their culture and they let us in on it... And then another little Quichuan Indian, she showed how they perform the births...It was quite different from here...they just laid down some leaves and then have her hang from a vine...it's a different belief, I was completely engrossed in this culture.

Participant #1 provided a narrative about differences with the Quichua belief system.

...but they don't believe in illnesses. They believe in shamanism...they don't believe that people get sick. They believe that somebody wished them bad... If something good happens, something bad happens to somebody else.

Interviewer: So what did you think about that belief system?

I was like-no way!...that was a big shock...there is no way I could comprehend that one.

Participant #6 described

...they believe that blessings are stored up like in a blessing bank and pass them out and if blessings run out and somebody's getting hurt that means that somebody else is getting too many blessings...so then they will send these spiritual arrows their way and...then somebody in the family will get cursed.

Participant #7 described the shaman ceremony, noting "It was funny how they...had that belief and it really did kind of control their actions." Participant #10 also used the word "funny" in summarizing her narrative of the differing belief systems. Participant #8 used the word "witchcraft" to describe the practice of shamanism. She mentioned "it's not right" and ended by concluding "it didn't really interest me too much...I guess that's some of their beliefs." Some participants demonstrated respect for the cultural differences and some participants demonstrated difficulty understanding and accepting the differing lifeways.

Health care practices.

When touring the urban hospitals, all of the participants noticed and made comparisons regarding the differences in health care practices. Five participants compared the practices in maternity care. Participants were surprised about the practice of placing many patients in one large room. Participant #4 stated,

They had fifty women in one room...the women were either all pregnant, about ready to give birth, or just given birth – or – who had miscarried. And they just have them all in the same room. This is something again, here in the States, we never would do. We would never put a woman who just lost her baby right next to someone who is celebrating the birth of her baby.

Participant #5 described similar thoughts about the maternity hospital tour.

...if I had lost a baby I wouldn't want to be in a room with all the women who had their babies. Here, in America, you have your 2-3 children family and that's it. Down there...there is no form of birth control, so, you get pregnant and you raise the baby. So that was different.

All participants compared the hospitals to those in the United States. Participant #9 verbalized comparisons and expressed being impressed at the resourcefulness of the Ecuadorians.

I was amazed at how well they are able to adapt because they have so little...make syringe bottles out of empty water bottles and, and, just things like that. It was amazing to me...how different the mindset is...at the nursing home and showering people...we had two wash cloths for everybody and they all got the same two wash cloths, and not cleaning off the shower chairs in between patients...So, that was very interesting to see, the differences in how we do things here and how things are done there...

Participant #4 shared her insights of the lack of resources, yet the ingenuity of the health care providers in Ecuador.

...the hospitals here are very big, high-tech...they are amazing. So to go to these little hospitals and seeing six people in a room with no supplies... one nurse for thirty people is just really eye-opening...I think the thing that struck me the most was the lack of resources the nurses had. These nurses were smart – they probably had a better training and background than I'm getting right now...their

education was excellent, but they had nothing to work with...they made their own cotton balls, they made their own alcohol swabs. They have to recycle things... watching how they dealt with that was amazing and it really helped me not to take things for granted as much here in the States...even if you don't have the supplies you can still provide care to people.

Participant #2 discussed the differences in the health care system.

It's a lot different than here. I mean, here we have appointments. There, you show up and hopefully you can be the first one there, because you just draw a number, and then they wait. So, it's like an all-day event...nobody likes to wait...the whole waiting room down by registration was just packed with people and crying kids...

Participant #5 compared her work experience in a nursing home in the United States to the nursing home visited in Ecuador. She reasoned the nursing home would be "shut down in a heartbeat" if the facility were in the United States. She was also shocked at the lack of health care supplies, specifically, the lack of gloves. She discussed a nurse starting an intravenous line, unprotected as she wore no gloves, while blood dripped over the desk and onto the floor. Participant #6 "cringed" about stuffed animals and clothing lying on the floor of the pediatric hospital. The difference in health care practices was apparent.

Within the subcategory of health care practices, comparisons regarding privacy differences surfaced repeatedly throughout the narratives. Eight participants were impacted by what they described as a lack of privacy in the health care setting.

Participant #4 stated,

There was no privacy...in nursing school here in the states we are taught privacy, privacy, privacy...shut doors, draw curtains...There, if they had to do a procedure on somebody, they would just...throw the blanket on the floor and the person would just be laying there naked with all these other people around....They didn't think anything of it. The people didn't really either. I don't think privacy is a big part of their culture.

Participant # 1 discussed her experience showering individuals living in the nursing home.

They just strip everybody in their rooms, and there is not even doors or anything, it's just like a small four foot wall that blocks them in the women's wards and they strip them all down and they walk down the hallway naked...they take a shower in this big shower room, male and female, side by side, it doesn't make a difference. And then they walk back naked...

Participant #5 shared a similar narrative regarding the nursing home.

...they just sat naked in their wheelchairs so I went to get them a towel at least to cover 'em up, and the staff told me that there weren't enough towels, so you couldn't do that.

Participant #6 described being shocked by what she saw at a community based clinic followed by the nursing home.

But then they don't have privacy problems down there. The nurse just dropped her pants and laid across the bed right in front of the patients and had me do the vaccinations. I was quite shocked...that's the one thing that I'm still surprised at is that the people really don't care much about privacy. But, when we were in the nursing home, all the ladies there, they just took their clothes off and paraded down to the shower...they didn't care who saw them, there's no curtains on the windows...when the women were done the men did the same thing. They just paraded right past where the women were— no privacy at all.

Participant #8 was struck by women openly breast feeding. Participant #9 mentioned the lack of privacy measures related to the Health Insurance Portability and Accountability Act (HIPPA) and being surprised of physicians openly checking wounds in front of others.

Only two participants demonstrated understanding of the different privacy values and standards. Participant #4 stated, "I don't think privacy is a big part of their culture." Participant #3 concluded, "There's different cultural values...that's just not so much of a value there...they're not concerned with it." In Ecuador, the idea of privacy is different from the viewpoint in the United States. Americans, in general, strongly value privacy,

creating legislation to enforce privacy standards. In Ecuadorian culture, privacy is not a major value. The Ecuadorian culture is more open and accepting of nudity. Clearly, the difference of privacy values in Ecuador from the United States made a large impression on the participants. Few participants were able to evaluate health care practices from the perspective of the Ecuadorians. In framing their comparisons, participants conceptualized U.S. standards as the norm.

Poverty.

In addition to cultural beliefs and health care practices, poverty, in and of itself, posed differences in general conditions when comparing Ecuador to the United States. All participants noticed the poverty and differences from their reference points. Poverty manifested itself in the schools, healthcare settings, and external surroundings in general. Participant #7 compared the schools and resources to those in the United States.

The school didn't have as much stuff as we do here, like, for our labs and...classrooms and everything...they were older and...they didn't have a lot of the equipment that we get to use for our labs...we saw one of their chemistry labs, and it was *nothing* like they have here! Probably not even in our high schools! So, we were just kind of wondering if they get the same education that we do.

Participant #10 compared the living conditions in the city to her norm. She stated, "The conditions were ...so worn down and by our standards – by my standards ...very unclean...the walls were just filthy." Participants # 1 and #6 were impacted by seeing homeless children and children begging on the streets. Participants #8 and #9 were shocked to see children lacking shoes and toys in the day care center. Participants described the differences in housing, as rooms had peeling paint and uneven floors. The housing in the rain forest was mentioned as homes comprised of "boards" and "palm leaves." Throughout the abroad experience, the participants exhibited comparisons of the

poverty in Ecuador to conditions in the United States. Narratives suggested participants viewed Ecuadorian living conditions and resources as substandard.

The participants demonstrated learning of Ecuadorian cultural beliefs, health practices, and poverty. They reflected on the differences amongst their own beliefs and practices. Most participants identified the general disparities yet retained their perspectives. Participants displayed a separation of “us” and “them,” lacking in-depth analysis and cultural understanding. This mindset of constant comparisons transpired throughout every interview.

Emotional journey.

When I read through the narratives, four types of feelings emerged from the abroad experience: fear, frustration, shock/surprise, and sympathy. Participants discussed having fear being in Ecuador. Participants expressed frustration on behalf of the underserved Ecuadorians as well as frustration with peers. The participants were shocked or surprised at the depths of poverty and differences in health care. A feeling of sympathy carried across the narratives as participants expressed sadness for many of the Ecuadorians. Empathy, or having a genuine emotional connection with the Ecuadorians, was expected yet missing from the majority of the data.

Fear.

Participants’ feelings of fear were evident throughout the narratives. Six participants told narratives of being fearful at some point during the immersion. Concern regarding personal safety was inherent within the narratives. The participants frequently used the term “scary” to describe events that happened to them. Participant #5 described her experience arriving in Ecuador:

Getting there was a little scary...it was scary 'cause you don't know any Spanish and everybody's looking at you because you're a different color...they're wondering why you are there.

The barriers of language and looking different from others created fear this participant had to work through. What underlies this fear is unclear. Participant #3 experienced similar anxiety upon arrival to Ecuador. When I asked, "Tell me about your thoughts, feelings and experiences of studying abroad in Ecuador", she stated,

...it was...overwhelming...one of the security guys...he picked up one of my bags to put it up on the screening shelf and then he wanted a tip for it...how do you turn down a security person when he asks for a tip? ...they're like 'we didn't get the tips, we didn't get the tips...tips, tips, tips...They are just looking for tips...that was just really overwhelming and kind of scary...

Tipping for provided services is a custom in Ecuador. Tips may be the primary source of income. The participant was unfamiliar with this custom and became fearful. The security guard, a perceived authority figure, complicated the participant's decision on whether or not to gift freely. The student was not prepared on how to handle this situation and appeared to feel vulnerable. Participant #3 told another story about being fearful of the language barrier. She mentioned hoping people would not take advantage of the fact she didn't know what she was doing. She was careful to try to have an interpreter with her as much as possible.

Participant #8 mentioned being scared numerous times. She was scared during the "Chiva ride," a double-decker bus with no roof and a band playing on top. She was fearful in the rain forest, having to deal with insects and animals. The participants stayed one week in the Amazon rain forest. The accommodations were quite elaborate considering the region. The participants stayed in wooden, thatch-roofed cabanas, having electricity. The wildlife was different than what participants were used to in the United

States. Participants were advised to bring a mosquito net and place it over their bedding.

Participant #8 said,

...we saw our like cabins...it had doors on it, but the rest was just covered with like net, so it was kind of scary that night...nobody could sleep...we all just ended up staying up. I thought it was just me, but everyone was like – all you hear is crickets, you know, rattlesnakes, and just all these noises, so it was hard to sleep. And of course we had to sleep with mosquito nets over us.

Interviewer: What was that like?

That was scary too. Because, you know, you wake up and there is like this net over you so it was scary. But, the second day we definitely got used to it.

Ironically, for this participant, the mosquito net served as a reminder of danger, rather than reassurance of one's safety or a source of protection. Four participants mentioned being fearful of the wildlife in the rainforest. Several participants told narratives of feeling fear while touring the psychiatric hospital. Participants were fearful of the residents as the residents wandered openly within the facility, appearing heavily medicated. Participant #9 described her experience at the psychiatric facility.

...So they all kind of walked around and had that same kind of look about them...I just quit the Psych hospital that I worked at – I felt a little unsafe at times...I don't think we actually were, but it was this feeling of...boy, at any time...there were two gentleman in particular I felt like could just, like kind of go off...

Despite having psychiatric experience, this participant was fearful for her personal safety based on the appearance of the residents. From the initial arrival to Ecuador, to living with all the elements in the rain forest, to touring hospitals, the participants encountered some fearful events.

Frustration.

In addition to the fear, seven of the participants voiced frustration during the experience of studying abroad. Reasons for the frustration were varied including

language difficulties, frustration with the inappropriate behaviors of peers, and traveling at length with peers. Several participants provided narratives regarding difficulties of being unable to speak the native language. Participant #4 discussed her experience touring a hospital.

...the one time I didn't have a translator with me was the most frustrating part of the trip...but, a doctor came over to us and wanted to talk to us and had all these questions for us while we're there, and, I felt so horrible. I couldn't communicate with him...I just felt I really, really, really, really, really wish I had someone there at that time...

Participant #9 provided the following thought regarding the language barrier:

I felt the one drawback for me personally while I was there is that I didn't speak the language...So, that was tough. That was a little tough for me. I just feel like, for me personally, I would have been able to get a little bit more out of it if I could have communicated better with them.

The participant's word choice of "them" instead of the Ecuadorians or the people showed some "othering" or separation. Participant #7 was frustrated during the shaman ceremony, a folk-healing ceremony in which an indigenous spiritual leader prays over an individual to cure of ailments. The participants were allowed to go to a simulation of a shaman ceremony. The folk healer truly ingested the hallucinogenic, ayawaska, but prayed over a healthy individual to preserve the sanctity of the ritual.

...it can be frustrating anyway when you don't speak the language and you don't understand what's going on...some of the instructors or the people that did speak Spanish, they would all be carrying on a conversation and they'd tell us two words...And we're like 'okay, this is what we said.' And we're like, okay, we know that's not what you said! 'Cause it was like five minutes of talking.

This participant exhibited feelings of powerlessness and helplessness with her statement of being unable to understand the language and being forced to rely on others.

Another frustration, being forced to travel with other participants and lodge with people not considered friends, was mentioned in several narratives. The "ignorance" of

the other students was bothersome for one of the more seasoned travelers. Participant #4 said,

...probably the thing I struggled with the most...traveling 24/7 with 20-some other people that I didn't know. I found it really frustrating...Especially, since I have traveled a lot...it is not hard for me...I was with a bunch of people that had never traveled before...it was really, really frustrating...I almost felt embarrassed to be part of the group because we'd go to like a hospital...I was standing there looking around trying to learn and just observe and then these people I was with, just whip out their cameras and start taking pictures of...dying people, and babies. I found it really frustrating. That's probably the biggest frustration I had on the trip...

Participant #9 was frustrated with the immaturity and inappropriate behavior of some of the other students.

...you go on the trip with some people that may be younger, a little bit more immature, and some of the behaviors that you see...I think 'oh my god! If I was their mother I would kill her!' And it was really good for me to experience that too! Because not only did I get to experience the other culture, it's like, 'okay, I have to remember to be tolerant of those – the younger people that just aren't as mature, or older, or experienced with some of the things.'

Participant #8 mentioned being frustrated that her flight was delayed. Participant #2 noted difficulty in traveling in a group for 24 hours at a time over two weeks.

I didn't like putting 24 people together who never met each other for 24 hours a day for 15 days... It was definitely strong personalities that clashed with others Nobody gets along every day for 15 days...

One participant, participant #4, described frustration as a result of the poverty and lack of resources of the Ecuadorian people. Participants had a chance to visit a maternity hospital, where post-partum adolescents roomed together. Many of the mothers were in their early teens. Participant #4 described her feelings and frustration with inequity.

...there are resources in the world and then there are these people that just don't have access to them. And that made me feel just really frustrated, especially because here in the States we are just so wasteful and it just drives me insane! That's where I felt the most frustrated. The people that could be helped, but just aren't because there are no resources like that.

This narrative revealed the participant's thought processes delving into the difficult and broad domains of social justice and conservation, key points of learning from the abroad experience. Most narratives (eight) lacked description of deep, emotional feelings related to disparities. These participants acknowledged hardships, but quickly shifted focus to oneself. The participants verbalized frustrations about the difficulty of conditions on themselves, not on behalf of the Ecuadorians.

Shock/surprise.

The third common feeling expressed throughout the narratives, was shock or surprise related to the poor living conditions and health care practices of the Ecuadorians. Six students provided narratives about performing a lice treatment in the rain forest. As part of a health fair in the rain forest, students performed lice checks and treatments on afflicted individuals. Participant #1 was shocked that mostly everyone had lice. She said, "I was just like oh my god! They all have lice and it's like no big deal to them! To us...we would think 'oh it's dirty.'"

Six participants provided narratives describing shock about the showering process in the nursing home. Participants were surprised at the perceived lack of privacy as naked men and women walked down the hallway into the showers in front of others.

Participants noted surprise at the lack of supplies in the nursing home. Participant #9 stated,

We had two washcloths for everybody and they all got the same two washcloths, and not [for] cleaning off the shower chairs in between patients, and we asked about it and we got a look like 'what are you crazy?'

Several participants noted shock at the condition of the nursing home. Participant #9 described,

Well, I was kind of shocked as we pulled up, and saw the condition of the outside of the building...we walked in and there was certainly a strong, smell of urine and feces and one of the interpreters said, 'oh my gosh! They have really fixed this up in here, it looks so much better than it did last time!' and I felt – I felt sad...The facility itself was very run down, and broken down, and not very safe. The shower that we had was – there was an inclined step into it that was tiled and, I can't tell you how many times I slipped and almost fell in my shoes...we were of course helping them, but, you thought at any minute they were going to go down and we're all going to go down... we're going to fall together...that was an eye-opener.

In reference to conditions in the nursing home, Participant #5 stated, "I can't believe this is legal." Participant #8 described the nursing home experience as "culture shock."

Participant #6 discussed her shock seeing young children working and begging in the city.

The one thing that really surprised me was that children work...Young children. They could be less than ten years old. I was rather shocked to see the children that were begging in the street trying to sell pieces of candy and stuff like that for money. And how young they were!

Participant #7 contributed a story regarding shock of living conditions in the rain forest. She acknowledged she had seen similar circumstances on television, but was surprised to view people living this way in real life.

The town was really poor...it's...something that I never thought I would see personally...you always see it on Discovery, or whatever... But there was actually people that still live that way...

In summary, eight of the ten participants expressed significant surprise or shock over the differing health care practices and poor living conditions. This shock was demonstrative of Mezirow's (1991) elaboration and/or learning of new meaning schemes. The participants were exposed to new surroundings and minimally, learned awareness simply from participating.

Sympathy.

Along the continuum of the emotional journey, sympathy emerged from every narrative. The following definition of sympathy, from the American Heritage® Dictionary of the English Language (n.d.), was applied, “A feeling or an expression of pity or sorrow for the distress of another.” The following definition of empathy, devised by Carl Rogers (1959), was used,

The state of empathy, or being empathic, is to perceive the internal frame of reference of another with accuracy, and with the emotional components and meanings which pertain thereto, as if one were the person, but without ever losing the “as if” condition. Thus it means to sense the hurt or the pleasure of another as he senses it, and to perceive the causes thereof as he perceives them, but without ever losing the recognition that it is as if I were hurt or pleased, etc. If this “as if” quality is lost, then the state is one of identification (p. 210-211).

The terms differ as sympathy projects a more disconnected tone of solely feeling sorry for or sad for someone, while empathy brings forward a more connective concept, relating to another individual and directly attempting to experience one’s situation and feelings. Most participants recognized the sadness of the conditions of poverty and when questioned about their feelings, discussed that “it was sad,” but that is just how it is. They expressed sadness followed by ready acceptance of the situation.

Participant #1 compared the current environment in Ecuador to the Great Depression. When the participant was asked how she felt when she saw poverty and children without shoes, she responded,

I was very sad but I also understood that it’s kind of like it was during the Great Depression here, that theirs is just all the time there, but they accept it...at first it was a big cultural shock and you just want to go out and buy all these shoes, but then, after the third or fourth day, you decided that they are happy so we need to be happy for them.

Participant #6 discussed malnutrition and starving children. She verbalized that she was “sad” but her attitude was nonchalant and emotionally disconnected.

I thought that was pretty sad. They were only about half the size of normal teeth and they were very gray...There were some patients that some of the other students saw that had pot bellies and their arms and legs were skinny...it was malnutrition going on...I thought that was pretty sad.

Her emotional disconnect may have been a method of self-protection or a means of coping with the situation.

Participant #8 described feeling sad about the conditions of the preschools.

...it was the saddest but it was also one of my favorite... these people were very, very poor...some of them had no shoes on. Just the conditions of the preschool – it was just terrible...they had no rug...They barely had any books, barely had any toys...everything was just unsanitary. It was sad.

Participant #9 made comments about being “horrified” and “sad for the people.” She told a narrative describing a woman who saw a physician for a sexually transmitted disease.

The physician refused to treat the woman since she would have a recurrence as her husband was not being treated. She concluded physicians in America would never deny such treatment and said “that was really kind of tough.” Her statement demonstrated an attempt to relate to the afflicted individual, but suggested a lack of knowledge in community health principles.

Participant #4, demonstrated being affected personally by an experience with a young woman who was paralyzed.

...emotionally it was hard... I saw people whose injuries here in the States really wouldn't be that horrible...I saw a woman who was 31...she was an indigenous lady from out in the mountains somewhere, a tree had fallen on her and rendered her, paralyzed from the waist down. I mean, this is a horrible thing for a 31-year-old. I'm 30, I think about that... Here in the States, I would have a wheelchair and I would probably continue on with my life...she can't afford a wheelchair. She doesn't live in a place where there's ramps and there's physical therapy. This woman was most likely going to go home, be bed ridden...her life is over. And

that really...struck me as devastating...all these people that could get around in wheelchairs but don't have access to them. That was really horrible. It makes me feel guilty and frustrated and powerless...you want to think to yourself 'well, I'm gonna go home and I'm gonna collect wheelchairs and I'm gonna send them to Ecuador' but in reality, it's really hard to do that...It makes you feel very helpless. I still think about that woman. She's...in Ecuador where women work so hard, you know, they deliver babies, they clean, they cook, they plant – they're totally in charge of planting and harvesting the yucca. That woman is basically going to be "worthless" in that society. And that's just...it's just so depressing when I think about that.

This participant considered and attempted to truly understand the reality for the paralyzed patient. She used words such as "horrible" and "devastating" to describe the event. When asked how she felt, she responded, "guilty and frustrated and powerless." She started the emotional process of perspective transformation, but stopped short, accepting that it would be difficult to contribute wheelchairs and admitted she felt "helpless." She showed difficulty relating to the context of the patient's life, as she stated being paralyzed "wouldn't be that horrible." The participant described the woman as "worthless" and that "her life is over," again, demonstrating a disconnect and a lack of understanding of the value of a human life. This narrative displayed the participant's inherent values of individualism.

In summary, the majority of participants lacked personal identification and reflection on the experiences. Only two participants mentioned being personally affected by the sadness for the people and displayed beginning signs of empathy. Although, when considering the entire narrative, the overall tone was sympathetic. Evaluation of situations from the frame of reference of the people of Ecuador was lacking in the narratives.

Learning

Upon analyzing the narratives, it is clear all participants achieved learning.

Learning became the overarching category of the study. All participants demonstrated elaborating and/or learning new meaning schemes. Eight of ten participants demonstrated transforming meaning schemes. Participant #6 and Participant #9 did not demonstrate this type of learning. No participants demonstrated the highest level of learning of perspective transformation or changing one's "habit of mind" (Mezirow, 1997).

Elaborating and/or learning new meaning schemes

According to Mezirow (1997), *elaborating* meaning schemes is the process of adding to an existing point of view. *Learning new* meaning schemes is the process of establishing new points of view (Mezirow, 1997). Learning new meaning schemes involves encountering a new situation and creating new meaning schemes as dictated by one's established habit of mind. Because of the narrative nature of the interviews, differentiating the type of learning, *elaborating* versus *learning new* meaning schemes, was not possible. The interviewed participants were not asked specifically what knowledge they had, if any, about a topic prior to the experience. Therefore, I could not distinguish whether or not the learning was entirely new or just an expansion or elaboration. By forming a category combining these two processes of learning, I was able to appropriately sort the data. In analyzing the interviews, all participants demonstrated acquisition of one or both of these levels of learning simply as a result of exposure to different cultural beliefs and values, health practices, and poverty, in general. The participants focused their narratives on sharing what they had learned.

Participant #4 discussed learning about the culture of personal introductions in Ecuador.

The nursing school is where I learned about just how formal the Ecuador people are. You just don't walk in...like here in America. If you're touring a nursing school, you'd walk in, you'd shake the hand of whoever brought you there, joke around a bit, and then that's it...There, it's like this extensive process of introducing each person and then each person has to welcome you with this formal 'I welcome you to Ecuador, may your time here be...so , it was a very formal experience, which I found interesting.

The faculty of the nursing school was professional and welcoming, taking time to meet and greet each person. The participant appreciated the difference of this sincere, timely approach and expressed her learning of this cultural formality.

Participant #9 described learning the difference of family members' roles of care-giving while touring a pediatric hospital.

What I noticed was the families are *much* more involved in care than they are here in the States. A set of parents were there for this one boy that had either surgery or a leg wound and they carried him to the bathroom to go use the bathroom and brought him back, and I think in the States that that really wouldn't happen...but families seem to be doing all of the care really, except for medications and treatment-type things. They were giving baths and that sort of thing...So that was surprising to see...I don't think that's necessarily a bad thing...

In the United States, health care workers hold the primary responsibility for providing daily cares such as bathing and feeding hospitalized patients. In Ecuador, the participant witnessed family members participating more with these tasks. Staffing ratios in Ecuador are less than in the United States requiring more assistance from family members.

Culturally, family is more involved in care-giving as well. The student appreciated this difference and expressed her learning.

Transforming meaning schemes.

Besides demonstrating new learning or elaboration of established learning, a higher level of learning occurred. Transforming meaning schemes, according to Mezirow (1991), involves transforming one's point of view. An experience may lead to a disorientation and critical reflection about a prior misconception resulting in a change in point of view (Mezirow, 1997). Eight participants experienced this level of learning. Participants claimed to have a different point of view about living in the United States after seeing what life was like in Ecuador. They expressed appreciation of life in the United States and some participants demonstrated learning regarding the intelligence and creativity of the Ecuadorians. The synopsis of Participant #1 after seeing the nursing home and maternity ward illustrated her new thinking.

...it was amazing to see how good we have it ... then we think about...how we're never happy. But the nurses take care of 20-50 people and the patients don't have call lights, and the families are really involved, and the mom's wards are like 50 people. Fifty women in one ward, and they take care of their babies. The nurses don't really take of the babies, the moms do...It was like wow! We have it so different, but we think that our way is right. But maybe it's not right...

She stated appreciation for "how good we have it" yet recognized that Americans are not always right. Participant #3 shared similar insights in her narrative about newfound appreciation of the United States while acknowledging the aptitude of the Ecuadorians.

...I guess, we take a lot of different things for granted here in the States that... we probably shouldn't but we don't know that we shouldn't... people feel that they have the right to complain, and I go to work and I see people just kind of treating the nurses like they are their personal servants, and, there they don't even necessarily expect to see a nurse during their shift because there are so few... if they get any care at all...they are grateful for it...I don't know if I would want to share a hospital room with, you know, seven, eight, ten, forty other people...and have to use a bed pan in front of that many people, but in other ways we have people that are just so over-concerned about it that, you know, there should be a middle of the road somewhere between the two...both cultures happy

Participant #4 similarly pointed out her change in point of view in reference to taking things for granted yet realizing the extraordinary abilities of the Ecuadorians.

I think the thing that struck me the most was the lack of resources the nurses had. These nurses were smart – they probably had a better training and background than I’m getting right now...their education was excellent, but they had nothing to work with...they made their own cotton balls, they made their own alcohol swabs. They have to recycle things...watching how they dealt with that was amazing and it really helped me not to take things for granted as much here in the States and to see that even if you don’t have the supplies you can still provide care to people.

This same participant discussed the nursing schools in Ecuador reiterating her appreciation.

...but they don’t have mannequins – they don’t have anything. They practice on each other. And I found that so striking because in my community college, we always complain about the lab...this/that is so old, we don’t have the right stuff, but we have like ten mannequins and two Sim’s, and we have all these things...I felt so guilty! ...I can’t believe I’m sitting here complaining about this lab, when these students down here don’t have *any* of these resources!’ That made me feel guilty. I wanted to come home and, like, kidnap one of my mannequins and mail it down there...I felt so guilty about resources...

She described wanting to “kidnap” the mannequin and “mail it down there,” but her language choices do not support a genuine plan to collect and send the donation of laboratory equipment. Participant #7 concluded with the following statement, demonstrating her new point of view:

It feels kind of weird to talk about our...the trip cause since I’ve been back....not that my friends and family don’t want to hear about it, but they’re not ever going to understand what it was like...sometimes I feel like it’s just hard to describe the things that we did...Everything took a lot of extra effort...And it probably didn’t, ‘cause it’s something that we were out of our element...We’re so used to having everything it seems like compared to them, as far as material things go...

Participant #9 finished her interview providing the following evidence of learning:

Every experience was a little bit different... I want to say shocking, but I don’t feel like shocked anymore because I feel like that’s what they know and that’s how they live, and if they came here they would be shocked at our waste...I guess

it's just different lifestyles and how we were raised and what we live with...it was an outstanding experience!

Every participant in some way verbalized a positive experience from the course. All participants expressed appreciation of their learning. Eight participants viewed their lives in the United States differently than before. They were more grateful for the resources and living conditions available in the United States. The participants' meaning schemes were transformed, but their habit of mind remained the same as they displayed no intent to advocate for changes in their practice or for the Ecuadorians.

Negative Case Analysis

To assure credibility, a negative case analysis as described by Lincoln & Guba (1985) was performed. A negative case analysis is "an activity aimed at refining working hypotheses as more information becomes available" (p. 301). Negative case analysis involves checking and validating the findings against all of the other cases, examining for outliers (Lincoln & Guba, 1985). Credibility is enhanced as the number of exceptional cases decreases (Lincoln & Guba, 1985). Once the categories fully emerged and were sorted, I re-read the transcripts to search for contradictions. I examined the data again, searching for empathy, and two participants exhibited statements resembling empathy. When reading across the narratives as a whole, I concluded the interviews remained more sympathetic than empathetic. The two participants provided descriptors of empathy but overall demonstrated a tone of acceptance of the situation. Participant #9 told a story about the pediatric hospital being "extremely hard." She formed the conclusion she did not want to be a pediatric nurse. She avoided thinking more about the children and their challenges, focusing on her own needs. Participant #9 discussed the showering routine at

the nursing home demonstrating signs of empathy, but concluded, since the people are used to it, she could feel better about the situation.

...we were just washing people – two people at a time – in the same room, and again using the same washcloth. It seemed very archaic...I was shocked and a little horrified and sad for the people...they all seemed very happy, and they certainly loved to have the attention...you could see that the staff really cared for them...I went in feeling one way and I left feeling another way – still feeling sad...but feeling a little bit better about it. That was their home and that's what they were used to, so I felt a little bit better about it after we had left.

She expressed feeling “sad” and “horrified,” attempting to imagine herself in the situation of the Ecuadorians. She followed by attempting to rationalize the situation and convince herself it was okay so she could feel better and protect herself.

The second participant, participant #4, who demonstrated signs of empathy also changed her tone throughout the interview. First, she discussed that many of the children were suffering from malnutrition. Her synopsis was, “so that was kind of sad in a way.” The response was not very deep considering the situation. She went on to describe her strong frustration traveling with peers for 24 hours a day.

Probably the thing I struggled with the most...I just really struggled with traveling 24/7 with twenty-some other people that I didn't know. I found it really frustrating sometimes...Especially, since I have traveled a lot....it is not hard for me. I love new food, I love new experience, and I was with a bunch of people that never traveled before....it was really, really frustrating.

Participant #4's stories shifted from acknowledging community disparities to a focus on her personal needs and frustration. In the midst of poverty, she complained about her ignorant peers and how this experience frustrated her.

Participant #4's narrative regarding the paralyzed woman expressed empathy in the lack of resources (wheelchairs) and how frustrated and powerless she felt. However, later she talked about visiting a maternity hospital and noted the difficult situation of a

13-year-old new mother. In light of the girl's situation, she stated, "I didn't really get that much of an emotional response about that." Later, she stated her frustration with the wastefulness of Americans and her frustration with the lack of resources for the Ecuadorians. She finished the interview as if she had a disappointing vacation experience, voicing her frustration with the limitations of the trip. She said,

Ecuador was such a teaser for me. It was like 'oh look, here's a country you can't go explore or do anything. Just do exactly what we tell you. It just drove me crazy! So, definitely people who never traveled before will get the most out of this...

She wanted to go out and explore but felt confined, having to do what the instructors told her. Given the depth of her narratives, her last statements about wanting more freedom to explore gave the impression she desired more of an independent experience, similar to a vacation.

I examined the cases for evidence that all participants minimally demonstrated learning consistent with transformation of meaning schemes. In performing the negative case analysis, Participant #6 and Participant #8 did not demonstrate a transformation of meaning schemes. What prevented this learning from taking place is unclear.

Participant #6 used her journal while performing the interview, possibly causing her to solely report tasks instead of reflect on the events. Some of her comments appeared to lack understanding of the notion of privacy and culture. She was shocked as a nurse "just dropped her pants and laid across the beds" for an immunization. She mentioned Ecuador remained a third-world country because the people were afraid to progress due to their indigenous belief system. She did not consider tradition, limitations in resources, or the complexities of the global economy. Possibly, she was not thinking intellectually at the level required to transform her view. She had never traveled outside of the United

States before and verbalized being shocked multiple times in her interview. Her particular word choices reflected her standpoint of “otherness” and sheer shock. She expressed surprise about the showering of nursing home residents as the people “just paraded” down the hall. After mentioning the shock of seeing children working, she concluded to “keep the passing out of money to a minimum.” She described being shocked at the psychiatric hospital with the “potty chairs,” people using the chairs whenever and wherever. After describing the uneven floors of the psychiatric hospital, she expressed amazement no one was falling and concluded one just learns to be careful when walking. She discussed being surprised the hospitals had low nosocomial infection rates, but did not grasp the lack of tracking mechanisms present. The words “caveman day style” were used to describe the hospital technology in Ecuador. In the rain forest, she complimented the food and mentioned the “critters.” She admitted she “didn’t quite get it” in reference to the shaman ceremony. In touring an island, she told a story about the mischievous monkeys and how she got to hold a boa constructor. She spoke nonchalantly about the children being malnourished and formulated inaccurate conclusions about the children being taken care of by the school system. The narrative finished with her stating she wanted to empty out her suitcase so she could fill it with souvenirs to bring back. Although the trip was definitely eye-opening for her, her personal views did not seem to change.

Participant #8 demonstrated learning at a superficial level throughout the narrative. She commented on the city being “pretty,” the hotel being “pretty,” and the food being “good.” She described taking a tour of the city, noting “fancy buildings” and various shopping experiences. Bargaining practices were discussed as she concluded the

people were not that poor rather than mentioning the cultural practice of bargaining. In the description of visiting a “huge” church, she summarized, “we just took pictures and we went out to eat and stuff like that” without referencing Catholicism or culture. The trip to the volcanic hot springs was explained as “like a water country...or an adventure island type thing.” There was no mention of the healing properties associated with the waters of the springs. Participant #8 lacked cultural understanding of the concept of privacy, as described in her shock of women breastfeeding in front of each other in the maternity hospital. In the rain forest, she verbalized seeing unsupervised children, inaccurately concluding the “kidnapping rate is not high there so they don’t worry about their kids being kidnapped.” Child trafficking is a problem in Ecuador. The cultural value of community was missed. Throughout the descriptions of indigenous practices, Participant #8 continued to exhibit lack of cultural understanding. She stated she knew the remedies were not real but the Ecuadorians believed them to work. She lacked the knowledge that plants are the basis for many medications and remedies used in Western medicine. In reference to shamanism, she stated, “We didn’t agree...all it is is blaming somebody for something that happened.” This participant indicated she had traveled previously to a low-income country. She described being shocked throughout the narrative. She was fearful multiple times due to the animals in the rain forest and lack of sanitation. She complained about the discomfort of heat and flies. She said she became homesick. Her repeated references to shock, fear, and discomfort indicate these emotions may have impeded her learning.

In summary, two participants’ narratives indicated limited learning by exhibiting only the first two of Mezirow’s (1991) processes of learning. Eight of the ten participants

demonstrated learning consistent with Mezirow's (1991) transforming meaning schemes. In examining all of the participants' narratives, none demonstrated the highest level of learning begging the question, 'What prevented perspective transformation?'

Blocks to Perspective Transformation

Looking at the data, three potential blocks impeding the full transformation were identified. From analyzing the narratives, I identified the following potential blocks: Egocentrism/emotional disconnect, perceived powerlessness/being overwhelmed, and vacation mindset. The narratives regarding participants taking pictures of individuals fighting for their lives, self-sanitizing every five minutes in front of sick children, and concluding they do not want to go into pediatrics as a result of being sad around children demonstrate egocentrism. "Fear" was a common part of the emotional journey and another likely contributor toward the egocentrism. Perhaps, participants were so worried for personal safety, they could not open up their minds to others.

Egocentrism/emotional disconnect.

The egocentrism/emotional disconnect was apparent throughout the language used in the interviews. Participant #2 referred to the elderly being "herded" to the showers. This metaphor may have been an attempt to describe the drastic differences in showering routines, yet the narrative projects a disconnect of herself from those being showered. Participant #7 used similar language about the showering, stating,

...they all stripped down and sat in like plastic lawn chairs and we had big barrels of water that we took pitchers and we'd dump it over their head, and wash their hair and soap 'em down, and rinse them off.

This verbiage of "soap 'em down" created the image of the individuals being lesser than humans. After discussing the loss of a neonate because of lack of resources, Participant

#10 responded with, “I guess that’s just the way the cookie crumbles sometimes.” Her ready acceptance of conditions was evident. Participant #1 stated the “people are very poor...I thought it was really cool.” She was relieved to see the people living in poverty were happy, yet did not seem to consider the entire picture.

Participant #7 displayed lack of understanding and emotional connection related to individuals receiving vital health care despite going through a similar dilemma with one of her parents.

They had dialysis...They could only take 50 patients at this one hospital we were at, so, everybody else that needed dialysis in the city couldn’t have it...And they told us that they don’t really do transplants. They might do some kidney transplants, but the patients have to pay for all of that themselves.

Interviewer: What do you think about that?

I don’t know. I think that’s fine... everybody has to deal with different health problems in their life...And death is just another part of life...if they are able to afford it that’s great. If not, then, that’s just another part of the life cycle. My [parent] had an [organ] transplant, and I know that it cost a lot of money...what all [he/she] had to go through and my family...I know if you’re in the situation, sometimes people are desperate to keep their family around or loved ones...so they’re willing to do anything.

Although she had been through the circumstance of her parent requiring an organ transplant, she thought it was okay for some people to receive life-saving services if they have the money while others die. She made no mention about cost-containment or quality of life. Her response about the life cycle was a quick and easy way to emotionally separate from a large and complex problem.

Participant #5 demonstrated an extreme emotional disconnect in her decision to take pictures of a man fighting for his life in the emergency room.

In the emergency room...there was a man that was 24 or 25...he was in a gang fight in northern Ecuador...He was shot in the abdomen twice and stabbed and as he was running away from the gang members he got hit by a car. But he was not in very good condition at all...he was shaking when we got in there. So I diverted

my attention to him and later we found out that his complete intestines were laying top of his abdomen and...it wasn't very sterile...but at the time he wasn't doing very good. That was like my most memorable guy from a hospital...the doctor actually asked us if we wanted to take pictures of it, as long as we did not take a picture of his face or...his privates – we covered them up and stuff...That was pretty interesting. Showing that picture to people back here, they were just 'oh my gosh!'...That's not something you see everyday.

Interviewer: No. So, how did you feel about that gentleman and his condition?

Well, I'm glad I'm not in his shoes.

The Ecuadorian physician depicted in this scenario displayed a disconnect as well by offering the photo opportunity. The participant chose to photograph the gravely wounded patient and then show the graphic pictures to friends at home. She was unable to relate to the individual and demonstrate respect and compassion in his situation. Her conclusion of being glad she was not in his shoes is a euphemism yet demonstrates egocentrism. A similar conclusion was seen in the narrative of Participant #7 regarding dental care provided at a health fair. She described how the dentist pulled teeth out with pliers and used the same instruments on everybody. When asked how she felt about the dental care, she responded, "I wouldn't want to go there personally for my dental care." An "othering" and emotional disconnect while focusing on oneself is evident.

Participant #8 described feeling sad about the conditions of the preschools. She described the lack of books, toys, and lack of sanitation. When she seemed to start considering the sadness of the circumstances, she switched to thinking about protecting herself with sanitizer. She mentioned she had to keep sanitizing every five minutes. Fear of contagion and self-focus may have prevented her from establishing a deeper emotional connection.

Two participants verbalized gratitude for being able to share their stories of Ecuador with someone who cared to listen. One participant mentioned she could not talk about it with her friends but at least she could journal about it. Another participant described how she wanted to tell her friends about the trip and share pictures but “it’s funny how many people don’t really care.” These two participants encountered an emotional disconnect from their peers about their international experiences upon their return home. This isolation and inability to socially reflect and share may have blocked transformation.

Perceived powerlessness/being overwhelmed.

The conclusion of perceiving oneself as powerless or being too overwhelmed to help the Ecuadorians arose as a potential block to perspective transformation. Participant #4 mentioned a poignant story about the young woman who was paralyzed. When asked how she felt, she responded,

Oh, it’s horrible! It makes me feel guilty and frustrated and powerless... you want to think to yourself ‘well, I’m gonna go home and I’m gonna collect wheelchairs and I’m gonna send them to Ecuador’ but in reality, it’s really hard to do that. ‘Cause, even if I was to come back...and collect a hundred wheelchairs, shipping them down there is going to be ridiculously expensive...It makes you feel very helpless.

Her being overwhelmed and perceiving herself as powerless because of the enormity of the problem was clear. She immediately gave up on the problem. Other participants may have had similar perceptions of powerlessness, factoring into the participants’ reasoning and learning, but other participants did not articulate these specific thoughts in the narratives.

Vacation mindset.

Another potential block to the perspective transformation was a vacation mindset.

Participant #8 discussed her shopping adventure and bargaining, followed by going to dinner and going out to watch a soccer game. She verbalized the volcanic hot springs were “like a water country or...adventure island type thing.” The descriptions about the quality of the hotel and food with mention of tourist activities resembled a vacation. Participant #6 described her eventful shopping experience. She was buying souvenirs for her children while monkeys approached her and ripped open her bag of gifts. She expressed excitement in getting a picture of herself holding a boa constrictor. Participant #1 related her experience to being a camper,

It was sad to go and then it was good to go, too, ‘cause I was really tired of the food... I’m a camper, so I loved being out there and...and we seen tarantulas and scorpions and stuff, but it was all cool. The camp that we were in was really nice, so...we had our own huts and they served breakfast, lunch, and dinner. And we went in to Tena several times...and Tena is a small community but they have Internet cafes and you could phone to America...

Participant #10 said that at some points the experience felt like a vacation to her.

This is going to be fun! This is going to be an adventure!...it was almost so organized that at some points, I’m like ‘oh my god! I’m on vacation!’...our little hotel was adorable. Our room was just great. We had everything that we possibly needed and, everybody in the hotel was good to us and they were very willing to help us with everything, and they supplied us with everything we needed, and, they fed us good food...we were served three meals a day for two weeks! ...Then you come home and...you had to remember that ‘yes, you have to go to the grocery store. Yes, you have to find time to cook it’...

Participant #4 verbalized frustration as she did not have her freedom as she would on a vacation.

I will also say I’ll probably never do one again...I think, if you have never traveled before, I think it’s wonderful and very, very beneficial. But I think for more seasoned travelers, and there were a couple of more seasoned travelers... both him and I had the same frustrations. It was frustrating. I think the trip should

definitely be marketed to people who have never traveled before. Because those are the people that are honestly going to get the most out of it...I'm going to [name of country] next week on my own, and I'm so looking forward to it because Ecuador was such a teaser for me. It was like 'oh look, here's a country you can't go explore or do anything. Just do exactly what we tell you' – oh! It just drove me crazy! So, definitely people who have never traveled before would get the most out of this.

She was unable to accept group differences and was more focused on her needs. She used the words “trip” and “marketed” to describe efforts in recruiting future students. These words suggested she viewed the course more as a vacation. Despite her vacation mentality, Participant #4 made the most profound statements of understanding and appreciation throughout her narrative compared to the other participants. She expressed sadness and frustration along with guilt and powerlessness, critical steps toward perspective transformation. However, when considering the overall tone of the narrative, I concluded this participant's perspective transformation was blocked.

The analysis of the thoughts, feelings, and experiences of ADN students who studied abroad revealed prominent categories. The participants exhibited thoughts of Constant Comparisons of Americans to the Ecuadorians. The participants' feelings comprised of an Emotional Journey, consisting of fear, frustration, shock/surprise, and sympathy. The participants experienced Learning at three levels, including elaborating and/or learning new meaning schemes and transforming meaning schemes. No participants demonstrated a perspective transformation as defined by Mezirow (1991) because of a lack of plan for social action. Potential blocks or barriers to the perspective transformation identified in the data included egocentrism/emotional disconnect, perceived powerlessness/being overwhelmed, and vacation mindset. This data

significantly contributes to the knowledge base of nursing and warrants interpretation as to the implications for nursing practice and education.

CHAPTER V

Discussion

The narratives gathered from this research on the thoughts, feelings, and experiences of associate degree nursing students who studied abroad in a low-income country revealed new and valuable information warranting interpretation and exploration. Information gleaned from this study can be used to guide and improve international education efforts. The research poses implications for nursing practice, education, and research.

Interpretation of the Findings

Announcing my personal beliefs regarding short study abroad is critical as my perspective influenced the interpretation of the findings. I am an English and Spanish-speaking Anglo-American and served as an associate degree nursing instructor for the transcultural nursing course in Ecuador for two years. I was profoundly affected by going to Ecuador and felt a personal transformation took place, hence, motivating the study. I experienced some similar thoughts, feelings, and experiences as the participants, and reflected on these feelings and experiences as I captured the thoughts, feelings, and experiences of the participants. Working with the data from the transcripts and discussing the findings with three doctoral prepared nurse researchers assisted in attending to researcher bias. My experience in Ecuador with the course significantly assisted with the interpretation. I quickly visualized and identified with the sites the participants described in the narratives. Three of the ten participants knew I was an instructor who had been to Ecuador as I taught nursing at the college they attended. I had no influence on

participants' grades as I did not participate in the course the year the participants went to Ecuador and the data were collected.

I approached the research anticipating the study abroad experience would transform the participants' perspectives. The study findings did not support this notion. Important information was revealed regarding the effects these experiences had on participants. The findings demonstrated thoughts of Constant Comparisons, an Emotional Journey, and achieving Learning at the first three of Mezirow's (1991) four levels. The most significant type of learning, perspective transformation, was not evident in the narratives.

Constant comparisons.

The participants' thoughts comparing the Ecuadorians' lifestyles to their own was expected. Americans and Ecuadorians possess greatly different cultural beliefs, practices, and living conditions. Learning about these differences was a major reason to study abroad. The participants in this study demonstrated awareness of these differences as the narratives continuously focused on comparing Ecuadorian ways to American ways. Participants' descriptions of comparisons filtered into subcategories of cultural beliefs, health care practices, and poverty. Some participants acknowledged differences in cultural beliefs yet respected and appreciated the differences. Several participants expressed interest and shared some of the same beliefs, for example, using herbal remedies.

Other participants were unable to identify with and understand the beliefs and practices. In reference to shamanism, Participant #1 stated, "There is no way I could comprehend that one" and Participant #8 said, "It's not right." Two participants used the

word “funny” to describe cultural beliefs. The tone in these narratives demonstrated a lack of cultural acceptance. Participants struggled with being able to shift one’s frame of reference to the perspective of the Ecuadorians. When speaking about conditions in the nursing home, Participant #5 indicated, “I can’t believe this is legal.” Participants’ language choices provided evidence of emotionally separating or “othering.” Some participants used metaphors of animals to describe the bathing process of Ecuadorians in a nursing home. A cultural divide was apparent throughout the narratives.

Participants verbalized comparisons in health care practices. Participants noted disparities in resources. The narratives described housing many patients in one room, long lines of patients waiting to be seen, lack of infection control practices, and lack of supplies. Several participants appreciated the resourcefulness of the nurses in Ecuador. These participants were impressed regarding the creativity of the nurses in recycling and adapting limited supplies to fit their needs. The concept of privacy emerged from eight narratives. Although culture was a factor in the concept of privacy, the participants mainly interpreted the difference as a health care practice. Participants compared privacy practices in the United States to those in Ecuador. Most participants were shocked by the perceived lack of privacy. Because of the cultural openness and closeness of the people, privacy in Ecuador is not constructed in the same way as it exists in America. The acceptance of nakedness and openness was viewed as a deficit instead of a cultural lifeway. Only two participants grasped this difference. Participant #4 demonstrated this understanding with her statement, “I don’t think privacy is a big part of their culture.”

Comparisons involving poverty were described in every narrative. Participants described the lack of resources in the schools, hospitals, daycare centers, and general

surroundings. Conditions seemed “unsanitary” or “filthy” to participants. Paint was noted chipping off of walls and boards were missing from homes. Children were seen working and begging, without toys and food. Participants described health care as substandard, consistently using American standards as a basis for comparison. Participants concluded they were appreciative of living in the United States yet did not recognize or describe how wealth in the global North is connected with poverty in the global South. No participant mentioned oppressive systems or legislative barriers.

Emotional journey.

Intertwined with the comparison mindset, participants revealed an emotional journey from their experience. Participants experienced fear, frustration, shock/surprise, and sympathy. These emotions contributed to the participants’ learning and were part of their learning journey. The nature of the course allowed for participants to physically experience some of the hardships and realities of living in a developing country.

Several participants specifically mentioned fear. Participants were fearful of language barriers, conditions in hospitals, conditions in the rain forest, and general personal safety. Most participants lacked experience with poverty and were unfamiliar with the culture, contributing to their fear. Participants exhibited egocentrism and ethnocentrism throughout the narratives. The emotional separation and fear may have prevented a deeper learning from occurring. Seven participants described frustration. They were frustrated with language barriers and traveling at length with peers. These frustrations were primarily of a personal nature, rather than related to living conditions of the Ecuadorians. A third common feeling, shock/surprise, was evident from the narratives. Participants were shocked about lice, lack of privacy, the showering process in

the nursing home, and general living conditions. Participants also described feeling sympathy. They felt “sad” for the Ecuadorians and their living conditions. Participants felt badly for the Ecuadorians, but they could not visualize from a frame of reference of the Ecuadorians or fully comprehend the context of their lives. Participants indicated pity followed by self-focus. The avoidance of an empathetic connect with the Ecuadorians was likely a defense mechanism.

Learning.

Eight of the ten participants demonstrated significant learning from the study abroad experience. Applying Mezirow’s (1991) theory of transformative learning, students exhibited learning at the level of transforming meaning schemes. This learning is a change in one’s point of view. Some participants acknowledged Ecuadorian practices may be better than certain practices in the United States, and they learned from the Ecuadorians. Participants expressed learning about and appreciating the plant-based remedies in the rain forest, the creativity of the nurses, conservation of supplies, and family closeness. These lessons were applicable in Ecuador and the United States. Some participants described having a better understanding of the Ecuadorians and feeling embarrassed about American ways at times. Participants expressed a better appreciation for life in the United States. No participants demonstrated learning at the highest level, perspective transformation. In review, to have a perspective transformation, an individual must experience a disorienting dilemma, feel guilt or shame, critically assess oneself, plan a course of action, and reintegrate the new habit of mind (Mezirow, 1991, 1997). Only one narrative displayed feelings of guilt, and no participants discussed intent to engage in social action.

Blocks to transformation.

A number of possibilities exist for this lack of transformation. The narratives suggested that there were identifiable blocks to transformation. The possible blocks of egocentrism/emotional disconnect, perceived powerlessness/being overwhelmed, and a vacation mindset were identified.

Egocentrism/emotional disconnect.

Fear and frustration, subcategories of the emotional journey, were likely contributing factors to the block of egocentrism/emotional disconnect. When one has fear regarding one's personal safety, learning may be impeded. Experiencing frustration may have perpetuated self-focus and hindered participants' thinking of others. Egocentrism was apparent as defense mechanisms surfaced in their narratives. Defense mechanisms of rationalization and reaction formation were identified. "Rationalization consists of justifying illogical or unreasonable ideas, actions, or feelings by developing acceptable explanations that satisfy the teller as well as the listener" (Varcarolis, Carson, & Shoemaker, 2006, p. 218). Rationalization was apparent through participants' conclusions of unfortunate death as "just another part of the life cycle" or "that's just the way the cookie crumbles sometimes." In reaction formation, "unacceptable feelings or behaviors are kept out of awareness by developing the opposite behavior or emotion" (Varcarolis, Carson, & Shoemaker, 2006, p. 218). Participant #1 stated the "people are very poor...I thought it was really cool." Participant #8 decided to bargain with the local vendors because she concluded the Ecuadorians were "not that poor." These defense mechanisms were likely unconscious and served to protect from anxiety.

The participants' interviews did not display a deep emotional connection with the Ecuadorians. According to Mezirow (1991), experiencing emotional turmoil is a critical piece of the process of perspective transformation. When confronted with extreme situations, students were dismissive. One participant took pictures of a man fighting for his life following a stabbing in the emergency room. When asked how she felt about the gentlemen, she replied, "I'm glad I'm not in his shoes." Another participant was asked how she felt about the dental care provided at a health fair. She responded, "I wouldn't want to go there personally for my dental care." These egocentric responses were likely defense mechanisms and indicate an emotional disconnect.

Participant #8 shared a narrative about the lack of sanitation in a preschool. She described using hand sanitizer every five minutes. Fear of contracting a disease prevented a deeper emotional connection for this participant. The image created of students constantly self-sanitizing provokes further thoughts about Ecuadorians' perceptions of Americans performing these behaviors.

Some of the participants used language suggesting the poorer Ecuadorians were inferior or having less worth. Several of the narratives about showering in the nursing home and treating children for head lice reflected this verbiage. The descriptions included metaphors to animals. One participant used phrases such as "herd 'em in" and a different participant described to "soap 'em down." Some of the participants considered the sadness of the situation, but then focused on the positive. The transitions of the narratives were rapid; descriptions of difficult topics were followed by a change in topic. This quick transitioning may have been a sign of considering empathy, but immediately shifting

away to self-protect or appear positive. Perhaps, the material was too deep and uncomfortable to discuss with a stranger.

Perceived powerlessness/being overwhelmed.

A couple of participants used strong words to describe an event, then changed their tones to reflect powerlessness and acceptance. Participant #4 discussed her feelings about the lack of wheelchairs for individuals in Ecuador. She described wanting to collect wheelchairs to send over, yet in the same sentence decided “it’s really hard to do that” and it would be “ridiculously expensive.” She said, “It makes me feel guilty and frustrated and powerless.” Instead of becoming motivated to possibly initiate a wheelchair collection effort, she readily concluded it would be too expensive. Participant #9 described the sadness of the pediatric hospital and stated she “would never be an effective nurse” in that environment and would not want to be a pediatric nurse. Participants were consciously or unconsciously disconnecting from the reality of the Ecuadorians. I believe other participants may have felt too overwhelmed to help, although, further evidence was lacking in the narratives.

Vacation mindset.

The vacation mindset may have prevented deeper learning from taking place. Several participants used verbiage such as “vacation” and “camping” to describe their experiences in Ecuador. Participant #8 made a reference to an “adventure island” when describing the volcanic hot springs. Several participants described shopping and buying souvenirs. One participant complained about the food, while in the midst of starving people. Participant #4, a seasoned traveler, complained about the experience being a “teaser” since she was not allowed to freely explore and was confined by the course

activities. The mindset of these participants reflected a misunderstanding of the course objectives and goal of study abroad. Experiencing pleasure, as with a vacation, may have been an expectation conflated with study abroad.

Several participants complained about frustrations traveling with peers. One participant, who described herself as a seasoned traveler, suggested the course be “marketed” to students who have not traveled outside the country as other students’ behaviors were inappropriate and embarrassing. The use of the word “marketed” suggests a business perception inconsistent with the mission of study abroad. She referred to behaviors of other students taking pictures of dying individuals and refusing to try ethnic foods. The legitimate complaints demonstrated a lack of proper preparation or understanding of her peers. A different participant stated she learned tolerance from the frustrations of watching her peers act inappropriately. Several participants struggled with living with other students “24/7.” The difficulty participants had in living together further emphasized the inherent American values of privacy and individualism. Although I understood the participants’ complaints, I was disappointed that in the midst of poverty, these minor discomforts reverberated in the participants’ minds. These participants’ conclusions demonstrated lack of empathy and egocentrism.

As these participants were *nursing* [italics added] students, their reactions to harsh poverty was concerning. Nurses are often perceived as individuals with caring qualities and the desire to help others. These qualities did not fully emerge from the narratives. In addition, the participants were adults and at a prime time in their lives to make a difference. The perceived powerlessness and lack of motivation to lead efforts to help

was noteworthy. No participants mentioned a serious desire to aid the poor or make personal changes in the future.

Two participants mentioned they felt unable to share their stories with others upon their return home. Participant #2 stated, “I wanted to show all my pictures or tell all my stories and it’s funny how many people don’t really care.” These participants’ experiences coming home may reflect the emotional disconnect of some Americans from the global community.

Relationship to Previous Nursing Research

This study provided evidence to support findings in the literature. Various studies suggested studying abroad led to increased cognitive knowledge and cultural awareness, and this study contributed to these findings (Callister & Cox, 2006; Drake, 2004; Evanson & Zust, 2006; Frisch, 1990; Genz, 2007; Haloburdo & Thompson, 1998; Inglis, Rolls, & Kristy, 2000; Koskinen & Tossavainen, 2003; Koskinen & Tossavainen, 2004; Lee, et al., 2007; Rolls, Inglis, & Kristy, 1997; St. Clair & McKenry, 1999; Tateyama, 2002; White, 2008; Zorn, 1995). The emotional journey as conceptualized in this study was similar to descriptions in previous research. The experiences of stress, fear, frustration, and culture shock have been documented and may contribute to achievement of personal and professional growth (Green, et al., 2008; Haloburdo & Thompson, 1998; Koskinen & Tossavainen, 2004; Ruddock & Turner, 2007; St. Clair & McKenry, 1999).

This research provided insight regarding the minimum amount of time studying abroad required to impact student learning. When examining previous nursing studies having immersions of two to three weeks, all indicated a significant amount of learning occurred (Haloburdo & Thompson, 1998; Inglis, Rolls, & Kristy, 2000; Lee, et al., 2007;

St. Clair & McKenry, 1999; Walsh & DeJoseph, 2003). Evanson and Zust (2004, 2006) endorsed as little as one week in Guatemala as being sufficient for students to achieve professional and personal growth. This study conflicted with previous findings, suggesting participants did not achieve the highest level of learning, a perspective transformation (Mezirow, 1991). A two week immersion may not have been sufficient time to alter their habit of mind. These findings support Zorn (1996), who reported longer immersions (12-16 weeks) made a higher long-term impact on students than those who participated in shorter immersions (3-4 weeks).

Although this study demonstrated learning, the profound, life-changing learning reflected in previous research was not described (Evanson & Zust, 2006; Genz, 2007; Levine, 2009; Reimer Kirkham, Van Hofwegen, & Pankratz, 2009; St. Clair & McKenry, 1999). Studies have suggested students experienced transformation from study abroad as they formulated plans for social action (Evanson & Zust, 2006; Genz, 2007; Levine, 2009; Reimer Kirkham, Van Hofwegen, & Pankratz, 2009; St. Clair & McKenry, 1999). The current study's findings lacked descriptions of intent for life changes, conflicting with previous research.

Several studies suggested blocks to transformation similar to the findings in this study (Genz, 2007; Koskinen & Tossavainen, 2003; Reimer Kirkham, Van Hofwegen, & Pankratz, 2009). Reimer Kirkham, Van Hofwegen, and Pankratz (2009) discovered students had difficulty with how to "translate and sustain" learning of social consciousness once home (p. 6). One student reflected, "...it's very easy to come back here and you forget what it's like down there. You get on with life" (p. 9). This attitude of moving on with one's life and dismissing social consciousness was similar to the

participants' demonstration. Koskinen and Tossavainen (2003) provided a unique account of students experiencing barriers to learning intercultural competence. While abroad, some students suffered culture shock leading them to withdraw and remain "outsiders." The researchers suggested the students' maturity level and ability to adjust to intercultural differences were factors related to learning. The participants in this study demonstrated separation in their verbiage of "othering" similar to the "outsider" phenomenon. Genz (2007) suggested language barriers and a lack of a sense of well-being may hinder achievement of cultural competence. The fear and frustration with language evident in participants of this study may have stifled learning as suggested in previous research (Genz, 2007; Koskinen & Tossavainen, 2003).

This study is important because of the focus on associate degree nursing students. No other studies were located that studied this group of students. The research provides insight regarding 1) ADN students who study abroad, 2) study abroad in specifically low-income countries, 3) potential blocks to transformation, and 4) defining what a transformation might entail for associate degree nursing students using Mezirow's (1991) framework. Previous studies have identified themes of transformation, yet failed to apply a definition or framework to clearly indicate how the students changed. This study provides a foundation for future theory generation, education, and research.

Theoretical Implications and Methodological Importance

Theoretical implications.

This research serves as a starting point for the generation of theory in study abroad in nursing. The study supports the use of Mezirow's (1991) theory of transformative learning in nursing education. The study findings of the emotional journey

and potential blocks to transformation corresponded with Mezirow's (1991) factors that shape meaning perspectives. Mezirow (1991) acknowledged there are "influences that shape, limit and distort meaning perspectives" or frames of reference, suggesting learning can be blocked by certain factors (p. 43). Some of the pertinent listed factors shaping meaning perspectives included locus of control, psychological defense mechanisms, approach/avoidance, childhood prohibitions, ethnocentrism, social norms, developmental stage perspectives, cognitive/learning/intelligence styles, global/detail focus, and concrete/abstract thinking (Mezirow, 1991, p. 43). Mezirow's (1991) theory of transformative learning fit the study well and is recommended as a framework for future research.

Methodological importance of the findings.

The narrative method in this study elicited new knowledge in an unexplored area. The method worked well in obtaining the thought processes, emotional journey, and experiences encountered during the immersion. Thus, the data obtained provided insight and can be used to generate theory of the student experience of study abroad. The broad interview question regarding the thoughts, feelings, and experiences fully elicited the participants' experience, gathering a wide set of data. The open method allowed participants freedom to express the details they deemed important highlighting the experiences with the greatest impact. Participants revealed their thoughts and feelings allowing for exploration of the phenomenon of perspective transformation.

Implications for Nursing Practice and Education

Nursing practice.

The results of this study presented implications for nursing practice related to the efficacy of study abroad for teaching cultural awareness and conservation. The nursing students who participated in this course became more culturally aware and better prepared to take care of the culturally diverse patient. The knowledge obtained from the experience in Ecuador may carry over into the participants' nursing practice. Participants verbalized an appreciation of conservation and learning lessons of creativity from the Ecuadorians. Resourceful nurses who apply cost-containment strategies into practice are desirable, especially in a declining economy.

Participants' thoughts and feelings may assist in predicting future behaviors as nurses. When faced with hardship, the participants in this study emotionally disconnected from the Ecuadorians. They employed defense mechanisms and lacked empathy. In most cases, nurses must establish emotional connections with their patients to better serve them. Empathy is an attribute of a good nurse. This study suggests the need to recognize defense mechanisms and promote appropriate coping strategies to decrease anxiety, maximize learning, and improve performance.

Nursing education.

The findings supported the value and importance of study abroad opportunities in nursing curricula. Participants demonstrated various processes of learning. Participants were exposed to poverty conditions. They were allowed to view health care from inside the system in a low-resource country. The narratives demonstrated achievement of the outcomes of the course. Participants acquired a great deal of knowledge.

Nurse educators strive to craft knowledgeable, caring nurses. The participants' narratives revealed sympathy yet lacked empathy. This study demonstrated a potential educational gap. According to the ANA Code of Ethics, Provision 1, "The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or nature of health problems" (American Nurses Association, 2001). Several narratives portrayed Ecuadorians as having less worth or less dignity as Americans. Provision 3 states, "The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient" (American Nurses Association, 2001). The narratives did not include the intent to advocate for the Ecuadorian patients. This lack of understanding human rights and lack of concern for social action must be noted and addressed by educators. The study suggests the need to insure nursing curricula include social justice and foster more empathetic, considerate nurses.

The study indicated an emotional disconnect of these nursing students from the global community demonstrating a need for educators bridge this divide. This emotional disconnect illustrates the importance of study abroad to better connect nursing students with the global community. Nurse educators should carefully consider and utilize distinct preparation efforts, objectives, teaching strategies, and assessment methods when facilitating abroad courses.

Preparation efforts and objectives.

Prior to study abroad experiences, educators need to reflect upon and examine preparation efforts. In this study, some students demonstrated a vacation mentality. First, students must fully understand the purpose of the experience. Reviewing the course

objectives, expectations of the student, planned clinical experiences, and hardships of the trip may help to remove the “vacation” expectation. The amount and type of leisure activities incorporated into the agenda should be carefully considered. Orientation sessions, incorporating pictures of living conditions from previous experiences, may better prepare students.

In the study, participants described feeling fear, frustration, shock, and surprise. Participants demonstrated defense mechanisms suggesting they felt anxious or uneasy about situations. Although some preparation efforts were provided (assignments and quizzes), more explicit efforts are recommended. I suggest a seasoned instructor present students with examples of what to expect and proactively address the components of the emotional journey including fear, frustration, shock/surprise, and sympathy. Instructors should prepare students for difficult situations and discuss coping mechanisms. Students may need time alone, time to cry, or have a peer or instructor available for support. A question-and-answer session may be helpful. Having another student who has completed the course available to answer questions would be an advantageous supplement. Often, students are more receptive to hearing the advice of a peer.

Being prepared about what one might encounter and how to respond in a culturally appropriate way would assist students. Cultural customs such as tipping for service, greeting, saying goodbye, accepting different food offerings, and bargaining practices warrant preparation and discussion. Students who understand how to act in a culturally sensitive manner will not only be more comfortable and learn more, they will more positively represent the United States. Maintaining positive public relations is important in abroad partnerships.

Educational objectives must be examined. Instructors must carefully consider using objectives that encourage comparisons as they unintentionally may encourage dualism and a negative evaluation of the host country. Objectives that seek to find commonalities and seek to identify community strengths may help students to view all human beings as members of the human family. Course objectives should be clear and socially driven. In setting the tone and plan of action for learning, refined course objectives are critical.

Teaching strategies and assessment methods.

To facilitate transformative learning in students, educators must carefully choose and implement select teaching strategies. Mezirow (1997) emphasized the importance of discourse to validate what one understands and encouraged a social process in making meaning. Scheduling group reflection and debriefing sessions assists students to be aware of their own perspectives and others' perspectives. Presenting scenarios causing students to imagine themselves in poverty and explore those situations may assist students to emotionally connect. Making poverty feel personal for students, instead of viewing as an outsider, is essential.

A debriefing session could start with a student presenting a distressing situation witnessed that day, followed by questions such as "How would you feel if you were in his or her shoes?" or "What would you do if you were in that situation?" These questions may spark the emotional connection missing in this study. Instructors should pose additional questions to prompt leadership in future social action. For example, ask the student, "How can you help to alleviate this problem?" "What would it take to help

change conditions for these individuals?” “What can you personally control in your actions to positively impact society?”

Encouraging small steps to initiate change may be useful. Instructors should encourage the philosophy that every little bit helps. Posing questions and ideas addressing small endeavors may inspire future planning. Example questions are “What might you do differently in your work as a nurse after viewing health care conditions in Ecuador?” “What might you do differently every day in your home after learning from this experience?” “How could you help one family in Ecuador once you return home?” Encourage thoughts of being the influential factor in making change. Remind students of the power of collaboration. Discuss the barriers of these efforts, including legislative and oppressive systems, and ways of overcoming those barriers.

To assist students in recognizing oppressive systems, Elizabeth Lange (2009) recommends performing a socioeconomic analysis of North American consumption habits and the global impact on other people and the environment (p. 199). She suggests students examine their consumption levels and convert them into an ecological footprint (Lange, 2009). “Trace the life cycle of one consumer product, such as a pair of jeans, T-shirt, tomato, or banana, which quickly makes these global interconnections apparent and unveils the global structures of production and work: who benefits, who does not, and why” (Lange, 2009, p. 199). Lange posed asking the question, “How could I transform my working and living to be nonharming and, more important, life giving?” (Lange, 2009, p. 199). These strategies may help students in achieving transformative learning.

Students benefit when instructors integrate various educational methods throughout the course. Examples of effective educational methods include case studies,

role play, learning contracts, group projects, concept mapping, consciousness-raising, and participation in social action (Mezirow & Associates, 1990). Creating problem-solving and contingency groups, developing “interventions facilitated by the instructor to resolve crises and evaluate new opportunities” helps promote learning (Rotabi, Gammonley, & Gamble, 2006, p. 459). I encourage instructors use imaginative and creative ideas to leave an imprint on the students.

According to Foronda’s (2006) comparative concept analysis (see Figure 1.), community partners benefitted more from service learning activities than community partners of short study abroad activities. Educators, motivated by their interest in the students, may be contributing to the emotional disconnect by basing the focus of abroad activities on students. Educators should shift the focus of study abroad to the community’s strengths and needs. Embracing a service-learning approach may lead students to view the community as their primary focus and ultimately increase learning. Focusing on community strengths will create opportunity for American students to explore and learn from the community.

Assessing student behavior while abroad is often a nebulous concept. Having concrete criteria for evaluating behavior is helpful for preparing and grading students. Rotabi, Gammonley, and Gamble (2006) developed a model for building ethical engagement for study abroad students. The model is applicable as a framework for study abroad in nursing. The model is based on a building, having as the foundation, facilitator and student values. The main supports of the building are principles they refer to as pillars. “These pillars support an over-arching roof of professionalism that leads to student growth in respectful engagement in context and higher levels of intercultural

competence” (p. 454). The eight pillars or supports are 1) social justice and human rights, 2) community capacity, 3) dignity and worth of person, 4) self determination, 5) boundaries, 6) competence, 7) facilitative learning, and 8) integrity. Incorporating these pillars in framing course objectives, teaching methods, and evaluation would foster mutually beneficial abroad experiences. Five criteria were developed for evaluating behaviors of American social worker students who studied abroad:

- 1) knowing when to speak and when to listen,
- 2) freely attempting greetings and salutations using the local language despite lack of fluency,
- 3) readily and appropriately engaging a translator when needed,
- 4) awareness of when and when not to take photographs, and
- 5) an ability to readily ‘flow’ with modifications to plans for site visits and travel (p. 462).

The narratives in this study, particularly in regards to language frustrations and photographing inappropriately, supported the utility of these criteria for American nursing students who study abroad. I believe these criteria would better prepare, engage, and proactively direct the behaviors of students. The criteria assist faculty to recognize when and how to support students, but they represent only a starting point. Nurse educators need to devise criteria specific to nursing for evaluation of student learning. When students and instructors have an appropriate structure for planning and engaging in study abroad, consciousness-raising and intercultural competence can be achieved (Rotabi, Gammonley, & Gamble, 2006). For the students’ benefit, instructors should be oriented or trained prior to implementing study abroad courses. Continuity of instructors leading the abroad experiences is optimal. The findings and discussion of this study serve as a platform for direction in international education.

Implications for Vulnerable Populations

Nursing students who study abroad are vulnerable. Studying abroad in low-income countries carries many risks and stressors as well as a change in environmental support and resources. A possibility of physical illness exists complicated by decreased access to health care and a less sophisticated health care system. Safety issues present, as Americans are often considered wealthy and are targets for theft. Americans may not be viewed in a positive political light placing them at risk for harm or mistreatment. Race and ethnicity of nursing students may contribute to a “target factor.” Students may feel powerless as they lack control of their environment, surroundings, housing, food, plans, and ability to leave. The lifestyles and behaviors of others in the visited country may be deemed “risky” compared to American standards. Students may not have access to technology or communications to interact with social or personal supports. Culture shock and stress present in light of cultural immersion, language differences, living conditions, and harsh displacement. Most participants in this study expressed having fear, validating their perceived vulnerability. Upon return, re-entry shock is common for several days to weeks as students readjust to their former lifestyle. Implications from this research may help decrease some of the stress incurred by future students and faculty who study abroad as a result of preparing them with expectations. The findings may dissuade students from participating who may not be able to handle the stress involved.

Perhaps the most unpredictable and uncontrollable source of vulnerability, relations between Ecuador and United States near the timing of the immersion were strained. Ecuador had been politically and economically unstable for the past decade (Seelke, 2008). Recent happenings, in 2007, initiated concerns between the two countries.

The previously good political relations between the U.S. and Ecuador began to fade. Many people, in Latin American countries as well as throughout the world, were at odds with the capitalist agenda of many Americans near the time of the study abroad. To assist in assuring safety for the American students, the Central Intelligence Agency (CIA) website was reviewed prior to departure. Because this course was well-established, an instructor touched base with her in-country partners and friends to assess the political climate prior to travelling.

The most vulnerable population involved in this study was the Ecuadorian people. Ecuadorians have a poorer health status than Americans. Using data from World Health Organization (2006), the areas of mortality, morbidity, risk factors, health systems, socioeconomics and information, and communication technology indicated major disparities. Americans were listed as having a lower infant mortality rate with a higher life expectancy. Americans had better access to water, sanitation, health systems, nutrition, and communication. The gross national income per person was \$41,400 for Americans and \$2,180 for Ecuadorians. The Ecuadorian people were vulnerable to exploitation and at risk for preventable diseases and death due to lack of proper infrastructure and poverty.

While the intent of the participants studying abroad in Ecuador was good, the effects of the participants' presence warrant examination to protect the interests of the Ecuadorians. The participants came in the interest of learning and helping. Participants brought suitcases full of donations, including toothbrushes, toothpaste, personal hygiene items, and toys. They assisted in bathing patients in the nursing home, in yucca planting, worked at a health fair, and toured various hospitals. Participants had discussions with

Ecuadorian nursing students, allowing for friendly intercultural exchange and forming of relationships. Besides donations and service, the participants' payments towards food, lodging, and partaking in tourism helped financially support the communities visited.

The American exchange may have presented harm. The Americans may have appeared privileged, out of touch with the realities of poor people, lacking in compassion, arrogant, and egocentric (Rotabi, Gammonley, & Gamble, 2006). The presence of comparably wealthy students may have initiated an awareness of inequity within Ecuadorians that was not previously perceived, leaving them disempowered. Americans may have presented ideas inconsistent with cultural beliefs and practices, causing cultural dissonance within the community. Americans may have presented themselves authoritatively, minimizing self-esteem of community members. Offensive cultural exchanges may have occurred, such as refusing to eat a food, saying good-bye too abruptly, or refusing to tip, causing an offensive experience.

Study abroad may result in negative encounters for Ecuadorians. To prevent negative experiences for Ecuadorians and Americans, awareness of these drawbacks is important to help provide proper safety, education, and preparation. Students must be prepared to dress modestly and avoid wearing expensive jewelry. Students must be informed to travel in groups, instead of individually. Educators must anticipate begging children and prepare students for handling these encounters. Students must be educated on cultural practices, for example, greeting, tipping, and eating. Appropriate etiquette for handling situations such as responding to shocking conditions and when to take pictures should be addressed.

Strengths and Limitations of Study

Strengths.

This research offered a unique contribution to the knowledge base of nursing. This study was the first to solely examine associate degree nursing (ADN) students who studied abroad in a low-income country. Other researchers performed studies combining data from students with various degrees in various study environments. This study focused on ADN students in one setting explicating newfound knowledge about this unique group. A strength of the study, I did not accompany the participants in Ecuador. In previous research, student participants already knew the instructor/researcher and shared the same experience with the instructor. Given these circumstances, one would expect reporting of positive findings. The chosen methods were helpful in preventing social desirability of responses. Having been a nursing instructor who had previously participated in the transcultural nursing course in Ecuador. I was able to identify with the narratives of the participants, having personally experienced many of the same activities. I felt my experience in Ecuador greatly assisted with the interpretation of the findings.

Another strength, participants were interviewed and recorded over the telephone at the location of their convenience. This technique may have allowed participants to feel more comfortable when disclosing deep insights to an instructor. Additionally, students from three different states and different colleges participated in this study, giving breadth to the ADN experience captured. Finally, great care was placed into this study to enact rigor. Lincoln and Guba's (1985) four criteria for developing "trustworthiness" of the findings were followed, the study was approved by an institutional review board, and a dissertation committee approved the study findings and final manuscript.

Limitations.

This research study was limited in several ways. Interviews were performed over the phone instead of face-to-face. Participants were not given opportunity to validate the transcripts, a threat to rigor. The participants may not agree with the findings of this study. The findings revealed superficial learning and participants may be offended by the conclusion that they lacked empathy and perspective transformation. Another potential limitation was my position as a nursing instructor. Although I had no control over students' grades in this course, I could have been a future nursing instructor for several of the students. This perceived influence on future grades, with the fact I was a nursing instructor, may have prompted social desirability. To reduce this event, students were informed of the voluntary and confidential nature of the research and explained I had no involvement with their grades in the course.

Some students took the perspective that the study question was designed to elicit information about what could be improved in the course. Although the research question was aimed at the individual's unique experience and story, some students began by discussing improvement options for the next course offering. All interviews eventually resulted in rich narratives and experiences.

The short timeframe of the students' experience abroad in relation to their interview (two to six weeks after returning home) was another limitation. Although I intentionally planned this timeframe to prevent students from forgetting details, this small window of time may not have been sufficient to allow for the students to get over re-entry shock and adaptation to experience a transformation. It is plausible students required

more time to reflect on the experience and formulate plans to help others. Perhaps, the seed was planted for a perspective transformation, but it was in the process of growing.

The narrative method restricted my search for the learning achieved. Participants were not asked what knowledge they had about a topic prior to the experience, to delineate the type of learning experienced. I worked from the narratives only, without delving further. I could not assume a transformation would take place and could not probe in that direction. The research question did not ask specifically how the student transformed or what the student learned, rather, this data was interpreted from the narratives. The interview prompts may not have provided the opportunity for participants to reveal their transformations. A more direct approach may have revealed transformative learning.

Suggestions for Future Research

The findings of this study prompt further investigation regarding short study abroad in nursing. The findings reflected a lack of perspective transformation. Examination of how or in what ways the study abroad experience changed students would be useful. If the specific phenomenon being investigated were known to the students, the students may better reflect and address their transformations. Using a narrative method, the question, “How have you transformed as a result of studying abroad?” may elicit data more consistent with the inquiry. A critical social theory approach, incorporating Mezirow’s (1991) eleven phases of premise reflection in a semi-structured interview format, may work to directly examine the process of perspective transformation. Multiple data sources could be integrated including journals and papers to strengthen the data. The length of the immersion may not have been long enough to

create a transformation. Research comparing the length of an immersion to the outcome of transformation would be helpful.

Considering educational methods, examining the efficacy of various teaching methods in fostering perspective transformation is recommended. Certain methods are more effective than others and educators would benefit from attaining that knowledge to construct the most productive course activities. Comparing methods with the outcome of perspective transformation may help uncover the best teaching methods. Developing an instrument to measure the concept of transformation would be a challenging and useful research endeavor to support more quantitative work in the area of study abroad.

As this study focused on learning, only potential blocks to transformation were identified. Study investigating the blocks to transformation would be useful. This knowledge would help educators identify blocks and help students overcome them. The findings of the potential blocks in this study correlated with Mezirow's (1991) factors shaping meaning perspectives. Mezirow's (1991) factors indicated certain students may not be developmentally or intellectually ready for transformation. A study to examine factors conducive to transformation and factors inhibiting transformation, comparing students who transformed to students who did not transform, would be helpful. This information could be used to determine readiness for study abroad and assist with the screening and selection process.

As this study was the first to solely examine the thoughts, feelings and experiences of ADN students who studied abroad in a low-resource country, further research could observe for differences amongst the ADN and BSN student. A number of factors make these populations different, and comparing the outcomes of these two

groups would be useful. Using a quantitative approach with instruments examining various outcomes would help to identify differences or gaps. This information would be valuable for tailoring teaching methods and curricula. A repeat study, examining a different group of ADN students, would be useful to examine if a lack of perspective transformation was evident again. Although I suspect ADN and BSN students are capable of transformation, research is lacking to demonstrate the ADN students' achievement of this level of learning from studying abroad. Additionally, I could repeat the study with the same participants after the transpiration of several years. Participants may have needed more time to reflect and transform. With this second study, using a more direct research question regarding transformation may help to differentiate the type of transformation.

Minimal data exists about the impact of American students on abroad community inhabitants. Ecuadorians may benefit in some ways from the interactions, yet they may not appreciate the presence of Americans. Ecuadorians may be emotionally harmed from contact with Americans. Exposure to wealth, cultural dissonance, lack of empathy, or having an offensive experience may cause disempowerment or anger. Ecuadorians may not want any American presence. Given the vulnerability of this population, research is warranted to find out how the nursing students' presence is perceived by the Ecuadorians. This information could be used to prepare students and maintain good public relations with the partner community. Many facets of study abroad remain untouched and warrant future inquiry.

Conclusion

As globalization increases, so does the need to internationalize curricula. Educators and administrators will look to the literature for evidence on which to base decisions. This study contributed to the existing knowledge base by providing insight about associate degree nursing students who studied abroad in a low-income country. Although participants gained knowledge, the participants' learning was hindered resulting in a lack of perspective transformation. This research suggests examination and improvement of educational strategies used in study abroad. Educators must strive for the highest level of learning, transformative learning.

The future of nursing is international. It is hoped the study efforts illuminate the road to increased international study as well as encourage students to attend to global concerns. Half of the world is living on less than two dollars per day (Shah, 2006). The need to intervene is enormous and nursing students as well as nurses are able to help. As Americans, we are privileged to be in a position to shape the future and we need to embrace that responsibility (Chomsky, 2003). The ANA Code of Ethics, Provision 8.1, recommends nurses collaborate to address international health needs including world hunger and lack of access to health care (American Nurses Association, 2001). Nurses have the ethical responsibility to advocate for social action and human rights. The action or lack of action to assist our neighbors will have consequences. As Edmund Burke stated, "Nobody made a greater mistake than he who did nothing because he could only do a little."

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Appendix A

Transcultural Nursing Course Schedule of Activities (Group A)

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Dress</u>
Tues	evening	Arrival & settle into hotel Orientation	
Wed	morning	School of Nursing Central Of Ecuador	Business casual
Thurs	afternoon	Tour of city of Quito	Scrubs
	morning	Nursing home	
	afternoon	Psych hospital or Voz Andes	
Fri	evening	Chiva ride	Student uniform
	morning	Hospital rotations	
	afternoon	Psych hospital or Voz Andes	
Sat	morning	Travel to Venecia, Papallacta springs	Bring swimsuit
Sun	morning	Tena assessment	Scrubs
	afternoon	Intro Quechua thinking	
	evening	Group discussion	
Mon	morning	Manioc planting	Dirty clothes
	afternoon	Discussion with Irma, nurse	
	evening	Prep for school teaching	
Tues	morning	Panel discussion with women	Dirty clothes
	afternoon	Hike into woods & overnight	
		Optional activity?	
Wed	morning	Medicinal plant hike	Dirty clothes
	afternoon	Canoe to Mishualli	
	evening	Prep for school teaching	
Thurs	morning	?Tour of hospital	Scrubs
	afternoon	Public health center	
Fri	morning	Teaching in school	Scrubs
	afternoon	Intro to shamanism	
	evening	Shaman ceremony	
Sat	morning	Return to Quito	
Sun		Mitad del Mundo	
Mon	morning	Hospital rotations	Student uniform
Tues	morning	Departure	

Appendix B

Transcultural Nursing Course Schedule of Activities (Group B)

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Dress</u>
Tues	evening	Arrival & settle into hotel Orientation	
Wed	morning	School of Nursing Central Of Ecuador	Business casual
Thurs	afternoon	Tour of city of Quito	Scrubs
	morning	Nursing home	
	afternoon	Psych hospital or Voz Andes	
Fri	evening	Chiva ride	Student uniform
	morning	Hospital rotations	
	afternoon	Psych hospital or Voz Andes	
Sat		Mitad del Mundo	
Sun	morning	Travel to Venecia, Papallacta springs	Bring swimsuit
Mon	morning	Tena assessment	Scrubs
	afternoon	Intro Quechua thinking	
	evening	Group discussion	
Tues	afternoon	Discussion with Irma, nurse	
	evening	Prep for school teaching	
Wed	morning	Panel discussion with women	Dirty clothes
	afternoon	Hike into woods & overnight	
		Optional activity ?	
Thurs	morning	Medicinal plant hike	Dirty clothes
	afternoon	Canoe to Mishualli	
	evening	Prep for school teaching	
Fri	morning	?Tour of hospital	Scrubs
	afternoon	Public health center	
Sat	morning	Health fair for community	Scrubs
	afternoon	Intro to shamanism	
	evening	Shaman ceremony	
Sun	morning	Return to Quito	
Mon	morning	Hospital rotations	Student uniform
Tues	morning	Departure	

Appendix C

Invitation to Participate

Welcome home from Ecuador!

I received your name and email address from (the international organization coordinating the exchange) and I would like to invite you to participate in a voluntary research study for my doctoral dissertation regarding your thoughts, feelings and experiences of studying abroad in Ecuador. This information may potentially help educators in making decisions regarding studying abroad in nursing education. The study would require one, 30-60 minute phone-interview. **You would be mailed a gift card worth five dollars from your choice of Blockbuster Video®, McDonalds®, or Target® upon completion of the interview.** For more information, please view the attached consent form.

If you would like to participate, please reply with your name and phone number, and offer some times that would be convenient for you to interview, or feel free to call me to arrange the interview. Be sure to consider a time and place that ensures privacy and offers minimal distractions or interruptions. I will then be in touch over email or phone to schedule the interview.

Thank you for your consideration and help in completing my dissertation. Please feel free to email me if you have any questions.

Cindy Foronda, PhD(c), RN
Marquette University
cynthia.foronda@marquette.edu
(personal phone number was listed here)

Appendix D

Consent Form

MARQUETTE UNIVERSITY
AGREEMENT OF CONSENT FOR RESEARCH PARTICIPANTS
Associate Degree Nursing Students' Thoughts, Feelings, and Experiences of
Studying Abroad in a Low-Income Country
Cynthia L. Foronda, MS, RN
College of Nursing

You have been invited to participate in this research study. Before you agree to participate, it is important that you read and understand the following information. Participation is completely voluntary. Please ask questions about anything you do not understand before deciding whether or not to participate.

PURPOSE: I understand that the purpose of this research study is to learn the thoughts, feelings and experiences of associate degree nursing students studying abroad in a low-income country. I understand that I will be one of approximately 10 participants in this research study.

PROCEDURES: I understand that I will be contacted by the researcher and asked to participate in one, private, individual interview by telephone between myself and the investigator. I will first be asked to tell the researcher some demographic information about myself, followed by questions about my thoughts, feelings and experiences about studying abroad in Ecuador. I understand that my voice will be digitally recorded during the interview portion of the study to ensure accuracy. The audio files will later be transcribed and data will be kept indefinitely. For confidentiality purposes, my name will not be recorded.

DURATION: I understand that my participation will consist of one telephone interview, lasting between 30-60 minutes.

RISKS: I understand that the risks associated with participation in this study are no more than you would encounter in everyday life. All information related to the interview is considered confidential to the extent permitted by law. The option of conducting the interview in a location of my choice will allow me to avoid discussions in settings that I feel might compromise privacy and confidentiality. I understand that my participation is not at all related to the transcultural nursing course and will have no bearing on my grade.

BENEFITS: Although, I understand that the benefits associated with my participation in this study may be minimal, I may acquire a better understanding of my thoughts, feelings, and experiences of studying abroad in Ecuador. Although benefits cannot be guaranteed, findings from this study may assist in the understanding of issues for nursing students

when studying abroad in developing countries and may assist nurse educators to better coordinate these experiences.

CONFIDENTIALITY: I understand that all information I reveal in this study will be kept confidential. All my data will be assigned an arbitrary code number rather than using my name or other information that could identify me as an individual. I understand that the interview will be conducted over the telephone and I will be asked to be interviewed in a private, quiet area to ensure privacy. I understand that my voice will be digitally recorded and transcribed. When the results of the study are published, I will not be identified by name. I understand that the data will be kept indefinitely. My research records may be inspected by the Marquette University Institutional Review Board or its designees, a sponsoring funding agency, and (as allowable by law) state and federal agencies.

COMPENSATION: I understand that I will be compensated with a five dollar gift card to Blockbuster Video. I understand that the gift card will be mailed to me within two weeks of my completion of the interview.

VOLUNTARY NATURE OF PARTICIPATION: I understand that participating in this study is completely voluntary and that I may withdraw from the study and stop my participation at any time without penalty or loss of benefits to which I am otherwise entitled.

CONTACT INFORMATION: If I have any questions about this research project, I can contact Cynthia Foronda at cynthia.foronda@marquette.edu or (phone number was listed here) or Dr. Ruth Ann Belknap at ruth.belknap@marquette.edu or (phone number was listed here). If I have questions or concerns about my rights as a research participant, I can contact Marquette University's Office of Research Compliance at (414) 288-7570.

By stating to the investigator and as recorded over the telephone that I understand and agree to participate in this study, I am consenting to participate in this research study.

Appendix E

Interview Guide

Interview Number _____

Date _____ Start Time _____

Thank you for agreeing to participate in my research study regarding the thoughts, feelings, and experiences of studying abroad in a low-income country. Do you have any questions before we get started?

I am turning on the recorder now. I would like to remind you that you can choose to stop the interview or the recording at any time.

You received a written consent form via email. This consent form states that the purpose of this study is to learn the thoughts, feelings and experiences of associate degree nursing students studying abroad in a low-income country. Your participation will consist of this one interview which should last 30-60 minutes. The risks associated with this study are no greater than you would experience in everyday life. The benefit of participating in this study is that you may acquire a better understanding of your thoughts, feelings and experiences studying abroad in Ecuador. Findings from this study may also help nurse educators coordinate future study abroad experiences. All of your data will be kept confidential and your name will not be recorded. Your participation is not at all related to the transcultural nursing course and will have no bearing on your grade. You will receive a \$5 gift card in the mail approximately two weeks after this interview for your participation. Your participation in this study is completely voluntary and you can stop at any time. If you have any questions you can contact me, my advisor Dr. Ruth Ann Belknap, or the Office of Research Compliance at Marquette University. Do you have any questions?

I would like to start off by simply asking you some demographic information about yourself.

- 1) Are you male or female?
- 2) What is your age?
- 3) With what cultural group do you usually identify yourself?
- 4) Were you born in the United States? If not, where were you born and how long did you live there? How long have you lived in the United States?

5) Describe what setting you have lived in most of your life...urban, rural, small town or suburban.

6) Do you have experience either socially or at work or school with persons of a culture other than your own?

7) Have you ever traveled outside of the United States before? If so, what country/ies and what type of experience was it (for example, vacation, mission work, education)?

8) What semester have you completed in nursing school?

Thank you. Let's begin. Tell me about your thoughts, feelings and experiences of studying abroad in Ecuador.

Possible Clarification/Elaboration Questions:

- a) Tell me more about that.
- b) I'm not sure I understand / Could you say a little more about that?
- c) What do you think makes you feel that way?
- d) Would you elaborate on that?
- e) Is there anything else you'd like to mention about that?
- f) What do you think about that?
- g) How did you feel about that?
- h) What was that experience like?

Thank you for your thoughts. What has this interview been like for you?

Is there anything else you would like to discuss?

That concludes our interview. I will turn off the recorder now. I really appreciate your time. If something else comes up that you would like to add or if you have any questions, feel free to email me. I will be sending out your gift card as a thank you within the next few days. Thank you so much and have a great day!

End Time _____

Total length of interview: _____