

\* RESEARCH PAPER \*

*Enhancing cultural competence: Trans-Atlantic experiences of European and Canadian nursing students*

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## Enhancing cultural competence: Trans-Atlantic experiences of European and Canadian nursing students

This paper describes the enhancement of cultural competence through trans-Atlantic rural community experiences of European and Canadian nursing students using critical incident technique (CIT) as the students' reflective writing method. The data generated from 48 students' recordings about 134 critical incidents over a 2-year project were analysed by qualitative content analysis. Five main learning categories were identified as: cross-cultural ethical issues; cultural and social differences; health-care inequalities; population health concerns; and personal and professional awareness. Four emergent cultural perspectives for the health sector that became apparent from the reflections were: health promotion realm; sensitivity to social and cultural aspects of people's lives; channels between the health sector and society; cultural language and stories of local people. CIT was successfully used to foster European and Canadian undergraduate students' cultural reflections resulting in considerations and suggestions for future endeavours to enhance cultural competence in nursing education.

**Key words:** community nursing, critical incident, cultural competence, trans-Atlantic exchange.

5

### INTRODUCTION

Nursing education worldwide needs to respond to the challenges of an increasingly more diverse society by developing study programmes that educate culturally competent practitioners. Trans-Atlantic student exchange projects between universities from two continents, as described in this article, have become important methods for advancing cultural competence inherent in nursing education. During the cross-cultural exchange, students are immersed into the foreign culture and language over an extended period of time, offering them a potential opportunity for further development of cultural competence.<sup>1</sup>

Cultural competence is regarded as an ongoing personal maturation process that includes increasing self-awareness, ability to see through others' eyes when conflicting values and expectations occur in interaction, willingness to negotiate mutually acceptable solutions and capacity to act in culturally diverse contexts.<sup>2</sup> Culturally competent nursing care can be defined as the sensitivity towards diversity in other people including professional advocacy for human rights and advancement of equal rights for all needing help.<sup>3,4</sup> This definition, which considers cultural competence as the personal and collective responsibility towards other people, was adapted as the framework for our project.

Cultural experiences can be provided to learners through diverse experiential methods in real or simulated cultural contexts,<sup>5</sup> but learning cultural competence requires an extended cultural immersion including encounters with culturally different people.<sup>6,7</sup> In this research project, senior nursing students from universities in four European countries (England, Estonia, Finland,

Sweden) and three Canadian universities (Alberta, New Brunswick, Prince Edward Island) participated in a trans-Atlantic exchange during 8–16 weeks. The project was carried out in 2004–2007 and aimed to foster a trans-Atlantic student exchanges in the spirit of the Ottawa Charter declaration.<sup>8</sup> The goal of the project was to strengthen participants' awareness of community cultural and social inequalities in health and well-being.

Participating students practised in various rural community placements as cross-cultural student nurses, mentored by the local nurses and supervised by the teaching staff of the host university. The students were asked to reflect their cultural experiences from their foreign stay by writing reflective journals using critical incident technique (CIT). During the past 10 years, the CIT, developed by Dr John C. Flanagan in 1950s,<sup>9</sup> has been used increasingly in nursing education as a method to advance critical thinking and reflection skills<sup>10</sup> and to teach cultural awareness.<sup>11</sup>

A critical incident can be described as an occurrence that makes a significant contribution, either positively or negatively, to an activity or phenomenon. According to Brookfield, critical incidents are brief descriptions written by learners about meaningful events in their lives.<sup>12</sup> By reflectively writing the chosen critical experience, students might become more aware of their own values, emotions, reactions and the personal impact of the event at hand. In health care, the particular strengths of this approach is its potential for encouraging reflection on the emotions arising from complicated care situations and thus supporting the identification and subsequent handling of any emotional burden experienced.<sup>13,14</sup>

6

1 It is essential that nursing students' critical thinking and  
2 reflection skills are challenged during their education  
3 enabling them to make an informed decision in rapidly  
4 changing health-care situations with clients from various  
5 cultural backgrounds. It is also essential that students  
6 learn to recognize and articulate the feelings and emotions  
7 connected with diverse cultural encounters. Therefore, it  
8 seems that developing a greater understanding of the use  
9 of the CIT method in a cross-cultural learning environ-  
10 ment would be valuable.

## 11 THE STUDY

### 12 Aim

13 The aim of this study was to explore the enhancement of  
14 cultural competence of European and Canadian under-  
15 graduate nursing students during their trans-Atlantic rural  
16 community placement by recognizing the cultural and  
17 social inequalities in the host country.

### 18 Participants

19 Altogether, 48 European ( $n = 21$ ) and Canadian ( $n = 27$ )  
20 students were involved in the project. They were intro-  
21 duced to the overseas host partners, the general content of  
22 the project, and engaged in the concrete exchange orien-  
23 tation including the use of CIT as a writing method. The  
24 students were acquainted with the web-based learning  
25 management system (Blackboard©) as the method to  
26 communicate with their peers in the host country. Finally  
27 the students, who travelled in a group of two or three,  
28 were immersed into the overseas exchange.

29 The language of teaching was English for both  
30 European and Canadian students although students were  
31 exposed to the host language in their clinical situations.  
32 The European students could speak English and were  
33 encouraged to practise conversing in English before  
34 travelling to Canada. The Canadian students could not  
35 speak Finnish, Estonian or Swedish but did receive basic  
36 language preparation in the host countries before their  
37 practicum experience.

### 38 Data collection

39 The data consisted of 134 critical incidents (one to two  
40 pages in length) written by 21 European and 27 Canadian  
41 undergraduate nursing students during their overseas  
42 exchange. The critical incident record sheet, designed for  
43 the purpose of this project, included a short introduction  
44 section followed by six key steps for organizing students'  
45 reflection and writing.

## 46 Data analysis

47 The students were asked to write and reflect in their home  
48 language resulting in original data being presented in  
49 English, Estonian, Finnish, French and Swedish. The data  
50 were analysed in two stages. In the first stage, the  
51 students' written critical incidents were analysed and  
52 translated into English in the seven home universities by  
53 two researchers from each university according to the  
54 agreed reduction guideline (Fig. 1).

55 In the second stage, Miles and Huberman's<sup>15</sup> method  
56 was used to analyse the summary data received from each  
57 university partner. This method was chosen because it  
58 allows categorizing of learning experiences and identifica-  
59 tion of feelings and emotions as dimensions of learning.  
60 The focus of the analysis was in the reflections connected  
61 with the objectives of the project and with student learn-  
62 ing in a foreign cultural context. In this stage, data analysis  
63 was carried out as a collaborative endeavour between a  
64 European and a Canadian researcher.

65 The analysis consisted of three simultaneously occur-  
66 ring steps: data reduction, data display, conclusion and  
67 verification. At the reduction step, key words and phrases  
68 related to the focus of the research question were  
69 highlighted and coded inductively. Data display included  
70 comparison of the codes with one another, clustering of  
71 similar codes into subcategories and labelling of the sub-  
72 categories according to their content and meaning. The  
73 reflections of the European and Canadian students were  
74 conducted separately on the above two steps. Finally, at  
75 the conclusion and verification step, five main categories  
76 were created to describe the cross-cultural overseas  
77 learning experiences of the two student groups.

## 78 FINDINGS

### 79 Cross-cultural ethical issues

80 Students' reflections from the trans-Atlantic experiences  
81 included various cross-cultural ethical issues. The reflec-  
82 tions highlighted students' learning by witnessing care  
83 situations where they had to grapple with personal ethical  
84 principles that interfered with their moral values, beliefs,  
85 communication abilities and interpretation of profession-  
86 alism when delivering nursing care. The cross-cultural  
87 ethical issues related to inappropriateness in nursing care,  
88 stressful nurse-patient interaction, inequality in service  
89 and concerns arising from sexual health practice.

90 The cross-cultural ethical issues were reflected by both  
91 student groups but there were slight cultural differences  
92 in what the students regarded as an ethically critical  
93

Your role is to submit a 2–3 page summary of your review of students' critical incidents. The focus of this research is about how the students reflected their critical incidents (3/student) and what they learned from them. Please collate your findings from all the papers into one response to each question. You should also have a colleague verify your analysis, to strengthen reliability.

- **Number of critical incidents**—How many incidents (from how many students) did you analyse?
- **Type of critical incidents**—What the critical incidents were?
- **Reason why the incidents were critical**—Why the students viewed the incidents as critical?
- **Focus of the project**—How the students reflected the critical incidents in relation to inequalities question/Ottawa Charter/cultural aspects of the experience/own global awareness?
- **Students' learning**—What did the students say they learned from their incidents?
- **Implications for Nursing**—How did the students reflect their own role as student nurses in particular in relation to their role in health promotion?
- **Implications for Nursing Education**—What learning is there for you as an instructor?
- **Quality of the incidents?**—Did the incidents demonstrate reflection? Did the students use references? What did they write about their emotions and feelings?

**Figure 1.** The data reduction guideline for the first stage of data analysis.

experience. The Canadian students reflected more concerns while in Europe than their European colleagues did while in Canada. Issues included a perceived ignorance of nursing principles such as protection of patient privacy, concerns about patient rights for informed decision and a lack of individualized care. A cultural difference between Canadian and European students' ethical thinking became apparent with such dilemmas as availability of abortion/contraception services and women's right for abortion/contraception. In particular, the Northern European students reflected uneasiness towards the cultural habit in Canada where special concern is given for the protection of patients' sexual integrity. The following quote from a Scandinavian student illustrates this cultural difference:

*... annual appointment at a family doctor includes the PAP exam. If her family doctor was a male, it was astonishing*

*that there had to be a female nurse present in the room during the gynaecological examination. It is a good thing to secure women's sexual integrity but this sounds as overprotection. . . . I cannot regard the doctor anything else but a professional person.*

### Cultural and social differences

In their reflections, the students documented an increased learning from these cultural and social differences that was either positive or negative in nature. Students' learning from the differences took place by witnessing practices on both ends of the continuum from effective/desirable to ineffective/undesirable. They reflected the unfamiliar cultural and social differences by comparing them with the familiar and thus began to understand the scope of primary health care in the host country. The reflected cultural and social differences were related to health

1 programmes, services, techniques and methods, ranging  
2 from diverse ways of team work, uncommon aseptic and  
3 safety issues, to divergent or restricted nursing roles.

4 Aseptic and safety issues of the host health care were  
5 critiqued by both student groups. The European students  
6 were amazed how Canadian nurses threatened patient  
7 safety by wearing and cleaning their uniforms at home, by  
8 wearing the same shoes in and out of the hospital and by  
9 not maintaining good hand hygiene. The Canadian stu-  
10 dents witnessed in Europe an additional risk of injuries/  
11 infection when handling contaminated needles and  
12 contaminated vesicles used for irrigation fluids. Home  
13 visits provided many opportunities to learn from cultural  
14 and social differences as documented by one Canadian  
15 student:

16  
17 . . . This particular event was based on a home visit to a rural  
18 family who has eight children in total, with their 2-year-old  
19 little boy who has a new diagnosis of asthma. . . . The main  
20 purpose of this visit was to do some asthma education with this  
21 family and when we were approaching the door we noticed  
22 that there was a baby carriage sitting on the front step. I  
23 thought it was just parked there, but then our preceptor  
24 peeked in and said that the baby is sleeping. I for sure was  
25 shocked, as we do not do this at home . . . I am aware that I  
26 probably had a look of shock and awkwardness on my face  
27 when the father began setting out plates and cups for each of  
28 us, then making tea and coffee, bringing out cakes, cookies,  
29 and much more. . . . this is not normal in our culture, unless  
30 there are special circumstances; we are told not to accept  
31 anything from any of the clients that we visit.

### 32 Health-care inequalities

33 The students documented awareness and concern of  
34 health-care inequalities in their overseas reflections and  
35 examined host culture's health-care issues in the broader  
36 social, economic and political context. The reflections on  
37 health-care inequalities were related to accessibility and  
38 availability of services due to the political and cultural  
39 discrimination of minority groups, poor income, rural  
40 living and ageing. The students found that often the  
41 depriving determinants were bound together and resulted  
42 in poor health, poverty, social isolation and criminality.

43 Both student groups found health-care inequalities in  
44 the host country. In the rural communities, there were  
45 concerns about lack of available services and transporta-  
46 tion to larger health-care facilities, increased demand on  
47 the district nurses' role and the impact of isolation and  
48

loneliness on the elderly. One European student reflected  
the inequality issue during the rural community place-  
ment in a school for aboriginal children in Canada as  
follows:

49  
50  
51  
52  
53  
54 . . . Many of the youngsters are seriously challenged in many  
55 segments of the determinant of health, low income, perhaps  
56 oppressive social environment and unfavourable genetics to  
57 biological factors. We of course cannot influence all of them  
58 but there are determinants that we can make a difference in a  
59 school setting. We can strengthen their individual coping  
60 skills. We can nurture their magnificently unique and beau-  
61 tiful culture and try to get them in touch with all of the values  
62 that have been the core stones of the way of life of their  
63 ancestors: wisdom, honesty, love, humanity, bravery, respect  
64 and truth.

### 65 Population health concerns

66 Students' reflections from the overseas experiences  
67 showed improved understanding of population health  
68 concerns in the host country and the cultural, social, eco-  
69 nomic and political relations. The students also realized  
70 the importance of community empowerment in health  
71 and well-being of people, as well as the need to change the  
72 focus of health services beyond curative care to health  
73 promotion. The students found that the major health con-  
74 cerns of western world include obesity, type 2 diabetes,  
75 cardiovascular diseases, mental disorders and substance  
76 abuse. Students noted these similar diseases on both sides  
77 of the Atlantic despite the long distance between the two  
78 continents.

79 Population health concerns were reflected by both the  
80 European and Canadian students but the European stu-  
81 dents visiting Canada witnessed even more complicated  
82 life situations presenting more diverse problematic health  
83 concerns than visa versa. The European students were  
84 faced with their own incapacity and emotional confusion  
85 in situations where unhealthy living habits, poverty, lack  
86 of social support and emotional problems were linked to  
87 health threats. A European student recounts the following  
88 poignant reflection:

89  
90  
91 . . . The becoming mother did not have any supporting social  
92 network for obviously nobody knew about the father's existence  
93 and her parents had a severe alcohol problem. Both the mother  
94 and the baby also had so many health risks. . . . she used mild  
95 drugs, smoked a box of cigarettes in a day and had severe  
96 overweight. The girl also had mental problems and didn't rely

1 on the nurses and nutrition therapist and didn't emerge into  
2 the agreed appointments. The nurse said that the girl did not  
3 really understand that there was a human being growing  
4 inside of her body. . . . During the next meeting, the girl was  
5 more open and relaxed and spoke spontaneously. She told us  
6 that since the last visit she had not used drugs and smoked now  
7 only a small box of cigarettes. She had started to take the  
8 ordered vitamins and the agreed amount of vegetables and  
9 fruit beside all the garbage food. I had wanted to shake the  
10 girl and shout to her face whether she knew that she had the  
11 responsibility of somebody else's life.

### 12 Personal and professional awareness

13 Reflections from the trans-Atlantic experiences included  
14 documented evidence of an increase in students' personal  
15 and professional emotive self. This growth seemed to  
16 increase over time because of the adjustment of cultural  
17 differences and the additional communication with the  
18 host country. The students appreciated the unique expe-  
19 riences and recognized that the power of non-verbal com-  
20 munication in nursing care is transferable and portable for  
21 their future nursing experiences and careers. Achieve-  
22 ment of these positive experiences was enabled when the  
23 students surpassed the hardships caused by the cultural  
24 differences and language barrier in daily life and nursing  
25 practice. Sometimes there were emotionally stressful situ-  
26 ations where the students could not intervene verbally but  
27 it was noted that these experiences became pivotal both  
28 personally and professionally as 'the extreme, life-altering  
29 occurrences' (exchange student).

30 Both student groups encountered cultural and language  
31 barriers in their host country but the Canadian students  
32 were even more challenged by the use of non-verbal com-  
33 munication while leaning some basic words and phrases  
34 in the host language. Often such care situations were  
35 the most educational as documented by one Canadian  
36 student:

37  
38  
39 . . . a 7-year-old female who came into the clinic upon  
40 referral from a community health doctor to help diagnose  
41 Asperger's syndrome through observed characteristics in the  
42 home. Upon completion of each of these tasks, the child was  
43 diagnosed as not having Asperger's syndrome, but rather with  
44 having behavioural difficulties. We communicated very effec-  
45 tively, even with the language barrier. We were able to play  
46 with Barbies®, play board games and card games simply  
47 through acknowledging each other's tone of voice, hand ges-  
48 tures and simple Finnish words. I informed my nurse and other

health-care staff, of what I noticed in her abilities and actions  
during playing and daily activities.

## DISCUSSION

### Summary of the results

The enhancements of students' cultural competence were  
described through five main reflective learning categories:  
cross-cultural ethical issues, cultural and social differ-  
ences, health-care inequalities, population health con-  
cerns and personal and professional awareness. The  
chosen critical incidents were contextually based experi-  
ences that the students identified as unfamiliar in compar-  
ing with the familiar; that either exemplified good health-  
care practice or undesirable provision of care; or that  
profoundly affected them personally or professionally.  
The results of this research confirmed thee previous find-  
ings<sup>16,17</sup> indicating a cross-cultural clinical and community  
experience as a process enhancing nursing students' per-  
sonal and professional maturation, intellectual develop-  
ment and global perspective. Beneficial intercultural  
experiences include students' reflective process of  
uncomfortable, even shocking emotions arising from the  
cultural difference moving towards the development of a  
new perspective of understanding nursing care and the  
impact of diverse cultures in the surrounding world.

### Implications for nursing practice

Collectively, student reflections suggest that the role of  
the health professional must extend into the health pro-  
motion realm, moving beyond its responsibility in only  
providing clinical and curative care. The experiences  
showed that the delivery of health services must embrace  
an expanded mandate that is sensitive and respects the  
diverse social and cultural aspects of people's lives. This  
mandate should support the needs of individuals and  
communities for a healthier lifestyle by creating channels  
between the health sector and broader social, political,  
economic and physical environmental components. A  
mandate that is consistent within a population health para-  
digm. Students noted that nurses need to learn to listen to  
the stories people tell them. They surmised if nurses listen  
to the cultural language of the local people and work  
collaboratively with them, they could develop long-term  
goals that were culturally congruent with the people they  
serve. Otherwise, it will become increasingly difficult to  
assist people to make a lifestyle change when the broader  
determinants of health are underdeveloped.

### The CIT methodology

The endeavour of this research project was to foster nursing students' cultural competence through a transformative learning process including critical reflection. CIT was used as a cultural learning method. Our results indicate that the CIT can promote students' cognitive and affective reflection skills during an international exchange and thus promote the development of a new cultural perspective for the health sector.

On the other hand there are personal and operational challenges<sup>18</sup> that can inhibit cross-cultural reflection and development of cultural awareness during an international student exchange visit. The personal challenges emerge from students' immaturity, ethnocentrism and lack of self-regulation skills or inadequate language skills. The operational challenges include inadequate collaboration between the home and host institution, inadequate cultural orientation or debriefing, inadequate support in the host institution, lack of cultural immersion in the host culture or too short a time frame in the host country. This research project verified the importance of frequent and explicit dialogue between all partners during the course of the student exchanges. Despite common agreements and process guidelines, there should have been more reflections and discussions among the teaching staff about the academic supervision, tutorials and expected outcomes. The cultural orientation and preparation of the exchange students varied between the participating institutions and should have been more systematic and comprehensive. In particular, the Canadian students who had to bridge the language barrier during the stay in Estonia, Finland and Sweden should have been engaged in more profound cultural orientation. Finally, in a cross-cultural learning context, as described in this study, the students' academic reflective process should have been even more strongly supported by the local teaching staff. As Mezirow states in a dialogue with the educators, the learners justify their beliefs by giving and defending reasons and examining the evidence for and against the competing viewpoints.<sup>19</sup>

### Reliability concerns

The assessment criteria of credibility, transferability, dependability and confirmability were used to confirm the trustworthiness of this research.<sup>20</sup> The credibility of findings was established by: (i) prolonged engagement in the two-phased data collection; (ii) simultaneous and criss-cross data analysis; and (iii) sharing the interpretations between the researchers. Transferability was enhanced by

careful reporting of the research process, which allows the readers to judge the transferability and appropriateness of the findings in similar cross-cultural nursing education projects. Dependability was verified by constant comparison and contrasting of the data throughout the analysis process. Confirmability was verified by the maintenance of neutrality and prevention of personal bias in the research. These were controlled through a critical peer debriefing by the two principal researchers and the author peer review in the final phase of the writing process.

### CONCLUSION

The CIT was successfully used to enhance nursing students' cultural reflection in this trans-Atlantic project. However, the following educational remarks should be noted to enhance the uptake of future CIT undertakings in the development of students' cultural competence as: (i) ensuring the learning objectives are shared between the project partners and students before they leave and throughout the exchange by explicitly articulating more discussion and support on 'what to expect'; and (ii) increasing dialogue either with the home or with the host instructor about each critical incident with specific learning and strategies for future experiences.

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q12	AUTHOR: A mandate that is consistent within a population health paradigm. The meaning of this sentence is not clear; please rewrite or confirm that the sentence is correct	
m13	AUTHOR.: Please confirm Acknowledgements is correct.	
m14	AUTHOR.: 'We would like to thank colleagues of the partner institutions in Finland, England, Estonia, Sweden, Prince Edward Island, New Brunswick, and Alberta for their . . .' has been changed to 'We would like to thank colleagues of the partner institutions in Finland, England, Estonia, Sweden, and Prince Edward Island, New Brunswick and Alberta, Canada for their . . .'. Is this OK?	
q15	AUTHOR: Please provide the accessed date and please check this website address and confirm that it is correct. (Please note that it is the responsibility of the author(s) to ensure that all URLs given in this article are correct and useable.)	