# UNDERSTANDING NURSE EDUCATORS' EXPERIENCES OF INTERNATIONAL MISSION PARTICIPATION

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ABSTRACT

Researchers find integrating international learning opportunities into the curriculum increases cultural awareness, improves nursing skills, and decreases anxiety when working with someone whose culture is different from one's own (August-Brady, 2012; Amerson, 2010; Garner et al., 2009; Hunt, 2007; Zorn, 1995; Lee, 2004). Yet, few studies actually explore if and how participation in international missions (IMs) influences nurse educators and their teaching (Green, Comer, Elliott, & Neubrander, 2011). Understanding how such experiences influence educators and their practices strengthens efforts towards nursing education reform. In particular, do IMs inform different approaches to teaching? Research strongly advocates the use of nonconventional pedagogy, new ways of thinking about nursing practice, a curriculum based on experience, contextualization, and stimulating approaches that promote a learners' sense of inquiry and exploration (Benner et al., 2010; Pinar, 2012; NLN, 2003a, 2003b; Ironside, 2001; 2003b; 2005; 2006). To this end, this study explored the perceptions of nurse educators who have participated in IMs and assessed the impact of these experiences in their personal and professional lives. The theoretical orientation of the study is based upon Benner's et al. (1996, 2009, 2010) novice to expert theory, where learning is best achieved through situated experience. Benner (2010) also emphasized the power of narratives, case studies, and storytelling. Nurse educators' reflections on how their teaching has been enriched through IMs experiences provided insight with this pedagogical practice. I also drew upon Bandura's (1997) Social Cognitive Theory to understand how they create meaning from experience and the environment. This

study utilized qualitative description to explore the perception of nurse educators' IMs experiences. The findings revealed IMs provide a powerful learning experience. They enrich cultural perspective and have the capacity to transform an individual's understanding and outlook. IMs are a personally significant and enriching experience. They facilitate personal growth, foster spiritual reflection, and provide an opportunity for significant service. They develop important skills and provide a rich opportunity for mentorship. IMs empower educators with a more informed perspective for teaching, creative instructional methods, a greater insight for contributing to nursing education reform, and a personal commitment to the provision of sustainable care.

# DEDICATION

This dissertation is dedicated to my husband, Ben; my daughter, son-in-law, and grandson Ashley, Seth, Ross and Baby Seaborn on-the-way; my daughters, Alisyn and Shelby; my parents, Paul and Dianne Woods; and my father-in-law, Bob Burleson. Thank you for your consistent love and support. This dissertation is also dedicated in memory of Gabe and Emily Seaborn, and Nathan.

# LIST OF ABBREVIATIONS AND SYMBOLS

| | |
|---|---|
| AACN | American Association of Colleges of Nursing |
| ADPH | Alabama Department of Public Health |
| AEMA | Alabama Emergency Management Agency |
| AACN | American Association of Colleges of Nursing |
| ARC | American Red Cross |
| ANA | American Nurses Association |
| CDC | Centers for Disease Control and Prevention |
| FEMA | Federal Emergency Management Agency |
| HCPs | Health Care Providers |
| HHS | U.S. Department of Health & Human Services |
| ICN | International Council of Nurses |
| IMs | International Missions |
| IOM | Institute of Medicine |
| JCAHO | Joint Commission on the Accreditation of Health Care Organizations |
| NLN | National League for Nursing |
| SCT | Social Cognitive Theory |
| UA | The University of Alabama |
| US | United States |
| USPHS | U.S. Public Health Service |

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CONTENTS

# CHAPTER I:

# INTRODUCTION

International learning opportunities are an increasingly popular way to expose nursing students to diverse cultures, economic structures, and healthcare practices (Kulbok, Mitchell, Glick, & Greiner, 2012). Yet, few studies identify their value for nurse educators. Are international missions (IMs) an important learning experience for nurse educators as well as nursing students? In this study, I explored this question by asking nurse educators who have participated in IMs about their relevance to their professional practice.

Mission work is beneficial to the recipient, society, and the individuals who volunteer. Missions help others obtain access to healthcare and provide basic physical needs such as food, fresh water, and clothing. Recipients may also receive benefits of education through maternity wellness clinics and English classes. At the same time, they foster vocational training in areas such as carpentry, farming, and even promote domestic skills like sewing, jewelry making, and rug making, which can improve quality of life. The psychological benefits of bringing hope to those in despair are also quite significant.

Also significant are the positive effects of missionary service on the worker. According to Wros and Archer (2010), experiential learning via participation in global learning experiences impacts cultural awareness. It impacts both the recipient and the worker. Indeed, many universities utilize study abroad learning experiences precisely because they develop cultural understanding (Kostovich & Bermele, 2011). On this point, Douglas and associates (2011)

recommended twelve standards to guide nurse educators in the infusion of a culturally-diverse education within health care. They have recommended that nurse educators participate in international experiences; create faculty professional development courses; integrate cultural competence teaching strategies; contribute to nursing literature through active engagement; and, mandate cultural diversity education in all nursing schools. IMs can serve as a powerful instrument to the realization of these goals.

## Statement of the Problem

Interest in international education is growing rapidly among nurse educators (Kostovich & Bermele, 2011; Riner, 2011; Garner, Metcalfe, & Hallyburton, 2009; Long, 2012). Many students participate in study abroad programs and gain rich experiences from countries that differ culturally, economically, and politically. These types of learning opportunities respond to the National League for Nursing's (NLN) call for nursing education to challenge current conventional pedagogies in order to better prepare nurse graduates for entry level practice and develop perspectives of a global society (NLN, 2003b). Research strongly advocates using nonconventional pedagogy, new ways of thinking about nursing practice, a curriculum based on experience, contextualization, and stimulating approaches that promote a learners' sense of inquiry and exploration (Benner et al., 2010; Pinar, 2012; NLN, 2003a, 2003b; Ironside, 2001; 2003b; 2005; 2006). Yet, few studies focus on the benefits that these experiences may provide to nurse educators.

## Review of the Research

A realistic and sensitive understanding of other cultures is an important educational goal in our increasing global society (NLN, 2009; AACN, 2012; ANA, 1991; JCAHO, 2012). Diversity continues to increase in the U.S. population, with projections of continued racial and

ethnic growth (U.S. Census, 2013; Synovate, 2010). Nurses represent the largest percentage of health care providers (HCPs) in the United States (Leininger, 2002; Kreitzer, Kilgler & Meeker, 2009; AACN, 2012). According to the American Association of Colleges of Nursing (AACN), baccalaureate colleges of nursing showed that the highest percentages of nurse educators teach in public universities within the southern region of the U.S. The statistics showed the highest population of nurse educators as white females, who possess either a doctoral or master's degree and provide both clinical and didactic instruction (Fang, Li, & Bednash, 2013). These findings are important because they identify hegemony within nursing education and also stand to reason that not all educators have had global opportunities to expand cultural awareness and enhance global perspectives. Therefore, a nurse educator's preparedness to teach from globally diverse experiences is essential towards promoting successful patient outcomes and nursing education reform (NLN, 2009; AACN, 2012; ANA, 1991; JCAHO, 2012; Benner, Sutphen, Leonard, & Day, 2010).

In order to teach cultural competence, nurse educators need successful preparation to develop their own cultural knowledge, skills, and understandings. IMs provide educational possibilities for such preparation and for implementing current cultural competency teaching models.

Nursing education uses cultural competency models of notable theorists to teach this essential area of nursing. Perhaps the most recognized transcultural nursing theorist and founder of the Transcultural Nursing Society is Dr. Madeleine Leininger. Her life's work focuses on using anthropological methods to establish patterns in providing culturally competent nursing care (Leininger, 1978; Chrisman, 1999). Also significant is Josepha Campinha-Bacote's model (1998; 1999; 2002), The Process of Cultural Competence in the Delivery of Healthcare Services.

They seek to further develop the attitudes, skills, and actual implementation of healthcare workers' cultural knowledge. In addition, the Purnell Model (Purnell, 2005) is a holistic organizational framework useful to assess cultural competence among multiple disciplines. Its focus on multidisciplinary use is intentional because of their varying interdependent purposes.

The models possess a common purpose to prepare nurses with necessary skills to provide culturally competent care. They facilitate ongoing discovery and explanation of factors that influence diverse cultures. Their aim is to develop a nurse's initial cultural awareness to a level of expertise in providing culturally diverse nursing care (Leininger, 1978; Purnell, 2005; 2003; 2002; Campinha-Bacote, 1998; 2003; 2011).

Thus, developing cultural competence is a continual process. These assumptions are important because they are proven to influence the health, wellbeing, illness, and death of individuals and groups (Leininger, 1978; 2001; Purnell, 2005; Campinha-Bacote, 1998). The concept of caring regardless of worldviews, cultural beliefs or practices is consistently important within all three models. They focus towards implementing one's cultural knowledge rather than simply reading how to implement it (Leininger, 1978; 2001; Purnell, 2005; Campinha-Bacote, 1998). To this end, IMs afford a unique opportunity to practice nursing in not only a different culture, but a different country, where the normalcy one experiences as a United States citizen is absent. IMs provide a diverse setting of differing personal histories, country histories, languages, worldviews, and day to day practices.

There is an important area of nursing education these competency models do not address, which relate to the causes of poverty and healthcare disparities. Structural conditions that generate inequality and injustice exist in the U.S. and overseas and they constrain individuals' accessibility and availability of healthcare (Farmer, Kim, Kleinman, & Basillico, 2013; Farmer,

2005). Farmer et al., (2013) focus towards reimagining global healthcare from merely describing diseases, numbers of patients infected, and costs of care to actual studies of the implementation of global health. Their focus is towards what happens when programs are initiated, and how to deliver up to date care within impoverished conditions. They research unintended consequences of such programs and structures of bureaucracies. They examine whether such issues can actually undermine a program's entire intention. IMs can provide rich learning opportunities for nurse educators to develop a greater level of cultural awareness, knowledge, and skills relating to the contributors of global healthcare disparities.

Few studies actually explore if participation in IMs influences nurse educators and/or their teaching, though they do encourage participating in them (Green, Comer, Elliott, & Neubrander, 2011). There is much research about improving cultural awareness through student international experiences (Kardong-Edgren et al., 2010; McFarland & Eipperle, 2008; Long, 2012). Researchers find integrating international work into the curriculum increases cultural awareness, decreases anxiety when working with someone whose culture is different from one's own, and improves nursing skills (August-Brady, 2012; Amerson, 2010; Hunt, 2007; Zorn, 1995; Lee, 2004). Other studies stress the importance of engaging nurse leaders in global nursing education partnerships (Garner, Metcalfe, & Hallyburton, 2009; Long, 2012). Researchers agree that nursing education should avoid sole reliance upon traditional classroom settings for increasing global awareness; and, they should develop active experiences, such as international medical opportunities to improve one's cultural competency, skills, and resourcefulness (Kostovich & Bermele, 2011; Garner, Metcalfe, & Hallyburton, 2009). Thus, nursing education is learning more benefits of students participating in these global experiences. Yet, there is little evidence identifying whether they impact actual nurse educators and their teaching.

## Purpose of the Study

The lack of research on the value of IMs for nurse educators must be addressed. The field needs to understand how such experiences influence educators and their practices. In particular, do they inform different approaches to teaching? The purpose of this study was to explore the perceptions of nurse educators who have participated in IMs and assess the impact of these experiences in their personal and professional lives.

## Conceptual Framework

My analysis of this problem was informed by Benner et al.'s (1996, 2009, 2010) novice to expert theory. According to this approach to learning, knowledge is developed in the context of professional practices, understanding others and other cultures. In this view, learning is best achieved through situated experience. IMs have the potential to promote this goal. They can also provide the content teachers may use in class to make the information more meaningful.

Benner et al. (2010) emphasized the power of narratives, case studies, and storytelling. Nurse educators' reflections on how their teaching has been enriched through IMs experiences provide insight with this pedagogical practice.

I also drew upon Bandura's (1997) social cognitive theory (SCT) to understand how individuals create meaning from experience and the environment. IMs provide powerful experiences that can be significant both on a personal level and in the importance for teaching.

## Research Questions

Given this theoretical orientation, the following research questions guided this study, how do nurse educators who have participated in IMs understand the significance of their experience and in what ways, if any, do such experiences inform their teaching? In cases where important

influences were reported, how does Bandura's theory of socio-cultural development help explain the meaning of the experience to individuals?

## Methodology

Answering these questions requires a thorough understanding of the educators' experiences. This was achieved through the use of qualitative inquiry. Specifically, I drew upon qualitative description outlined by Sandelowski (2000) to explore the perception of nurse educators' IMs experiences.

## Significance of the Study

As cultural diversity and the U.S. population continue to grow, a significant challenge for educators is to equip future graduates with the knowledge and skills to understand nursing with a global perspective (Long, 2012; NLN, 2009; AACN, 2012; ANA, 1991; JCAHO, 2012). Knowledge of how IMs can contribute to this goal is crucial. For such experiences have the potential to enhance professional development and make future educators more engaged and reflective agents of educational change.

The study responds to recommendations of scholarly work towards the furtherance of nursing education and practice through participating in international experiences (Green et al., 2011; Garner et al., 2009). Studies show experiential learning contributes to improving self-efficacy, developing qualities of leadership, and increasing awareness of cultural diversities in nursing students (Green et al., 2011; Garner et al., 2009; Riner, 2011). Yet, there are few studies exploring IMs' influence on nurse educators' lives and their teaching. McKinnon and Fealy (2011) highlighted the significance of Dewey's constructivism where real-world experiences of helping others serve to promote social and academic development. Dewey (1938) argued that experience facilitates competence and aids community establishment and self-sufficiency.

These assumptions speak to Bandura's (1977) social cognitive theory, specific to self-efficacy. Bandura (1977) recognized self-efficacy as believing in oneself and one's abilities. Thus, it stands to reason that participating in IMs can influence nurse educators' lives and their teaching. As a direct result, these experiences can improve nursing practice.

## Definition of Terms

To clarify term uses within this research, this study provides definitions of *culture, global health,* and *international mission*. According to Leininger (1988), culture is referred to as a set of values, beliefs, norms, patterns, and practices shared by an individual or a group. Culture may be classified as ethnic, occupational, or nonethnic. A holistic approach is recognized as the emotional, mental, spiritual and physical elements of a person (Leininger, 1988).

Koplan et al. (2009) defined global health as "an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide" (p. 1995). Emphasis resides within solutions to transnational health issues and also not only supports, but involves interdisciplinary collaboration beyond the health sciences. Population based disease prevention using individualized clinical care is also an attribute to defining global health (Koplan et al., 2009).

The term *international mission* has a categorically based, multi-faceted meaning. Generally speaking, the term refers to a specific task a person or group of people are sent to perform. Innumerable types of mission work exist within the context of varying purposes, disciplines, and organizations. Some types of international mission work have an evangelical aspect to the work, while others do not. Some types of international missions receive stipends for their work and others are completely voluntary, and actually pay money in order to provide

the work (Stephenson & Schnitzer, 2006; Gronbjerg, & Never, 2004; Irwin, 2011; Lopata, 2005; Pape, 2013). Further elaborations of the different kinds of mission work are in chapter two.

The literature contained a number of terms involving international learning experiences among both medical and nursing schools. These terms were international service learning, global experience, study abroad, international experience, international nursing care, global service learning, and international studies. Interestingly, the terms sometimes represented an intervention, where medical care was provided; and others represented more of an immersion type experience that provided exposure and opportunity to study healthcare or nursing education within another country (McKinnon & Fealy, 2011; Perry & Mander, 2005; Sawatsky et al., 2010; Lee, 2004; Hunt, 2007; Amerson, 2010). This study defined IMs as providing medical care to citizens within another country, where the nurse educator has the option of participating in the spiritual aspect of the IMs.

## Summary

Few studies identify the value of the IMs for nurse educators. In this study, I explored how nurse educators who have participated in IMs see their relevance to their professional practice. In particular, do they inform different approaches to, the aims, methods, or content of teaching? Informed by the theoretical writing of Benner (2010) and Bandura (1977), I drew upon qualitative research to explore the perceptions of nurse educators who have participated in IMs. This can be useful to understanding if and in what ways IMs produce the kinds of personal experiences that powerfully affect an individual and one's orientation to teaching.

# CHAPTER II:

# REVIEW OF THE LITERATURE

This study focuses on nurse educators' experiences of participating in IMs. In this chapter, I explore current literature about IMs. Overall, research strongly supports this practice for a variety of reasons. Kulbok et al. (2012) noted that practicing nurses who have never traveled overseas often face challenges when providing healthcare to patients of another culture and country. They reported that nursing faculty develop a deeper understanding of global health and healthcare as foundational efforts to improve nursing education (Kulbok et al., 2012).

By providing care in another country, IMs require few resources while yielding enormously enriching experiences (Perry & Mander, 2005). Participants report increased cultural awareness, improved social skills, empathy for the circumstances and living conditions of others, and a moral calling to improve themselves and others. Moreover, there are many calls for further studies to expand understanding of how foreign experiences promote knowledge of cultural diversity (Perry & Mander, 2005; Sawatsky, Rosenman, Merry, & McDonald, 2010; Garner, Metcalfe, & Hallyburton, 2009).

In the following sections, I look at studies relating to IMs. This research implies that IMs are significant learning experiences for nursing faculty and beneficial in answering the research questions of this study. These sections are concepts of humanitarian aid, the significance of IMs, impacts of IMs participation, critiques of poverty through a critical lens, their implications to social cognitive theory (Bandura, 1977) and also implications to Benner's (2010) theory.

## Humanitarian Aid

In order to understand the nature and scope of IMs, they must be seen in the context of a wide range of other charitable efforts. A number of organizations exist and may be religious, non-religious, private, governmental or non-governmental. The American Red Cross (ARC) and Doctors without Borders are well known immediate response organizations (Pape, 2013; Press, 2006; Lopata, 2005; Skari, 1999). Responding to earthquakes, tornadoes, floods, tsunamis, typhoons, pandemics, hurricanes, fires, ice storms, droughts, starvation, and manmade disasters require complex networks and long-term resources (Wall & Keeling, 2011; Jakeway, LaRosa, Cary & Schoenfisch, 2008; Gronbjerg & Never, 2004; Stephenson & Schnitzer, 2006; Tennant, 2005; CDC, 2013; U.S. Department of Health & Human Services, 2013; FEMA, 2013; IOM, 2012). Immediate response teams are responsible for necessities such as fixed and mobile feeding stations, shelters, cleaning supplies, comfort kits, first aid, blood and blood products, clothing, emergency transportation, home repairs, household items, and medical supplies (FEMA, 2010; Obama, 2013; ARC, 1997). In contrast, not all teams are immediate response. Thus, these unique features of IMs provide excellent learning opportunities for nursing.

### Significance of International Mission Participation

Of the various types of humanitarian aid, IMs are most useful for nursing schools because of their orientation towards education. IMs allow for structure, pre-planning and organization. University medical and nursing schools utilize IMs as a means to improve students' skills, provide help to others, broaden cultural experiences, and enhance global awareness (Sawatsky, Rosenman, Merry, & McDonald, 2010; Garner, Metcalfe, & Hallyburton, 2009; Perry & Mander, 2005).

How do universities gain access to IMs experiences? Often times, they utilize Christian based groups. These groups organize and provide medical teams to the areas of need. Participants have the option to engage in the spiritual aspect of the trip. The nursing school's purpose however, is educating students. The nursing students are there to experience the learning opportunity, to improve their skills, increase cultural awareness, and provide nursing care. Some undergraduate nursing programs use Christian based groups as a vessel to ensure safety, to have translator accessibility, and facilitate the IMs experience ("e3partners," 2013).

Researchers have agreed that using IMs facilitate a rich, international learning experience for nursing students (Lee, 2004; Hunt, 2007; Amerson, 2010; Riner, 2011; Perry & Mander, 2005). There are varying recommendations about the length of time the IMs should be. Some have claimed that short-term trips merely allow for brief encounters with people; and, once relationships begin, the experience is over (Button, Green, Tengnah, Johansson, & Baker, 2005; Wros & Archer, 2010). Others (Zorn, 1995; Button, et al., 2005; Riner, 2011) have promoted the notion that long-term trips as the best means to a rich experience.

In a comparative study between IMs and local community partnerships, Wros and Archer (2010) demonstrated that IMs develop greater cultural awareness and more profound personal and professional growth. Students who travel abroad have a richer experience because they do not return home each evening, are not under the same protections as a U.S. citizen, and experience cultural diversities of language barriers, practices of everyday living, climate changes, and unfamiliar foods (Wros & Archer, 2010).

These uses in education inevitably raise questions pertaining to the nurse educator's experience. If universities recognize the beneficence of IMs for students, should they not also

appreciate their importance for nurse educators? Yet the literature contains no significant studies exploring this vital question.

**Impact of IMs**

Many authors have argued that guided reflection is a powerful means for understanding IMs experiences (Kostovich & Bermele, 2011; Perry & Mander, 2005). Research using guided reflections of IMs experiences showed participants developed a sense of empowerment and greater ability to provide better care. They reported increased self-efficacy, less fear to participate in international missions care, and improved understanding of cultural awareness (Amerson, 2010; Adamshick & August-Brady, 2012; Perry & Mander, 2005; Button et al., 2005). Adamshick and August-Brady (2011) found undergraduate RN students who participated in IMs to Honduras experienced transformational learning, where their experience changed their practice. Using phenomenological methodology, they analyzed data from reflective journals and two focus groups. They examined the meaning of participation and the value of missionary work for improving nursing practice. They identified four themes: (a) from the outside looking in (b) struggling with dissonance, (c) searching for meaning, and (d) from the inside looking out. These reflections identify the ways nurses working out their comfort zone, experienced mental conflict, re-qualified their understanding of nursing as a profession, and maturated the desire to become a better nurse.

The positive results in each category support IMs as a transformational learning experience (Adamshick & August-Brady, 2011). To this end, they recommend replication using a larger sample size, using diverse practice settings, a focus on professional development and also longitudinal studies to evaluate transformative learning. Their study did not consider

transformative learning for the nurse educators who accompanied these undergraduate students, yet acknowledged its usefulness for the students' professional development.

IMs are not only useful in nursing programs; Sawatsky (2010) and colleagues have also shown their value for medical students. They demonstrated that IMs positively impacted the skill performance, resourcefulness, cultural awareness and overall knowledge of 162 medical school residents. Many questions were left unanswered. Do international experiences make the residents better physicians? Do such experiences improve the care for others of a different ethnicity? Are participants more likely to practice in under-served communities? They also asked what motivations led residents to participate? Are their test scores regarding tropical illnesses higher than their counterparts? Are their clinical skills more advanced than their counterparts? And, how did the experience affect their professional behavior and knowledge? Clearly, there is much fortifiable work to be done on the many possible advantages of IMs.

Indeed, numerous studies have emphasized the benefits of IMs (Lee, 2004; Hunt, 2007; Amerson, 2010; Riner, 2011; Perry & Mander, 2005; DeDee & Stewart, 2003; Button et al., 2005; Wros & Archer, 2010). Kostovich and Bermele (2011) and Garner et al. (2009) have argued that traditional classroom settings are inadequate for providing these types of new learning experiences for students. Garner et al. (2009) noted that IMs as helpful for the development of at least three nursing leadership skills: advocacy, activism, and professional accountability. They recommended IMs for both entry level and graduate nursing education. Curiously, they also acknowledged their own participation in global learning experiences, but yet, do not thoroughly explain how their experiences impacted them personally or in their teaching.

Nursing schools also provide comparative healthcare courses (Perry & Mander, 2005; Button et al., 2005). For example, San Francisco State University (SFSU) provides a variable credit course comparing international healthcare medical system employed in the United States. This includes midwifery in the United Kingdom, primary care nursing in Ghana, midwifery in Thailand, pediatrics in Peru, and general nursing in Italy. Participants who toured other countries interacted with hospitals and staff, nursing schools, nursing students and faculty, as well as medical museums, and primary care clinics (Perry & Mander, 2005).

These comparative courses focused on issues such as nurse educator licensure and education requirements, professionalization of nursing, economics of health care, and health indicators such as infant mortality rates, breast cancer, and chronic illness incidences. Other pertinent areas of interest were health care system comparisons and current nursing research (Perry & Mander, 2005; Button et al., 2005).

Studies have shown those comparative courses impact students' personal and professional lives, cultural diversity awareness, cognizance of differences between health care systems and nursing practice (Perry & Mander, 2005; Button et al., 2005). Perry and Mander (2005) found the comparative healthcare course exceeded its stated objectives. Students improved their global awareness and identified strong and weak areas in nursing and healthcare. Participants shared positive feedback on an unforgettable experience. Based on these findings, Perry and Mander (2005) recommended providing global learning opportunities for not only nursing students, but educators because they provide rich learning experiences and increase awareness of differences between healthcare systems and nursing practice (Button et al., 2005).

The literature contained concern from participants about accessibility and availability of IMs. Due to the expense of IMs, not all who desired to participate could afford the costs and

scholarships were not always available (Wros & Archer, 2010). Also important, limited faculty involvement impacted availability of the IMs experience for students (Wros & Archer, 2010; Long, 2012).

To this end, IMs provide rich learning experiences for participants in nursing education (Perry & Mander, 2005; Button et al., 2005; Leininger, 1978; 2001; Purnell, 2005; Campinha-Bacote, 1998). Research continues to show beneficence in preparing nursing students for practice. Further exploration as to how these experiences influence nurse educators personally and professionally can provide significant contributions to existing scholarly literature regarding the benefits of IMs participation.

## Critiques of Poverty through a Critical Lens

A recurring theme for those participating in IMs is the witnessing extreme poverty. This often results in feelings of sadness, helplessness, and compassion (Walsh & DeJoseph, 2001; Sawatsky, Rosenman, Merry, & McDonald, 2010; Wros & Archer, 2010). Nursing education embraces experiences, which may broaden awareness and strengthen cultural competency (Campesino, 2008; Wros & Archer, 2010; Riner, 2011; Sawatsky, Rosenman, Merry, & McDonald, 2010; Leininger, 1978; 2001; Purnell, 2005; Campinha-Bacote, 1998). This prompts the question of whether nurse educators who participate in IMs teach cultural competency or do they use other approaches to the questions of diversity or social justice in a richer, more informed, or more powerful way? Then, do these experiences help them understand or teach this subject in the nursing curriculum?

For example, critical theorists have stressed the importance of including issues of social justice within nursing curriculum because injustices significantly limit and marginalize nursing care (Boutain, 2005; Murphy et al, 2005). They noted gaps addressing social justice in current

cultural competency models, such as Leininger (1988), Purnell (2005), and Campinha-Bacote (1998). Murphy et al. (2005) argued the importance of understanding how political infrastructure impacts patient care. They offered that healthcare accessibility and availability as being notably based upon profitability, which often involves race, class, and gender discrimination. Farmer (2005) supported this claim by revealing failures to address multi-drug resistant tuberculosis (MDRTB) epidemics in Russian prisons. He found many incarcerated prisoners not yet convicted of crimes, quickly become infected and often die of MDRTB even before sentencing. He noted that "managing inequality almost never includes higher standards of care for those whose agency has been constrained, whether by poverty or by prison bars." (p. 129). He shared that the frustrations that the prison's physician routinely encounter in accessing medications, food supplies and other resources. She is underpaid and feels helpless because her pleas and demands fall on deaf ears. The surviving inmates, when released, could affect the entire world by spreading this deadly disease. Neglecting this population could have worldwide ramifications. Thus, social injustices in healthcare can result in long lasting societal effects, not only for marginalized individuals, but the whole population (Farmer, 2005).

Cohn (2007) uncovered other instances of social injustice in mistreatment and lack of medical care to impoverished mentally ill patients. Similarly, infrastructure decreases in Tennessee's TennCare budget have significant influence in healthcare delivery. These cuts negatively affect healthcare availability for recipients (Cohn, 2007). Farmer (2005) recognized that structural violence, where individuals suffer at the hand of others, is usually based on economic factors. He illustrated this claim through conditions of Haiti, where masses die from AIDS, where beatings and murders occur by the military, infant mortality rates are very high,

and basic necessities of food, shelter, and water are scarce. Such examples of structural violence illustrate how the top few have so much while the majority dies in poverty.

Farmer, Kim, Klienman, and Basillico (2013) focused towards reimagining global health perspectives away from simply describing the epidemiological and economic burdens to actual studies of the implementation of global health. What happens when healthcare programs are built in impoverished places? How can we, as a society, overcome the barriers to delivering current and appropriate care to people who live in poor or middle-income settings? The treatments exist, yet for a number of reasons, the people in need cannot get them. Often times, as noted by researchers about mental illness treatments in China, healthcare accessibility and availability are constrained by issues of financial, geographical, and neglectful treatment of patients with lesser disease severities (Farmer et al., 2013).

Critical theory differs from common positivist philosophical nursing perspectives (Campesino, 2008; Murphy et al., 2005; Whall & Hicks, 2002). According to Whall and Hicks (2002), many nursing programs adhere to a narrow nursing model, which emphasizes objectivity and the measurement of observable phenomenon. The curriculum primarily focuses on developing clinical judgment through understanding body systems and disorders, the pathophysiology behind the disorders, pharmacological interventions, diagnostic procedures, analyzing data, using appropriate nursing interventions, and interdisciplinary care.

In health care, this emphasis on objectivity neglects consideration of social and cultural differences that influence professional encounters and health care context (Fontana, 2004; Lorde, 1997). Fontana (2004) has contended that race, class, and gender in social hierarchies of the United States are not often acknowledged as significant factors which shape nurse-client relationship. But rather, mastery in classification systems and nursing care for health alterations

throughout the lifespan are more strictly adhered to. Lorde (1997) illustrated deficiencies in nurse-client relationships when she describes returning to the healthcare clinic after her mastectomy for a follow-up visit. She did not wear her breast prosthesis. She reported being told by the nurse that not wearing it was bad for the office morale.

These cases typify the structural problems causing widespread inequalities that permeate healthcare in America. These are not brought out in the cultural competence approach, which focuses on understanding people of different backgrounds. Given how hard it is to see the dynamics of such forces in our own society, the question becomes about the experience of IMs, where such disparities and their causes are more readily apparent how nurse educators approach these problems in their own teaching about diversity with social justice in America?

These critiques by critical theorists raise applicable questions pertaining to the experiential learning acquired through participating in IMs. Nursing education looks for pedagogy, which facilitates understanding the dimensions of structural inequalities. Do IMs experiences have the capacity to accomplish such pedagogical goals? Do IMs open doors to questions that may lead to developing a critical understanding of poverty and healthcare disparities at a global level? Has it helped raise their critical awareness about questions of social justice that critical theorists point to as problematic in the standard nursing curriculum (Campesino, 2008; Whall & Hicks, 2002; Lorde, 1997; Boutain, 2005; Murphy, Canales, Norton, & DeFilippis 2005; Kirkham, Hofwegen, & Harwood, 2005)?

## Implications to Social Cognitive Theory

Bandura's (1977) Social Cognitive Theory (SCT) is based upon the principle that learning occurs as a result of interaction between humans and their environments. On this account, nursing education takes place in a social context through the key process of reciprocal

determinism, the interaction between persons and their environment (Bandura, 1977; Benner et al., 2010).

Bandura's (1977) SCT provides insight into the experiences of IMs. The nurse educator's participation in IMs exposes them to an unfamiliar environment, requiring responsive behavior and interactions with others. Inevitably, it raises questions about what learning has been accomplished. What kinds of impacts occurred? And how have those impacts influenced a person's teaching?

According to Bandura's theory, the four elements of observational learning, reciprocal determinism, self-regulation, and self-efficacy explain the learning process. Observational learning requires one to translate a modeled event into an action of ownership. People can be a modeled event. Symbols such as books, characters, images, or instructions provide other examples. Exploring the motivations behind nurse educators' involvement in IMs and how they approach the world after participation operates under these assumptions. These motivations and how they approach the world afterwards can be captured through descriptions of their reasons for participating in IMs; and how, if at all, they integrate those approaches into the classroom (Benner et al., 2010).

According to Bandura (1977), reciprocal determinism explains how people are influenced by their personhood, environment, and behavior. All three are dialectically related to one another. Thus, exploring the impacts of IMs can evoke both general and concrete examples of learning and teaching. Did the experience influence their personhood? Did they experience being "the other" during that experience? How did they respond to this different country's environment? These concepts have implications to Benner et al.'s (2010) theory of the process growing from novice to expert.

In self-regulation, an individual sets standards and goals, observes, judges, and reacts to his or her actions (Bandura, 1977). The basis for any self-regulated standard comes from the expectations an individual has about the consequences of their actions. Under these assumptions, a nurse educator's participation in IMs could yield enlightenment, sharpened skills in cultural awareness, a new understanding of the world in which they live, even a better approach to nursing education. Similarly, when a person's capability for a task increases, the self-regulated standard also increases. Therefore, their expectations are amplified. Thus, social reinforcements have a large impact on the actions of a person and the influence of self-regulated standards (Bandura, 1977). Benner et al.'s (2010) theory of novice to expert is a useful framework to capture this component of social cognitive theory because of its use of storytelling. Using stories of IMs experiences can uncover the educators' perspectives of capabilities prior to, during, and after the experience.

Fourth is self-efficacy. Bandura's (1977) theory of self-efficacy means the nurse educator possesses a certain expectation of the IMs, along with a certain degree of confidence in one's abilities to adapt and function within a new setting. Self-efficacy is when a person knows the extent of his or her capabilities in the face of challenges. Self-efficacy means believing in oneself and one's abilities. When faced with obstacles and failures, people who harbor self-doubts about their capabilities slacken their efforts or give up quickly. Those who have strong beliefs in their capabilities exert greater effort when they fail to master the challenge. It seems inevitable then that participating in IMs influences and is relational to self-efficacy, and this implies re-qualified skills in teaching through cultural competence. Benner et al.'s (2010) novice to expert nursing theory allows for narratives as a means to reveal how the beginner approaches a situation and how the expert approaches a situation. Using narratives of the IMs experience can

provide descriptions of their confidence levels before and after the event. Did it improve their self-efficacy? Can these narratives provide enrichment to nursing education by describing how experiential learning improves self-efficacy?

## Benner's Theory

In response to the nursing shortage, the theory-practice-gap, underprepared nurse graduates and less than sufficient continuing education for practicing nurses, Benner et al. (2010) conducted an extensive study through the Carnegie Foundation. The study focused on different pedagogical approaches of nine nursing schools for the purpose of discovering the most effective teaching strategies. The findings led Benner et al.'s (2010) theory to call for radical change in ways of thinking about and current approaches to teaching and learning in nursing education.

Benner et al. (2010) metaphorically referred nursing to three specific apprenticeships: integrating knowledge and science, skilled know-how, and ethical comportment. They called nurse educators to model and integrate these apprenticeships throughout the nursing curriculum. Thus, they introduced a new way of thinking about nursing education.

These concepts provide a framework for enhancing nursing education. A review of literature showed the need for increasing global and cultural awareness in baccalaureate nursing programs (Riner, 2011; Memmot, et al., 2010; Douglas et al., 2011; Kostovich & Bermele, 2011). Thus, Benner et al.'s (2010) theory provides research-based strategies of teaching and new ways of thinking that are useful to enhance nursing education curriculum. Their theory is supported by Ironside (2001), who noted the terms *pedagogy* and *teaching* are used synonymously. She emphasized pedagogy as not only teaching, but also "a way of thinking about and comportment within education" (Ironside, 2001, p. 73).

Nurse educators were faced with integrating knowledge and science, which required a deep understanding of nursing science, technology, and theory into the clinical and classroom. They are also faced with teaching the skilled know-how of the expert nurse. This involves providing effective care in the unpredictable clinical setting, discerning appropriate interventions, and evaluating outcomes according to a patient's needs. Finally, they face the problem of fostering judgments sensitive to the situation or the interests of patients, families, communities, and patient populations. These combinations of related skills have to be exercised within the unpredictable, evolving, and non-explicit situations of practice (Benner et al., 2010).

To this end, Benner et al. (2010) made four recommendations for nursing education. They suggested a shift from "a focus on covering decontextualized knowledge to teaching for a sense of salience, situated cognition and action in particular situations" (p. 82); from the "sharp separation of clinical and classroom teaching to integration of classroom and clinical teaching" (p. 82); from "an emphasis on critical thinking to an emphasis on clinical reasoning and multiple ways of thinking that include critical thinking" (p. 84); and from "an emphasis on socialization and role taking to an emphasis on formation" (p. 86).

The theoretical starting point of Benner et al.'s work is the novice to expert model of learning and explicated by Dreyfus and Dreyfus (2004). Practical knowledge formation is best understood through the paradigm examples of learning to drive and learning to play chess. In learning to drive, the novice first learns the functions of brakes, the gas pedal and gear shift; while, the chess player learns the moves of each chess piece. These rule-governed facts must be contextualized into working actions within a holistic set of behavioral responses. Operating the car, like playing the game of chess requires coordinated interaction and practical competence.

Benner et al. (2010) noted deep learning comes by situating knowledge within clinical practice. Drawing on the Dreyfus Model (Dreyfus & Dreyfus, 2004), Benner et al. explained how the advanced beginner utilizes prior experience to identify the particulars of a situation. For example, the driver knows to down shift when the car makes straining sounds and to shift up with racing sounds. The driver *notices* by pulling from prior experience and uses a sense of salience. As a result, they construct action schemes to correctly shift the gears. The student uses the situations of sound to determine the non-situations of speed.

These arguments speak to Aristotle's (1853) notion of practical knowledge and praxis within concepts of *techne* and *phronesis*. *Techne* refers to means-end technical skills, typical of craft work. *Phronesis* relates to the wise or praxis choice of ends necessary for ethical actions. Nursing clearly involves both *techne* and *phronesis* in the conduct of expert practice. If nursing demands practical knowledge of the best way to treat the body, it also demands practical knowledge of the best course of action for the person who is suffering.

**Integrating the Clinical and Classroom Together**

Benner et al. (2010) noted sharp divisions between teaching in the classroom and teaching in the clinical setting. Many classroom settings are very controlled, formalized, and basic, such as in teaching students how to assess vital signs. Typically, the curriculum is prescribed and educators assess students' skills as they perform them on a "healthy adult mannequin." The educators use a simple format and the situation is not conducted within the context of an actual patient setting. Yet, in the clinical setting, Benner et al. (2010) noted that many educators expect students to perform as proficiently in clinical setting as they do in the classroom setting. As a result, students experience difficulty performing skills on an actual unhealthy patient, within an uncontrolled situation and setting. They provided an illustration

where students experience difficulties assessing a patient with high blood pressure in the labor and delivery room (Benner et al., 2010).

Concepts of integrating clinical and classroom settings contradict the common prescriptions of curriculum, which are based on Tyler's (1949) four-step curriculum development theory. Tyler (1949) has contended that focusing on main points rather than a vast array of information better provides for a learner's comprehension and knowledge retention. He stated that retention is best achieved through highlighting significant issues, and presenting essential points. Ironside (2001) called this method of instruction *conventional pedagogy*. Conventional pedagogy is linear, outcome-oriented, and prescribed. Assumptions of conventional pedagogy claim using a problem solving approach is best for effective, efficient accumulation of information (Tyler, 1949; Ironside, 2001; 2003b). The conventional pedagogy is used in large class sizes with limited educators. Evaluation of educational outcomes rely on standardized tests, the hallmark of conventional pedagogy (Ironside, 2001; 2003b; 2006).

Benner et al. (2010) recognized limitations in using a conventional approach to nursing education. Not every aspect of nursing can be broken down into a rational, sequenced order, and then be synthesized into an all-encompassing whole. In contrast, Pinar (2012) has challenged educators to examine the historical events, which shaped the current education system and to also procure one's own meaning and understanding of what curriculum should be. He refers to this understanding as a complicated conversation. One of Benner et al.'s (2010) teaching practices, which draw on narratives and experience, speaks to this concept. They incorporated the use of case studies into her teaching.

Unlike Tyler (1949), Pinar (2012), Ironside (2001; 2003b; 2006) and Benner et al. (2010) have disagreed with a prescribed, sequenced content whose primary evaluation consists of

standardized testing. Schaefer and Zygmont also (2003) supported this position in their study of 187 nursing faculty, who teach in undergraduate nursing programs. Their research shows the educators considered "curriculum mandates" (p. 242) as barriers to creating engaging environments of inquiry.

Pinar (2010) has endorsed curriculum whose content has been informed by educational experience, and also provides for learner creativity and exploration. These new approaches to think and teach are acknowledged, but yet they demonstrate a slow entrance into nursing education (Benner, 2010; Ironside, 2006). Like Pinar (2010), Benner et al. (2010) also endorsed educator driven content and recommends a curricula, which integrates teaching strategies of experiential learning that empower nursing students for practice within the three apprenticeships of nursing.

Curriculum informed by nurse educators' experiences are quite applicable to my study because it asks the nurse educator to, "Describe the influence (if any) the IMs experience has had on you personally and/or on your teaching?" Benner et al.'s (2010) theory provides the framework. This frames the study to look at their reflections of how their lives and/or teaching have been influenced or enriched as they see it or if and how their approach has changed because of these experiences.

**Clinical Reasoning and Imagination**

Clinical reasoning requires the educator to facilitate multiple ways of thinking. Benner et al. (2010) found that many educators use the catch-all phrase *critical thinking* to represent nursing practice. The educators use critical reflection as a means for students to think through questions about patient events, patient issues, or situations such as when a breakdown in practice occurs. Benner et al. (2010) stressed critical reflection simply cannot be the sole focus to learn

nursing practice because it will not develop perceptual acuity or the clinical imagination needed to understand the three apprenticeships of nursing. Without promoting clinical imagination, the student fails to learn the nature of a situation and fails to recognize when patients' needs change over time. Thus, nurse educators benefit in identifying and using ways that promote clinical reasoning in nursing students.

**Ineptness of critical thinking alone.** The phrase, *critical thinking*, fails to capture multiple ways nurses must think (Benner et al., 2010). It implies gaps where nurse educators fail to teach clinical reasoning. As a result, they need to grasp the essentialness of teaching students how to reason as situations change. It implies nurse educators can benefit from teaching students how to take into account the context of a situation, and how to notice and address the concerns of the patient and family.

Benner et al. (2010) has discouraged sole reliance on reflection, but rather encourage using narrative pedagogy, such as reflective journals, simulation labs, and patient interviews as effective facilitators of clinical imagination. These developmental teaching strategies are beneficial in prompting students' creativity and inquiry towards patient, family or community. This study contributes to a basis in creating simulation experiences, where for example, the patient does not speak the same language as the nurse. Such simulations stimulate clinical imagination. Research shows clinical imagination promotes thinking like a nurse (Benner et al., 2010).

Clinical imagination teaching strategies have implications to Dewey (1933), philosopher of pragmatism or connecting theory and practice. His constructivism theory is quite applicable to nursing education and the clinical setting. Constructivism happens through active engagement, where learning occurs as a result of building upon one's prior knowledge. Using

this type of pedagogy is supported in nursing literature as a facilitator of deep learning when it is used in clinical post conference reflections (Benner et al., 2010; Wink, 1995; Hsu, 2007; Lindahl, Dagborn, & Nilsson, 2009).

Benner et al. (2010) recognized expert educators as those who utilize discernment to stimulate students' existing knowledge, to make new information meaningful, and through careful facilitation, evaluate the student's progress. They emphasized that classroom activities do not stimulate clinical imagination when nurse educators rely on textbook instruction. In facilitating cultural competency in the classroom, the sense of vulnerability and becoming "the other" can be quite challenging for nurse educators to create unless they have experiential learning from IMs experience.

**Situated learning.** Benner et al.'s (2010) research found that students develop clinical reasoning as a result of situated learning that involves patients in a clinical setting or in paper case studies or in simulations. Thus situating cognition places particular nursing content into context. Benner et al.'s (2010) definition of contextualization is "taking into account the response of the particular patient in the situation, including the patient's history, interrelationships between physiological systems, social interactions with others, and response to the particular environment" (p. 46). They stressed significance of the experience towards contextualizing nursing concepts.

Benner et al.'s (1996, 2009; 2010) theory emphasizes significance in nurse educators' reflections such as IMs, because self-evaluation facilitates personal growth. Their studies show a learner develops clinical reasoning through experience. Likewise, nurse educators can understand the goals and functions of their experiences in relation to practice. This study can add to the literature by discovering how the IMs experience facilitates personal growth, and how

it influences their teaching. How do nurse educators use their experiences to accomplish the curriculum goals? What functions does their IMs experience serve in promoting cultural competence?

**Storytelling.** Also important, Benner et al. (1996, 2009; 2010) urged incorporating storytelling as a means for the novice to learn from the expert. According to Benner et al. (2010), narratives of storytelling are a powerful means to teach. Ironside (2003b) also supported this teaching strategy by noting narrative pedagogy as an influence to the classroom climate. Students cited the course as compelling, makes them think, and requires less note taking (Ironside, 2003b).

Also important, Benner et al. (2010) found that storytelling creates an environment of encouragement towards self-improvement in nursing. Ironside (2006) stated that storytelling is a form of narrative pedagogy, and fosters thinking from multi-perspectives. Storytelling facilitates critical thinking, develops creative thinking, and improves scientific thinking (Ironside, 2006). These desirable outcomes directly address the recurring theory practice gap in nursing education (Agency for Healthcare Research and Quality (AHRQ), 2013; Benner et al., 2010; IOM, 2010; Quality and Safety Education for Nurses (QSEN), 2013).

Assumptions of Benner et al.'s (1996, 2009, 2010) theory mean nursing students can learn from educators' IMs experiences through situating cognition within storytelling. Storytelling is a way to enhance cultural competency content because it is based on actual experiences of nurse educators, rather than using a theory in the field of cultural diversity.

Teaching these processes require embodiment and skillful judgment, which formal or representational frameworks of thinking fail to facilitate. These positions represent how the novice uses life experiences to discern and justify actions (Benner et al., 1996, 2009). Benner et

al. (2010) has provided a teaching illustration where the nurse educator embodies the nursing experience through storytelling. The educator shares with the classroom her medication error experience and how that experience impacted her nursing care. She shares her remorse with the error and also what she did to ensure a successful patient outcome.

This illustration represents the use of storytelling as a means to bridge the gap between theory and clinical practice to contextualize content. For competent practice is not merely content knowledge and clinical knowledge. It is an understanding, based on engagement, where continual thinking about the context of care and patient experience of illness or health exist (Ironside, 2003b; Benner & Wrubel, 1989). Storytelling is a type of narrative pedagogy supported by the National League for Nursing's Priorities for Nursing Education Research (Ironside, 2001; NLN 2003a). Thus storytelling, a narrative pedagogy, places emphasis on *how* learning occurred rather than *what* learning was achieved through conversations between the educator, student, and curriculum (Benner et al., 2010; Ironside 2003a; Pinar, 2010).

This study utilized practices gained through experiential learning, as described by Benner et al. (2010), to enhance educators' abilities of bridging the gap between classroom cultural competency content and actual clinical experiences of IMs. Thus, the study looked at, in terms of, if the IMs influenced the nurse educator, and/or their teaching; and if yes, in what ways? One of the ways is it gives them stories they can tell. These stories have power and are supported through Benner et al.'s (2010) argument that nursing education should be based on actual experience and using stories in more powerful ways. Another way is it promotes nurse educators' competency through the IMs experience and their use of storytelling by enhancing pedagogic literacy (Ironside, 2001). In turn, the educator is equipped to apply knowledge and improve practice (Bransford, Brown, & Cocking, 2000; Sawyer, 2006).

**Formation**

Benner et al. (2010) defined formation as, "those changes in identity and self-understanding that occur in moving from being a lay person to a professional" (p. 86). Student nurse formation occurs after experiences of skilled practice, relating to, and interacting with patients. These experiences transform perceptions and situate actions to develop effective nursing practice. In contrast, this study can potentially add to formation literature in how the IMs experience transforms the nurse educators' ways of perception and situational actions in making them better nurse educators.

Formation looks at the evolving experience of becoming a nurse. Socialization looks at the social influences and impacts on one's formative experience. Benner et al. (2010) noted becoming a nurse requires development of technical expertise, and the capacity to form helping relationships, as well as the ability to engage in appropriate ethical and clinical reasoning. Thus, the process of formation occurs through integrating curriculum, formal and informal teaching in both classroom and clinical, and establishing rapports with patients, fellow students, nurses, and nurse educators. Formation also occurs in the gaps by recognizing discrepancies between education in the classroom and preparedness in the clinical setting. Benner et al. (2010) concluded experiential learning environments that incorporate reflection throughout nursing curriculum facilitates formation.

Research claims student IMs as transformational experiences that broadened their cultural awareness and cultural competency within their nursing practice (Perry & Mander, 2005; Sawatsky et al., 2010). It stands to reason that nurse educators' IMs are exceptional experiences as well. IMs provide an extraordinary experience to practice nursing in an environment unfamiliar to one's own, in terms of language, culture, location, and availability to modern

conveniences healthcare workers have access to in the U.S. The experience can be overwhelming, yet enriching and influence the formation of nurse educators' teaching. The IMs can enhance current knowledge by understanding the value of the experience as being "the other" and providing care in spite of a vulnerable position.

## Summary

Understanding the experiences of nurse educators who have participated in IMs is important in order to inform the preparation of professional development of nurse educators. There is little in prior scholarly research on this topic. What is understood suggests that these experiences are a powerful tool to promote for an understanding of cultural awareness, diversity, and a sense of social justice (Perry & Mander, 2005; Sawatsky et al., 2010; Garner et al., 2009). In this study, I looked to a number of topics that began with humanitarian aid, an important characteristic of IMs. Humanitarian work exists within a number of entities such as governmentally funded organizations, volunteer work, immediate response teams, self-sustaining types of work teams, and religious affiliated teams. Humanitarian aid provides necessities after natural or manmade disasters that often include shelter, protection, food, clothing, medical care, and rebuilding (Pape, 2013; Press, 2006; Lopata, 2005; Skari, 1999; Wall & Keeling, 2011; Jakeway, LaRosa, Cary & Schoenfisch, 2008; Gronbjerg & Never, 2004; Stephenson & Schnitzer, 2006; Tennant, 2005; CDC, 2013; U.S. Department of Health & Human Services, 2013; FEMA, 2013; IOM, 2012; FEMA, 2010; Obama, 2013; ARC, 1997). Of the various forms of humanitarian aid, IMs are unique and most suitable for nursing education.

Unlike some forms of humanitarian aid that requires an immediate response, IMs are significant because they allow for organization, preparation, and scheduling within nursing education programs. Also important is their orientation towards education by improving skills,

providing help to others, broadening cultural experiences, and enhancing global awareness (Sawatsky, Rosenman, Merry, & McDonald, 2010; Garner, Metcalfe, & Hallyburton, 2009; Perry & Mander, 2005).

To this end are implications toward the impacts that IMs participation can provide. Research using guided reflections of IMs experiences showed an increased sense of empowerment and improved abilities to provide nursing care, increased self-efficacy, less fear to participate in international missions care, and improved understanding of cultural awareness (Amerson, 2010; Adamshick & August-Brady, 2012; Perry & Mander, 2005; Button et al., 2005). Thus, it stands to reason that IMs participation can not only influence a teacher professionally, but also in a personal way.

One such personal influence and recurring theme for IMs participants comes after witnessing extreme poverty. This often results in personal feelings of sadness, helplessness, and compassion (Walsh & DeJoseph, 2001; Sawatsky, Rosenman, Merry, & McDonald, 2010; Wros & Archer, 2010). Questions about contributing factors to extreme poverty lead to critiques of poverty through a critical lens. Murphy et al. (2005) argued that patient care accessibility and availability are contingent upon a political infrastructure whose foundation is based on profitability, which often involves race, class, and gender discrimination. Cohn (2007) and Farmer (2005) cited these structural problems as causing widespread race, class, and gender inequalities that permeate healthcare in America. Arguably, these critiques are not brought out in cultural competence approaches of Leininger (1988), Purnell (2005), and Campinha-Bacote (1998), which focus on understanding people of different backgrounds, interdisciplinary collaboration, and developing the attitudes and skills necessary to effectively implement cultural knowledge into healthcare practice.

Lastly, are implications to social cognitive theory (Bandura, 1977), and implications to Benner et al.'s (2010) theory. We need to see how such experiences influence the individual's self-concept and their meaning as a teacher. Not only the content, but also the method of instruction may be informed by these IMs experiences. The literature is silent on such questions. In understanding such changes, I draw upon the socio-cultural theory of Bandura and the novice to expert theory prepared by Benner. Together they provide a conceptual framework that will help interpret my research findings in a way that can direct nurse education reform through the empowerment of teachers.

# CHAPTER III:

# METHODOLOGY

The purpose of this study was to understand how participation in IMs influenced nurse educators, including their ideas about the aims, methods and content of nursing instruction. To this end, I sought to answer the following research questions:

1. How do nurse educators who have participated in IMs understand the significance of their experience;
2. In what ways, if any, do such experiences inform their teaching; and
    a. In cases where important influences are reported, how does Bandura's theory of socio-cultural development help explain the meaning of the experience to individuals?

Because my research aimed to explicate the meaning of IMs, I utilized qualitative descriptive research to explore the perception of nurse educators. Qualitative description allowed for a rich, detailed investigation of a person's story (Sandelowski, 2000; 2010). This strategy helped reveal the lived experiences of nurse educators who participated in IMs and explains how it influenced them personally. It was used to explore the ways in which these experiences inform their teaching.

## Conceptual Framework

Qualitative description also complimented Benner et al.'s (1996, 2009, 2010) novice to expert theory, which uses experiential learning, and real life experiences to situate meaning in

narrative experience. This conceptual framework assisted in developing research questions, informed how the data were collected and analyzed, and created an orienting lens for both the researcher and readers (Creswell, 2009). It also served to connect the purpose and significance of the findings to nursing education.

Storytelling is a pedagogical approach that can be based on the actual experiences of nurse educators who participated in IMs. As Benner et al. (2010) argued, these stories of personal experiences have power to generate the augmentation of greater learning experiences among students. IMs are a rich experience for faculty to understand. In this respect, Benner et al.'s (2010) assumptions complimented Bandura's theory (1977) and supported the need to understand if and in what ways IMs produce the kinds of experiences that powerfully affect an individual and one's orientation to teaching.

## Qualitative Descriptive Research

Because I explored and learned from the IMs experiences of nurse educators, using qualitative description was an effective approach to achieve this end (Sandelowski, 2000; 2010). Sandelowski (2000) has posited descriptive qualitative studies as most suitable for presenting descriptive summaries of an experience in everyday language. Qualitative descriptive studies use different sources and possess naturalistic inquiry characteristics (Sandelowski, 2000). This approach provided for a thorough and straight description of the nurse educators' experiences, where one remained close to the data, and surface of words and events (Polit & Beck, 2008; Sandelowski, 2000). *Surface* conveys the level of penetration into word meanings or the level of interpretation used to describe an experience (Sandelowski, 2000).

D'Auria, Christian, and Miles (2006) have shown significance of qualitative descriptive methods through studying experiences of HIV-positive mothers and their exposed infants.

Understanding these experiences during pregnancy, birth, and through the first months of life suggest improvements to providing nursing care. Vaismoradi et al. (2013) have supported qualitative descriptive approaches to understand a particular event from the participant's perspective. When nurses understand these experiences, such as in D'auria et al. (2006), they can diversify, customize, and improve their assessment skills in order to better provide support during the bonding process of an HIV exposed infant and HIV positive mother. Thus, studying the experiences of nurse educators' participation in IMs can strengthen the literature about professional development, nursing education, and understanding the significance of nurse educators' experiential learning.

## Qualitative Research Design

To conduct qualitative descriptive interviews, I followed the practices laid out by Sandelowski (2000) in describing the *what*, *who*, and *where* of the IMs experience. This approach has a "factist" perspective (Vaismoradi et al., 2013). As Sandelowski (2010) has described it, data provide a truthful and accurate account of reality. In addition, I followed Maxwell's (1992) directive and recorded all data in a sequential order. Descriptive validity, the assurance that correct meanings are conveyed, was assured by having participant review my written analysis for accuracy (Creswell, 2009).

Following Sandelowski (2000), interviews were conducted in an open and trusting manner (see Appendix D). The participants were asked to describe the experiences and respond to a series of questions. Interviews were recorded (Sandelowski, 2000).

Creswell (2009) has directed the researcher to ask questions that facilitate dialogue. The open-ended items identified were designed with this aim in mind and were augmented, where appropriate, as the interviews progressed. The goal was to achieve consensual agreement

between the researcher and the interviewer. This produced written dialogue that reiterated meanings until the discussion became redundant.

## Characteristics of the Sample

The participants in the study are masters or doctoral prepared nurse educators who participated in IMs and supervised nursing students during their IMs experience. Participants were purposively selected nurse educators who teach in post secondary nursing programs of the southeastern United States (U.S.). Socioeconomic status, full or part-time status, and number of IMs experiences were neither an inclusion or exclusion criteria.

The sample included two nurse educators who are masters prepared and nine who have doctoral preparation. The nurse educators came from four universities in the southeastern U.S. and included 11 female Caucasians. The mean age of the sample was 52 years; the median was 46 years. The participants' years of experience as a nurse have a mean of 30 years and a median of 27 years. The years of experience as a nurse educator have a mean of nine years and a median of ten years.

The highest educational degree and advanced certification of the nurse educators were one doctoral prepared (EdD) educator with a Master of Science Nursing (MSN) degree and Clinical Nurse Leader (CNL) specialization; two educators with a doctor of philosophy (PhD) and an MSN; three PhD's with certified registered nurse practitioner (CRNP) certification; one MSN with CRNP certification; one MSN educator; two with Doctor of Nursing Practice (DNP) with an MSN and a CRNP certification; and one DNP, MSN educator. A table listing these characteristics is provided in Appendix E.

## Participants

An alias was assigned to each participant. The participants' IMs experiences included Bolivia, Ghana, Southwest China, Costa Rica, Peru, Venezuela, Indonesia, Honduras, Guatemala, Brazil, Africa, Ecuador, Chili, Argentina, Columbia, Mexico, Jamaica, Thailand, Haiti, Dominican Republic, Morocco, and Romania. A table listing these characteristics is provided in Appendix E. This section includes a brief description of each participant's background and IMs experiences.

### Francis

Francis is a nurse educator (EdD) with a MSN and a CNL specialization. Her area of expertise is public health nursing. Her nursing career began 22 years ago. She first worked in intensive care and then practiced nursing in public and maternal health for 18 years. For the past three years, she has been providing nursing education within a southeastern university. Her areas of teaching are fundamentals of nursing, simulation, medical surgical nursing, community health nursing, and mental health nursing.

Francis' international mission experience to Bolivia was her first to ever participate in and also her first international mission to supervise students. Her role included coordinating the logistics with the partnering organization, assigning student teams, scheduling student rotations to different areas, providing patient care and education, and overseeing student activities. She noted that IMs as something she has always wanted to do. She described an initial safety concern as being "terrifying" to take 18 students to a country where communication required reliance upon interpreters. After the IMs, she described her experience as transformational because "...it gives you a whole new insight of what the world is like outside of our country."

**Shirley**

Shirley is a nurse educator whose area of expertise is maternity nursing and community health nursing. Her nursing career began 43 years ago, practicing in public and maternal health. Currently and for the past 35 years, she is a university nurse educator. Her teaching areas are community health, fundamentals of nursing, obstetrical and neonatal nursing, and family practice nursing. Shirley is has her MSN in nurse education and is a certified registered nurse practitioner (CRNP).

Her vast international experiences include Brazil, Ghana, Guatemala, Honduras, Indonesia, and Venezuela. She has participated in 35 total IMs with eight of those experiences in a supervisory role of nursing students. Shirley shared, "I was born and raised in Nigeria, West Africa of missionary parents…there was never a question that I wanted to be a nurse…it's just the exposure to the world view from the beginning and I'm thankful my exposure as a child did not turn me against that." She described a personal motivational question of her IMs involvement as, "What difference can I make?"

**Phyllis**

Phyllis is a PhD nurse educator whose area of expertise is labor and delivery nursing. Her nursing career began 41 years ago. She practiced nursing in labor and delivery, then high risk obstetrical nursing (OB) and also served in educator roles within a Diploma School of Nursing and a university hospital OB educator. She later moved into management positions overseeing three units: post partum, well baby, and high risk OB labor and delivery. Phyllis has 38 years experience as a university instructor. Her areas of teaching are obstetrical and neonatal nursing and graduate coursework.

Phyllis uses IMs experiences as opportunities to mentor nurse educator colleagues. She shared, "…every time I go on a trip I take someone with me who hasn't been before and teach them what they need to do." She shared personal reasons for IMs as "giving back to our students" and professional development. "I love teaching but you can't teach the same thing and do the same thing all the time and stay fresh. So this gives me something different."

**Ansley**

Ansley is a nurse educator whose area of expertise is maternity nursing. Her nursing career began ten years ago in labor and delivery. For the past eight years, she has been in a southeastern university. Her teaching areas are nursing fundamentals and maternal child nursing. Ansley is a MSN nurse educator enrolled in an EdD program in Instructional Leadership.

Her experiences include Bolivia and Africa. She has participated in two IMs in a supervisory role of post secondary nursing students. Ansley explained, "I always knew from the very beginning that I wanted to do medical missions. I just didn't think I would be able to." She described her involvement as professional enrichment regarding, "…ways to bring it to the classroom."

**Wanda**

Wanda is a nurse educator whose area of expertise is women's health. She became a nurse 39 years ago. Currently and for the past ten years, she has taught in a southeastern university. Her teaching areas are obstetrical nursing and women's health. Wanda has a PhD and a CRNP. She is the assistant dean of the university's graduate program. Her IMs experience took place in Peru, where she supervised post secondary nursing students.

**Carol**

Carol's area of expertise is pediatric nursing. Her nursing career began 45 years ago. She has been a university teacher for the past 45 years. Her teaching areas are global health and pediatrics. Carol has a PhD and a CRNP. Her IMs experiences include Ecuador, Honduras, and Bolivia. She has participated in three IMs of which one was in a supervisory role of post secondary nursing students.

**Janice**

Janice is a PhD-prepared nurse educator whose areas of expertise are global healthcare, obstetrical and neonatal nursing. Her nursing career began 44 years ago, practicing in neonatal intensive care nursing. After completing her masters degree in maternal child nursing as a pediatric nurse practitioner, she moved to England, obtained British registration, and acquired nursing experience in that country. She later moved back to the US and has taught at the university level for the past 37 years. Her teaching areas are global healthcare, medical surgical nursing, maternal child nursing, and leadership.

Her experiences include Africa (Zambia, Malawi), South America (Chili, Guatemala, Honduras, Brazil, Argentina, Columbia, Mexico, Jamaica), and Thailand. Her 12 IMs supervising students include five study away courses to Guatemala, one trip with an honors student conducting research in Guatemala, and six global clinical independent studies. In addition, she made 13 international trips providing professional consultations that will be discussed later in this chapter. She also had a six-month Fulbright grant in Chile from 2003-2004, a six-week Fulbright in Zambia in 2010, and a three-week Fulbright to Malawi in August 2014. Also important to note, ten years ago, she became the deputy director of her university's World Health Organization Collaborating Center.

**Natalie**

Natalie is a faculty member of a southeastern university with an expertise in public health. Her nursing career began 21 years ago. For the past ten years, she has been teaching courses on population health and policy. Her PhD is in international health and epidemiology. She also has a master's degree in nursing and community health. Her IMs experiences include Jamaica, Haiti, and Dominican Republic. She has participated in seven IMs. Three were in a supervisory role of post-secondary nursing students.

**Lana**

Lana's expertise is in the area of pediatric nursing. Her nursing career began 18 years ago. For the past nine years, she has been teaching university courses on pediatric nursing, missions, trends and issues in nursing, and health assessment. Lana is a master's-prepared nurse educator and certified pediatric nurse practitioner. She is currently applying for admission to a DNP program. Her IMs experiences include Ecuador, Haiti, Peru, Bolivia, and Morocco. She has participated in seven IMs experiences. Five were in a supervisory role of post-secondary nursing students.

**Nell**

Nell is a nurse educator whose area of expertise is family practice and adult health. Her nursing career began 19 years ago. For the past eight years, she has been teaching health assessment and critical care nursing. Nell is a DNP prepared nurse educator with an MSN and is also a CRNP. Her IMs experiences include Ecuador, Romania, Peru, and Bolivia. She has participated in six IMs experiences. Five were in a supervisory role of post-secondary nursing students.

**Eve**

Eve is a nurse educator whose areas of expertise are family practice, adult health, and pediatric care. Her nursing career began 27 years ago. For the past three years, she has been teaching university courses in adult health and pharmacology for nurse educators. Eve has a DNP and an MSN. Her IMs experiences include Mexico and Honduras. She has participated in 14 IMs. Two of which were in a supervisory role of post secondary nursing students.

## Recruitment

The process of recruitment utilized a snowball technique, via referrals from nurse educator colleagues and the actual participants after interviews. In recruiting, colleagues and participants received choices of a) providing my contact information to the potential participant; or b) their providing contact information of the potential participant to me for the purpose of sending an invitation email or letter. The invitation letter is provided as Appendix A. I conducted a preliminary telephone screening to determine eligibility to participate in the study. Interest in participating in the study was one of the questions asked during the telephone survey and did not require an inquiry of interest prior to contacting the referrals. The telephone screening questions and script are listed as Appendix C.

As a part of this research, interviews were conducted until data saturation was achieved. Saturation followed Walker's (2012) prescriptive to attain data saturation. Data saturation occurred through a continual sampling until repetition of the data set occurred and no new information emerged (Bowen, 2008).

## Ethical Considerations

Throughout the study, I followed ethical principles of practicing respect for person, beneficence, and justice. I maintained confidentiality of the participants and data obtained in the study, respected the participants, established trustworthiness, used competence in conducting this research, and ensured the participants that they may withdraw at any time during the study without consequence (Creswell, 2007, 2009; Marshall & Rossman, 2011; Yow, 1994).

### Institutional Review Board Approval

The study complied with the policies set by The University of Alabama's Institutional Review Board (IRB) governing safe and ethical treatment of human subjects.

### Informed Consent

Each participant signed an informed consent prior to participation. The informed consent delineated responsibility of the study to protect the participants' rights of confidentiality. The informed consent provided (a) my identification; (b) why they were selected to participate; (c) the time commitment involved; (d) the expected benefits and potential risks; (e) an explanation of the study and opportunity to answer any questions; (f) an explanation of voluntary participation; (g) a participant copy of the informed consent form; (h) advisement of incentive; (i) limits of confidentiality explanation; and (j) the potential for debriefing (Creswell, 2007; Rudestam & Newton, 2007). This form is presented in Appendix B.

### Confidentiality

I maintained confidentiality by representing each participant with an alias throughout the study, including coding and analysis. I assured participants that the data would not be shared with persons who are not involved in the study. Once my analysis was complete, I followed Creswell's (2009) instructions to ensure the integrity of the data on all ethical considerations

governing the dissemination of findings in publications and presentations. To this end, confidentiality shall be maintained in all subsequent scholarly work by referring to the participants as nurse educators in the southeastern U.S. I will ensure sole access to the study's data for three years in a secured locked cabinet at my home office. Then, I will shred the documents in order to alleviate the potential for misappropriation by other researchers.

**Risks**

There was no foreseeable risk in this research study. International mission experiences have a potential to cause stress, sadness, and anxiety by reliving the experiences. Because of this potential, I ensured a certified counselor was available for referrals, should the need present itself. Outside potential emotional stress from reliving the IMs experience, the study produced no foreseeable risk to the participants.

**Researcher Positionality**

In order to identify biases and objectively interpret the data, I incorporated researcher positionality. This process required revealing personal feelings pertinent to the study and also to identify any preconceived ideas, which may influence objectivity and overall validity of the study (Creswell, 2009). Possessing an interpretivist perspective, I believe diverse epistemologies characterize an educator's approach to nursing education. These thoughts match Creswell's (2009) argument that a researcher makes an interpretation based on what they see, hear, and understand. It is important to note that a researcher's interpretations cannot be completely set apart from personal background, histories, and understandings. Everyone, whether a participant, researcher, or reader, makes interpretations, thus multiple views of an issue exist (Creswell, 2007; 2009).

My own experience of participating in faith-based IMs in Haiti impacted my personal life, my cultural awareness, and my teaching practices. I recall being shocked, upon landing in Port Au Prince, by the impoverished state of living conditions, where basic physiological, educational, vocational, and physical needs were not met. These experiences gave me a broader sense of cultural awareness towards the people of the island and their basic needs. I now have more empathy and passion to advocate not only for the Haitians, but also the workers who volunteer their time, money, and resources to help others become self-sufficient.

I have a strong desire to share these experiences with the nursing students in my classroom because I agree with Benner et al. (2010); bearing witness to patient and family suffering is instrumental to building a personal sense of salience. In the classroom, I draw upon my own experiential learning from IMs as a teaching resource to situate cognition through storytelling with my students. As Fink (2003) argued, an engaging learning experience often results in a lasting change that enriches a person's life.

I also share stories from my trip to Haiti in order to contextualize and explain the dangers of systemic infection. I describe the hot, humid climate, with no electricity or drinkable water. The level of poverty is unlike anything I have experienced. Open sewage runs through the streets to the ocean. Many are starving and suffering illnesses without hope and healthcare.

While working in a temporary open-walled tin clinic building, an emaciated young mother entered, carrying her limp infant. The baby's skin resembled that of an old person. Her temperature was 103 degrees; she had a faint pulse, indiscernible respirations, and irregular heart sounds. The doctor diagnosed septicemia, malnutrition, and dehydration and asks the interpreter to quickly arrange transportation to the hospital, which is hours away. The interpreter phoned for help, and then begins praying aloud for the baby. She lifted the infant up in the air as she

prayed, while others immediately join in. After driving the five-month-old infant to the hospital, the baby girl died later that day. I share my feelings of bearing witness to this despair, the impact of the experience, and the struggle of focusing on salient patient information.

These experiences developed a lasting impression and gave me a richer global perspective. I could have chosen to study a plethora of different kinds of missions and that would have been very interesting. However, there is a distinct impact with IMs, which suggests a powerful learning experience that really impacts a person's teaching. Those are my reasons to conduct this study.

**Validity and Trustworthiness**

Following guidance of Creswell (2007; 2009), the study employed the following measures to establish trustworthiness and validity in the study: (a) acknowledge bias and subjective judgments; (b) implement prolonged engagement with the data; (c) verify the data with the participants; and (d) use verbatim descriptions given by the participants. All participants were given accessibility to review their transcript in order to validate accuracy and reliability of the content and data. This measure not only provided a means of accurate data management, but also reinforced trust between the participants and myself (Creswell, 2009; Lincoln & Guba, 1985). If participants identified discrepancies, I corrected the data, based upon their clarification, and correctly represented each participant's account of the experience. Each participant was given the opportunity of debriefing and an explanation of the findings (Creswell, 2009).

Gibbs (2007) provided qualitative reliability procedures that this proposed study will utilize, in order to increase its reliability and accuracy. To ensure accuracy, I simultaneously listened to each interview while reading its transcription. To ensure correct coding, I

continuously compared the data and the codes, making certain they coincide with their correct meanings. Also important, I documented memos and definitions for each code.

## Data Collection

Once eligibility was determined (see Appendix A), the study began with an audio-taped interview lasting 60 to 90 minutes (see Appendix D), and the possibility of one 15-minute follow up interview, for clarification if necessary. The interviews were digitally recorded.

### Setting

I focused within the southeastern region of the country (Fang, Li, & Bednash, 2013). I am familiar with the institutions and nursing educational programs in this area. I travelled to meet with each participant face to face. Marshall and Rossman (2011) have emphasized importance of interviewing face to face because human actions are "significantly influenced by the setting in which they occur and that one should therefore study that behavior in those real-life natural situations" (p. 91). Creswell (2009) further supported face-to-face interviews as useful when participants cannot be directly observed and allows the researcher's control over the line of questioning. Creswell (2009) also noted limitations of face-to-face interviews as indirect information through the lens of interviewees, potential for biased responses due to the researcher's presence, and participants may not be articulate or perceptive.

The setting for data collection was of the participant's choice and did not exclude the individual's home, my office, or private setting such as a park. The setting selection ensured privacy and confidentiality. Refreshments were available during interviews. As recognition for participating in the study, I provided and funded each participant with a small, handmade gift from Haiti.

### Interview Questions

Qualitative description assisted in shaping appropriate questions for interviews in order to yield an organized descriptive summary of an experience most relevant to the target audience (Sandelowski, 2000). The interview protocol I employed follows the directives of Creswell (2009), and utilized the open-ended interview questions presented in Appendix D. The study allowed for deviation from these questions, but not the topics stated in the research questions.

### Using a Decision Trail and Creating Field Notes

In addition, following the methodological structure offered by Sandelowski (2000; 2010), and Marshall and Rossman (2011), a decision trail was developed of the data collection that illustrated the investigator's judgments and reflections of the data. I employed field jottings during the interviews and then organized these thoughts into notes that revealed essential information, such as gestures, silences, hesitations, emotions, investigator feelings, location, and setting of the interviews (Marshall & Rossman, 2011). These field notes assisted in data analysis.

## Data Analysis

### Transcription

Interview recordings did not include the participant's name as to maintain confidentiality during transcription. Each interview was transcribed verbatim and chronicled. Then all digital recordings were destroyed by deletion after data analysis. Transcriptions were coded into categories. Organizational processes of data management followed Creswell (2009) and qualitative description as Sandelowski (2000; 2010) described, by using qualitative content analysis. During the course of the study, I categorized data; organized text and audio files, and also used coding and memos that are generated from the data themselves. Data analysis employed number coding and also created individual computerized folders for each interview

that included the date, setting, and with whom the interview took place (Charmaz, 2006; Creswell, 2009). Coding was used to describe the categories or themes, to interconnect themes into a story line, and also assisted to account for each piece of data (Charmaz, 2006; Creswell, 2009). The data was analyzed for emerging themes and patterns in the descriptive content (Sandelowski, 2000; 2010).

**Coliazzi's Seven Steps for Data Analysis**

I analyzed the data using the constant comparative method developed by Coliazzi (1978). Coliazzi (1978) uses seven steps: (a) attaining a logical sense of the transcript; (b) extrapolating statements of significance; (c) formulating meanings; (d) organizing these meanings into themes; (e) providing an exhaustive description of the phenomenon of investigation; (f) providing a description of the basic phenomena structure; and (g) returning to the participants.

I followed Coliazzi (1978) by personally interviewing each participant in order to better understand each individual experience. Transcripts and digital recordings were compared for accuracy several times. I attached each individual transcript to an email and asked each participant to validate its accuracy. I corrected any modifications that participants indicated. I intentionally allowed a separation time between each interview in order to provide for the individualized attention. I employed measures to facilitate an understanding of each individual experience by separating that experience from my own. I recorded reflective thoughts in a separate diary.

Coliazzi (1978) suggested analyzing the transcripts by using significant statements of the participants' interviews. Significant statements have the same or general meaning and were highlighted in the transcripts. To facilitate a new sense of openness to the data and identify early themes, I cut and pasted significant statements onto a separate document, then read and re-read

them (Sanders, 2003). Sanders (2003) recommended manual extraction of significant statements as a means to reinforce continual immersion in the data. I incorporated manual identification in order to analyze the data for such statements.

Understanding what these significant statements mean allows the researcher to interpret meaning. This process was tedious, requiring careful attention to personal feelings and participant's meanings (Coliazzi, 1978). I was mindfully aware of personal feelings as to not misrepresent the participant's meanings as I interpreted my own (Sanders, 2003). These formulated meanings from significant statements are provided in Appendix H.

After formulating meanings, I clustered them into categories and themes (Coliazzi, 1978; Sanders, 2003). These categories and themes are provided in Appendix F. To validate these themes, I carefully revisited the original transcripts to ensure all the data was accounted for. Also important was to recognize data that I presumed vague, so as not to miss important meanings (Coliazzi, 1978). The themed analysis included comparisons of the data to Benner et al.'s (1996; 2009; 2010) conceptual framework and also to Bandura's (1977) SCT.

I used directives of Coliazzi (1978) by exhaustively describing the phenomena of research. This description included all ideas, themes, and explanations of elements within the experience. The exhaustive description of the investigated phenomena was extensive. To this end, I followed Coliazzi's (1978) recommendations by describing the basic phenomena as a condensed version of an exhaustive description. This condensed version provides an overall statement, defining the fundamental structure of the phenomena (Coliazzi, 1978).

The last step of Coliazzi's (1978) analysis is returning to the participants for accuracy and validation of their experience. I incorporated the process of debriefing participants through a

data analysis summary. To provide the opportunity to clarify meaning, I emailed the summary to every participant with instruction I will make revisions if any corrections are received.

## Summary

This research supports that participating in IMs provides a rich learning experience for nurse educators to enhance or develop new knowledge in pedagogical practice. Using a qualitative descriptive approach, this study explored whether these IMs experiences influenced the nurse educators, and whether they shaped their teaching in significant ways. To understand how these experiences might operate, I turned to Bandura's (1977) social cognitive theory. Creswell's (2009) recommendations directed the analysis of data. I then used Coliazzi (1978) to analyze the data. The insights gained can be useful to inform the preparation of professional development of nurse educators and provide a way of directing nurse education reform through the empowerment of teachers.

# CHAPTER IV:

# FINDINGS

Benner et al.'s (1996; 2009; 2010) novice to expert theory approach to learning is based upon the premise that knowledge is developed within the context of professional practices. This also applies to understanding others and other cultures. In this view, learning is best achieved through situated experience. The participants' descriptions supported that IMs promote this goal. They further supported that IMs also provide useful content for teachers to incorporate into class, in order to make the instruction more meaningful to students. Nurse educators' reflections on how their teaching has been enriched through IMs experiences reinforced the value of this pedagogical practice.

Bandura's (1997) SCT provided insight to understand how individuals create meaning from experience and the environment. The participant interviews supported this theory and demonstrated that IMs provide powerful encounters that are deeply significant both on a personal level and for their approach to teaching.

## Research Question One

Participants were asked the following question: how do nurse educators who have participated in IMs understand the significance of their experience? Only the topics that the participants shared were explored. Enrichment was a recurring theme.

Their descriptions of enrichment were manifested in a variety of dimensions. In particular, three sub-themes flowed from the conversations. IMs were 1) powerful learning

experiences that 2) were personally significant and 3) served to facilitate rewarding forms of service. As Ansley explained,

> Oh gosh…there is probably no amount of, no specific like number or amount that I can put on that [IMs experience]…you cannot put a number or anything on the amount of enrichment you get from this [IMs experience]…you cannot go without being a completely changed person…besides having my children, it's probably the most beautiful experience I have ever had in my life…Just because you go and you learn so much from other people. You learn so much personally…you learn not only from people that are there but, from other people that go...I mean, you just come back and you're just not only a better person, but you just appreciate life so much more…it's hard to explain why though…you go and you come back and you're not the same person…unless you experience it [IMs], it's hard to put into words…

**A Powerful Learning Experience**

All eleven participants reported on the power of the IMs learning experience. Yet all of them agreed, "It's hard to describe why" they are so significant. Summing their responses, it seems IMs provide enrichment because they pushed the educators to a higher personal and professional level, fostered meaningful relationships, provided new cultural experiences, and facilitated the development of their clinical imagination.

All of the participants emphasized IMs are different to other life experiences. Participants talked of having extreme "fatigue" and being "out of my comfort zone." But they still found it "very enriching." Eve's description is typical.

> I have to do what I have to do. When we're in our own country we have a choice…a lot of times we choose not to do the difficult thing. We'll do it if it's convenient or if there's time, but there's something about being pulled out of your space that makes you think, 'I just have to do it.'

Francis described IMs as unique because, "It kind of marries everything together…makes it to where…you're just more well-rounded…it's like you can see both sides of the fence…you can understand." All of the participants reported that their IMs took place in "less that desirable

living conditions." Others reported unsafe drinking water, limited or no electricity, and little to no law enforcement. Yet, all of them stated, "I want to go back." As Eve explained,

> I have done things outside of this county that I would never do inside this country…I have been thrown off a horse into a rocky riverbed…got back on...ridden for an hour to the clinic and ridden back…there is never any question, 'Will I do it?' it's, 'How am I going to do it?' That's probably one thing I've learned about myself. I can do a lot more than I give myself credit for…one of the things I take away from this is if I'm willing to do this for people in other countries, why can't I put myself out to do it in my own country…those memories, the ones where I have worked the hardest and…as sick as they [IMs] can make me…makes the most impact because it makes me more willing to put myself out to do that for my own people, for the people in the US.

These reports are consistent with Bandura's (1977) SCT, in particular his concept of self-efficacy. Self-efficacy means the nurse educator has certain expectations of the IMs and also a certain degree of confidence in her abilities to adapt and function while there. Self-efficacy is seen in a person who knows what he or she is capable of in the face of challenges. When confronting obstacles or failures, people with self-doubts give up quickly. Those with strong beliefs in their capabilities exert a greater effort. All of the participants agree that the IMs strengthened their self-efficacy and pushed them to a higher personal and professional level.

Another interesting dimension to the power of IMs learning experiences that eight of the participants reported is their capacity for developing meaningful relationships. Wanda explained, "I've never taken a trip where I came back with these strong emotions about how much that trip meant to me." Lana summarized this trait as, "It humanizes you to the students and you don't get that in the classroom…where it is so formal…it's just a unique relationship…you have with those students that went with you…because you…got to share with other people." She further described the IMs as, "…a different environment for them…more relaxed…they see me not dressed up...in scrubs…without any makeup…they see you outside…the classroom." Wanda shared a similar insight,

> …when we went I was 'Dr.' and when we came home I was [called by my first name]…much to the shivering of our deans, I let those students, except in class, call me [by first name]…I shared a special week with them…we are no longer faculty and students…we are a team…that was kind of an unexpected thing I would not have thought…

IMs enrich cultural perspective. Also important, every participant emphasized that one should possess flexibility in order to adapt to another culture. Lana explained,

> If you're rigid, it's not going to work because your clothes may not show up and your medicine may not show up…your patients may not show up. And there's cultural differences…like is that Ecuadorian time or real time? I mean you get on a bus…[with an understanding] we're going to go in about an hour to the clinic site. Well, an hour could mean 30 minutes or it could mean two hours.

Francis agreed, "…flexibility is like, just rolling with what comes…you have to be like water. You just flow with it." Janice described flexibility as the "ability to deal with lack of all of the creature comforts you might be used to, including hot water and electricity, and not get all bent out. So, you just need to learn to prepare yourself for that." Other terms participants used were fluidity, like water, vaporous, patient, and "just go with the flow."

All of the participants elaborated on situations that enhanced and sharpened their personal flexibility. They described things like no longer having access to a physical building for clinic, luggage not arriving, medicines and supplies not arriving, extremely different concepts of time, absence of hot water, potential exposure to disease and parasites, absence of electricity, absence of drinkable water, using interpreters for communication, unfamiliar food, and climate differences.

All attributed IMs to increasing their adaptability for new cultures, enhancing their problem-solving capabilities, and heightening their abilities to improvise. They reported enhanced understanding to concepts of teamwork. Phyllis explained, "The group in Tanzania

had 14 suitcases not come for several days…so, those people had to learn to share and they were sharing clothes and hair dryers and whatever else they had…" She chuckled and then said,

> One of the things we [nurse educators] usually tell them [IMs participants] is that by Wednesday or mid-point of the trip, they're going to hate everybody; and, usually by Thursday or Friday, they like them again…because you begin to get tired and irritable and I think it helps [IMs participants] up front to know that they're probably going to feel that way.

An interesting finding was that nine participants' immediate family members also worked with them. Janice explained, "When I developed the course, *Health Education and Social Welfare* in Guatemala, I actually partnered with my younger sister, who teaches social work…she's deaf and she brought six of her social work students, along with a sign language and Spanish interpreter." Natalie agreed, "I have four children. One has been to Jamaica, one to Haiti and when the other two are a little older, they need to see it's [nursing] not all…trauma burn ICU." Eve shared a similar account, "My husband, oldest daughter, mother-in-law, father-in-law's sister, sister-in-law, niece, and nephew all went…that's pretty normal that a large population of my family goes."

Bandura's (1977) SCT informs the analysis of what they are saying, specifically to reciprocal determinism, self-regulation, and self-efficacy. Reciprocal determinism explains how people are influenced by their personhood, environment, and behavior. The participants described how they responded to the different country's environment. Thus, exploring these impacts was beneficial to revealing both general and concrete examples of learning and teaching.

In addition, their descriptions imply self-regulation was enhanced. Self-regulation is where an individual sets standards and goals, observes, judges, and reacts to his or her actions. The basis for any self-regulated standard comes from the expectations an individual has about the consequences of their actions. Educators reported enlightenment, sharpened skills in cultural

awareness, a new understanding of the world in which they live, and a better approach to preparing IMs experiences for flexibility. Thus, their capability for a task increased, and as a result, their self-regulated standard also increased. Therefore, their responses reflected that their expectations are amplified. These social reinforcements have a large impact on the actions of a person and the influence of self-regulated standards. Benner et al.'s (2010) theory of novice to expert was a useful framework to capture this component of SCT because of its use of storytelling. Exploring the stories of their IMs experiences uncovered the educators' perspectives of being flexible, and also their personal capabilities prior to, during, and after the experience.

IMs have the capacity to transform an individual's understanding. Assumptions of Benner et al.'s (1996; 2009; 2010) theory mean learning can come from educators' IMs experiences through their use of storytelling. Storytelling is a way to enhance nursing education because it is based on actual experiences of nurse educators, rather than solely using a theory about a particular phenomenon. The findings revealed stories of transformation. All described IMs as transformational events that changed their lives. As Natalie explained,

> There was a gentleman that stood in line [Haitian clinic]…You know, we're so used to how Americans look. They're sloppy and they don't brush their hair and they're walking around in pajama pants or whatever. And you see these people walking out of tents or a tarp and four sticks and their shirt is starched and clean…And I remember this gentleman stood in line for hours. It had to be 95 degrees and he stood in line for hours…he…had a …large cyst on the side of his foot…[and] couldn't wear a shoe…[and] couldn't get a job. And so, he was asking was there something somebody could do…they sent him to me…[I said] "I don't know, it's already getting dark outside" and he said, "Please, whatever you can do. I've got to work."…We didn't have suction… just a basic scalpel…but the Haitian men, in their innovations, set me up…gravity suction. They were fantastic…it was incredible. Then it was dark. We didn't have any electricity…so, they all had flashlights…I sat in the floor with my legs straight out and put his leg over my legs and we had a sterile field. And I took care of that cyst on the side of his foot… it was 10 sutures that closed it, but it was a significant cyst… we just had local anesthetics…I [then] sent him to get his antibiotics and some Tylenol…he started walking away…after I had just cut the side of his foot open. He turns around and comes

> back to hug me, and tell me how I've changed his life, and how much he appreciates it, and he can go tomorrow and get a job. You know, there are no words.
>
> When I think of him, I think of Jesus and the Ten Lepers, you know? They all left, and there's that one who came back because he just had to say it again. So they're so appreciative…he had a tear rolling down his face… [the interpreter] looked at me and said, "You don't understand. He doesn't eat because he doesn't have a job. Not only now are you giving him an opportunity to get a job, he can eat… [because] he will have money to buy food." And it took me…20 to 30 minutes [to recompose myself]. So, that kind of stuff will change you. You just want to go pack your bags up and go back and stay.

Nine reported that it was difficult to explain how the IMs experiences transformed them. Thus, it seems IMs have the capacity to transform one's perspectives for doing good works for others and revealing new values of life. As Phyllis explained,

> Some nurses may be difficult to work with. But I think before the trips, it was just very easy for me to be more judgmental; and, I think now, I'm less judgmental and more willing to say, 'well you know that person has the same intrinsic value and they have the same basic needs as I do and same desires'…these people we saw on the Banks of the Amazon still want their children to be safe and happy and have a secure home and enough food to eat and that's the things we want. So, despite the differences whether it's in our personalities or our appearances or beliefs, you begin to see that common core of value. And so, it makes you much more tolerant of people. I think it has changed everybody that's gone on trips.

All reported that IMs transformed their understanding and awareness of basic necessities and the importance of health care accessibility, promotion, and education. Francis agreed, "I think it [IMs experiences] gives you a whole new insight of what the world is like outside of our country…because we are really blessed in the United States…spoiled rotten." Phyllis agreed.

> I drive a 2006 car. I don't have a car payment. It runs good…I can remember years ago, if I had seen somebody [driving an older car] I would have thought, '…that person is driving an eight year old car. Man, I wonder why do they not have any money'…[and now] I do not care about the material things…it makes a real difference…when you realize that… some of our greatest poverty needs [U.S.] are still so much better off than the people they [students] see there. There's no comparison to it.

These stories reinforce what Ironside (2003b) and Benner and Wrubel (1989) noted that competent practice is not merely content knowledge and clinical knowledge, but rather an

understanding, based on engagement, where continual thinking about the context of care and patient experience of illness or health exist. According to the participants, IMs transformed their perspectives towards doing good for others, revealed a different kind of appreciation for life, an increased awareness of basic necessities, and a greater motivation for health care accessibility, promotion, and education. These stories have power and are supported through Benner et al.'s (2010) argument that nursing education should be based on actual experience and using stories in more powerful ways.

**A Personally Significant Experience**

IMs are a personally significant and enriching experience. Educators described IMs as spiritually significant and also as providing fulfillment in student growth. These areas further contribute to answering Research Question One.

IMs facilitate personal growth. All attributed significance to personal rewards that IMs afford. Lana explained, "Witnessing student growth is so fulfilling." All emphasized significant accomplishment in achieving their goal to improve students' abilities to conduct patient interviews, complete accurate assessments, provide patient education, improve interdisciplinary corroboration, increase their confidence, enhance cultural awareness, promote self-reflection, and facilitate a new appreciation for what they have. Nell explained that IMs experiences provided students opportunities to perform "…health assessments…interviews and working with translators." Eve agreed, "The benefit I see from a nurse educator's perspective is a growing confidence in the students…their increased autonomy…you can make them be autonomous so much quicker in a foreign country than you can in the US." Francis described, "The part that was so life changing for me was watching…the light bulb come on with them [students]…that was a high..." Wanda agreed, "One student wrote [reflective journal], 'I've been back a

week…opened my closet…looked at all my shoes and realized that I had enough for the whole village'…those are powerful words for a 22 or 23 year old to say."

Seven participants reported personal fulfillment by engaging students in holistic nursing. Nell explained,

> …our students are very sheltered in some ways…most…are very traditional and…have not necessarily had travel experience into a third world country…taking them out of their every day environment and letting them see what's going on in the world …see what types of health means are present and see the importance of just basic education on sanitation and hydration and…diet…letting them see the importance of those things in another culture…and letting them see the commonalities are good…it increases their confidence…in interviewing patients…and increases their confidence in working with translators…I think it allows them to feel comfortable praying with the patient and feeling like that's okay… in Americanized western medicine, we feel very intimidated by that and like it's something we shouldn't be doing. And so, it gives them that freedom that says it's okay…helps them to see…just through sharing about why they're in the country and asking about someone's physical problems and…about their spiritual health.

Bandura's (1977) SCT helps to explain the meaning of the experience to individuals because these findings identify how such experiences influenced the educators' self-concept and their meaning as a teacher. The participants reported IMs experiences are significant to them because they provided personal fulfillment through witnessing students grow.

IMs foster spiritual reflection. Nine participants reported IMs as having spiritual significance. They emphasized four ways IMs impact educators, students, and citizens of those countries they provided help to. These ways are responding to a spiritual calling, witnessing student growth, facilitating holistic nursing, and providing hope and encouragement.

Nine reported that their participation was in response to a spiritual calling of their Christian faith. They used terms such as being *led to go, called to go,* and having *always known I would do this,* in spite of sometimes challenging circumstances or critical connotations from people. Shirley described one such connotation: "People say, 'You know there are needs here in your own backyard.' Yes, I know that…that's what's so wonderful about…this [IMs]…we're all

called to do something differently…there are people who are going to do it here…and my thing is international." Natalie's comment provides further enlightenment, "It's not an easy trip…not vacation. It's not fun necessarily. But you have to have multiple motivators, I think. The spiritual part of it was my main motivator of going because I felt like I needed to go." Nell described an experience in Ecuador, where they traveled three hours up a dangerously steep mountain with narrow dirt roads and no safety rails in order to provide holistic care. "When you see…interpreters and guides getting nervous…that makes you nervous…no one [from prior IMs] would ever go that far…" This challenge spoke to the spiritual meaning the IMs had for her.

Just as the reason for participating in IMs varied, the educators and students found different kinds of spiritual meaning. For example, some witnessed students finding spiritual meaning in care. Others described transformation in their confidence and personal growth as students responded to the needs of others. As Phyllis explained, "I see transformation in the students…they're much more confident…I think they're closer in their spiritual life to their beliefs…I think they are much more comfortable sharing them…they're more confident in their abilities as nurses."

The participants also witnessed reflective journal entries in which students expressed "more openness about their faith." IMs provided a more conducive environment that Western medicine in which students practice holistic nursing along with spiritual care. Wanda elaborated this point, "My professional goals really were to do some actual hands on practicing and to help lead the students into a discovery, not just of physical assessment, but a discovery of culture and spirituality. Those goals were met." Nell agreed.

> …what's really neat to me…we talk a lot about spiritual assessment and cultural assessment and the importance of that. But sometimes it's hard for students to get a grasp of that here [Western medicine], and they don't feel very comfortable with that. But when we can take them into a completely different culture and allow them to see the

> importance of understanding that culture…and understand how providing for someone's spiritual needs actually effects their physical needs…they kind of have a light bulb that goes off…

Lastly, findings revealed that nine participants emphasized spiritual significance to sharing hope and encouragement with those receiving care. All reported an unexpected experience of being deeply moved by the "intense level of Christian worship" exhibited by the people of these countries. The educators noted it as "far more authentic" and "genuine" than those in Western culture. Natalie expanded upon this point when describing her work in Haiti.

> …the spiritual aspect of it, how they do not focus on tomorrow…Their focus is on what comes after this life…it's something really to bring back and to share because in populations like ours, we are so focused on the future and retirement and chronic disease. They're living for the day, right now, with the hope that when they die it's going to be better… And so, that's the main thing that I think we brought back. We can do what we can to help you physically right now, but it's the spiritual part that's most important. Nine participants reported being deeply moved by the professions of faith they witnessed.

Nell reported that forty people accepted Christ and Francis stated, "I've never seen that many people saved at one time." They noted these experiences further instilled compassion. Phyllis described her conversations with students.

> …you can explore what they [recipients of IMs] believe about spiritual things without pushing anything on anybody. You just get to know them…just ask them what's bothering them; what their concerns are; and when they start telling you about their back hurts and their mother has cancer and their husband beats them or whatever they say. And you can say, 'Would you like for me to pray for you.' People will just open up and cry. They are so touched that somebody is concerned.

In sum, the participants reported this significance of their experiential learning was informed by responding to a spiritual calling, witnessing student growth, facilitating holistic nursing, and providing hope and encouragement to the needs.

These nontraditional learning experiences coincide with Pinar's (2010) recommendations for a curriculum whose content has been informed by educational experience, and provides for

learner creativity and exploration. It also coheres with Benner et al.'s (2010) endorsement of educator driven content that integrates teaching strategies of experiential learning.

**An Opportunity for Significant Service**

IMs provide an opportunity for significant service. The participants' descriptions mirror the assumptions of Benner at al.'s (2010) theory, which is based upon the premise that experiential learning prepares nurse educators to teach. In what follows, are educators' explanations of experiences that were so significant, they want to "pass it on." It seems the underlying motivations to participate and supervise students were influenced by their prior IMs experiences and realization of their capacity for developing mentorship skills.

IMs develop important and meaningful skills. Prior IMs experiences were described as significant because they motivated participants to conduct further work for the citizens in those countries, increased their confidence in their abilities, and empowered them for supervising student IMs. For example, Eve contrasted her IMs experiences as a student to what she later learned as a supervisor.

> So, I think from a nurse educator perspective, that's kind of the best of both worlds. You know that you will benefit them [student] and you have the desire to educate them and improve them. So, that's a huge motivation. And then just sharing it [IMs experience] with my students was not even a question. It was just when they [university] would let me offer that to them. Because it's an experience they [students] need...

Six participants participated in prior IMs, which did not include supervising students. Natalie described her passion for using student IMs to further work in Haiti. "I mean all the money…poured into Haiti and…[the devastation is] still just sitting…there…there's too many of us sitting over here in the states…very, very comfortable and there's too many of them sitting over there hungry and hurt." Her reflection is quite similar to Lana, who participated in IMs six weeks after the Haiti earthquake. She said, "…there were people who actually hadn't even been

treated yet...they all ran up into the hills…[when] it [earthquake] stopped…a lot…were afraid to come back down because [of]…aftershocks. They actually had a big after shock when I was there." Lana elaborated how this experience strengthened her adaptability, an "essential attribute" for supervising nursing student IMs.

These descriptions reflect Benner et al.'s (2010) definition of formation, "those changes in identity and self-understanding that occur in moving from being a lay person to a professional" (p. 86). All six reported increased confidence as an educator and spoke about sharing this knowledge with nursing students. For Eve, this increased confidence enabled her to assume the responsibilities of supervising student IMs. She stated, "…confidence from a nurse educator's perspective is huge…responsibility…is also huge, because you want to protect them not only from what they're going to do to other people, but…from becoming sick."

Natalie participated in seven IMs experiences prior to supervising students. "Main focuses have been…several trips to Haiti doing…medical missions…hands on patient care and public health efforts. I've done…investigative trips to the Dominican Republic…have a program in Jamaica that's Health Promotion, Public Health, and a research project…in Jacks River, Jamaica." She described these experiences as personal enrichment to pursue other venues, such as supervising nursing student IMs.

> …you don't go somewhere like that [Haiti] and not be impacted. So, I think it's motivated me to learn more, you know to be able to do more there. There's so much to learn. We're never going to understand everything about other populations but the personal enrichment part was just that motivator to learn more and to get myself out there more.

The motivation to participate in IMs is well explained by Bandura's (1977) SCT, in particular, his account of observational learning. Under these assumptions, observational learning requires one to translate a modeled event, such as IMs participation, into an act of

ownership. The experience of being deeply moved by their IMs experiences motivated them to pass their stories on and provide similar learning opportunities to nursing students. They also sought to encourage further helpful work for the citizens living in distressed countries.

It is also important to note Bandura's (1977) theory also provides insight to what learning has been accomplished and what kinds of impacts occurred, based upon the principle that learning occurs as a result of interaction between humans and their environments. Nursing education takes place in a social context through key processes of reciprocal determinism or the interaction between persons and their environment. Thus, the participants' prior IMs experience exposed them to an unfamiliar environment and required responsive behavior and interaction with others. Through this lens, the participants reported that these experiences increased confidence in their abilities and empowered them for supervising student IMs.

IMs provide a rich opportunity for mentorship. The educators reported that IMs were significant in their lives and teaching because of their capacity to develop mentorship skills. Their responses reflect this in a number of ways. One way was to teach colleagues how to conduct IMs, in order to "pass it on." Phyllis described, "…every time I go on a trip, I take someone with me who hasn't been before and teach them what they need to do…then when I do retire in a few years, it will still go on." Shirley's description was quite similar, "…I'm at the end of my career…I could have retired five years ago…I have other motivations and it's just self actualization, self satisfaction…because it's [IMs work] so important, I want other people to be excited about it."

Nine of the participants shared motivations of IMs participation as a mentorship opportunity for colleagues and nursing students. These responses cohere with Benner's (2010) conception of learning, which explains expertise through the maturing of social processes.

Benner et al. (2010) noted that formation involves the development of technical expertise and the capacity to form helping relationships, as well as the ability to engage in appropriate ethical and clinical reasoning. Benner et al. (2010) noted this process occurs by integrating curriculum, integrating formal and informal teaching in both classroom and clinical and also establishing rapports with patients, fellow students, nurses, and nurse educators.

Establishing a rapport with fellow students was evident in eight of the participants' conversations. They reported that several of their graduates return and continue participating in IMs experiences. Natalie pointed out, "…several of them [fellow students] have gone back with other trips…I know one nursing graduate [who has] moved down there [Haiti]." Similar to Natalie, Ansley stated, "they [graduates] tend to go back on trips once they've graduated…because they enjoyed it so much as a student, they wanted to come and go back…so that was cool." Phyllis likewise, noted, "The group that went to Tanzania had four of our former students on the trip." These descriptions indicate there is more to IMs than a curricula opportunity. There are other motivations that make mentorship through IMs significant to them.

Nine participants reported IMs as unique towards mentoring those with an interest in missions, exposing one another to different cultures, and reinforcing the "big picture" of our global society. According to the participants, IMs grow one's desire to continue good works for others. Phyllis referred to this in her description of her reasons for using IMs as a mentorship opportunity for students.

> … personal reasons were my first thing that drew me to it [IMs] and then introducing that aspect of giving back to our students. So many of our students, especially the undergraduates, are very privileged…a large group of them are Christian and are interested in missions. They just get lost in the bigger picture of the party school students. You don't read about them on the front page. And so, I knew that group was there…I love kind of giving the students a different perspective…they get a…good view of social justice and want more equality in options for people. These students

> usually…will have a greater commitment to community service in some way…they just come away with a lot.

This clearly relates to Benner et al.'s (2010) novice to expert theory, which emphasizes clinical expertise and using non-traditional methods of instruction. My findings showed that all eleven educators use IMs experiences as a teaching modality for developing clinical expertise through peer-to-peer mentorship. Wanda described establishing bonds with students and integrating curricula through informal peer-to-peer mentorship, during her IMs experience in Peru.

> … we have a five semester upper division. So, first semester there is no clinical. We do not take any kids who had just come out of first semester. Second, third, and fourth semester students were the ones we took….So, the second semester students had literally one semester of clinical…So they took blood pressures…and we looked at hearts and lungs……we took students who were about to enter their last semester of upper division…[and] talked with the older students…the students who were most experienced and said, 'You guys are going to be sort of the team leaders, and you're going to help us with these students.' And it was amazing because what you saw was this growth and leadership and growth in caring.

All of the participants reported IMs provide mentorship opportunities which yield enormously enriching benefits to not only themselves, but students, former students, colleagues and nursing scholarship. This aligns well with Bandura's (1977) concept of self-regulation, demonstrating how an individual sets standards and goals, observes, judges, and reacts to his or her actions.

## Research Question Two

### Empowerment

Throughout the interviews, participants described reoccurring IMs topics as significant to informing their teaching. These topics were grouped into the overarching theme: empowerment, with the four sub-themes of teaching cultural diversity, effective instruction, education reform,

and establishing sustainable programs. This section charts these responses and demonstrates how they answer Research Question Two.

**Teaching Cultural Diversity**

A key finding was the recognition that IMs provided students with a powerful experience of cultures other than their own. Like Lana, many found this encounter transformational.

> International, it's very unique…I think that the disparities…unless you're going somewhere like…to help with the tornadoes…[that] hit in Tuscaloosa or Joplin or somewhere where it's total destruction like Katrina…it's different. It's the poverty level, … I don't think they [students] realize…especially…in a private Christian University, where most of them come from upper middle class, upper class kind of wealth. They really don't understand the disparity that there is no middle class in international areas…you are either very, very, very poor or you're very, very, very rich and there's not a lot of in between.

All of the educators pointed out that preparing students to understand other cultures is a core goal of nursing education. As Nell's explained, "…my primary educational goal is they [students] learn something about another culture and…about healthcare in another culture, and they don't go into a country just cold, not knowing anything." Meeting these goals were often challenging. According to Lana,

> …All the places we take our students…[are] culturally…very different… ladies are just breastfeeding…and we have to…prep them [students] for all of this because that's not the norm for them…many of them have been kind of sheltered….We tell them they're going to see…19 year-old girls with four or five children…[and] this is the norm.

Wanda agreed,

> In Peru…we went to a very impoverished area…that had recent flooding…a lot of the houses do have wooden floors but the houses are literally chained to…cement blocks…so when the floods come in, the house floats up on the chain…a lot of the houses…have the dirt floors…they lacked windows and doors and internal privacy…So, I mean our students have no clue about not having privacy.

Francis also agreed, "…when you go to a third world country, it's a whole lot more amplified than the U.S. We have housing…food stamps…all kinds of things in this country and they don't

have that…it's a whole different kind of world…I had [public health] experiences in the states, but it [IMs experience] gave me more of an outside perspective of another country…this is bad here, but it's even worse there".

These findings are useful to nursing education because they revealed IMs as having the capacity to provide insight towards culturally diverse perspectives. For example, educators have the knowledge of what common perceptions of despair, poverty, and being in need looks like within the U.S. But after the IMs learning experience, they now have new knowledge of what those definitions look like in a third world country, and a more informed foundation upon which to base their teaching. As Phyllis described,

> …they [students] picked up much more than we realized...that made us feel a lot better…we thought they would just focus on healthcare conditions and access to healthcare in those areas…the spiritual well being or lack thereof…one of the things that the students said over and over again…"these people have absolutely nothing material wise, but they seem so very happy." And that was my eye-opener because they had grown up in a culture that made them think that if they didn't have a six-figure income, they weren't going to be happy.

IMs provided cultural encounters that evoked a sense of humility. Phyllis described this as, "…being able to think of other people…put other people's needs in front of theirs." For Natalie,

> Americans are so…bad or good or whatever the word…we "know more" and you should "do it our way" and that is not appropriate…when we take people with us, humility is the first thing that you should have. You have a body of knowledge that maybe they don't have, but they have a body of knowledge that you don't have. So, it should be an exchange of ideas and you're not coming to Americanize all these other cultures.

Such experiences were used to prepare future participants. All identified areas for improvement, in regard to student behaviors. Challenging behaviors were described as *immature, insensitive, lacking humility*. Phyllis explained, "If you get a student who gets very self-centered, complaining, 'I didn't sleep well…my bed was hard…I don't like the food…it's

hot', and you're [an educator] like, 'That's not why you're here'." To head this off, more informed *course objectives, policies,* and behavioral standards were introduced in the preparation for IMs. Janice recalled her experience with a student who "was frankly very racist… making fun of women [Guatemala]…I learned the hard way I hadn't written anything in the course overview that would allow me to fail him for that behavior. And subsequently I changed that..." Natalie agreed, "When you take somebody that doesn't have humility, and they leave feeling superior, then we've really defeated the whole purpose of going…that happens…and you've not accomplished anything."

All reported the IMs experience increased their own *cultural awareness*. As Lana explained, "…In Ecuador, you have to greet everybody…when you walk in a room…if you don't…it's considered rude." She also reported that learning from mistakes helped her to better prepare students. Lana had an extraordinary experience, while in Morocco. "I actually got to meet the Queen of Morocco…one of her charities…was orphanages; and so she wanted to interview us." Participants had the experience of being "the other." As Ansley explained,

> It [Africa IMs] just really brought more cultural awareness to me really. Because I think…being you know, this middle class, white American, I really just was naïve, I guess, outside my little white American world. And I think a lot of us are. You know, we really are inside our little box and, I mean, I really am. So being able to get outside of this, and see other parts of the world, it really helps me to learn more and to be more culturally aware…It's just…a surreal experience.

Francis learned a similar lesson.

> …somewhere where you are not the dominant language, where nobody can understand you and you are totally dependent on that translator. It's…quite different, you know, being that…you depend on that translator to say what you want to say and…you have to trust them. You put a lot of trust into somebody that you really don't know…you're the minority. And that puts you in another perspective, being the minority.

These findings are significant because it seems IMs have the capacity to give individuals "new awareness of the world around them," enabling to achieve a "more insightful" self-reflective appreciation of their and other's lives. As Janice summarized,

> …many times in my own work…Zambia in particular, I realize how much of an outsider I am and how little I truly understand about everything that's going on. And I everyday learn to appreciate more and more the importance of cultural humility and totally being aware you do not have all the answers. You may not have any of the answers, but the importance of trying to partner with people on equal footing. And I think another thing that I am really conscious of is, I think…not everybody…but the U.S. has sometimes developed a reputation of being a bit snobby and like we're imposing our way of thinking and doing on others. And…that's sometimes very inappropriate.

All reported that these cultural experiences informed their teaching. They also reported IMs informed their nursing practice providing a renewed commitment to *basic nursing*. According to Nell,

> … it makes me think about when…we talk about like Florence Nightingale…and she was all about sanitation…she…did basic things and those basic things made a huge differences…most of the places I've been in have been in the mountains…very close to the Equator…so, they have all these symptoms…of dehydration…Being able to talk to them about simple things like hydration, and caring for the bodies, and covering their head…make a difference for them…I think I had a picture of taking an American lecture in medicine to a third world country…And…I was…stressing myself for months over all of the things I thought I needed to…be able to treat…[Once] getting there…[I] realized that the problems that we were seeing and caring for were basic health education issues…education on lifestyle and nutrition and sanitation…I was trying to make it Americanized, but in some ways, it was just more simplified. It was just getting down to the basics of good nursing care.

Such real world experiences are significant to nursing education because of their influence on the educator's sense of self and personal commitment to teaching. Benner et al. (2010) recognized expert educators as those who utilize discernment to stimulate students' existing knowledge, to make new information meaningful, and through careful facilitation, evaluate the student's progress. They emphasized that classroom activities do not stimulate clinical imagination when nurse educators rely on textbook instruction. In facilitating cultural

awareness within the classroom, the sense of vulnerability and becoming "the other" can be quite challenging for nurse educators to create unless they have experiential learning from IMs experience. Being informed by such empowering real their world experiences, they are far better prepared to structure and activities that can stimulate such clinical imagination.

Educators also explained that their experiences empowered them with knowledge for future IMs by exposing student concerns and fears of participating. All reported students' safety as priority. They described, *this sense of responsibility the whole time*, *being ultimately responsible for their safety*, *scary*, and "it's terrifying taking students to another country for the first time." Five participants reported that some students did not follow safety procedures, left "without a leader" and others "secretly left to go have drinks."

All emphasized that students should be responsible travelers. As Shirley explained, "…they left the hotel after hours…and went to bars…[they said] 'but nothing happened'...the point is, it could have…I had no idea where [they] were…I understand their point, because these were [adults]…but I was ultimately responsible." Violence was a significant concern, as Janice described, "Six armed gunmen came out from the field…robbed the students and shot the gun in the air, but nobody was shot or hurt."

All noted importance to protecting one's physical health as well. These concerns extended beyond the actual dates of the IMs experience. As Wanda explained, "Even though we had done a lot of hand washing…intestinal infestation or…lice…[were a concern] the first few days…back." Nell agreed, "If you go where…mosquito borne illnesses are common…I can't have just that sigh of relief when I get home. You still have to be concerned…for like two weeks to a month later." One of the participants' former students "developed dengue fever…[and] was so sick" for several weeks, and recovered. The participants reported these events raised

questions of "How do I need to think about safety and liability?" "Are there other things I need to think about?" "Do I want to go to countries where those are bigger issues or do I want to avoid [them]?" They explained these experiences reinforced the value of safety and also informed future IMs by reinforcing important measures of protection like hand washing, vaccinations, applying insect repellant, and sleeping under mosquito nets. The important point was that these concerns became educational opportunities to explore the relationship between health and culture in meaningful and informed ways. This imperative reinforces the insights of it.

Benner et al. (2010) endorsed educator driven content and recommends a curricula, which integrates teaching strategies of experiential learning that empower nursing students for practice within the three apprenticeships of nursing. Pinar (2010) also recommended curriculum whose content has been informed by educational experience, and provides for learner creativity and exploration. Their explanations contribute to answering Research Question Two by revealing the ways IMs participation informed their instruction.

Two participants reported being the students' advocate and reinforced their purpose in a faith-based IMs experience. Phyllis revealed that

> …as faculty, I've got to make sure the students are okay and it's not just physical safety and things of that nature…some of our students are not Christian and some of them are Christian, but with a totally different focus… we've taken some Presbyterian's with us…we've taken Roman Catholic's with us…one of the pre-med students was Jewish…we have to always run interference and make sure that these team members know that our students are off limits. You don't try to evangelize or convert or impose any kind of your spiritual beliefs on these people. They understand they are in a team that's primarily Christian, primarily evangelical but they're going for an International healthcare focus. And so, if they're prime personal objectives don't include spiritual, that's their business…we're telling them to look at spirituality as a broad concept, but not any particular religion. And so, occasionally we've had to run interference and there will be some team member who just believes this poor little Roman Catholic child needs to understand that the Protestant way is the best and we're like, "you can't do that."

Benner at al.'s (2010) novice to expert theory helped to explain what their comments mean. Benner et al.'s (2010) theory allows for narratives as a means to reveal how nurses from beginner to expert approach a situation. Thus, the educators' preparation based on the foreknowledge that there may be immaturity and lack of adhering to safety policies demonstrate how the novice approach to international travel differs from the experts. Because of real world experience, the expert understands many of the potential dangers and challenges to student supervision in a third world country. This depends upon their experience.

Also important, is Bandura's (1977) SCT, particularly his concept of reciprocal determinism. This helps to explain how people are influenced by their sense of self, environment, and behavior. The participants' safety concerns illustrated the dialectic relation of these three components. Safety concerns are a direct result of real world experiences, where the educator was informed through experiences of danger in that country. These experiences in a third world environment impacted their personhood and behavior. Their personhood was impacted because they reported concern for both students and themselves. Their behavior was impacted because they subsequently planned accordingly through enforcing policies and careful planning. The result was a new, richer sense of self-efficacy.

**Educational Reform**

Benner et al. (2010) noted sharp divisions between teaching in the classroom and teaching in the clinical setting. They called for radical change in ways of thinking about and current approaches to teaching and learning in nursing education. Intriguing comments revealed that IMs open significant doors for establishing partnerships and initiatives for education reform. These doors contribute to instruction in ways that inform innovative types of immersion

experiences. They promote course development and facilitate meaningful collaborative projects. All of which enrich classroom experiences.

For example, IMs experiences informed innovative ways of providing immersion experiences for nursing students. Janice explained that "not everyone" who wants to travel abroad is able to participate due to health reasons or economic reasons. To this end, she described "looking for other ways" to provide immersion types of experiences for her students.

> It's called S-I-F-A-T. And the religious name means *Servants in Faith and Technology* and the more secular name is *Southern Institute for Appropriate Technology*…it's a facility that was developed by this amazing couple…who were Methodist missionaries in Bolivia most of their lives…they [created] a training center…[to] learn about…bore hole drilling with no electricity…appropriate ovens in a hut instead of…a lot of smoke, and ovens that don't use a lot of wood…how to use the local vegetation to create leaf powders that provide nutritional supplements…how to sanitize water in a coke bottle…they've also created a "third world village" and assimilated an urban slum…all of our community health nursing students go up there and spend a day.

IMs experiences have also informed educators towards nursing education reform. Janice described a unique course development experience in Chile; where, she worked collaboratively to develop an online, masters level nursing course in Spanish for the Pan-American Health Organization.

Janice shared similar reflections about the value of her IMs experiences. "Well it has just opened doors and it opens doors, I'm hoping, for our students and faculty." She discussed her current work as the Deputy Director of the WHO Collaborating Center "…contributing to…nursing globally…to promote the use of IMCI…Integrated Management of Childhood Illness…to identify…the key causes of childhood morbidity and mortality in a given region or country; and then, target…strategies for addressing the problems in an integrated…community based way…"

Eight participants reported their experiences led to scholarly work. They described professional presentations at their universities, to a Board of Visitors, also community groups and organizations, and professional nursing organizations. Academic papers were published. Shirley explained, "I've shared PowerPoint presentations…at Sigma Theta Tau…[and] talked at the Regional…on the development of study abroad." Natalie reported, "We've had national and international presentations about Jamaica and Haiti both. We've also been published in journals." Two participants received service-learning fellowships, which according to Phyllis, "helped me look at both what I was teaching students and also what I might want to do for research." Others reported teaching scholarship for the purpose of furthering global initiatives, taking active roles in WHO Collaboration efforts, providing consultation to international nursing schools, and serving as a collaborator for the development of global health competencies.

Natalie described her involvement with initiatives in Haiti.

> I think the science has matured in the research we wanted to conduct. We were very simplistic to begin with and through the experience and through learning more, we've been able to mature…I'm thinking of the right word to use…but our thought processes are a little more complex now. I think we were very simplistic to begin with…And then, we realized that the problem is much more complex, and it's going to take you know, like in Haiti, it's going to take two generations, if even then, to help these people to have a better quality of life. So…we have a much more in-depth understanding of what the problems and issues are. And we can bring that back and develop programs to address specific issues…

IMs also led to international partnerships in online instruction. Janice described a powerful web-based class experience, which facilitated her students' adoption of a neonatal unit in Zambia.

> …this [partnership experience]…opens a lot of doors when you teach online…I have gotten…grants to bring Africans here to [university]…We were interested in developing some online case studies that we could share. These were Zambians, Malawians, and we partnered with UC San Francisco…the last cohort who came included a nurse who had been a neonatal nurse in Zambia…She wanted to see our new neonatal unit here, which sometimes I'm hesitant because it's like a five star hotel and…in the unit in Zambia,

> there might be two to three babies in a bed…the conditions are really difficult, but I decided…I would take her over there. Well, it turns out there was a nurse on that unit…who, the next day, was going on a mission trip to Zambia. And the nurses…just loved her [nurse from Zambia]…and so [they] became good friends. And this unit adopted the unit in Zambia and they've sent containers of things over…[like] pulse oximeters.

Janice creatively used this unique experience to increase cultural awareness, within her online Developmental Care course. She utilized Blackboard Collaborate software to facilitate three-way discussions about nurse-to-patient ratios in neonatal care discussions between her classroom of students, this neonatal nurse from Zambia, and the neonatal nurse from the [university hospital]. She described,

> I invited [nurse from Zambia]…to come on …[a] Blackboard Collaborate Session. And I also invited the nurse from the hospital here at [university]…to have a session with the students. And I asked the nurse from [university hospital] first, "On a typical day…how many babies per nurse would you have?" And she said, "Well usually it's two, but if it's a really bad day we might have three, if we don't have enough nurses." And I say [to Zambia nurse] "What is it like in Zambia?" [Zambia nurse's reply] "You might have two nurses and 60 babies."…if they [students] were in Zambia, they could see that, but very few will ever be able to go. So, I think we can do a lot more of that [type of learning experience]…

Janice described another way she has used her experiences within her Leadership course classroom. She conducted three way international group discussions between the Dean at the University of Malawi, a former [her university] DNP graduate working in Rwanda, and her classroom of nursing students. She explained, "This is the kind of thing that I get excited about because I think it can open perspectives and appreciation for people." Thus, these intriguing findings support that IMs experiences have the power to influence and inform education reform on a global level.

**Effective Instruction**

Benner et al. (2010) encouraged using narrative pedagogy, such as simulation labs and patient interviews as effective facilitators of clinical imagination. These developmental teaching

strategies are beneficial in prompting students' understanding of the creativity and inquiry towards a patient, their family, and their community. Participants revealed how IMs contribute to enhancing the students' clinical imagination, and encourage thinking like a nurse (Benner et al., 2010).

Constructivist learning theory is based upon active engagement in activities that help learners build upon their prior knowledge. This type of pedagogy is supported in the nursing literature as a facilitator of deep learning (Benner et al., 2010; Wink, 1995; Hsu, 2007; Lindahl, Dagborn, & Nilsson, 2009). Participants strongly endorsed this approach. They unanimously agreed that their IMs experiences inform their teaching, suggesting effective teaching modalities that draw upon real world experience.

Participants emphasized the value of real world experience as strengthening their *credibility*, *confidence*, *abilities*, and *knowledge*. It enriched their teaching. Francis shared IMs experiences as "…making me a more well-rounded, viable resource for the students…the more…you have gone to other countries…the more you have been exposed to…[and] increases your credibility." These statements support that IMs strengthen self-efficacy, as described by Bandura's (1977) SCT. As Francis illustrated,

> …it's a whole lot easier to tell students about poverty in a third world country if you've been and seen poverty in a third world country…You know, until you've been and walked in those shoes and you've seen it for yourself, you're not really [as competent]…that's one of the things I think we lack as nurse educators…those enriching real world experiences…I think we put people teaching something that they know nothing about and [are] not allowing them the opportunity to learn about it, which is going to help them to help the student…I honestly believe unless you work in the real world, you're not going to understand [the real world]…so, I think it [IMs] just added more depth to [my teaching]…

Informed by IMs, six educators created courses based upon the needs and desires of the students. Nell explained IMs better prepared her to develop an elective course. She stated, "We

developed an elective on missions nursing…[in response to] a lot of students who are really interested in combining nursing and missions…a lot of them want to be involved after graduation."

Janice explained her experiences have empowered her for international teaching opportunities. She stated, "I have taught…in Brazil…Norway…[and] taught Research Methods…in Thailand…it was really intense…to do this whole course in three weeks." She not only teaches, but has also developed doctoral level international courses. "I'm getting ready to go to Malawi in August [2014]…to help teach. They're starting a new PhD program at the University of Malawi Nursing School and…I've developed the Quantitative Research Methods course." Thus, it stands to reason that IMs can contribute to instruction by informing nurse educators for not only participating in, but for teaching internationally.

Participants provided specific examples of how they interjected their IMs experience in productive classroom activities. Natalie discussed the use of dialogues:

> Having a personal experience that you can relate to content in your course does enrich the course. And it does provide dialogues because…several students have been on mission trips. So, you can share in that dialogue, and it just enriches the class. I teach online. So, we can start online discussions, and there's always students who have been and…are just waiting and can't wait to go… And so we all learn from each other…we've got students who have done mission work at refugee camps…in the Ukraine…some have been to Romania…some that spent time in Asia…and so, they can relate those experiences…so, we relate our Caribbean experiences or our Latin American experiences, and it just really enriches the course.

Four participants discussed how they had used their IMs experiences to create situated learning activities. Shirley consulted with her university's SIM coordinator in creating a scenario of nursing care for malnourished children. She explained, "...these kids are malnourished from either lack of knowledge of adequate nutrition or from parasites…I talk to her [simulation coordinator] about the types of malnutrition that we might see [Guatemala]."

Nine of the educators reported using case studies within their instruction. According to Benner et al.'s (2010) novice to expert theory, these kinds of situated instruction are key to developing clinical imagination.

Benner et al. (1996; 2009; 2010) also recommended storytelling. Ironside (2003b) also supported this strategy noting that students cited courses with storytelling as the most compelling, most likely to make them think. Indeed, Ironside (2006) argued that storytelling fosters thinking from multi-perspectives, facilitates critical thinking, develops creative thinking, and improves scientific thinking. It also helps bridge the theory practice gap in nursing education (Agency for Healthcare Research and Quality (AHRQ), 2013; Benner et al., 2010; IOM, 2010; Quality and Safety Education for Nurses (QSEN), 2013).

The participants supported these arguments. They all reported positive results when teaching through stories in both the traditional and online classroom. Ansley shared, "I've seen…babies in…clinics in Bolivia and Africa…I teach maternal child…the students usually say that they like hearing real life stories instead of hearing from a book or a PowerPoint." Eve agreed, "I just think the experience of putting yourself out there, [like] riding on a horse to clinic…gives you some credentials, I guess, in a student's eyes. And so, it probably makes them listen a little bit more." Phyllis concurred.

> I've always been a big story teller because I think if you present a word picture to somebody, it makes a whole lot of sense to them than if you describe something…[such as] the idea of prevention for healthcare; and you know, do these people know to wash their hands? Do they know they're supposed to sanitize their water?...so it's just a real importance with health promotion, [and] disease prevention...I think the stories link the concept. People remember concepts better when they're linked to a story.

The participants also endorsed IMs as a powerful teaching modality for interdisciplinary team building. Every educator reported that such interdisciplinary opportunities "increased the students' confidence." IMs experiences improved communication and teamwork skills. Wanda

stated, “Some of our students actually made comments about the fact that it was nice to be valued as a full member.” Phyllis described unique IMs experiences in interdisciplinary team building, not only for nursing students but also for her personally.

> For the students…we [university nursing educators] would like for them to experience working with other professionals…they [students] were quite surprised when the doctors were calling them by their first name and expecting to be called their first name…they would see people working together…[we] sometimes would have pharmacy students…we might have a pharmacist [and] we might have a nurse in that role. But the ministers, you know, they [students] begin to see people as people with professions rather than that was their profession…that’s who they were, which is a little weird. But it wasn’t a doctor; it was a man who was a doctor or a woman who was a doctor…and so, they really got to see them individually.

Nell described significance in providing interdisciplinary opportunities for students because they are instrumental to well-rounded IMs experiences. “…our goal is…they are able to spend time with a variety of providers…an interdisciplinary team…not confining them to one role…” Shirley agreed,

> …typically what we do in these clinics…I rotate them [students] around, so that they will work triage…they will work with a healthcare provider…[and] at least two Guatemalan physicians…three Nurse Practitioners plus another nurse…I will rotate these students to be with a National physician, as well as a Nurse Practitioner…they’ll have an opportunity to see…two different types of providers. They also rotate in lab…to do urine checks, urinalyses, pregnancy checks, diabetes glucose checks…we have a pharmacist going…so, they’ll spend time in the pharmacy…this helps with…reviewing pharmacology...also, if we have wound treatment,…they can do that. Plus they will do a teaching project…to the folks that are waiting [to see a healthcare provider].

Nine of the participants reported IMs experiences as a very useful way to teach holistic nursing concepts. All described the power of IMs learning experiences as facilitating “clinical imagination,” helping students see the “big picture” and “looking at the whole patient.”

Phyllis shared this.

> …most of the time we take them [students] to hospital “X” to unit “Y” and we say “Here’s a cardiac patient. Take care of this cardiac patient”. Not this grandfather who has heart failure. And you know, understand that he lives in a place where he has to climb two flights of stairs and his wife … loads the salt in the food. You know they don’t

> get that…I think we tend to focus on the parts…I think the thing about missions…is that it takes them to where they are immersed into that culture and that environment. They see those holes that those people live in. They know they don't have running water…that's the difference I think.

Nine of the educators emphasized that these experiences provide greater opportunities to provide spiritual care. Wanda described, "…they went not just for nursing skills and to learn about culture, but truly to give spiritual care…you can see in their reflective journals… spirituality…was extremely important, and for most of them, it was priority." Shirley agreed,

> It's never been a problem…we're traveling with a mission group, but we are not a part of the mission group…what I have said [to students] is your participation is voluntary. You do not have to participate in the team devotions. You do not have to go to church. It is up to you…I've always felt like that attending a church service is part of the cultural experience…any of our trips…sponsored by the university, encourage that with their students because that's cultural.

Phyllis described how the IMs experiences actually made the students more comfortable to engage in spiritual care.

> They're afraid they're going to offend them and so they stay away from it…students see that there are different ways to express spirituality and you can do it in a way that it doesn't offend someone else, but yet lets them know you care about them; and that you really believe somebody else cares about them...You know they don't learn it because we tell them this. They see it…I think we [all] come back being a little more open with each other.

**Bearing Witness and Establishing Sustainable Programs**

All reported the deep emotions that came with witnessing pain and suffering. Yet every participant emphasized, "There's a difference when you are actually there;" "It isn't the same as in the U.S.;" and "It's just something you have to experience to comprehend." Even though Janice knew,

> …about deprivation and poverty…when you're actually exposed to it, especially in… the health facilities in Africa, where…it's just so few people, and patients on the floor, no sheets on the bed, if the families don't bring them food, they do not get food…I guess I'm never prepared for that. It's very hard for me to see that…and hearing wailing…very often, there are women on the street just wailing [Zambia]. And some of this is the

> cultural way of expressing grief, but it just slaps me in the face, you know, of how hard life is for so many people. You know, so that's…even though I might have known to expect it… and that's one reason why an immersion experience is different for students than having a blackboard collaborating talk with somebody.

Such experience had clearly influenced the participant's teaching. Wanda described how her IMs in Peru enriched her teaching about obstetrics and the treatment of handicapped children.

> It [Peru IMs] definitely enriched my teaching…Undergraduate Obstetrics…so the experience was, it gave me the ability to say…in Peru…some of them [pregnant women] go to hospitals and some of them don't…we saw several handicapped children…whose parents would say that they don't bring them out into the public very often… to be able to say that to students here that handicapped children are hidden in other cultures, people don't see them…And that women might not birth in the hospital, and if they do birth in the hospital, they're home the next day…the expectation is the…[continue] hard manual labor…they don't say, "oh I'm pregnant. I can't do that today" or "my feet are swollen".

Every participant reported being impacted personally and professionally. They used statements such as, "How could you not be impacted;" "I was heartbroken;" and "It was so massive and overwhelming." Natalie elaborated,

> …my patience is not as good as maybe it should be with people [ U.S. citizens with] lifestyle issues of not caring for themselves…You've got everything right here in front of you to do better, yet you don't. And there's your counterpart in other countries who would love to have a quarter of the resources that you have. You know, you don't take your blood pressure medicine? There's a guy down here who would love to [have what your resources] so he doesn't die next year. You weigh 400 pounds? There's somebody who would like to weigh 120 because they got to eat beans today.

All shared deep emotion in response to the level of poverty they witnessed. Their stories entailed emotional reactions, critical self-reflection, and re-evaluation of personal and global efforts to improve the conditions of life. "You know it's the notion, I guess, guilt is part of it," Janice explained. "Why is it I have this [abundance]...It's humbling and…I come around to trying to do what little I can in some way and contribute in…a partnership way…".

Others reported being "deeply moved," "having joy in spite of suffering," and "their sincere appreciation for us being there." For Shirley, even the simplest things sine a new light on her life. Ansley agreed,

> …seeing people through a different…culture and in a different mindset and just seeing how happy they were with just not near as much as we have over here…some of the sweetest times were just simple… we cleaned their hands and painted their fingernails…I mean the women would just cry because they had never been shown love like that before…And that, to me, just broke my heart because we just get in our car and go get our nails done all the time…we just take that for granted…for them to be so thankful just to have a small bag of vitamins, you know; or to be so thankful that we were giving them chewable vitamins for their children…it's those little experiences that make the whole story you know?

It was not what they learned from the missionaries, but what missionaries learned from them. These intense experiences informed their teaching by empowering them with a new awareness to the level of disparities in healthcare on both national and international levels, to culture, to the value of resourcefulness and in their compassion for others. "I think…the new awareness it [IMs] brought to me," as Wanda reflected, "is that we have so many people…we work with everyday who have no idea what the rest of the world is like…and some of them don't care to ever figure it out."

Benner et al.'s theory was helpful to explain Wanda's meaning. Benner et al.'s (2010) found that students develop clinical reasoning as a result of situated learning that involves patients in a clinical setting or in paper case studies or in simulations. Thus, the educators' experiences contribute to instruction because they inform this process of situating cognition by placing particular nursing content into context. Benner et al.'s (2010) definition of contextualization is "taking into account the response of the particular patient in the situation, including the patient's history, interrelationships between physiological systems, social interactions with others, and response to the particular environment" (p. 46). Thus, these IMs

experiences are significant because they empower the educators towards contextualizing nursing concepts.

Also important, these findings mirror a recurring theme in the literature to IMs participants who witnessed extreme poverty. Researchers note this experience often results in feelings of sadness, helplessness, and compassion (Walsh & DeJoseph, 2001; Sawatsky, Rosenman, Merry, & McDonald, 2010; Wros & Archer, 2010). Nursing education embraces experiences that may broaden awareness and strengthen cultural competency (Campesino, 2008; Wros & Archer, 2010; Riner, 2011; Sawatsky, Rosenman, Merry, & McDonald, 2010; Leininger, 1978; 2001; Purnell, 2005; Campinha-Bacote, 1998). Taken together, these findings demonstrate how bearing witness to pain and suffering contributes to instruction about cultural diversity and healthcare disparities. These real world IMs experiences helped them to understand these subjects in a profoundly powerful way.

Every participant stressed importance to creating and identifying ways to establish sustainable clinics, health promotion programs and follow up for the recipients of care. Natalie described, "…main concerns are that we're not doing something that will go away…the next generation behind us can come and maintain it… it's not just a one day trip, and then…come back and talk about where [we] went." Two participants used the illustration of "an old adage" where "You give them a fish and feed them for a day and you teach them to fish and feed for a lifetime." Others talked about the need "to provide something that is there that's permanent for them," "a resource they can go to," "being part of a recurring team," and "follow up."

These concerns were matched by commitment and action. Natalie described how, "…we started programs that are sustainable and that we're maintaining…when you do that, you have

something that students can stay involved in." Other participants talked about faith-based programs, missionaries of their churches, and grant funded programs they were involved with.

These organizations, Nell explained, "work with" and "through the people and pastors in that country."

> And so they have a really neat model of International Missions. You know, there's a lot of pros and cons to short term mission trips; and you hear a lot of cons in that…you take a few…drop in and… kind of interrupt what people are doing. You do your thing and then, what have you really accomplished? So, what I really liked about this group is…they have in country missionaries that are there all the time…working ahead of us…so, the whole goal is to plant churches…and we just use medical as one aspect of that. So, they are there preparing long before we come…they know the areas where they have work going on, and they just plug us into what they're doing… I've really liked that model of missions, and…having students involved…and for them to know that after we leave…there's still work going on.

Natalie agreed, "We have to be careful with the students that they see this is an opportunity for work, and for helping somebody…I think that's why…we see more nurses going back and staying for extended periods of time…because they see the need for sustainability and for permanence." Hence, because of her extensive work in Haiti, she helped develop

> educational interventions…we educated specific community members, who could then go out to different places and teach…we've got people [from U.S.] going…three times a year…it has to be sustainable...to do something, to help people who are really trying to help themselves…they just don't have the resources…and we can educate our nurses…with the skills, the knowledge, the ability to make an impact that will last…for those nurses who are interested in it, that's what we have to do to facilitate that.

Janice described the way her experiences have informed not only her own teaching, but empowered her to collaborate with Zambian nurse educators in developing an HIV Nurse Specialist program. This extraordinary experience began with establishing an international HIV nursing partnership. "…in Zambia in the late 1990's…at the height of the HIV epidemic…doing work with prevention of mother to child transmission…to start a program to prepare nurses to prescribe ARVs [Antiretroviral Drugs]." She reached out to a number of other global networks

who, "…have started a program in Ethiopia to prepare HIV Nurse Specialists…we brought the Ethiopian nurse to Zambia" to provide the training.

These remarkable works enrich nursing curriculum. By revealing the dire need for healthcare and health promotion, IMs led educators to implement measures of sustainable follow up care. These ongoing initiatives also served a teaching tool by an agency to involve students in meaningful work in areas of need. This fits perfectly with Benner et al.'s (2010) theory providing engaging learning experiences of practice that build a sense of purpose, efficacy, and cultural compliance.

Bandura's SCT provides insight into these experiences of IMs. The nurse educator's participation in IMs exposes them to an unfamiliar environment, requiring responsive behavior and interactions with others. The four elements of observational learning, reciprocal determinism, self-regulation, and self-efficacy explain the learning process. Observational learning requires one to translate a modeled event into an action of ownership. The educators reported significance to participating in and creating sustainability for the people in those countries. Reciprocal determinism explains how people are influenced by their personhood, environment, and behavior. The participants responded to these healthcare disparities by identifying areas of need and work to remedy those needs. In self-regulation, an individual sets standards and goals, observes, judges, and reacts to his or her actions. Under these assumptions, the nurse educator's participation in IMs yielded enlightenment, sharpened skills in cultural awareness, and revealed a new understanding of the world in which they live. It revealed a world where they have resources and capacity to impact areas in need of healthcare.

IMs are empowering experiences for nurse educators. They help improve the teaching of cultural diversity and lead to more effective instructional practices. They opened doors to

productive partnerships and initiatives for educational reform. Also important, participants emphasized that bearing witness impacted them in personal and professional ways. They evoked a personal commitment and professional action, which resulted in the establishment of sustainable programs within these distressed countries.

Together, these themes and subthemes answer the important questions of how nurse educators understand the significance of IMs experiences and how they inform their teaching. IMs are significant because they provide enrichment to educators' cultural perspectives and are noted to have transformational power for changing one's understanding and outlook. The participants attributed personal growth and spiritual reflection to IMs experiences, as well. They also identified IMs as an opportunity for significant service, where one can also develop meaningful skills and mentor others in this important work.

They described implementing healthcare programs, which Farmer, et al. (2013) endorse in their research towards the implementation of global health. Farmer's, et al. (2013) research focuses in reimagining the idea of global health towards the implementation and provision of services and the obstacles that must be overcome in order to provide healthcare in impoverished areas. They ask questions how to get treatments to people constrained by powerful societal infrastructures (Farmer, et al., 2013). The educators in my study described their efforts to provide healthcare, yet did not reflect on questions of structural conditions that generate inequality and injustice in any meaningful or informed way.

## Summary

This study revealed how nurse educators who have participated in IMs understand the significance of their experience. Bandura's (1997) SCT was used to explain how these meanings led to a greater sense of self-efficacy. Research Question One was answered by the overarching

theme of enrichment. Participants specified that IMs enriched their cultural perspectives and even had the potential to transform their understanding and outlook in life. All agreed IMs were a personally significant and enriching experience, which facilitated personal growth and fostered spiritual reflection. They described IMs as a significant service opportunity. Furthermore, according to the participants, IMs develop important and meaningful skills and also provide a rich opportunity for mentorship.

Research Question Two was answered by the overarching theme of empowerment. The educators emphasized IMs instilled a more informed perspective for teaching cultural diversity. They attributed IMs with enhancing their creativity to develop innovative instructional methods. All agreed they now have a greater insight in which to contribute to nursing education reform. Furthermore, according to every educator, IMs facilitated personal commitment to the provision of sustainable follow-up care. Some even established such programs in those distressed countries. Thus, their descriptions provide voice to the significant and powerful ways IMs empower educators.

# CHAPTER V:

# DISCUSSION

This study is a response to the lack of research on the value of IMs for nurse educators. Green et al. (2011) noted that few studies actually explore the relevant questions of IMs as they pertain to educators. This is surprising, given that many researchers recommend using nonconventional pedagogy, new ways of thinking about nursing practice, a curriculum based on experience, contextualization, and stimulating approaches that promote a learners' sense of inquiry and exploration (Benner et al., 2010; Pinar, 2012; NLN, 2003a, 2003b; Ironside, 2001, 2003b, 2005, 2006). With these recommendations in mind, I have explained the perceptions of nurse educators who have participated in IMs and questioned the impact of these experiences in their personal and professional lives.

Using Benner et al.'s (1996, 2009, 2010) novice to expert theory provided a theoretical lens, through which to analyze these situated experiences. Benner (2010) also emphasized the power of narratives, case studies, and storytelling; key elements in nurse educators' reflections on how their teaching has been enriched through IMs.

Finally, Bandura's (1997) SCT was used to understand how nurse educators create meaning from their experience. Bandura has provided insight into how IMs become deeply significant both on a personal level and in teaching. His theory was helpful to understand the significance of IMs participation and explain the transformative effect of these experiences.

The following research questions guided the study:

1. How do nurse educators who have participated in IMs understand the significance of their experience;
2. In what ways, if any, do such experiences inform their teaching; and
    a. In cases where important influences are reported, how does Bandura's theory of socio-cultural development help explain the meaning of the experience to individuals?

Analysis of participant responses yielded two key themes: 1) IMs provide enrichment and empowerment; and 2) IMs are powerful and personally significant learning experiences. They broaden cultural perspective and an individual's understanding and outlook. They facilitate personal growth and foster spiritual reflection. And, IMs help develop meaningful skills including mentorship.

These empowering experiences instill insight for the teaching of cultural diversity and lead to more effective instructional practices. They open doors to productive partnerships and initiatives for educational reform. They also promote meaningful and important work.

These findings are significant to nursing research because they provide a better understanding of the powerful ways IMs impact educators. In what follows, I discuss the impact of these findings for the nursing literature, the implications to nursing education, and point to new research questions raised by this study.

## Discussion and Contributions to Scholarly Literature

The literature supports that IMs experiences increase cultural awareness, strengthen communication skills, and makes students more passionate towards improving the circumstances and living conditions of others (Perry & Mander, 2005; Sawatsky, Rosenman, Merry, &

McDonald, 2010; Garner, Metcalfe, & Hallyburton, 2009). Universities also recognize the benefit of IMs. Moreover, prior to this study, there has been no significant research exploring their specific importance for nurse educators. My study adds to this body of research by revealing how nurse educators find IMs experiences both enriching and empowering; this can be a rich resource to inform the aims, methods, and content of their teaching.

**Enrichment**

IMs are powerful learning experiences, which push educators to a higher personal and professional level, fostered meaningful relationships, and provided new cultural experiences. This was evident in participants' accounts of personal significance and the rewarding forms of service that IMs afford.

Also key was the nurses' recognition that IMs provided a powerful experience of cultures other than their own. For many, this was revealing, even transformational. This discovery is important to nursing education because, as all of the educators pointed out, preparing students to understand other cultures is a core goal of nursing education and their experience empowered them to develop more relevant teaching strategies. Researchers noted that IMs experiences contribute to developing greater leadership skills and a heightened awareness of diverse cultures (Green et al, 2011; Garner et al., 2009; Riner, 2011). Others endorsed IMs as powerful experiences that improve one's cultural competence, understanding of global health, and healthcare diversities (Kulbok et al., 2012). My study strengthens the nursing literature that IMs have the capacity to transform an individual's understanding and outlook.

Also important, all attributed an enhanced understanding of being the other. Many even noted a surprising lack of knowledge in areas where they once felt confident. They attributed new awareness to the importance of resourcefulness, patient education, and healthcare access to

witnessing the extreme poverty and the vulnerability of the people in those countries. They were deeply moved by the despair of not being able to remedy patient suffering. Because of this, all noted a personal commitment to improving sustainable follow up care in those countries and advocating through partnerships and nursing education. Koplan et al. (2009) prioritized the improvement of global health and noted that solutions reside beyond the health sciences. My findings support that IMs provide such enriching experiences that educators have advocated for international healthcare disparities; thus, providing the literature with current efforts toward these solutions. Furthermore, Garner et al. (2009) and Long (2012) stressed the importance of engaging nurse leaders in global partnerships. The findings further strengthen this research by revealing how the educators understand the significance of their experiences and what they did to promote sustainable follow up care and establish partnerships towards global health initiatives. Thus, as researchers noted, the U.S. population and cultural diversity continues to grow and nurse educators are faced with challenges to prepare future graduates with a global perspective (Long, 2012; NLN, 2009; AACN, 2012; ANA, 1991; JCAHO, 2012). My findings provide insight to the power of IMs experiences for better equipping nurse educators for such challenges.

These findings add important perspectives of nurse educators to current research where university medical and nursing schools are using IMs as a means to improve students' skills, provide help to others, broaden cultural experiences, and enhance global awareness (Sawatsky, Rosenman, Merry, & McDonald, 2010; Garner, Metcalfe, & Hallyburton, 2009; Perry & Mander, 2005). The educators' descriptions of developing greater flexibility, bearing witness to suffering, providing holistic care, spiritual reflection, and commitment to establishing sustainable follow up care add to the nursing research.

Researchers agree that IMs experiences provide an enriching international learning experience for nursing students (Lee, 2004; Hunt, 2007; Amerson, 2010; Riner, 2011; Perry & Mander, 2005). My findings revealed that these experiences are also true for nurse educators as well. Adamshick and August-Brady (2011) analyzed the reflective journals of undergraduate RN students who participated in IMs to Honduras. They identified four themes: 1) from the outside looking in, 2) struggling with dissonance, 3) searching for meaning, and 4) from the inside looking out. The educators' descriptions in my study mirror very similar themes. All reacted with deep emotion, a commitment to change the current healthcare disparity levels, and a re-evaluation of their worldview. They also emphasized the importance of their experiences to their lives and teaching. They described being deeply humbled, struggling with what they could do to improve the conditions in those countries, feeling like an outsider, and being transformed by such intense learning experiences provided by the IMs.

According to every participant, their powerful learning experience caused a sense of greater importance to expose nursing students to different cultures, teach different ways of doing things, and to contribute to these disparities by providing nursing care for vulnerable populations. Many went on to note that after participating in IMs, it is even common for nurse graduates to return for these opportunities each year. All emphasized now having a greater sense of importance to passing on these enriching learning experiences to their colleagues. Such descriptions revealed that IMs provide an opportunity for significant service and mentorship. These findings add depth to the literature, which noted IMs as a means to broaden nursing skills, improve cultural awareness, and enhance global knowledge (Sawatsky et al., 2010). The educators have insight for using these enriching IMs experiences within the classroom and also for providing professional development opportunities with their colleagues.

Benner et al. (2010) recognized that expert educators as those who utilize discernment to stimulate students' existing knowledge and to make new information meaningful. They have emphasized that classroom activities do not stimulate clinical imagination when nurse educators primarily rely on textbook instruction. Thus, facilitating increased cultural awareness in the classroom, the sense of vulnerability, and becoming "the other" can be quite challenging for nurse educators to create unless they have had such an experience themselves. Every participant in my study agreed that IMs enriched their cultural perspective. Therefore, my findings provide insight into to how educators understand the significance of their experience, and this in turn informs their teaching of cultural awareness.

**Empowerment**

IMs not only provide personal and professional enrichment, but they also empower educators to teach in nursing education. According to every participant, the IMs experience strengthened their ability to teach from a globally-diverse perspective. They now have a new awareness about the levels of disparities in healthcare on both national and international levels. This discovery is significant for nursing education because an educator's preparedness to teach from globally diverse experiences is essential in promoting successful patient outcomes and nursing education reform (NLN, 2009; AACN, 2012; ANA, 1991; JCAHO, 2012; Benner et al., 2010). Therefore, IMs provide a greater insight for the teaching of cultural diversity.

The educators noted that their IMs experiences helped them to identify effective instruction methods. The educators described their use of storytelling as a means to contextualize content. This is highly supported by nursing research that emphasizes the power of learning through narrative (Benner et al., 2010; Ironside, 2006). Benner et al. (2010) has

recommended storytelling as a way to bridge the gap between theory and clinical practice as does the NLN's Priorities for Nursing Education Research (Ironside, 2001; NLN 2003a).

The educators also used their real world experiences within simulation as a way to teach nutritional and parasite considerations in a third world country. They described using case studies as a way to stimulate clinical imagination, instill a greater awareness of the importance of patient education, and to facilitate ways that improve resourcefulness. Others used dialogues within peer-to-peer online learning environments to engage comparisons of IMs experiences. They also noted IMs as a facilitator that greatly strengthens interdisciplinary team building skills.

To this end, having the educators' ability to identify ways of effective instruction are important to nursing education. The literature noted IMs as being most useful for nursing schools because of their orientation towards education (Sawatsky et al., 2010). My findings support that they provide significant learning opportunities to not only students, but to educators as well. IMs allow for pre-planning and structure. They do not require immediate response types of humanitarian aid (Garner et al., 2009; Perry & Mander, 2005). All agreed.

These findings add to current literature, where comparative studies between IMs and local partnerships within the community revealed that IMs develop greater cultural awareness, personal growth, and professional development (Wros & Archer, 2010). In other research, universities are providing comparative healthcare courses to achieve similar types of education goals (Perry & Mander, 2005; Button et al., 2005). According to Perry and Mander (2005), such comparative courses exceeded their stated objectives because students were able to better identify strengths and weaknesses within the U.S. healthcare system and in nursing practice. They also reported increased cultural awareness. My study revealed additional important areas

that IMs afforded to the educators as increased awareness of global healthcare disparities and ways of advocating for them within the classroom.

This research also revealed a new finding. According to Wros and Archer (2010), IMs student participants reported concern that due to the expense of IMs, not all who desired to participate could afford the costs and scholarships were not always available. The participants in my study agreed. Some discovered other ways of teaching about global diversity. These included Blackboard Collaborate discussions between nurses in Zambia, Rwanda, and the U.S. classroom; healthcare leadership discussions between their online classroom and international leaders in healthcare administration; and a simulated third world country environment located in the U.S. as a means to teach about other cultures. Participants noted that these instructional methods are not the same kind of experience that one is exposed to in IMs, but they can provide opportunities of exposure to another culture, compare differences in healthcare and nursing, and also explore important concepts in nursing education.

These online initiatives align with Benner et al.'s (2010) theory. Their research finds that students develop clinical reasoning as a result of situated learning that involves patients in a clinical setting or in paper case studies or in simulations. Thus, the educators' IMs experiences contribute to instruction because they inform this process of situating cognition by placing particular nursing content into context.

Furthermore, my findings also align with Benner et al. (2010), who note that practice is not merely content and clinical knowledge, but is also based upon experience. Nursing practice is an understanding, based on engagement, where continual thinking about the context of care and patient experience of illness or health exist (Ironside, 2003b; Benner & Wrubel, 1989). Thus, in line with this research, my study shows that IMs empower educators with more insight

for teaching nursing practice and also has the potential to lead to more effective instructional methods.

Bandura (1977) provided explanation to how such experiences influenced the educators' self-concept and their meaning as a teacher; as all described personal fulfillment in the personal and professional growth of their students. Thus, educators attributed their personal fulfillment to now having a more informed means of engaging students in the important concepts of nursing practice.

Also important and in line with current research, all of the participants agreed IMs strengthened their sense of self-efficacy. They emphasized that these cultural experiences in an unfamiliar country and language, extreme conditions of healthcare disparities and basic necessities of daily living pushed them to find ways of meeting these vital needs. Thus, all noted that they had a sense of greater resourcefulness and meaningful skills because they were able to help others at a level from which they did not know they were capable of. Therefore, IMs have the capacity to develop important and meaningful skills.

Many described setting standards and goals of the IMs experience. They then described what they observed and later evaluated what was accomplished. Every educator reflected how they responded and reacted to their experience. All reported enlightenment, sharpened skills in cultural awareness and flexibility, a new understanding of the world in which they live, and a more informed approach for teaching.

Bandura (1977) noted that the basis for any self-regulated standard comes from the expectations an individual has about the consequences of his or her actions. Thus, the educator's capability for a task increased, and as a result, their self-regulated standard also increased.

Therefore, IMs have the capacity to empower nurse educators with more effective instructional methods.

The study revealed an important constraint of IMs experiences: safety considerations. Seven participants reported behavioral challenges in supervising some of the students. They described such behavior as immature. In another IMs experience, the students were robbed at gunpoint. Thus, every educator reported student safety as their priority. They also noted this constraint a source of anxiety as being ultimately responsible for their charges. However, they did explain that these experiences were instructive and informed their subsequent IMs course objectives, policies, and student behavioral standards. My study can improve the preparation for future IMs because it informs and supports the literature about using Christian based groups to better ensure safety (H. Carter-Templeton, personal communication, August 28, 2013; "e3partners," 2013). My findings also add to the limited research about such safety considerations of IMs and decreasing their risk potential. The literature supported that students experienced less fear to participate in IMs after participating (Amerson, 2010; Adamshick & August-Brady, 2012; Perry & Mander, 2005; Button et al., 2005). My study informs towards such continuance, for future IMs experiences regarding safety and reducing their risk potential.

These important findings support the body of research claiming IMs as transformational experiences that broaden cultural awareness and increase cultural competency within nursing practice (Perry & Mander, 2005; Sawatsky et al., 2010). They also align with Benner et al.'s (2010) account of the evolving experience of becoming a nurse. Their argument explained that becoming a nurse requires the development of technical expertise, the capacity to form helping relationships, and the ability to engage in appropriate ethical and clinical reasoning. These skills

cannot be formed solely within the classroom. My study revealed important and powerful ways they can be promoted in the process of the IMs instruction experiences.

In sum, my study adds to current nursing research by revealing how IMs provide enrichment and empowerment. This in turn, produced meaningful and important work for others, the educators, and also for nursing education. To demonstrate the ways in which IMs provide enrichment and empowerment, I noted the significant themes and subthemes.

IMs are described as powerful learning experiences. The educators noted their experience as personally significant and a facilitator of personal growth. IMs have the capacity to inspire spiritual reflection and enrich an individual's cultural perspective. These important findings add to Kulbok et al.'s (2012) research that noted international learning opportunities as a beneficial way to expose nursing students to diverse cultures, economic structures, and healthcare practices. Because of my study, we now know how nurse educators understand their IMs experience and in what ways they inform their teaching. These findings are important because, according to every participant, IMs are even capable of transforming one's worldview. Furthermore, IMs provide the opportunity for significant service and development of meaningful skills. Also important, are the exceptional opportunities for mentorship that they provide. IMs empower educators' teaching through these powerful learning experiences. They instill more insight for the teaching of cultural diversity and lead to more effective instructional practices. IMs opened doors to productive partnerships and initiatives for educational reform. Also significant, participants described how bearing witness impacted them in personal and professional ways. They noted that their powerful IMs experiences evoked a personal commitment and professional action to establish sustainable programs within these distressed countries.

These findings enhance and also add to current scholarly research, which support the integration of these types of opportunities into nursing curriculum because they increase cultural awareness, improve nursing skills, and decrease anxiety when working with someone whose culture is different from one's own (August-Brady, 2012; Amerson, 2010; Garner et al., 2009; Hunt, 2007; Zorn, 1995; Lee, 2004).

## Implications

What the literature, supported by my findings, suggests for policy is this. IMs are an appropriate means to produce important and meaningful work in nursing education. IMs provide powerful learning experiences which provide significant contributions that are pertinent to the value of teaching and nursing education reform. Thus, the study informs scholarly communities in nursing education of the value of IMs experiences for nurse educators. In what follows, are the implications to getting this knowledge out to nursing programs; practical ways faculty can be supported; and, how IMs might be recognized within the curriculum.

### Informing Nursing Education

Professional nursing organizations support research that furthers education reform, raises awareness to healthcare disparities, and informs new ways of teaching (NLN, 2009; AACN, 2012; ANA, 1991). Therefore presenting information about what they learned to fellow colleagues, mentoring teachers through IMs experiences, writing scholarly articles, and presenting the study to professional nursing organizations are ways to promote its value within nursing education. My study supports the incorporation of these types of experiences into nursing programs because of their power. They provide experiential meaning to nursing for teaching; new awareness to healthcare disparities for research; and facilitate networks that provide sustainable care for healthcare reform. Thus, these findings have the capacity to awaken

scholarly communities within nursing education to the value of IMs for nurse educators' personal perspectives and in their teaching.

Universities should develop relationships with community churches and organizations that facilitate these experiences. Faculty mentorship, IMs experiences, and sustainable care can be facilitated through the support systems of such faith-based organizations with a trusted presence in those areas of need. They better ensure safety, translator accessibility, and facilitate the IMs experience for nursing programs. These organizations support and work through the leaders and community members of those distressed countries, in order to provide the availability of healthcare, access to essential resources for daily living, teaching a trade or skill, availability for spiritual practices, and healthcare promotion. Thus, developing relationships with these organizations is essential for promoting well-established, safe IMs experiences. To this end, there should be a collaborative relationship with nursing program administrators, nurse educators who have participated in IMs, and groups that facilitate IMs experiences.

**Supporting Faculty**

With these implications, scholarly literatures, and my findings in mind, are practical ways that faculty can be supported to do this important work. Professional nursing organizations should recognize and speak to the value of IMs experiences for educators. They should provide financial support for faculty with the desire to participate in IMs experiences.

Ways that university administrations could support such professional development for their faculty is allow release time for educators to participate during a semester term. They could provide financial support. Faculty should be asked to participate in symposium in order to present what they learned from the IMs experiences to fellow colleagues and students. They can

also be awarded professional development credit hours for mentoring other colleagues in IMs work.

IMs inform teaching through the facilitation of non-traditional and innovative ways to expose students to international, cultural types of experiences. Thus, universities should provide faculty with the relative time and resources to develop and incorporate these new ways of teaching into their courses. In the literature, is an emphasis towards empowering students and educators with global perspectives in order to accommodate the increasing cultural diversity within the U.S. population (Long, 2012; NLN, 2009; AACN, 2012; ANA, 1991; JCAHO, 2012). Knowledge of how IMs can contribute to this goal is crucial. For such experiences have the potential to enhance professional development and make future educators more engaged and reflective agents of educational change. These nontraditional forms of instruction add to such research. Therefore, nursing education should encourage, support and promote nurse educators' participation in IMs experiences because of their capacity to inform their teaching in nontraditional ways.

**Recognizing IMs in Nursing Curriculum**

Research shows experiential learning contributes to improving self efficacy, developing qualities of leadership, and increasing awareness of cultural diversities in nursing students (Green et al., 2011; Garner et al., 2009; Riner, 2011). My study enhances such literature by adding a new finding, the capacity of IMs to facilitate teaching with global perspectives and yield enormously enriching benefits to not only educators, but students, former students, colleagues and also to nursing scholarship. These findings support recognizing IMs within nursing curriculum.

This might be done by including an elective IMs course into nursing curriculum. Its development could come from a collaborative relationship with nursing program administrators, nurse educators who have participated in IMs, and groups that facilitate IMs experiences. Also important, students could receive college credit for the elective course.

In sum, the study supports that IMs promote the initiatives of education reform, global healthcare, safe nursing practice, and using non-traditional forms of teaching as cited by the literature (NLN, 2009; AACN, 2012; ANA, 1991; JCAHO, 2012). Therefore, they should be recognized within nursing curriculum. IMs experiences warrant professional, financial, and collaborative support from universities, professional nursing organizations, and international nursing organizations. Research has to be disseminated to nursing programs; faculty have to receive support for IMs participation; and, IMs work must be recognized within the nursing curriculum.

## Recommendations for Future Research

This study explored how IMs experiences influence educators and their teaching. There were provocative findings, which have implications to and suggestions for promoting nursing education reform. My study is useful because it strengthens and informs the literature towards the reconceptualization of teaching, as supported by Benner and colleagues (2010). Based upon these findings, I offer further recommendations for future research pertinent to the value of nursing education, teaching, and nursing research.

### Nursing Education

Pinar (2010) has strongly advocated curriculum whose content has been informed by educational experience, and also provides for learner creativity and exploration. These new approaches to think and teach are acknowledged, but yet they demonstrate a slow entrance into

nursing education (Benner, 2010; Ironside, 2006). Like Pinar (2010), Benner et al. (2010) has advocated educator driven content and recommends a curricula, which integrates teaching strategies of experiential learning that empower nursing students for practice within the three apprenticeships of nursing. This study suggests that IMs help meet these goals promoting the empowerment of teachers through real world international experiences. This important finding should be tested through similar studies of the influence of IMs on nurse educators.

**Teaching**

In the literature, Whall and Hicks (2002) noted that many nursing programs adhere to a narrow nursing model, which emphasizes objectivity and the measurement of observable phenomenon. The curriculum primarily focuses on developing clinical judgment through understanding body systems and disorders, the pathophysiology behind the disorders, pharmacological interventions, diagnostic procedures, analyzing data, using appropriate nursing interventions, and interdisciplinary care.

In health care, this emphasis on objectivity neglects consideration of social and cultural differences that influence professional encounters and health care context (Fontana, 2004; Lorde, 1997). Fontana (2004) has contended that race, class, and gender in social hierarchies of the United States are not often acknowledged as significant factors which shape nurse-client relationships. But rather, mastery in classification systems and nursing care for health alterations throughout the lifespan are more strictly adhered to. To this end, there is now a greater emphasis placed on concepts of holistic nursing within nursing curriculum.

The findings of this study suggest that IMs experiences help instructors improve the teaching of holistic nursing concepts. These findings have implications to nursing practice. They add voice to Kostovich and Bermele (2011) and Garner et al.'s (2009) arguments that

traditional classroom settings are inadequate for providing the same types of learning experiences that IMs afford to students. The findings revealed that not only do they impact the students' learning, but they inform educators' teaching as well. In future research, it would be interesting to learn if providing more professional support to educators to participate in IMs improves their understanding and teaching of holistic nursing skills.

Other pertinent questions raised are how to best prepare educators for participation in IMs? The study findings suggest that not only should the IMs be a powerful experience, but participants should not go there uninformed. Does reading literature about the country and knowing what questions they are asking before they go better prepare them with important concepts about structural issues of diversity that can later be reproduced in the classroom? Do IMs have the capacity to inform or provide better understanding towards the pedagogical interventions needed to engage critical critique of political issues in the classroom?

**Nursing Research**

Also important are implications and recommendations towards nursing research. In this study, a recurring theme related to bearing witness to suffering and extreme poverty. They reported being "deeply moved" and emphasized the importance of sustainable healthcare access for the people. Some even established such programs and continue to work and monitor their progress.

Yet, there is an important area of critical scholarship, which points to questions about the contributing factors to extreme poverty. Murphy et al. (2005) have argued that patient care accessibility and availability are contingent upon a political infrastructure whose foundation is based on profitability, and which is often influenced by race, class, and gender discrimination. Cohn (2007) and Farmer (2005) cited these structural problems as causing widespread

inequalities that permeate healthcare in America. Arguably, these critiques are not brought out in cultural competence approaches of Leininger (1988), Purnell (2005), and Campinha-Bacote (1998), which focus on understanding people of different backgrounds, interdisciplinary collaboration, and developing the attitudes and skills necessary to effectively implement cultural knowledge into healthcare practice.

Thus, these findings and critiques by critical theorists raise applicable questions for future studies pertaining to the experiential learning acquired through participating in IMs. Has the experience of working in the IMs helped to raise their critical awareness about questions of social justice that theorists point to as problematic in the standard nursing curriculum? If so, in what ways, if any, inform participant understanding of these issues, both at home and abound (Campesino, 2008; Whall & Hicks, 2002; Lorde, 1997; Boutain, 2005; Murphy, Canales, Norton, & DeFilippis 2005; Kirkham, Hofwegen, & Harwood, 2005)? Put simply, it would be interesting to learn if people's understanding of social justice is informed by the IMs experience.

The findings of this study raise other questions as to whether educators see connections between poverty in the U.S. and third world countries. If yes, how do they see them? These questions can be tested by further research for how preparatory instruction can help educators and students explore such questions and make connections with similar concerns in our own healthcare system? Hence, they can provide meaningful ways to carry the research to the classroom and expose students to the real world in a powerful way.

## Limitations of the Study

In this qualitative descriptive study, data saturation was achieved after 11 participants were interviewed. The sample consisted of white female educators in the southeastern U.S. The statistics showed the highest population of nurse educators as white females, who possess either

a doctoral or master's degree and provide both clinical and didactic instruction (Fang, Li, & Bednash, 2013). Thus, these descriptors are not uncommon, but are the majority in this research. Therefore, study replication is recommended to include other areas of the United States and to also include a larger and ethnically diverse sample size.

## Conclusion

There is lack of research about the value of IMs for nurse educators and how such experiences influence them and their practices. This study explored the perceptions of nurse educators who have participated in IMs and assessed the impact of these experiences in their personal and professional lives. In particular, the study identified ways they inform different approaches to teaching.

These findings add depth to the literature by describing how IMs inform the educator's teaching through their real world experiences of participating in IMs. As a result of their experience, they reported being able to teach from more globally diverse perspectives. Thus, these experiences have enhanced their existing knowledge towards cultural awareness and empowered them to make this information more meaningful within the classroom.

This research provides significant contributions that are pertinent to the value of teaching and nursing education reform. The findings revealed how educators identified ways of establishing sustainable programs in the areas of those distressed countries. Also important are their descriptions of the IMs significance towards mentorship, effective instruction, and their capacity for transformation.

These findings support that IMs provide enormous benefits and have the capacity to enhance not only globally diverse knowledge, but to also inform using particular methods of instruction in more powerful ways. Until this study, the literature has been silent on such

questions. Thus to understand such changes, I drew upon the socio-cultural theory of Bandura (1977) and the novice to expert theory prepared by Benner et al. (2010). Together they provided a conceptual framework that helped interpret my research findings in a way that can direct nursing education reform through the empowerment of teachers.

REFERENCES


Adamshick, P., & August-Brady, M. (2012). Reclaiming the essence of nursing: The meaning of an immersion experience in Honduras for RN to bachelor of science students. *Journal of Professional Nursing, 28*(3), 190-198. doi: 10.1016/j.profnurs.2011.11.011

Agency for Healthcare Research and Quality (AHRQ). (2005). *Altered Standards of Care in Mass Casualty Events*. Prepared by Health Systems Research Inc. under Contract No. 290-04-0010. AHRQ Publication No. 05-0043. Rockville, MD: AHRQ. Retrieved from http://archive.ahrq.gov/research/altstand/altstand.pdf

Ahern, K. J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research, 9*(3), 407-411. doi:10.1177/104973299129121947

American Red Cross (ARC). (1997). *Disaster health services protocols*. Retrieved from http://chapters.redcross.org/ca/scv/pdf/a3042p.pdf

American Association of Colleges of Nursing (AACN). (2012). *Nursing shortage fact sheet*. Retrieved from http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage

American Nurses Association (ANA). (1991). Cultural diversity in nursing practice: A position statement. Retrieved from http://www.nursingworld.org/position/ethics/cultural.aspx

Amerson, R. (2010). The impact of service-learning on cultural competence. *Nursing Education Perspectives, 31(1),* 18-22.

Andrews, M. M., & Boyle, J. S. (2002). Transcultural concepts in nursing care. *Journal of Transcultural Nursing, 13*(3), 178-180. Retrieved from http://search.ebscohost.com.libdata.lib.ua.edu/login.aspx?direct=true&db=rzh&AN=2002088737&site=eds-live&scope=site

Aristotle & Browne, R. (1853). *The Nicomachean ethics of Aristotle*. London, UK: Henry G. Bohn.

August-Brady, M. (2005). The effect of a metacognitive intervention on approach to and self-regulation of learning in baccalaureate nursing students. *Journal of Nursing Education, (44)*7, 297-304.

Bandura, A. (1977). *Social learning theory.* New Jersey: Prentice Hall.

Benner, P., Tanner, C., & Chesla, C. (1996). *Expertise in nursing practice, caring and clinical Judgment and ethics.* New York: Springer Publishing Company.

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses. A call for radical transformation.* San Francisco, CA: Jossey-Bass.

Benner, P., Tanner, C., & Chesla, C. (2009). *Expertise in nursing practice. Caring, clinical judgment, and ethics.* 2nd ed. New York: Springer Publishing Co.

Benner, P. & Wrubel, J. (1989). *The primacy of caring: Stress and coping in health and illness.* Menlo Park, CA: Addison-Wesley.

Bernal, H., & Froman, R. (1987). The confidence of community health nurses in caring for ethnically diverse populations. *Image*, 19, 201-203.

Betancourt, J. (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports*, 118(4), 293-302.

Boutain, D. (2005). Social justice as framework for professional nursing. *Journal of Nursing Education 44*(9), 404-408.

Bowen, G.A. (2008). Naturalistic inquiry and the saturation concept: A research note. *Qualitative Research, 8,* 138-152.

Bransford, J., Brown, A., & Cocking, R. (2000). *How people learn: Brain, mind, experience, and school*. (Expanded ed.). Washington DC: National Academy Press.

Button, L., Green, B., Tengnah, C., Johansson, I., & Baker, C. (2005). The impact of international placements on nurses' personal and professional lives: Literature review. *Journal of Advanced Nursing, 50*(3), 315-324.

Campesina, M. (2008). Beyond transculturalism: Critiques of cultural education in nursing. *Journal of Nursing Education, 47*(7), 298 - 304.

Campinha-Bacote, J. (1998). Cultural diversity in nursing education: Issues and concerns. *Journal of Nursing Education, 37*(1), 3-4.

Campinha-Bacote, J. (1999). A model and instrument for addressing cultural competence in health care. *Journal of Nursing Education, 38*(5), 203-207.

Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of health care services: A model of care. *Journal of Transcultural Nursing, 13*(3), 181.

Campinha-Bacote, J. (2003). *The process of cultural competence in the delivery of healthcare services* (4th ed.). Cincinnati, OH: Transcultural C.A.R.E. Associates Press.

Campinha-Bacote, J. (2011). Coming to know cultural competence: An evolutionary process. *International Journal for Human Caring, 15*(3), 42-48.

Cassata, L., & Dallas, C. (2005). Nurses' attitude and childbearing adolescents: Bridging the cultural chasm. *The ABNF Journal, 16*(4), 71-76.

Centers for Disease Control and Prevention (CDC). (2013). *Emergency preparedness and response*. Retrieved from http://www.bt.cdc.gov/

Chrisman, N. J. (1999). Nursing and anthropology: Two worlds to blend. *Journal of Transcultural Nursing: Official Journal of the Transcultural Nursing Society / Transcultural Nursing Society, 10*(3), 188.

Clandinin, D. J. (2007). *Handbook of narrative inquiry: Mapping a methodology*. Thousand Oaks, CA: Sage.

Colaizzi, P. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds) *Existential phenomenological alternatives for psychology* (pp. 48-71). New York, NY: Oxford Press.

Cohn, J. (2007). *Sick: The untold story of America's health care crisis – and the people who pay the price.* New York, New York: Harper Collins Publishers.

Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed method approaches*. Thousand Oaks, CA: Sage.

Creswell, J. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.

D'Auria, J. P., Christian, B. J., & Miles, M. S. (2006). Being there for my baby: Early responses of hiv-infected mothers with an HIV-exposed infant. *Journal of Pediatric Health Care, 20*(1), 11 – 18.

DeDee, L., & Stewart, S. (2003). The effect of student participation in international study. *Journal of Professional Nursing, 19(4),* 237-242. doi: 10.1016/S8755-7223(03)00086-3

Denzin, N. K. & Lincoln, Y. S. (2000). *Handbook of qualitative research.* (2nd ed.) Thousand Oaks, CA: Sage.

Dewey, J. (1933). *How we think: A restatement of the relation of reflective thinking to the educative process.* Boston: Heath.

Donovan, M. S., & Bransford, J. D. (2005). *How students learn history, mathematics, and science in the classroom*. Washington, DC: The National Academies Press.

Douglas, M., Pierce, J., Rosenkoetter, M., Pacquiao, D., Clark, L., Callister, L., Hattar-Pollara, H., Lauderdale, J., Milstead, J., Nardi, D., & Purnell, L. (2011). Standards of practice for culturally competent nursing care: 2011 update. *Transcultural Nursing, 22*, 317-333. doi: *10.1177/1043659611412965*

Dreyfus, H., & Dreyfus, S. (2004). The ethical implications of the five-stage skill-acquisition model. *Bulletin of Science Technology & Society, (24*)3, 251-264. doi: 10.1177/0270467604265023

Emerson, R.M., Fretz, R.I., & Shaw, L.L (1995). Writing ethnographic field notes. Chicago: University of Chicago Press.

Farmer, P., Kim, J., Kleinman, A., & Basillico, M. (2013). *Reimagining global health* (1st ed.) University of California Press.

Farmer, P. (2005). *Pathologies of power: Health, human right, and the new war on the poor.* Los Angeles, California: University of California Press.

Federal Emergency Management Agency (FEMA). (2010). *Developing and maintaining emergency operations plans: Comprehensive preparedness guide (CPG) 101, version 2.0*. Retrieved from http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf

Federal Emergency Management Agency (FEMA). (2013) *Response and recovery*. Retrieved from http://www.fema.gov/response-recovery

Fink, L. (2003). *Creating significant learning experiences: An integrated approach to designing college courses*. San Francisco, CA: Jossey-Bass.

Fontana, J. S. (2004). A methodology for critical science in nursing. *Advances in Nursing Science, 27*(2), 93-101.

Garner, B. L., Metcalfe, S. E., & Hallyburton, A. (2009). International collaboration: A concept model to engage nursing leaders and promote global nursing education partnerships. *Nurse Education in Practice, 9*(2), 102-108. doi: 10.1016/j.nepr.2008.10.011

Gibbs, G. R. (2007). Analyzing qualitative data. In U. Flick (Ed.), *The Sage qualitative research kit (*pp. 15-23). London: Sage.

Giorgi, A. (1992). Description versus interpretation: Competing alternative strategies for qualitative research. *Journal of Phenomenological Psychology, 23*, 119-135.

Green, S. S., Comer, L., Elliott, L., & Neubrander, J. (2011). Exploring the value of an international service-learning experience in Honduras. *Nursing Education Perspectives, 32*(5), 302-307. doi: 10.5480/1536-5026-32.5.302

Gronbjerg, K., & Never, B. (2004). The role of religious networks and other factors in types of volunteer work. *Nonprofit Management & Leadership, 14*(3), 263-289.

Hsu, L. (2007). Conducting clinical post-conference in clinical teaching: A qualitative study. *Journal of Clinical Nursing, 16*(8), 1525-1533.

Hunt, R. (2007). Service-learning: An eye-opening experience that provokes emotion and challenges stereotypes. *Journal of Nursing Education, 46*(6), 277-281.

Institute of Medicine (IOM). (2012). *Crisis standards of care: a systems framework for catastrophic disaster response.* Washington, DC: The National Academies Press.

Institute of Medicine (IOM). (2010). *The future of nursing: Focus on education*. Retrieved from http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

Institute of Medicine (IOM) (2002). *Unequal treatment: Confronting racial and ethnic disparities in health care.* Washington, DC: The National Academies Press.

Ironside, P. M. (2006). Using narrative pedagogy: Learning and practicing interpretive thinking. *Journal of Advanced Nursing, 55*(4), 478-486. doi:10.1111/j.1365-2648.2006.03938.x

Ironside, P. M. (2005). Teaching thinking and reaching the limits of memorization: Enacting new pedagogies. *Journal of Nursing Education, 44*(10), 441-449.

Ironside, P. M. (2004). "Covering content" and teaching thinking: Deconstructing the additive curriculum. *Journal of Nursing Education, 43*(1), 5-12.

Ironside, P. M. (2003a). New pedagogies for teaching thinking: The lived experiences of students and teachers enacting narrative pedagogy. *Journal of Nursing Education, 42*(11), 509-516.

Ironside, P. M. (2003b). Trying something new : Implementing and evaluating narrative pedagogy using a multimethod approach. *Nursing Education Perspectives, 24*(3), 122.

Ironside, P. M. (2001). Creating a research base for nursing education: An interpretive review of conventional, critical, feminist, postmodern, and phenomenologic pedagogies. *Advances in Nursing Science, 23*(3), 72-87.

Ironside, P. M. (1999). Thinking in nursing education – Part II: A teacher's perspective. *Nursing and Health Care Perspectives, 20,* 243 – 247.

Irwin, J., F. (2011). Nurses without borders: The history of nursing as U.S. international history. *Nursing History Review, 19*, 78-102. doi:10.1891/1062-8061.19.78

Jablonski, R. S. (1994). The experience of being mechanically ventilated. *Qualitative Health Research, 4*(2), 186.

Jakeway, C. C., LaRosa, G., Cary, A., & Schoenfisch, S. (2008). The role of public health nurses in emergency preparedness and response: A position paper of the association of state and territorial directors of nursing. *Public Health Nursing, 25*(4), 353-361.

Joint Commission on the Accreditation of Health Care Organizations (JCAHO). (2012). *Advancing effective communication, cultural competence, and patient-and-family-centered care.* Retrieved from http://www.jointcommission.org/Advancing_Effective_Communication/

Kardong-Edgren, S., Cason, C.L., Walsh Brennan, A.M., Reifsnider, E., Hummel, F., Mancini, M., & Griffin, C. (2010). Cultural competency of graduating bsn nursing students. *Nursing Education Perspectives, 31*(5), 278-285.

Kirkham, S., Hofwegen, L., & Harwood, C. (2005). Narratives of social justice: Learning in innovative clinical settings. *International Journal of Nursing Education Scholarship 2*(1), 1-14.

Koplan, J. P., Bond, T. C., Merson, M. H., Reddy, K. S., Rodriguez, M. H., Sewankambo, N. K., & Wasserheit, J. N. (2009). Toward a common definition of global health. *The Lancet, 373*, 1993-1995.

Kostovich, C. T., & Bermele, C. A. (2011). The top ten list: Lessons learned from teaching a study abroad course. *Nursing Education Perspectives, 32*(5), 308-310. doi: 10.5480/1536-5026-32.5.308

Kreitzer, M., Kilgler, B., & Meeker, W. (2009). Health professions education and integrative health care. Paper commissioned for the IOM Summit on Integrative Medicine and the Health of the public, February, 2009. IOM Summit.

Kulbok, P.A., Mitchell, E.M., Glick, D.F., & Greiner, D. (2012). International experiences in nursing education: A review of literature. *International Journal of Nursing Education Scholaship, 9*(1), 1-21. doi: 10.1515/1548-923X.2365

Kulwicki, A., & Boloink, B. (1996). Assessment of level of comfort in providing multi-cultural nursing care by baccalaureate nursing students. *Journal of Cultural Diversity,* 3, 40-45.

Lee, N. J. (2004). The impact of international experience on student nurses' personal and professional development. *International Nursing Review, 51*(2), 113-122. doi: 10.1111/j.1466-7657.2003.00200.x

Leininger, M. (2002). Culture care theory: A major contribution to advance transcultural nursing knowledge and practices. *Journal of Transcultural Nursing, 13*(3), 189-192. doi:10.1177/10459602013003005

Leininger, M. M. (2001). (Ed.).*Culture care diversity and universality: A theory of nursing.* Boston: Jones and Bartlett Publishers.

Leininger, M. M. (1995). *Transcultural nursing: Concepts, theories, research and practice.* New York: McGraw-Hill.

Leininger, M. M. (1988). Leininger's theory of nursing: Cultural care diversity and universality. *Nursing Science Quarterly, 1*(4), 152-160.

Leininger, M. M. (1978). *Transcultural nursing.* Thorofare, NJ: Slack.

Leininger, M. M., & McFarland, M. R. (2002). *Transcultural nursing : Concepts, theories, research and practice* (3rd ed.). New York: McGraw-Hill.

Lincoln,Y. S. & Guba, E. G. (1985). *Naturalistic inquiry.* Beverly Hills, CA: Sage.

Lindahl, B., Dagborn, K., & Nilsson, M. (2009). A student-centered clinical educational unit – Description of a reflective learning model. *Nurse Education in Practice, 9,* 5-12. doi: 10.1016/j.nepr.2008.03.008

Lipson, J. G., & DeSantis, L. A. (2007). Current approaches to integrating elements of cultural competence in nursing education. *Journal of Transcultural Nursing, 18*(1), 10S-20s.

Long, T., B. (2012). Overview of teaching strategies for cultural competence in nursing students. *Journal of Cultural Diversity, 19*(3), 102-108.

Lopata, P. (2005). Volunteer aid workers. *Faces (07491387), 21*(7), 14.

Lorde, A. (1980). *The cancer journals.* Argyle, NY: Spinsters, Ink.

Marshall, C. & Rossman, G. (2011). *Designing qualitative research.* (5th ed.). Thousand Oaks, CA: Sage.

Maxwell, J.A. (1992). Understanding and validity in qualitative research. Harvard Educational Review, 62, 279-299.

McFarland, M. M., & Eipperle, M. K. (2008). Culture care theory: A proposed practice theory guide for nurse practitioners in primary care settings. *Contemporary Nurse: A Journal for the Australian Nursing Profession, 28*(1-2), 48-63. doi:10.5172/conu.673.28.1-2.48

McHenry, D.M. (2007). A growing challenge: Patient education in a diverse America. *Journal for Nurses in Staff Development. 23*(2), 83-88.

McKinnon, T. H., & Fealy, G. (2011). Core principles for developing global service-learning programs in nursing. *Nursing Education Perspectives, 32*(2), 95-100. doi: 10.5480/1536-5026-32.2.95

Memmot, R., Coverston, C., Heise, B., Williams, M., Maughan, E., Kohl, J., & Palmer, S. (2010). Practical considerations in establishing sustainable international nursing experiences. *Nursing Education Perspectives, 31*(5), 298.

Murphy, N., Canales, M., Norton, S., & DeFilippis, J. (2005). Striving for congruence: The interconnection between values, practice, and political action. *Policy, Politics, & Nursing Practice. 6*(1), 20-29.

National League for Nursing (2003a). *Priorities for research in nursing education.* Retrieved from http://www.nln.org/aboutnln/research.htm

National League for Nursing (2003b). *Position statement. Innovation in nursing education: A call to reform.* Retrieved from http://www.nln.org/aboutnln/research.htm

National League for Nursing (NLN). (2009). A commitment to diversity in nursing and nursing education. Retrieved from http://www.nln.org/governmentaffairs/pdf/nursefacultyshortage.pdf

Obama, B. (2013). Proclamation 8933--American Red Cross month, 2013. *Daily Compilation of Presidential Documents*, 1. Retrieved from http://search.ebscohost.com.libdata.lib.ua.edu/login.aspx?direct=true&db=pwh&AN=86680984&site=eds-live&scope=site

Pape, E. (2013). The doctor without borders. *Foreign Policy*, (200), Retrieved from http://search.ebscohost.com.libdata.lib.ua.edu/login.aspx?direct=true&db=edselc&AN=edselc.2-52.0-84877623440&site=eds-live&scope=site

Pearce, J. C. (1971). The crack in the cosmic egg: Challenging constructs of mind and reality. New York: Washington Square Press.

Perry, S. E., & Mander, R. (2005). A global frame of reference: Learning from everyone, everywhere. *Nursing Education Perspectives, 26*(3), 148-151.

Pinar, W. (2012). *What is curriculum theory?* (2nd ed.). New York, NY: Routledge: Taylor & Francis.

Polit, D. F., & Beck, C. T. (2008). *Nursing research : Generating and assessing evidence for nursing practice.* (8th ed.) Philadelphia: Wolters Kluwer Health.

Press, A. (2006). *Nurse works with doctors without borders* Retrieved from http://search.ebscohost.com.libdata.lib.ua.edu/login.aspx?direct=true&db=edsnbk&AN=11850C8B2FC7D790&site=eds-live&scope=site

Pross, E. (2003). International nursing students: A phenomenological perspective. *Nurse Education Today, 23,* 396-403. doi: 10.1016/S0260-6917(03)00066-2

Purnell, L. (2005). The purnell model for cultural competence. *Journal of Multicultural Nursing & Health (JMCNH), 11*(2), 7-15.

Purnell, L. (2002). The purnell model for cultural competence. *Journal of Transcultural Nursing, 13*(3), 193-196.

Purnell, L. & Paulanka, B. (2003). *Transcultural health care: A culturally competent approach.* Philadelphia: Davis.

Quality and Safety Education in Nursing. (2013). QSEN National Forum 2013. Retrieved from http://qsen.org/?s=theory+practice+gap&x=0&y=0

Riner, M. E. (2011). Globally engaged nursing education: An academic program framework. *Nursing Outlook, 59*(6), 308-317. doi: 10.1016/j.outlook.2011.04.005

Rudestam, K. & Newton, R. (2007). *Surviving your dissertation: A comprehensive guide to content and process* (3rd ed.). Thousand Oaks, CA: Sage.

Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing & Health, 33*(1), 77-84. doi:10.1002/nur.20362

Sandelowski, M. (2000). Focus on research methods: Whatever happened to qualitative description? *Research in Nursing & Health, 23*, 334-340.

Sanders, C. (2003). Application of Coliazzi's method: Interpretation of an auditable decision trail by a novice researcher. *Contemporary Nurse, 14*(3), 292-302.

Sawatsky, A. P., Rosenman, D. J., Merry, S. P., & McDonald, F. S. (2010). Eight years of the mayo international health program: What an international elective adds to resident education. *Mayo Clinic Proceedings, 85*, 734-741. doi: 10.4065/mcp.2010.0107

Sawyer, R. K. (2006). The new science of learning. In R. K. Sawyer, (Ed.), *The Cambridge Handbook of the Learning Sciences* (pp. 1-16). New York, NY: Cambridge University Press.

Schaefer, K.M. & Zygmont, D. (2003). Analyzing the teaching style of nursing faculty: Does it promote a student-centered or teacher-center learning environment? *Nursing Education Perspectives, 24*, 238-245.

Skari, T. (1999). Nurse without borders. *Life, 22*(7), 70.

Stephenson Jr., M., & Schnitzer, M. H. (2006). Interorganizational trust, boundary spanning, and humanitarian relief coordination. *Nonprofit Management & Leadership, 17*(2), 211-233. doi:10.1002/nml.144

Synovate (2010). U.S. Diversity Markets Report. Retrieved from www.synovate.com

Tennant, A. (2005). First waves of relief. *Christianity Today, 49*(2), 34.

Tyler, R. (1949). *Basic principles of curriculum and instruction*. Chicago, IL: The University of Chicago Press.

Transcultural Nursing Society (2012). *Human rights position statement*. Retrieved from http://tcns.org/Humanrights1.html

United States Census (2013). Department of Commerce Economics and Statistics Administration. Retrieved from http://www.census.gov/population/projections/data/national/2012.html

U.S. Department of Health & Human Services. (2013). *U.S. public health service commissioned corps.* Retrieved from http://www.usphs.gov/

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences, 15*(3), 398-405. doi:10.1111/nhs.12048

Walker, J., L. (2012). Research column. The use of saturation in qualitative research. *Canadian Journal of Cardiovascular Nursing, 22*(2), 37-41

Wall, B. M., & Keeling, A. (2011) *Nurses on the frontline: When disaster strikes 1878 – 2010*. New York, NY: Springer.

Whall, A. L., & Hicks, F. D. (2002). The unrecognized paradigm shift in nursing: Implications, problems, and possibilities. *Nursing Outlook, 50*(2), 72-76. doi: http://dx.doi.org.libdata.lib.ua.edu/10.1067/mno.2002.121730

Wink, D. (1995). The effective clinical conference. *Nursing Outlook, 43*(1), 29-32. doi: 10.1016/S0029-6554(95)80041-7

Wros, P., & Archer, S. (2010). Comparing learning outcomes of international and local community partnerships for undergraduate nursing students. *Journal of Community Health Nursing, 27*(4), 216-225. doi: 10.1080/07370016.2010.515461

Zorn, C. R. (1995). An analysis of the impact of participation in an international study program on the cognitive development of senior baccalaureate nursing students. *Journal of Nursing Education, 34,* 67-70.

# APPENDIX A

## LETTER OF INVITATION

UNDERSTANDING NURSE EDUCATORS' EXPERIENCES OF INTERNATIONAL MISSIONS PARTICIPATION

Greetings,

I am currently involved in a research project exploring nurse educators' experiences of participating in international medical missions. The study is performed as a partial fulfillment of the requirements for my EdD degree in Instructional Leadership for Nurse Educators at The University of Alabama, under the supervision of Dr. Stephen Tomlinson.

Your participation in this project will provide useful information on this topic, such as if the experience influenced your life and/or your teaching. If it did, in what ways did the experience influence you? You meet the criteria for this study if you are a masters or doctoral prepared nurse educator in the southeastern United States, who participated in international medical missions and supervised nursing students during the trip. If you are interested and willing to participate, please call me, Emily Burleson, at (205) 310-0055 for a brief telephone screening, which pertains to the study. If you are selected for the study, you will be asked to participate in an interview that will take about 60 to 90 minutes, and a potential 15-minute follow-up interview if clarification is needed.

Your participation in this study is completely voluntary and you may withdraw from the study at any time. All information received is strictly confidential and will only be used for research purposes. Identifying data will be altered and participants will be given an alias to ensure confidentiality. Participant identities will not be connected to information.

Although there are no foreseeable risks to the participant, the reliving of international medical mission experiences can potentially be disturbing for participants. If you feel questions of this type would upset you, please feel free to decline from participation at any point in this study.

Thank you for your time and consideration.

Best Regards,

Emily Burleson, MSN, RN
(205) 310-0055
Doctoral Candidate
The University of Alabama, College of Education

APPENDIX B

INFORMED CONSENT

**AAHRPP DOCUMENT #192**

**UNIVERSITY OF ALABAMA**
**HUMAN RESEARCH PROTECTION PROGRAM**

**Informed Consent for a Non-Medical Study**

**Study title: UNDERSTANDING NURSE EDUCATORS' EXPERIENCES OF INTERNATIONAL MISSIONS PARTICIPATION**

**Emily Burleson, MSN, RN**
**Doctoral Candidate, College of Education**
**The University of Alabama**

You are being asked to take part in a research study. This study is called Understanding Nurse Educators' Experiences of International Missions Participation. Emily Burleson, who is a graduate student at The University of Alabama, is doing the study. Dr. Stephen Tomlinson who is a professor of the College of Education at The University of Alabama is supervising Mrs. Burleson.

**What is this study about? What is the investigator trying to learn?**
This study is being done in order to explore the experiences of nurse educators who have participated in international medical missions. This research will look at the information from educators who have supervised nursing students during the trip. I am trying to learn if the experience impacted nurse educators on a personal level and if the experience impacted them on a professional level, such as in their teaching. If yes to either or both these questions, in what ways did the experience influence them?

**Why is this study important or useful?**
The results of this study will help nurse educators understand the value of the experience, participating in international missions. Learning in what ways (if any) the experience influences nurse educators and their teaching can be very useful to nursing education. This study has the potential to enhance professional development and inform nursing education reform.

**Why have I been asked to be in this study?**
You have been asked to be in this study because your colleague recommended you and you meet the criteria for participating in this study. You have stated in a telephone screening that you are a

nurse educator, who teaches in the southeastern United States, with either a masters or doctorate degree and you supervised nursing students on an international medical mission trip.

**How many people will be in this study?**
I will conduct interviews until I do not receive any new information.

**What will I be asked to do in this study?**
If you agree to be in this study, you will be interviewed at a place of your own choosing about your experiences in international medical missions. To be sure that all your words are captured correctly, the interview will be tape-recorded.

**How much time will I spend being this study?**
The interview should last about 60 to 90 minutes, depending on how much information about your experiences you choose to share. If clarification is needed after the first interview, there will possibly be a second interview that should last no longer than 15 minutes.

**Will being in this study cost me anything?**
The only cost to you from this study is your time.

**Will I be compensated for being in this study?**
In appreciation of your time, you will receive a small, hand-made gift from Haiti.

**What are the risks (dangers or harms) to me if I am in this study?**
The chief risk to you is that you may find the discussion of your experiences to be sad or stressful. You can control this possibility by not being in the study, by refusing to answer a particular question, or by not sharing things you find to be sad or stressful. A counselor can also be recommended to you if you seem to be upset or depressed. Seeing the counselor would be at your own expense.

**What are the benefits (good things) that may happen if I am in this study?**
There are no direct benefits to you unless you find it pleasant or helpful to describe your experiences of working in international medical missions towards furthering nursing education.

**How will my privacy be protected?**
You are free to decide where I will visit you so we can talk without being overheard.
I will visit you in the privacy of your home or in another place that is convenient for you.

**How will my confidentiality be protected?**
The only place where your name appears in connection with this study is on this informed consent. The consent forms will be kept in a locked file drawer in my, Emily Burleson's, personal office. A name- number list is not being used, so there is no way to link a consent form to an interview. When I record the interview, I will not use your name, so no one will know who you are on the tape. Once back in my office, a research assistant will listen to the tape and type out the interview. When the interviews have been typed, the tapes will be destroyed by deletion. This should occur within one month of the interview.

Research articles will be written about this study, but participants will be identified only as "nurse educators in the south eastern United States". No one will be able to recognize you.

**What are the alternatives to being in this study? Do I have other choices?**
The only alternative is not to participate.

**What are my rights as a participant in this study?**
Being in this study is completely voluntary. It is your free choice. You may choose not to be in this study at all. If you begin the study, you can stop at any time. Not participating or stopping participation will have no effect on your relationship with The University of Alabama.

The University of Alabama Institutional Review Board is a committee that looks out for the ethical treatment of people in research studies. They may review the study records if they wish. This is to be sure that people in research studies are being treated fairly and that the study is being carried out as planned.

**Who do I call if I have questions or problems?**
If you have questions, concerns, or complaints about the study right now, please ask them. If you have questions, concerns, or complaints about the study later on, please call me, the investigator, Emily Burleson at (205) 310-0055.

If you have questions about your rights as a person in a research study, call Ms. Tanta Myles, the Research Compliance Officer of the University, at 205-348-8461 or toll-free at 1-877-820-3066.

You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach website at http://osp.ua.edu/site/PRCO_Welcome.html or email the Research Compliance office at participantoutreach@bama.ua.edu.

After you participate, you are encouraged to complete the survey for research participants that is online at the outreach website or you may ask the investigator for a copy of it and mail it to the University Office for Research Compliance, Box 870127, 358 Rose Administration Building, Tuscaloosa, AL 35487-0127.

I have read this consent form. I have had a chance to ask questions. I agree to take part in it.

I will receive a copy of this consent form to keep.

_____ _____
Signature of Research Participant Date
**I give permission for the interview to be audio recorded: Yes ☐ No ☐**
**(An answer of "Yes" or "No" does not exclude participation in the study)**

_____ _____
Signature of Investigator Date

## APPENDIX C

## TELEPHONE SCREENING QUESTIONS

Greetings,

I am currently involved in a research project exploring the nurse educator experience of participating in international medical missions. This study is being done in order to explore the experiences of nurse educators who have participated in international medical missions. This research will look at the information from educators who have supervised nursing students during the trip. I am trying to learn from nurse educators' experiences of international medical missions. What do nurse educators learn from the experience and how is that experience relevant to their professional practice?

The study is performed as a partial fulfillment of the requirements for my EdD degree in Instructional Leadership for Nurse Educators at The University of Alabama, under the supervision of Dr. Stephen Tomlinson.

Your participation in this project will provide useful information on this topic. Are you interested in participating in this study?

You qualify for participation if you are a nurse educator who teaches in the southeastern United States; and you have a masters or doctorate degree; and you supervised post secondary nursing students during your trip.

1. Are you a nurse educator?

2. Do you teach nursing students in the southeastern United States?

3. Do you have a masters or doctorate degree?

4. Have you ever participated in international medical missions?

5. If yes, did you supervise nursing students during that trip?

## APPENDIX D

## INTERVIEW QUESTIONS

I am very interested in understanding your experiences of working in international medical missions.

1. What were your reasons for participating in international medical missions?
2. Please share your IMs experience story.
3. Please describe was it was like, as a nurse educator, to experience working on a medical mission team?
4. What motivated you to participate in international medical missions?
5. What were your personal goals of participating in IMs and were they met? Please describe.
6. After the IMs experience, do you believe the experience provided personal enrichment? Please describe your yes or no response.
7. What were your professional goals of participating in IMs and were they met? Please describe.
8. After the IMs experience, do you believe the experience enriched your teaching? Please describe your yes or no response.
9. Please describe your expectations of the IMs before your experience?
10. Please describe ways the IMs experience was or was not what you expected?
11. Please describe your concerns or fears (if any) prior to the IMs experience.
12. Please describe your concerns or fears (if any) after the IMs experience.

13. Please describe your feelings and confidence about your abilities before, during, and after your participation?
14. What do you believe to be essential attributes one should possess in order to adapt during the IMs experience?
15. Please describe the most significant memories you have about your time in that country?
16. Did the IMs experience bring any new awareness to you? If yes, please describe what kinds of awareness and in what ways.
17. Would you describe the IMs experience as transformational in any way, personal or professional? If yes, please describe in what ways.
18. Describe the impact (if any) the experience of participating in IMs has had on your professional practice? Please provide an example(s).
19. Describe the impact (if any) the experience of participating in IMs has had on you personally? Please provide an example(s).
20. If you incorporate the experience into your teaching, what areas do you use these IMs experiences in?
21. Do you incorporate any stories from the IMs experience into your teaching? If yes,
    a. How do you use these stories from your IMs experience within your teaching?
    b. Please share a story or stories from the IMs experience that you have used within your teaching.
    c. In what ways do you believe these stories are useful in your teaching? For what purpose do they serve?

# APPENDIX E

## CHARACTERISTICS OF THE SAMPLE

| Participant | Age | Gender | Ethnicity | Years Nursing Experience | Years as Nurse Educator | Area of Expertise | Degree | Teaching Areas | IMs Site | Number of IMs Experiences | Number of IMs Supervising Students |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Francis | 46 | Female | Caucasian | 22 | 3 | Public Health Maternal Health | EdD, MSN, CNL | Fundamentals Simulation Medical Surgical Mental Health | Bolivia | 1 | 1 |
| Shirley | 65 | Female | Caucasian | 43 | 35 | Maternal Health Community Health | MSN, CRNP | Community Health Fundamentals Obstetrical and Neonatal Nursing Family Practice | Brazil, Ghana, Guatemala, Honduras, Indonesia, and Venezuela | 35 | 8 |
| Phyllis | 62 | Female | Caucasian | 41 | 38 | Labor & Delivery | PhD, MSN | Obstetrical and Neonatal Nursing | Southwest China Costa Rica Peru | 3 | 3 |
| Ansley | 34 | Female | Caucasian | 10 | 8 | Labor & Delivery | MSN | Fundamentals & Maternal Child | Bolivia Africa | 2 | 2 |
| Wanda | 59 | Female | Caucasian | 39 | 10 | Women's Health | PhD, CRNP | Obstetrical & Women's Health | Peru | 1 | 1 |
| Carol | 67 | Female | Caucasian | 45 | 45 | Pediatric Nursing | PhD, CRNP | Global Health Pediatrics | Ecuador, Honduras, Bolivia | 3 | 1 |
| Janice | 65 | Female | Caucasian | 44 | 37 | Global Healthcare, Obstetrical & Neonatal Nursing | PhD, CRNP | Global Healthcare, Medical Surgical Nursing, Maternal Child Nursing, Leadership | Africa (Zambia, Malawi), South America (Chili, Guatemala, Honduras, Brazil, Argentina, Columbia, Mexico, Jamaica), Thailand, England | 23 | 12 |
| Natalie | 44 | Female | Caucasian | 21 | 10 | Public Health | PhD, MSN | Population Health & Policy | Jamaica, Haiti, Dominican Republic | 7 | 3 |
| Lana | 41 | Female | Caucasian | 18 | 9 | Pediatric Nursing | MSN, CRNP | Pediatric Nursing, Missions Elective, Trends & Issues in Nursing, Health Assessment | Ecuador, Haiti, Peru, Bolivia, Morocco | 7 | 5 |
| Nell | 40 | Female | Caucasian | 19 | 8 | Family Practice, Adult Health | DNP, MSN, CRNP | Health Assessment, Critical Care, | Ecuador, Romania, Peru, Bolivia | 6 | 5 |
| Eve | 47 | Female | Caucasian | 27 | 5 | Family Practice, Adult Health, Pediatric Care | DNP, MSN | Adult Health, Pharmacology for Nurse Educators | Mexico, Honduras | 14 | 2 |

APPENDIX F

CATEGORIES AND THEMES

| **Topic/Theme** | **Interview Reference** |
|---|---|
| Motivations and Reasons for Participating –<br><br>Motivated by prior IMs Experiences | (2-37) (1-2) (11-18) (11-46) (10-28) (10-29) (9-26) (8-18) (8-19) (8-20) (8-22) (7-5) (7-6) (7-90) (7-92) (7-81) (7-82) (7-83) (6-22) (6-23) (6-24) (6-50) (6-51) (6-52)(6-53) (6-54) (6-55) (5-74) (5-75) (5-76) (4-7) (4-12) (4-13) (4-14) (4-35) (4-36) (4-37) (3-9) (3-10) (3-11) (3-12) (3-13) (3-14) (3-15) (3-16) (3-17) (3-18) (3-31) (3-32) (3-33) (3-34) (3-35) (3-76) (3-77) (3-105) (3-106) (3-107) (2-47) (2-48) (2-85) (2-87) (2-88) (2-89) (2-90) (2-92) (2-93) (2-95) (2-96) (2-97) (2-98) (2-100) (2-101) (2-194) (2-198) (2-200) (2-201) (2-202) (2-105) (2-106) (2-107) (2-108) (2-115) (2-116) (2-117) (2-118) (1-50) (1-49) (1-60) (1-63) (1-9) (11-4) (11-5) (9-30) (9-31) (8-11) (8-12) (8-13) (8-14) (6-11) (6-12) (7-24) (7-41) (8-59) |
| Significance: Increased Cultural Awareness | (4-101) (4-102) (1-194) (1-195) (1-196) (3-132) (6-110) (5-150) (5-151) (5-153) (1-175) (9-94) (9-95) (7-82) (8-95) (6-26) (6-36) (6-37) (6-38) (6-43) (6-44) (6-45) (9-56) (9-92) (9-93) (7-85) (5-168) (10-41) (5-91) (10-55) (10-56) (5-136) (5-137) |
| Realization: Importance to Establish Sustainability | (2-102) (2-103) (1-164) (1-165) (1-167) (1-168) (1-169) (2-190) (8-78) (11-97) (11-98) (3-23) (3-24) (10-16) (9-36) (9-37) (9-38) (8-39) (8-40) (8-41) (8-42) (8-43) (8-44) (8-45) (8-46) (8-59) (8-60) (8-65) (8-66) (8-67) (8-68) (8-74) (8-75) (8-76) (8-77) (3-186) |
| Reveals Essential Attributes for Positive IMs Experiences:<br><br>Improvising, Flexibility & Humility | (11-63) (11-66) (10-71) (10-72) (9-90) (9-91) (8-83) (8-84) (8-85) (7-179) (7-181) (7-147) (7-148) (7-149) (7-150) (7-151) (7-152) (6-68) (6-69) (6-105) (5-130) (5-131) (5-133) (5-134) (4-25) (4-13) (4-93) (4-94) (4-95) (4-96) (3-96) (3-97) (3-100) (3-101) (3-156) (3-157) (3-158) (3-159) (3-160) (3-162) (1-73) (1-74) (1-75) (1-190) (1-191) (1-192) (5-109) (5-110) (5-111) (5-112) (5-113) (5-114) (5-115) (5-116) (5-117) (5-118) (5-119) (5-120) (2-219) (2-220) |
| Increased Confidence | (11-63) (8-79) (7-172) (6-98) (6-99) (5-126) (5-127) (5-128) (5-129) (4-80) (4-81) (4-82) (3-176) (2-193) (2-244) (2-245) (2-246) (2-247) (2-248) (8-28) (10-52) (10-53) 10-58) (10-59) (10-60) |
| Promoted Mentorship Opportunities | (3-31) (3-33) (3-230) (2-339) (2-340) (2-341) (2-342) (2-198) (2-199) (2-201) (7-107) (7-109) (3-36) (3-39) (3-40) (3-41) (3-42) (4-72) (4-73) (4-74) (5-65) (5-66) (5-67) (5-68) (5-69) (8-58) (8-69) (8-72) (8-71) |
| Distinguished IMs Uniqueness | (11-68) (11-69) (11-71) (11-72) (11-73) (11-75) (3-195) (3-198) (3-199) (3-200) (3-201) (2-42) (2-43) (2-44) (2-45) (1-11) (1-12) (1-68) (7-142) (1-55) (6-52) (6-53) (9-62) (2-322) (2-323) (2-324) (2-325) (9-96) (9-97) (5-144) (11-39) (8-94) |
| Provided Fulfillment in Student Growth & Language Appreciation | (11-43) (1-61) (10-21) (10-22) (10-23) (10-24) (10-25) (10-26) (9-69) (9-78) (9-79) (5-81) (5-82) (5-83) (5-84) (5-158) (5-159) (5-160) (5-161) (6-125) (3-70) (3-178) (2-179) (3-180) (3-181) (9-63) (9-64) (9-65) (9-66) (9-67) (2-304) (2-305) (2-306) (2-307) (2-308) (2-309) (2-310) (2-311) (2-312) (2-313) (2-314) (2-315) (2-316) (3-19) (3-20) (3-21) (5-71) (5-72) (10-92) (10-93) (9-45) (9-46) (9-47) (9-48) (9-68) |
| Transformational Experience | (3-94) (3-95) (6-115) (11-21) (11-22) (11-23) (11-24) (11-25) (5-149) (5-150) (5-151) (5-153) (4-49) (4-50) (4-51) (4-52) (4-105) (4-107) (6-109)(9-57) (9-58) (9-59) (9-60) (11-78) (11-79) (11-80) (11-81) (11-82) (11-83) (11-84) (11-85) (11-86) (11-87) (11-88) (11-89) (11-92) (7-83) (4-109) (11-38) (8-86) (8-87) (8-88) (8-89) (8-90) (8-91) |
| Enabled Partnerships & Education Reform | (7-41) (7-42) (7-43) (7-44) (7-45) (7-46) (7-47) (7-48) (7-49) (7-50) (7-51) (7-52) (7-53) (7-54) (7-64) (7-65) (7-66) (7-67) (7-68) (7-69) (7-70) (7-77) (7-85) (7-86) (7-87) (7-93) (7-94) (7-95) (7-96) (7-97) (7-98) (7-99) (7-100) (7-101) (7-102) (7-103) (7-104) (7-105) |

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|---|---|
| Initiatives, Global Initiatives, Global Course Development, SIM & Case Studies | (7-106) (7-107) (7-108) (7-109) (7-110) (7-111) (7-112) (7-113) (7-114) (7-115) (7-116) (7-117) (7-118) (7-119) (7-120) (7-121) (7-122) (7-123) (7-124) (7-125) (7-126) (7-127) (7-128) (7-129) (7-130) (7-131) (7-132) (7-133) (7-134) (7-135) (7-136) (7-137) (7-138) (7-139) (7-140) (7-141) (7-142) (7-143) (7-144) (7-145) (7-146) (7-147) (7-148) (7-149) (7-150) (7-151) (7-152) (7-153) (7-154) (7-155) (7-156) (7-157) (7-158) (7-173) (7-174) (7-175) (7-184) (7-185) (7-186) (7-188) (2-333) (6-61) (6-62) (6-63) (6-64) (6-65) (10-14) (10-15) (10-16) (10-17) (8-50) (8-51) (8-52) (8-53) (8-54) (8-55) (8-56) (8-57) (8-59) (8-65) (8-66) (8-69) (8-70) (8-71) (8-72) (7-123) (7-124) (7-125) (7-129) (7-138) (7-139) (7-140) (7-141) (7-142) (7-143) (7-154) (7-155) (7-156) (7-157) (7-158) |
| Bearing Witness Poverty Happiness in spite of poverty | (8-21) (8-23) (7-144) (7-145) (7-146) (1-171) (1-172) (1-173) (1-176) (6-42) (6-43) (6-44) (6-45) (6-73) (6-75) (6-76) (6-79) (6-85) (6-86) (5-46) (5-55) (5-56) (5-57) (5-58) (5-59) (2-159) (2-160) (2-278) (2-279) (2-280) (2-281) (2-282) (2-283) (2-284) (2-285) (2-286) (2-287) (2-288) (1-70) (1-72) (1-73) (1-75) (1-76) (1-78) (4-18) (4-19) (4-20) (4-21) (4-22) (4-23) (4-24) (7-162) (7-163) (8-61) (8-62) (8-63) (4-75) (4-76) (4-77) (4-78) (5-34) (8-101) (8-102) (5-92) (2-123) (2-124) (2-126) |
| Informed Through Real World Experience | (5-170) (5-171) (5-172) (5-173) (2-166) (2-167) (2-168) (2-169) (2-170) (2-171) (1-55) (1-56) (1-57) (1-69) (11-36) (10-45) (8-48) (8-49) (8-50) |
| Used Stories in the Classroom | (4-41) (4-42) (4-69) (3-163) (3-164) (3-165) (3-166) (3-167) (3-168) (3-169) (3-170) (3-171)(3-172) (3-173) (3-174) (3-175) (4-121) (3-216) (3-217) (3-218) (3-219) (3-220) (3-221) (3-222) (3-223) (3-329) (2-161) (8-86) (8-87) (8-88) (8-89) (8-90) (8-91) |
| Strengthened Holistic Nursing Skills | (1-69) (1-70) (1-79) (1-50) (4-58) (4-59) (3-202) (1-180) (1-181) (1-182) (1-183) (1-184) (1-185) ( 1-186) (1-187) (1-188) (3-85) (3-86) (3-87) (9-105) (9-106) (4-65) (4-66) (4-67) (4-68) (8-96) (5-45) (5-46) (5-47) (3-226) (3-227) (3-228) (2-131) (2-132) (2-133) (2-134) (2-135) (2-136) (2-137) (2-138) (2-139) (2-140) (2-141) (2-142) (2-144) (2-145) (2-146) (2-147) (2-148) (2-149) (2-150) (2-151) (2-152)(2-153) (2-154) |
| Created Opportunities to Provide Professional Development | (6-114) (3-38) (3-39) (3-40) (3-41) (3-43) (3-44) (3-45) (3-51) (2-300) (2-301) (2-300) (2-301) (2-302) (2-303) (2-190 ( 2-191) (2-192) (11-49) (8-45) (8-46) (8-44) |
| IMs Concerns & Fears | (4-84) (3-70) (11-41) (11-42) (11-45) (11-58) (11-59) (11-60) (11-62) (11-30) (11-31) (10-61) (10-62) (10-63) (10-64) (9-82) (9-83) (8-29) (8-30) (8-31) (8-32) (8-33) (8-34) (8-35) (8-36) (8-78) (7-159) (7-160) (7-161) (7-167) (6-88) (6-95) (6-96) (6-97) (5-123) (5-124) (5-125) (4-83) (4-85) (4-86) (4-87) (4-88) (4-89) (4-90) (4-91) (3-119) (3-120) (3-121) (3-122) (3-123) (3-124) (3-125) (3-126) (3-127) (3-128) (3-129) (3-130) (3-131) (3-132) (3-138) (3-150) (3-154) (3-150) (2-238) (2-239) (2-240) (2-343) (2-344) (2-345) (2-347) (1-105) (1-106) (1-107) (1-108) (1-109) (1-142) (1-143) (1-144) (7-17) (7-18) (7-19) (7-20) (7-21) (11-53) (11-54) (11-55) (11-56) (11-57) (10-57) (9-80) (8-24) (8-25) (8-26) (8-27) (5-49) (5-50) (5-51) (5-52) (5-53) (5-54) (3-71) (3-72) (3-73) (3-74) (3-75) (2-268) (2-269) (2-270) (8-69) (8-72) (8-71) |
| Facilitated Interdisciplinary Learning Experiences | (3-58) (3-59) (3-60) (3-61) (3-62) (3-63) (3-64) (3-65) (3-67) (10-32) (10-39) (10-40) (7-9) (7-10) (7-11) (2-173) (2-174) (7-12) (7-175) (2-176) (2-177) (2-178) (2-180) |
| Spiritual Significance | (2-141) (2-142) (2-144) (2-145) (2-146) (2-147) (2-148) (2-149) (2-150) (2-151) (2-152)(2-153) (2-154) (9-61) (3-182) (3-183) (3-184) (3-185) (3-229) (3-230) (3-231) (1-141) (1-14) (1-15) (1-26) (1-27) (1-28) (1-29) (1-36) (1-16) (1-27) (1-28) (1-37) (1-51) (1-166) (10-16) (10-17) (10-18) (10-19) (10-20) (10-74) (10-75) (10-76) (10-77) (10-78) (10-79) (10-80) (8-38) |

APPENDIX G

TIMELINE OF THE STUDY

| | Month | Activity |
|---|---|---|
| 2012 | November | First Draft of Prospectus Completed for BER 632 |
| | December | |
| 2013 | January | Second Draft of Prospectus Completed for NUR 696;<br>Completed Comprehensive Exams |
| | February | |
| | March | |
| | April | |
| | May | Submitted Prospectus to Chair, Made Revisions, and Submitted Final Prospectus to Committee |
| | June | |
| | July | |
| | August | Presented Dissertation Prospectus to Committee |
| | September | Completed Committee Revisions;<br>Drafted and Submitted Proposal Chapters 1-3 to Committee |
| | October | |
| | November | |
| | December | |
| 2014 | January | |
| | February | Defended Dissertation Proposal |
| | March | Completed Committee's Recommended Revisions |
| | April | |
| | May | |
| | June | Submitted, Made Recommended Revisions, Resubmitted and Received Approval from UA IRB<br>Recruited Participants, Conducted Interviews (1-3); Transcribed (1);<br>Conducted Data Analysis (1) |
| | July | Recruited Participants, Conducted Interviews (4-11); Transcribed (2-4);<br>Conducted Data Analysis (2-4) |
| | August | Transcribed (5-11); Conducted Data Analysis (5-10) |
| | September | Conducted Data Analysis (11); Developed Compiled Themes Document Containing<br>Extractions From All Interviews<br>Drafted and Submitted Chapter Four to Chair; |
| | October | Completed Revisions of Chapters 1-3 and Sent to Editor; Chapter 4 and 5 completed and sent to Chair for approval |
| | November<br>December | Completed Revisions of Chapter 4 |
| 2015 | January | Chapter 5 completed and sent to Chair for approval<br>Chapters 4-5 sent to Committee |
| | February | Dissertation Defense<br>Submit Application for Degree |

| | | |
|---|---|---|
| | May | Graduation |

APPENDIX H

FORMULATED MEANINGS AND THEME CLUSTERS

# Significance & How IMs Inform Teaching

## Enrichment

- Significance & Underlying Motivations of participation
  - "personal enrichment"
  - "motivated by my spiritual beliefs"
- Prior IMs experience
  - "motivated me to take students"
  - "best of both worlds"
- Mentorship
  - "When I go I always take someone with me. So I can teach them how to do it."
  - "When I'm gone, it will continue"
  - "Giving back" "Paying it forward"
- Spiritual Significance
  - "led to go""holistic nursing"
  - "attending a church service is a cultural experience"
  - "provides hope and encouragement"
  - "teaches spiritual assessment and cultural assessment skills"
- IMs Uniqueness
  - "It marries everything together"
  - "I've done things outside this country I would never do inside this country"
  - "disparities" "holistic nursing""my family goes too"
- Flexibility
  - "roll with it" "flexible" "fluid" "vaporous"
- Humility & Cultural Awareness
  - "put others people's needs in front of theirs"
  - challenges: "insensitivity""immaturity""lack of humility"
  - "brought more cultural awareness""puts you in another perspective"
  - "new appreciation for basic nursing"
- Transformational
  - "cannot go without being a completely changed person"
  - "changed my life""whole new insight of what the world is like outside of our country"
  - "I'm less judgmental""you being to see that common core of value""why I became a CRNP"
  - "opens your eyes and see" "met the Queen of Morocco"
- Language Appreciation
  - "new appreciation" for value of language
  - improves skills for working with interpreters, international students, patients, & colleagues
- Fulfillment in Student Growth
  - promoted "growth " in conducting patient interviews
  - "improves holistic nursing" skills, "increases confidence"

## Empowerment

- Informs Teaching with "real world experience"
- Increases Confidence
  - "improves my abilities" , Interdisciplinary Team Building
  - "for practicing in different countries"
  - "organization skills""providing patient education"
  - "prepared to do future IMs"
- Increases Scholarship Opportunities
  - Presented to "faculty""Board of Visitors""Kiwanis""Sigma Theta Tau"
  - Service-Learning Fellowships
  - Scholarly Articles
- Bearing Witness to Pain and Suffering
  - "when you're actually exposed to it, I'm never prepared for that"
  - "amazed at how much they can do with so little"
  - "guilt" in having abundance""humbling"
  - deep emotion to lack of "food""water""conditions"
  - "90% unemployment rate"
  - impacted by "their happiness in spite of poverty"
- Concerns and Fears
  - "sense of responsiblity" for students, "robbed at gunpoint"
  - "health concerns" for students and for self
  - "parasites" "infection""safety concerns" for students
  - "immaturity" of some students
- Partnerships & Education Reform Initiatives
  - Created sustainable health clinics
  - Health Promotion Program developed in Haiti
  - Established partnerships: HIV Nurse Practitioner Program
  - Challenges: global developmetn initiative
- Revealing Effective Teaching Modalities
  - Using Stories
  - Simulation and Case Studies, Holistic Nursing Experiences
  - SIFAT creates "third world village"
  - Global course development
  - Blackboard Collaborate for international peer to peer learning
  - "three way" international group discussions
- Scholarship "makes me more well-rounded, viable resource"
- Opportunities for global initiatives, "opens alot of

# APPENDIX I

# IRB APPROVAL LETTER

Office for Research

Institutional Review Board for the Protection of Human Subjects

THE UNIVERSITY OF ALABAMA RESEARCH

June 4, 2014

Emily Burleson
Department of ELPTS
College of Education
Box 870302

Re: IRB#: 14-OR-212 "Understanding Nurse Educators' Experiences of International Missions Participation"

Dear Ms. Burleson:

The University of Alabama Institutional Review Board has granted approval for your proposed research.

Your application has been given expedited approval according to 45 CFR part 46. Approval has been given under expedited review category 7 as outlined below:

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies

Your application will expire on June 3, 2015. If your research will continue beyond this date, complete the relevant portions of the IRB Renewal Application. If you wish to modify the application, complete the Modification of an Approved Protocol Form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, complete the appropriate portions of the IRB Request for Study Closure Form.

Please use reproductions of the IRB approved stamped consent forms to obtain consent from your participants.

Should you need to submit any further correspondence regarding this proposal, please include the above application number.

Good luck with your research.

Sincerely,

Office of Research Compliance
The University of Alabama

358 Rose Administration Building
Box 870127
Tuscaloosa, Alabama 35487-0127
(205) 348-8461
FAX (205) 348-7189
TOLL FREE (877) 820-3066