Explore Immersion Experience on Health Care Students’ Cultural Competence

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Purpose
Explore the immediate and long term impact of a global immersion experience on health care students’ cultural competency.

STUDY DESIGN

Concurrent triangulation mixed methods design
- Quantitative & qualitative data were collected that measured health professional students’ level of cultural competence pre, post, and 2 month post immersion experience
- Instruments for data collection
  - Qualtrics pre and post immersion experience
- Recruited health care professional students to attend a mission trip over spring break week

Results

Quantitative survey results according to the 5 constructs of Campinha-Bacote’s (2003) model of cultural competence in the delivery of health care.

Cultural Awareness:
- Students found themselves to be more vigilant, confident, and aware of cultural difference after their experiences
- Increased awareness of different health care systems, lack of understanding assessment skills.
- Effective learning to not make assumptions or generalizations about people just because people are from a certain culture
- Aware that health isn’t always the priority in all cultures
- “My way isn’t the RIGHT way to live or do things”
- Even with limited resources in health care settings, basic needs can still be met

Cultural Desire:
- Increased willingness to continue to learn about other cultures and to travel to experience other cultures
- Increased willingness to learn another language such as Spanish
- Willingness to continue to participate in other future mission trips or pursuing travel to experience other cultures
- Increased awareness of different health care systems, lack of understanding assessment skills.

Cultural Knowledge:
- Increased awareness of the prevalence of disease and conditions prone to overcrowding in various environments.
- Increased knowledge of the prevalence of disease and conditions prone to other cultures outside the United States were acknowledged

Cultural Encounter:
- Students expressed willingness to continue to put themselves out there to learn more about culture, and others values.

Cultural Skills:
- Language barriers prevented many skills to be done due to having limits on understanding assessment skills.
- Assessment skills can be used to recognize potential for unsanitary conditions and overcrowding in various living environments.

Discussion
- With a sample size of 36 observations and 12 participants, this sample was more than enough to provide an 80% power. In fact, post Hoc observed power was 99 with effect size ofEta squared .615.
- The effect of cultural competence improvement was not short lived, as the students retained cultural competence over the 2 month period, which speaks to the intervention that was done (p-value 1.0). Despite 2 months passing after the immersion experience, students maintained their cultural competence score.
- Overall, there was statistically significant differences between the 3 times with a F ratio of 17.55 and p-value of <0.001.
- There were statistically significant differences between Time 1 and Time 2 (p-value of <0.001), and Time 1 and Time 3 (p-value <0.002). This demonstrates a significant difference in cultural competence scores with the immersion intervention experience.