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EDUCATING BACCALAUREATE NURSING STUDENTS TO BE GLOBAL CITIZENS

The United States and the world evolved into a mobile, multi-cultural melting pot in the past three to four decades. Once a more static and stationary world society, the globe almost quivers with movement and activity today. People travel for pleasure, for work, and for other reasons. International and global partnerships abound. The *Millennium Development Goals* established in 2000 at the United Nations Millennial Summit include a “shared responsibility to foster values that respect nature, solidarity, tolerance, and freedom” by the 189 nations that attended.¹ Further, Premje & Hatfield (2016) call for the “nursing community to embrace a new ideology void of divisions called, ‘One World, One Health’.^{1(p.1)} This ideology calls for a holistic interconnection and collaborative relationship between people, animals, and the environment.^{1(p.2)} The purpose of this paper was to discuss how to best educate baccalaureate-nursing students to become

global citizens in the 21st century and beyond.

The Globalization of Populations and Healthcare

One way to connect to global healthcare issues is to stay current with the latest nursing research.² In the United States (US), nursing research has been growing since the 1950’s. The American Association of Colleges of Nursing (AACN) includes the need for research in nursing education in both the *Essentials for Baccalaureate Nursing Education (2008)* (Essential III), and *Essentials for Master’s Education (2011)* (Essential IV), as well as for more advanced degrees. Nursing research has shown that “issues that face nurses are similar globally”.^{2 (p.6)} This knowledge gives nurse educators a starting place when developing curricula for nursing programs that includes cultural awareness and global health issues.

Mill, Astle, Ogilvie, & Gastaldo (2010), reported that there is a need for firm partnerships with institutions in other countries³ before a cultural immersion trip or exchange program can be developed. This entails either face-to-face meetings or using the web for distance conferencing. Both partners should have a similar mission and vision, as well as goals for the experience, which is tied to their curricular objectives.⁴ Finch, Chae, Shafae, et al. (2011) stated “the current millennial generation of students ...has a real chance at bridging large gaps through use of information technology and the recruitment of other unconventional specialties to bear on global health”.^{5(p.580)} Students are valuable in global health and offer new ideas as well as a different perspective on global health delivery.^{5(p. 373)} Finch et al. provided examples of “where student engagement has been highly impactful in global health: (1) fostering an enabling policy environment (toward greater health equity); (2) understanding and working within the local context and governments’ needs; and (3) leading bidirectional partnerships”.^{5(p. 374)}



Visovsky et. al. (2016) identified aspects needed to execute a globally-based nursing student experience.⁴ The first part is planning the student experiences, which includes establishing and maintaining global partnerships with institutions in other countries. Second step of the planning stage is coordination of the global experience, as well as risk assessment and mitigation. When implementing the global student experiences, orientation needs to occur to focus on: (1) faculty and student health and safety; (2) safety abroad; and (3) health risks out of the country. Visovsky et. al. (2016) also identified the importance of simulation of an international home visit “to prepare and feel comfortable for delivering care” and to discuss differences in practice.^{4(p. 31)} “Creating the leaders of tomorrow in nursing begins with experiences that create well-educated global citizens”.^{4(p.31)}

Successes, Challenges, and Lessons Learned from Italy and Japan

Nursing students may feel discomfort as they care for clients from various cultures and ethnicities, however this is a time when development and cultural sensitivity can begin to grow.⁶ One way to aid in this personal development and growth, as a professional nurse, is to have cultural immersion experiences both in one’s own country, as well as the opportunity for global travel to experience the rich differences in various cultures. Challenges and risks with any experience outside of the participant’s home country include safety and cost. Key factors in determining the risks to which a traveler may be exposed include:

- mode of transport
- destination(s)
- duration and season of travel
- purpose of travel

- standards of accommodation, food hygiene and sanitation
- behavior of the traveler
- underlying health of the traveler⁷

Putting safety measures into place via a comprehensive orientation for all participants, which highlights education about the country being visited related to “social behaviors for the country or region”⁸, as well as providing participants ways to defer their costs. This could include a scholarship from the nursing program, university or a grant that is obtained for this purpose. This process would require ample time for locating the funds. Some universities include part of the costs in the tuition for the course that coordinates with the travel experience.

An Example of Cultural Immersion - Italy

One cultural immersion in Italy proved to be quite successful for a group of DNP & PhD nursing students from one large university in Pennsylvania, who had a strong relationship with a sister school in Rome.⁶ The students who participated were nurse educators in the DNP program and PhD candidates. The students traveled with two faculty members and were able to learn about the Italian culture and traditions, healthcare organizations, as well as to experience the essence of Italy and the Italian people. Each participant kept detailed field notes about what was experienced during this trip and at the end of the immersion, themes were identified, which applied to nursing education. These themes included communication, transportation, culinary practices, religion and public environment. Each identified theme can be taught in nursing programs through examples of culturally diverse case studies, story-telling, faculty modeling and practice of holistic, mind, body, spiritual connections, as well as travel and student exchange programs, which encourage



cultural diversity.

More specifically the identified themes can assist students in identifying cultural differences, which may apply to patients they are caring for in the US. Examples are:

- **Communication:** Not being able to communicate effectively can cause anxiety in both the patient and the caregiver. Ineffective communication can cause errors to occur.
- **Transportation:** Some cultures depend on walking, bicycles or public transportation. Difficulty with transportation can affect access to healthcare, as well as patient compliance with the plan of care.
- **Culinary Practices:** Different cultures have dietary practices very different than the US. This involves not only the foods eaten, but the times meals are served and how food is prepared.
- **Religion:** Some cultures have a very strong religious framework, while others do not. Regardless, a person's belief system, it is very important in their holistic plan of care.
- **Public Environment:** Various cultures are private relative to showing affection in public and therefore, follow certain behavior protocols relative to being in public places.

Another Example - Japan

An exchange program between the University of Findlay (UF) in Ohio, and Fukui Prefectural University (FPU) in Fukui Prefecture Japan is an example of a current student exchange program between two culturally different universities. This exchange program was conceived in 2017 for the UF nursing program specifically and brought to fruition in the spring of 2018. The program was designed to take one instructor and up to six students to FPU to immerse in the culture and nursing practices of Japan. The UF delegation consisted of a nursing faculty member, one

senior level nursing student, and a non-healthcare visitor; which provided three different perspectives of the similarities and differences of nursing and healthcare: the experienced nursing professional, the novice student, and the consumer of healthcare.

The UF delegation was introduced to the Japanese culture, including their traditions, healthcare organizations, group activities (both sightseeing and within the educational institution), home stays, and social gatherings. In addition, the essence of what it means to be Japanese was introduced. For example, the UF delegation took part in the FPU student nursing lab, which included a foot washing demonstration. In Japan, bathing is very different than in western cultures. A person first showers to clean themselves. They next sit in a hot tub to soak with the expectation that they have cleaned themselves; as this will be a communal bath. The Japanese footbath is of the same notion. In contrast, a patient bath in western nursing would be viewed as an opportunity to assess the skin, pulses, nail and skin color, temperature, capillary refill and other assessment findings. The Japanese footbath does not seek to accomplish these tasks; instead it is a time of giving comfort and care to the patient in a traditionally and culturally accepted fashion. Bathing (i.e., soaking - not shower) is a form of relaxation activity in Japan and elderly people increasingly find it difficult to take a bath. The foot bath is a simplified version of bathing -- relaxation and more than cleaning. This hands-on interaction between the two cultures demonstrated the holistic approach the Japanese nursing program and healthcare systems takes in caring for patients.

Students and faculty interacted with the Fukui Prefectural University (FPU) students and faculty in a multitude of ways. These groups engaged together in cooking, sports, games,



group discussions, class work, clinical studies, art, and sightseeing. In addition, students and faculty engaged in electronic discussions via social media for weeks prior to visits and have continued long after the program completed. Nursing lectures were attended with the opportunity to interact with the Japanese students and their instructor. These lectures were found to be interesting to the UF delegation as they demonstrated some of the similarities in nursing care. For example, similarities were discovered during the lecture, which involved the swaddling practice of a new born baby.

Although the UF delegation learned that nursing is a universal art, they also experienced differences, in particular the way the profession is practiced and taught in Japan. The Japanese nurses approach patient care more holistically with an emphasis placed on the service and care of the whole person. Although western nursing has a holistic component, there is a stronger emphasis on the science of nursing in comparison to the Japanese culture. A key difference between the cultures with the nursing education was the lecture experience itself. The lecture hall is separated into two sections with one half the room a lecture hall and the other half a nursing lab. Within this area, the FPU instructor delivered a traditional lecture; however, after lecture, the students moved into the lab for immediate reinforcement of the learning. This positive experiential learning approach led to structural changes in the UF senior level labs.

As UF students travelled to Japan, so too did FPU students come to UF. The delegation consisted of three second year nursing students and an instructor. The FPU delegation learned and experienced many of the same lessons the FPU students learned in Japan earlier. A key difference they noted were the manner in which the clinical time was delivered. In

Japan the clinical experience appeared to be preceptor-based with instructors (one student to one instructor) out in the field at all levels of student; whereas in US, the clinical experience involves a traditional group with instructor (six or eight students to one instructor).

The FPU delegation had similar experiences noted from the UF delegation during their stay in Japan. Some of the issues noted during both stays included:

- Fear of traveling to an unknown country
- Food concerns
- Issues with the native language and the fear it caused
- Inability to follow along with native students during class time
- Personal/cultural dealings with people during stay

Student-Centered Education at Home with a Global Perspective

Nurse educators, at all levels, need to engage students in critical thinking and project development that includes issues seen around the world – hunger, malnutrition, obesity, heart disease, cancer and many others. By using the themes, such as those identified by Easterby et al. (2012), faculty can develop teaching strategies for diverse cultures. This approach to teaching is vital in US healthcare today, as our culture is becoming less homogeneous and more culturally diverse. ⁶ Understanding how different cultures communicate, both verbally and non-verbally; have different food preferences and dietary habits, traditions, and religious preferences; and even how they travel from place-to-place is important in providing care in acute care hospitals, as well as the community.

There are various tools and strategies to assist the educator with their mentorship of their nursing students into professional nurses.



Recommended tools and strategies include:

- Using holistic theories in nursing curricula that support cultural sensitivity and competence
- Encouraging students to participate in cultural immersion experiences at home and around the globe
- Working with organizations to support, encourage, and fund experiences to promote cultural competence
- Utilizing various tools to measure cultural understanding and competence

One example as identified by Utley-Smith (2017) incorporated global health into an online course, which included a country's development links to health, emerging and re-emerging diseases, communicable noncommunicable disease trends, and environmental issues across countries (i.e., food and water supply).⁹ (table 2 p. 391) The author, also identified other important content for population health and global health competencies, including identification of political influences, appropriate effective communication, assessing the determinants of health, assessing established health systems, assessing vital statistics and disease surveillance.⁹ (table 1, p. 390)

Prior to the trip to Japan, the various cultural needs in relation to communication were taught. Several key topics were identified for practice prior to the trip. These topics included:

- Bowing: As we approached a new person to be introduced, we must bow. In addition, if we are meeting a person of higher standing than our own, we must bow lower and longer than they do.
- Business cards: With every introduction it is customary to present a business card during this process. However, even the introduction is a process, whereby one must:

- Hold the business card with both hands face side up,
 - Bow and present card to recipient,
 - Introduce oneself, and
 - Stand up and receive a business card with introduction.
- Eye contact: It is not customary for Japanese to make eye contact; not making eye contact is done out of comfort and respect. In contrast, not making eye contact is considered impolite and possibly untrustworthy, in US.

Conclusion

It is imperative that nursing programs at the baccalaureate level include cultural diversity experiences and holistic nursing practices within their curricula today, as well as offer opportunities for students to immerse themselves within another culture to promote their professional growth and development, as culturally sensitive and competent healthcare professionals. The professional literature supports developing strong relationships with other countries before attempting to implement exchange programs and study trips abroad.^{4, 6} The BSN program at UF has accomplished this goal through a collaborative relationship with FPU in Japan. The global lessons learned through this partnership will provide valuable information to the nurses of tomorrow, as they strive to become global citizens.

References

1. Premje, S., Hatfield, J. Call to action for nurses/nursing. *Biomed Research International*.2016; 1-5.
2. Kenner, C. Trends in US nursing research: links to global healthcare issues. *J Korean Acad Nurs Adm*.2017; 23(1): 1-7.
3. Mill, J., Astle,B., Ogilvie, L., Gastaldo, D. Linking global citizenship, undergraduate nursing education, and professional



- nursing. *Advances in Nursing Science*.2010; 33(3): E1-11.
4. Vivosky, C., McGhee, S., Jordan, E., Dominic, S, Morrison-Beedy, D. Planning and executing a global health experience for undergraduate nursing students: A comprehensive guide to creating global citizens. *Nurse Education Today*. 2016; 40: 29-32.
 5. Finch, T., Chae, S., Shafae, M., Siegel, K., Ali, M., Tomei, R., Panjabi, R., Kishore, S. Role of students in global health delivery. *Mount Sinai Journal of Medicine*. 2011; 78: 373-381.
 6. Easterby, L., Siebert, B., Woodfield, C., Holloway, K., Gilbert, P, Zoucha, R., Turk, M. A transcultural immersion experience: implications for nursing education. *ABNF Journal*.2012; 81-84.
 7. World Health Organization. General precautions. 2018. Retrieved from <https://www.who.int/ith/precautions/en/>.
 8. Riner, M. Globally engaged nursing education: An academic program framework. *Nursing Outlook*. 2011; 59(6): 308-317.
 9. Utley-Smith, Q. An online education approach to population health in a global society. *Public Health Nursing*.2017; 34: 388-394.