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A Case of Worms: Utilizing Story to Prepare for Service-Learning Experiences

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Abstract

Service-learning experiences are often utilized by nursing programs in efforts to increase the cultural competence of nursing students. Through the use of sharing story, the concepts of cultural competence and cultural humility can be explained for students preparing for upcoming intercultural experiences. This case study describes the experience of nursing students and university faculty on their first service-learning trip to rural Kenya and how the intercultural issues were navigated there as students developed characteristics of cultural humility. This story is now being shared in preparations for subsequent international trips with nursing students and can be a model for programs wanting to prepare for service-learning experiences.

Introduction

Providing effective transcultural nursing care is an important goal of nursing education. The preparation of nurses should ideally include training for helpful cross-cultural interactions with patients from all backgrounds. Previous research correlates the cultural competence and sensitivity of health care providers with health outcomes of patients (Institute of Medicine, 2002). As a result, nurse educators strive to provide training for nursing students to expand their cultural competence in efforts to improve patient care. As Bentley and Ellison (2007) and Foster (2009) note, cultural competence includes multiple associated concepts and is an ongoing process rather than a specific goal to be reached. By including the concepts of cultural

sensitivity and cultural humility in the training about cultural competence, we can increase the depth of the conversations surrounding transcultural interactions.

One option of improving cultural competencies which many nursing schools have embraced is the idea of service-learning trips or transcultural learning opportunities which immerse students in another culture (Kohlbry, 2016). Within such an experience, students are involved in the interactions through service with local people instead of passively viewing a culture as tourists. In health care disciplines, service-learning trips can give students and health care providers a chance to interact with other cultures in order for mutual learning to develop. The following narrative describes a story of nursing students on their first service-learning trip and the cultural learning which occurred. This story has been utilized as training for subsequent trips and can help prepare students for future cross-cultural interactions.

In March 2015, five undergraduate nursing students and two faculty members from a private Christian university in Oregon embarked on a two-week service-learning trip to rural Kenya. The goals for this trip were fourfold: 1) to immerse the students in the Kenyan culture while they were providing medical care to the local people; 2) to learn about diseases which are not common in the U.S.; 3) to further develop critical thinking skills in nursing care; and 4) to plant seeds in the students of passion for lifelong medical missions work. We also desired that these students not only utilize their nursing skills in another cultural setting, but through the ministry of nursing they would share the love of Jesus with the Kenyan people.

The deliberate preparations for this trip included an eight-week course discussing health care practices in other countries, anticipated diseases including malaria and HIV, and appropriate cultural interactions. The preparation also provided additional training for providing spiritual health care for patients, which is an integral part of the undergraduate nursing curriculum in this

university. One of the nursing program's Core Competencies is being Christ-centered: "Taking the challenge of Jesus Christ to be God's agents of love and reconciliation in the world through promotion of peace, justice, and care of the earth." (George Fox University, 2013, p. 10). This trip gave students the opportunity to be the hands and feet of Jesus by caring for the people of rural Kenya.

During the preparations, students read the book *The Last Hunger Season: A Year in an African Farm Community on the Brink of Change* by Roger Thurow. Students discussed their thoughts about the book and the descriptions of the agricultural-based life in Kenya. The team leader, an education professor who had been to Kenya several times with graduate education students, facilitated discussions related to her experiences. Additionally, many local hospitals and clinics near the university donated wound care supplies, syringes, medicines, baby blankets, and other items for the trip which were sorted, prioritized, and packed based on estimated usefulness. The team attempted to anticipate what the medical needs would be in these Kenyan communities. Once the team arrived in Kenya, the unawareness of what to expect led to creative uses of the supplies which had been brought.

An important topic discussed in the pre-trip preparation class was the concept of cultural humility. Owen et al. (2016) describe cultural humility as, "an others-oriented stance" associated with curiosity, desire for understanding, and acceptance, while remaining free of egotism or arrogance" (p. 31). While cultural humility can be defined in various ways, it moves beyond the intellectual knowledge focus of mere cultural competence to a more personal approach of navigating cross-cultural interactions well. Health care is becoming increasingly intercultural and workers must be able to interact with people from varying backgrounds and to give quality care humbly and without judgment. Christians also have a specific call to serve people with

humility. The Bible encourages a perspective of humility through reminders that "the last will be first and the first will be last" (Matthew 20:16, NIV) and in the call of Micah 6:8 to "act justly, to love mercy and to walk humbly with your God" (NIV). International service-learning experiences can give students the opportunity to see the necessity and evidence for cultural humility and can hopefully increase each student's own capacity for competently providing culturally humble care wherever they go.

The Setting in Kenya

Our service trip began at a rural clinic/hospital on Mount Elgon in western Kenya near the Ugandan border. This region is known for land clashes, tribal violence, and extreme poverty. Illiteracy is high and the majority of the population has barely completed primary school education. Early marriages and childbirth are other prevalent problems. Children are sexually active at a very young age which causes many diseases and creates the situation of "babies having babies". Girls are usually not safe in this region and continue to be exploited by idle men, young and old. In addition, the people are reluctant to trust outsiders and tend to keep to themselves. Even with these challenges, God is at work in the communities with evidence of changing hearts and habits.

Health care in rural Kenya must overcome several stigmas and fears before community members will even consider visiting a clinic or hospital. Residents are often fearful of the health care process and have heard stories of poor outcomes for other patients. People are afraid of how much health care may cost and are not certain of how long they will be away from their homes, families, and crops which all need their attention. Even when health care is free, such as preventative services, vaccines, and prenatal care which are funded by the government, there is tremendous distrust of the system and a lack of awareness that such services even exist or are

necessary. In rural areas, several diseases may be attributed to spirits or other forces rather than having an understanding of germ theory. Other health conditions, such as epilepsy and HIV, can have such extreme social stigma that diagnoses are kept hidden as much as possible. People tend to try home remedies first and wait until last minute desperation before going to a health care facility. It is within this framework that we began our work at the clinic.

Our team had been invited to this clinic because of previous relationship building and work in the community by one of the professors on this trip. The community leaders had prayed and prepared for our week in the village. The clinic workers had not worked with visiting nursing students before, and the nursing students did not know exactly what would be expected of them. Throughout this experience at the clinic on the mountain, patients would walk from miles away simply to see the white people's skin and to find out if the visitors could help fix their (often chronic) medical issues.

Sammy's Story

On the first day at the rural clinic/hospital, a young mother arrived with her 23-month-old boy named Sammy who weighed approximately 10kg. The boy presented with profuse bright red blood saturating the body wrap he was wearing. At first, we suspected a circumcision had been attempted, but the source of the bleeding was rectal. Sammy was emaciated, lethargic, and dehydrated with a concave abdomen. The team later learned that Sammy had been sick for several days and his mother brought him to the clinic only because she had heard that visitors were there. She and her husband were concerned that they did not have money to pay for Sammy's care, but they had tried every known remedy at home and he seemed to be getting worse with vomiting and bloody diarrhea.

A nursing student (Participant 2 [P2]) began to assess Sammy. This was our first day at the clinic and P2 was unsure how much he should do and what the role of the regular clinic workers would be in this case. He later shared about his struggle in wanting to be culturally sensitive but feeling concerned about how quickly Sammy could decompensate if he didn't receive prompt care. He recalled having a disagreement with the clinical officer (who functions as a physician) about how to assess Sammy. The clinical officer wanted to palpate Sammy's abdomen right away, but P2 remembered learning in his Health Assessment course that palpation could increase the bowel sounds and therefore auscultation is typically performed before abdominal palpation. In the moment, P2 was able to ask the clinical officer if he would like to listen to the bowel sounds first before palpating because this is how he was taught. The clinical officer agreed and proceeded to auscultate before palpating. Bowel tones were almost inaudible and a soft, palpable mass was noted in the left upper quadrant.

At the recommendation of the clinical officer, P2 started a 24 gauge IV in Sammy's right hand with 0.9 % Normal Saline (NS) infusing wide open. A blood smear for malaria parasites was performed, and the result was positive for malaria. The age-based malaria treatment protocol was implemented with administration of Paracetamol 150 mg IM (for fever of 38.4 degrees Celcius), prophylactic Gentamycin 40 mg IV, prophylactic Xpen 500,000 IU IV, and Quinine 200 mg IV diluted in 500 mL 0.9 % NS with 20 mL D5W.

Sammy's case was discussed with the nursing students, nursing professor, team leader, and clinic staff. Due to the significant concerns about his lethargy, poor nutritional status, continued blood loss, and possible bowel obstruction, it was decided that Sammy would stay overnight at the clinic hospital for treatment and observation. On a later interview, P2 shared that one of the memories from the trip which he envisions the most clearly is when he carried

Sammy from the treatment room to the overnight ward while P4 lifted and carried his infusing IV bag behind them. The clinic workers had essentially given Sammy into our care and for P2, this was his first independent patient case. He later described how meaningful it was for him to be carrying such a critically-ill patient to the hospital ward himself, which is not something routinely done in the States. In P2's journal entries, he repeatedly mentioned his fears about Sammy and how vulnerable and overwhelmed this entire situation made him feel as a health care provider seeing situations he had not been trained for.

After our first evening at the clinic, the team had a debrief session together to reflect upon the day and to pray for Sammy. The conversation centered around feeling unprepared, navigating the care conversations with the local health care workers having opinions about treatment options, and feeling surprised by the severity of the diagnoses and situations. P2 wrote in his journal about the day, "With Sammy I was terrified. I knew he was dying and only hoped I was able to find a solution." P4 wrote, "I felt like a 'Debby Downer' as I expressed to our group that Sammy not making it through the night was a very real possibility."

The team returned to the clinic the next morning to find Sammy missing from his bed. P4 wrote later in her journal,

> "I think the most amazing moment from the trip was walking to the clinic the next morning. A somber silence fell between us all as we saw a clinic worker mopping the empty hospital room where Sammy and his mother had been staying. I was so sure that he had died during the night. Then we asked one of the staff members what had happened and they told us he was still here. He was behind the clinic with his mom who was doing laundry. She brought him out to us so we could re-examine him. I was overjoyed that he had made it. I couldn't believe it. He looked so different."

Sammy was indeed not even recognizable as the same child. On further investigation, we learned that Sammy had vomited three times throughout the night and 8 roundworms were expelled. Bowel tones were faintly audible in the lower abdominal quadrants. At this diagnosis of a worm infection, Metronidazole IV diluted in normal saline was started and the previous treatment continued. Approximately 2 oz. baby formula was given to Sammy in attempt to stimulate digestion and to improve his nutritional status. Within minutes all of the formula was vomited back up. The primary concern at that point was the possibility of an intestinal obstruction from a mass of worms in the intestine.

The clinic workers decided to observe Sammy until the early afternoon, encouraging oral rehydration and nutrition along with IV fluids and medications. By noon his bowel tones had disappeared entirely, the abdomen was distended, and no oral substance was held down. Sammy was again lethargic and was bordering on non-responsive. The nursing students and clinic workers discussed the growing concern about the worms causing a complete bowel obstruction and wanted to send Sammy for a surgical consult. Sammy's father knew he did not have money for this and began asking community members if someone could buy his land in order to cover these medical costs. After some deliberation with the local community leaders who began collecting funds to help this family, the decision was made to send Sammy to one of the nearest mission hospitals which had facilities for x-rays and other diagnostic procedures. The x-ray order was to determine if Sammy had a bowel obstruction, and our suspicions were confirmed.

Surgery followed the next day to remove an entire bowl of roundworms from Sammy's intestine. Sammy remained in the hospital for the following weeks as his nutritional status was monitored and bowel function returned. After the team returned home, we were notified that Sammy had been released from the hospital and recovered well. The clinic community

continues to remain in contact with Sammy's family who has reported that he is growing healthily. His parents have shared how grateful they are for the care they received, and that they are certain that Sammy would not be alive today if the worms had not been removed from him. Clinic workers and the local pastor believed that the boy probably would not have survived another day based on his deteriorating status.

Learning from Sammy's Story

Throughout this experience with Sammy, these nursing students learned about the cultural aspects of health care delivery in Kenya, and also about themselves personally and professionally. P2 took the lead with Sammy's care because he happened to be in the consultation room when Sammy's mother brought him in. This particular student had previously expressed a desire to only work with adults because he did not feel called to care for children. However, the team witnessed a transformation in his perspective as he cared for Sammy and became the main voice for encouraging the clinic workers to transport Sammy to the hospital for an x-ray. In his journal he wrote, "I got lucky and forced the transport at the right time." In a later interview, he shared how Sammy's story affected him and has been a catalyst for continuing his education and planning to return to Kenya once he finishes his schooling to become a nurse practitioner.

Sammy's case gave the students an example of the struggles in health care delivery across cultural differences. In the United States, it is rare for an acute situation to progress to this level of severity before being seen medically, but in Kenya, delayed health care is common. Also in the United States, it would have been relatively simple to arrange the needed x-ray and to have the surgery scheduled on the same day, regardless of the financial status of the patient. In Sammy's situation, the family members debated for several hours about whether to get the x-ray

because of lack of funds to pay for it and difficulties in transportation. Sammy's father was considering selling part of his land (which grows the food his family needs to survive) in order to pay for this hospitalization, but the local community came together to help this young family pay the hospital debts so Sammy was able to be released home when he was ready. One Kenyan ministry group has an ongoing "Adopt-a-Bed" fund which was used to help Sammy's family (and many others in this situation) because in Kenya, patients often cannot leave a hospital until their medical debts are paid (Opondo, 2015).

The community pastor was able to act as a mediator between our team, the clinic staff, Sammy's parents and the community members in convincing everyone that Sammy needed to be taken to the next hospital for surgery. He helped make the arrangements for several local people to help pay for Sammy's health care costs, which provided a sense of ownership for the entire community as they saw how their efforts together directly helped this young family. The nursing students experienced an example of cultural humility through allowing for the teaching of self-empowerment to a community rather than us, as visitors from the outside, wanting to pay Sammy's full medical bill as we initially had planned to do. The pastor recently shared with us that Sammy's mother joined the local church after the surgery, and that Sammy is now healthy and thriving.

The Importance of Debrief Sessions

For these nursing students, their learning was solidified by the intentional time we took every day to debrief and reflect on the situations we had seen that day. The themes identified in these discussions included the importance of teamwork, developing culturally-sensitive communication, adapting to the lack of medical supplies, and the sense of feeling overwhelmed even when reflecting upon the experience long after it occurred. P2 took the lead on Sammy's

case and worked closely with the trip leaders to learn how to communicate with the local clinic workers and community members in a culturally-respectful way. The adjustment of not having easily-accessible medical supplies as we are used to in hospitals in the United States was a debrief topic for many patient scenarios in addition to Sammy's. The students felt overwhelmed at times within the paradigm shift of not knowing how to diagnose or treat these often undiscussed tropical diseases without advanced medical equipment or tests.

In the debrief sessions during our first two evenings, the students reflected on their observations and struggles thus far, and Sammy's situation was discussed in detail. One struggle mentioned by several students was the language barrier with Sammy's family. His mother came with him by herself at first, and she spoke a tribal language with which the clinic workers were not extremely familiar. P3 mentioned in the debrief session that she felt like we wasted a lot of time this first day trying to learn how we should communicate with staff and how to make the patient interviews smoother when needing multiple interpreters at times. Later when Sammy's father arrived, he appeared hesitant to communicate at first and may have had a lack of trust of outsiders, which is common for tribal members living farther up on the mountain. It was difficult for them to make the journey to the clinic, and they were even less willing to stay overnight there. They then wrestled with the decision to transition to a different hospital the next day which was further away and therefore even less trusted.

P2 shared about his struggle with communicating with the clinical officer during Sammy's initial abdominal assessment and then trying to convince the clinic workers about the acuity of Sammy's situation later. P2 wanted to demonstrate cultural humility and to be respectful in an effort to avoid perpetuating stereotypes of arrogant Americans, but he was also concerned about how severely ill Sammy appeared. He mentioned in the debrief session how,

instead of telling the clinical officer what to do, he tried to educate by asking a question: "Aren't you concerned with activating the bowel sounds before auscultating?" This was received well by the clinical officer and led to an easier working relationship between the clinic staff and the visiting nursing students in the future.

When reflecting on Sammy's story, it is very evident how God brought all of the pieces together. Sammy's parents had somehow heard about the US visitors and were willing to overcome their hesitations and fears to come to the clinic. Then they were willing to let him go to another hospital the next day. The community was able to provide funds even on short notice. The second hospital had an x-ray technician available and a surgeon ready to do the surgery when it was needed. Without this prompt care, it is unlikely that Sammy would have survived.

Future Implications and Preparations

Sammy's story has affected how we prepare for future service-learning experiences in our university's nursing program. We plan to return to this clinic in Kenya repeatedly because of the strong relationships there with the community. We have used the book *The Last Hunger Season* before each trip to Kenya but since this first trip, we have changed the questions now asked about this text ("What do you notice about health care issues here? How is the community adapting to the changes recommended in the book?"). We have included much more education on the tropical diseases likely to be seen there in Kenya and have explained to the students in advance to be prepared for communication difficulties with patients and staff members, having to triage medical supplies and being creative with their uses, and to keep an open mind throughout the entire experience.

The most significant difference now in preparations for future Kenya trips is the inclusion of stories from previous experiences there. The case study of Sammy is being shared with

students as an example of cultural humility through the communication between our team, the clinic staff, Sammy's parents, and the larger community. We also discuss the case medically as an example of differential diagnoses to consider in Kenya which would unlikely to occur here in the United States. Through the memorable process of sharing a story, we can help prepare students for the cognitive dissonance they may face there when dealing with medical situations they have never previously encountered.

Additionally, these trips to Kenya have led to the formation of an elective course in our nursing program called Healthcare of the Developing World. This hybrid 1-credit course educates students who are interested in international nursing, whether for short-term trips or long-term working. The course studies tropical diseases, alternative treatments, and the pros and cons of short term medical missions specifically. Sammy's story is utilized in this course as an example of communication difficulties in cross-cultural interactions. If we had not made the efforts to communicate humbly through the proper channels of involving the local pastor, it is possible that Sammy's parents would have refused further care for him and he probably would not be alive today.

We recently received follow-up about Sammy during a subsequent nursing serve trip to Kenya a year and a half later. Sammy's mother brought him to the clinic to see us and to show how well he is doing. His medical records revealed surgeons notes about intussusception in addition to the worm obstruction. He has recovered from his surgery and is growing and thriving. While we don't know how much he remembers of his ordeal or if he even knows it had happened, his family and community have been greatly affected by it. His mother showed remarkable confidence and calmness during this visit. She has been attending church with

Sammy and becoming more connected to the community as they in turn are now more attentive to them.

Conclusion

Utilizing a service-learning component within a nursing program can help increase cultural competencies of nursing students. The hands-on experiences while immersed in another culture can also further the understanding and knowledge of that culture. The lessons learned through such exposure provide important perspectives for any transcultural interactions. Through the discussion of case studies and stories, nursing students can begin to understand another culture and anticipate how they may respond in future situations. In this way, the preparation of nursing students is strengthened as they not only continue their journey toward cultural competence in their nursing careers, but as they serve others with the love of Christ.

References

Bentley, R., & Ellison, K. J. (2007). Increasing cultural competence in nursing through international service-learning experiences. *Nurse Educator, 32*(5), 207-211.

Foster, J. (2009). Cultural humility and the importance of long-term relationships in international partnerships. *Journal of Obstetric, Gynecologic, and Neonatal Nursing: JOGNN / NAACOG, 38*(1), 100-107.

George Fox University. (2013). *Department of Nursing Student Handbook*.

Institute of Medicine. (2002, March). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Retrieved from https://iom.nationalacademies.org/Reports/2002/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care.aspx

Kohlbry, P. W. (2016). The impact of international service-learning on nursing students' cultural competency. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing / Sigma Theta Tau, 48*(3), 303.

Opondo, E. (2015). When does a hospital become a jail? When you can't afford the bill. *Open Society Foundations.* Retrieved from: https://www.opensocietyfoundations.org/voices/when-does-hospital-become-jail-when-you-can-t-afford-bill

Owen, J., Tao, K. W., Drinane, J. M., Hook, J., Davis, D. E., & Kune, N. F. (2016). Client perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility. *Professional Psychology: Research and Practice, 47*(1), 30-37. doi:10.1037/pro0000046

Thurow, R. (2012). *The last hunger season: A year in an african farm community on the brink of change* (1st ed.). New York: PublicAffairs.

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Eloise Hockett is an Associate Professor of Education at George Fox University. She directs the Med program and co-chairs the graduate teacher education department. Eloise travels frequently to Kenya for educational initiatives with partner schools.

Linda Samek is the Provost at George Fox University. As an educator for 40+ years, spanning grades three through doctoral programs, she knows that cultural humility is an essential skill across all facets of life.