Nursing Student Engagement in Cultural Humility Through Global Health Service Learning: An Interpretive Phenomenological Approach

Alicia Sedgwick, MScN, NP[1] (iD), and Stephanie Atthill, RN, PhD[1]

Abstract

Introduction: This study explored how global health service learning supported nursing student engagement in the process of cultural humility and how it shaped student understanding of themselves and their ability to develop supportive intercultural relationships. **Methods:** Written reflections were collected from eight second-year students while on a 9-day practicum in a low-resource Caribbean country. Six students participated in posttrip interviews. Thematic analysis was used to illuminate the students' lived experience. **Results:** Four student themes emerged: (1) overcoming challenges, (2) opening our eyes, (3) seeing difference as a strength, and (4) learning with and from each other. While participants were inherently ethnocentric, the process of cultural humility curbed their sense of superiority and enabled the development of supportive intercultural relationships with their hosts. **Discussion:** This global health service learning was an effective strategy to enhance student nurses' learning about themselves and intercultural relationships and to develop the attributes of cultural humility.

Cultural humility is a lifelong process of self-reflection and self-critique that enables nurses to establish respectful intercultural relationships (Allwright, Goldie, Almost, & Wilson, 2019; Campinha-Bacote, 2019; Fahlberg, Baptiste, & Foronda,2016). Global health service learning (GHSL) trips, where nursing students travel to low-resource countries for clinical experiences to improve their cultural competence, are common in Canada. However, few published scholarly research articles have explored how a GHSL experience fosters nursing student engagement in the process of cultural humility or aids in the development of practitioners who provide humble intercultural care. To address this gap in the literature, a phenomenological study was completed. The purpose of this study was to explore how one GHSL experience supported nursing students to engage in the process of cultural humility and how it shaped student understanding of themselves and their ability to develop supportive intercultural relationships.

Literature Review

Strategies to develop cultural competence in nursing students have been part of nursing curricula for many years. Cultural competence infers one can master cultural knowledge and skills. However, some researchers posit this goal is unattainable and go further to suggest that cultural competence may

not necessarily lead to successful intercultural interactions. Experts recommend health professional education extend beyond original ideas of cultural competence and assist students to engage in the process of cultural humility (Abdul-Raheem, 2018; Campinha-Bacote, 2019; Foronda, Baptiste, Velez, & Sanchez, 2018; Isaacson, 2014; Tervalon & Murray-Garcia, 1998). For example, Isaacson (2014) used a mixed-method study to identify the perception of cultural competence in senior nursing students participating in an immersion experience on an Indian reservation in the United States. The study found that students' perceptions of their cultural competence diminished during the experience as they realized they knew very little about American Indian culture. The author concludes that the students learned the process of cultural humility during their experience through self-reflection and self-critique.

Cultural humility requires nurses to reflect on who they are culturally and how and why their perception of themselves, and inherent ethnocentricity and societal power

[1]Georgian College, Barrie, Ontario, Canada

Corresponding Author:
Alicia Sedgwick, MScN, NP, Sadlon Centre for Health, Wellness and Sciences, Georgian College, 1 Georgian Drive, Barrie, Ontario L4M 3X9, Canada.
Email: asedgwick1414@gmail.com

structures, influence intercultural relationships (Foronda, Baptiste, Reinholdt, & Ousman, 2016; Tervalon & Murray-Garcia, 1998). This process enables nurses to develop nonpaternalistic intercultural interactions and "address the imbalance of power inherent in the provider-patient relationship" (Foronda et al., 2016; Tervalon & Murray-Garcia, 1998, p. 118). In North America, discussions about cultural humility are emerging in training programs for student nurses working in community settings. These programs are designed to help students develop an awareness of their cultural egocentricity, their inherent biases and assumptions, and an understanding that their culture is not superior to others.

For example, Kamau-Small, Joyce, Bermingham, Roberts, and Robbins (2015) conducted an evaluation of a teaching strategy where 149 baccalaureate nursing students participated in an interactive workshop on cultural humility and care equity. Through this, the students developed skills in cultural humility, which eventually fostered behavior change in their clinical practice.

Authors have discussed cultural humility in different contexts and with various interpretations. To provide a current definition of the term, Foronda et al. (2016) analyzed 62 scholarly published articles where cultural humility was identified as a key term. This analysis identified essential personal attributes or qualities that are required to foster cultural humility; these include the ability to be open, egoless (humble), self-aware, and critically self-reflective and to engage in supportive interactions (Foronda et al., 2016). Understanding whether GHSL contributes to nursing student development of these personal attributes would offer insights to support nursing faculty to structure learning in this area.

Sumner first defined *ethnocentricity* in 1906 as a "view of things in which one's own group is the center of everything, and all others are scaled and rated with reference to it" (Neuliep, 2002, p. 201). Numerous authors have proposed that ethnocentrism, or similarly, cultural egocentrism, impairs one's ability to provide culturally appropriate care (Campinha-Bacote, 2019; Garneau, 2016; Papadopoulos, Shea, Taylor, Pezzella, & Foley, 2011) and may promote neocolonial attitudes while delivering care in another country (Levi, 2009). They suggest that cultural humility can mitigate the adverse effect of ethnocentrism on patient outcomes. Nonetheless, many of us are intrinsically ethnocentric, and a certain amount of egocentricity, used as a reference point, may encourage an understanding of cultural differences. GHSL participants bring with them varying degrees of cultural egocentricity. Understanding student perceptions of their inherent ethnocentrism, and how it may influence intercultural relationships, would further current knowledge and help support future GHSL initiatives.

Critical reflection is as a key strategy to promote cultural humility in nursing students (Allwright et al., 2019; De & Richardson, 2015; Foronda et al., 2016; Garneau, 2016; Mastel-Smith & Yarbrough, 2017; Schuessler, Wilder, & Byrd, 2012). Furthermore, the use of reflective journaling to stimulate critical reflection has been supported in the literature (Epp, 2008; Hendrix, O'Malley, Sullivan, & Carmon, 2012). Written and verbal reflection strategies incorporated into GHSL experiences are essential approaches to encourage critical reflection in students.

Theoretical Framework

Mezirow's transformative learning theory has been reliably used in education practice and research (Eymard, Breaux, & Dozar, 2013; Garneau, 2016). The three pillars of the theory, a disorientating dilemma, critical self-reflection, and rational discourse were integral in conceptualizing the learning the participants might engage in as they took part in the GHSL experience. According to Mezirow (2009), a "disorientating dilemma or experience" (p. 94) is one that challenges previously held assumptions and triggers a person to rethink a former view on a situation, event, or individual. Thus, a 9-day GHSL experience, in a low-resource and culturally diverse setting, might generate a disorientating experience for the participants. Mezirow posits that the disorientating experience promotes critical reflection of the situation and the student's norms, beliefs, and values surrounding it. Accordingly, immersion in a diverse culture might prompt participants to self-reflect about their culture, their biases, and assumptions encompassing it and become more self-aware and open to another. Mezirow states that once open to alternatives, the student may engage in rational discourse; in other words, learn by objectively evaluating alternate perspectives. New perspectives may then lead to a change in viewpoints and eventually actions and thinking congruent with a new perspective or "way of being." If changes in viewpoints do occur, how do the participants come to understand these novel ideas? What impact will these have on their ability to develop meaningful intercultural relationships?

Purpose and Research Questions

The purpose of this study was to explore how one GHSL experience supported nursing students to engage in the process of cultural humility and how it shaped student understanding of themselves and their ability to develop supportive intercultural relationships. The research questions were (1) "How do students experience GHSL?" (2) "How does GHSL influence student development of the attributes of cultural humility?" These attributes include one's ability to be open, self-aware, egoless, critically reflective, and foster supportive interactions (Foronda et al., 2016); and (3) "How does GHSL influence student understanding of ethnocentricity and affect intercultural relationships?" Research ethics board approval for this research was obtained from the educational institution where the students were studying.

Method

Design

The study used an interpretive phenomenological analysis (IPA). In contrast to Husserl's phenomenological method that attempts to describe a phenomenon objectively, IPA is based on Heidegger's interpretive philosophy and explores the meaning of the phenomenon to the participants. This form of phenomenology is rooted in hermeneutics and involves an in-depth exploration of participant self-reports in an effort to describe and interpret the phenomena (Matua & Mostert Van Der Wal, 2015; Reiners, 2012; Tuffour, 2017). Distinct from Husserl's philosophy that requires researchers to "bracket" or remove all presuppositions, IPA supports the integration of the researchers' personal knowledge within the research process. Heidegger's interpretive philosophy suggests that researchers have an active role whereby they use prior experience and understanding about a phenomenon to support the data collection and analysis process (Matua & Mostert Van Der Wal, 2015; Normann, 2017; Reiners, 2012; Smith & Osborn, 2015; Tuffour, 2017). The researchers' previous teaching and GHSL experience provided a framework that fostered insight to support the interpretation of study data to uncover the meaning of the experience to participants. The GHSL experience required students to leave their home country and provide health care services in a foreign country. Students were challenged by the need to attend to difference in culture, health care system delivery, language, and sociodemographic status, while being novices in their nursing knowledge, skill, and judgment. This study explored the student's lived experience and provided a detailed interpretive account of the GHSL experience from their perspective.

Sample

Purposeful sampling was used to recruit consenting participants. Inclusion criteria for participating in the study required that students be practical or registered nursing students who were taking part in the GHSL experience. Participants were predominately female with an average age of 30 years. Practical nursing students had completed the fourth semester of their five-semester program, and BScN students had finished the first 2 years of their 4-year program. Students had completed either a high school or a college diploma prior to entering their nursing program.

Setting

This GHSL occurred in a remote region of a low-resource Caribbean country. In this setting, the students provided faculty-supervised primary care in rural health clinics and during home visits in local *batayes*.

Data Collection

Data were collected through reflections written while students were immersed in the GHSL experience as well as through individual interviews after they returned home. Students were provided with a personal reflection booklet and guide that supported students to engage in Mezirow's critical reflection process. The reflection process required students to describe and explore the significance of a noteworthy event that occurred while on the trip—specifically they described their role in the situation, why it was significant, and the learning that took place (Mezirow & Associates, 1991). Each student completed a written reflection on at least three events. Within 1 to 3 weeks of the trip, individual interviews were conducted by telephone using a semistructured interview guide. Interview questions focused on understanding the GHSL experience, with questions that explored how the experience influenced student understanding of their own culture, the host culture, and their ability to engage in intercultural relationships to provide health care services (Lopez & Willis, 2004; Normann, 2017). Interviews were conducted shortly after students returned home so that the experience was recent and to connect with students prior to their summer holidays.

Analysis

Thematic data analysis was used to illuminate answers to the research questions (Normann, 2017; Smith & Osborn, 2015). Transcribed data were read and reread, and commonalities between the transcripts were noted and led to the development of themes (Smith & Osborn, 2015). Themes were analyzed for connections across emergent themes and were validated through comparison with the original data sources until data saturation occurred. Participant narratives and words served to inform the naming of themes (Smith & Osborn, 2015). Multiple researchers analyzing the data independently then conjointly established credibility and trustworthiness of the data. The use of various data collection methods (interviews and written reflections) preserved credibility, providing multiple constructions of the data, and enhanced the richness of the interpretation. Interviews with six participants also offered a range of descriptions of the GHSL experience to authenticate study findings.

Findings

Eight nursing students completed reflections of significant experiences that occurred during the GHSL trip. Six students (three practical and three registered nursing students) participated in individual posttrip semistructured interviews. Two of the students who participated in submitting personal reflections, declined to be interviewed following the trip.

Four themes emerged from the data and were labeled using the words of the participants: (1) overcoming challenges, (2) opening our eyes, (3) seeing difference as a strength, and (4)
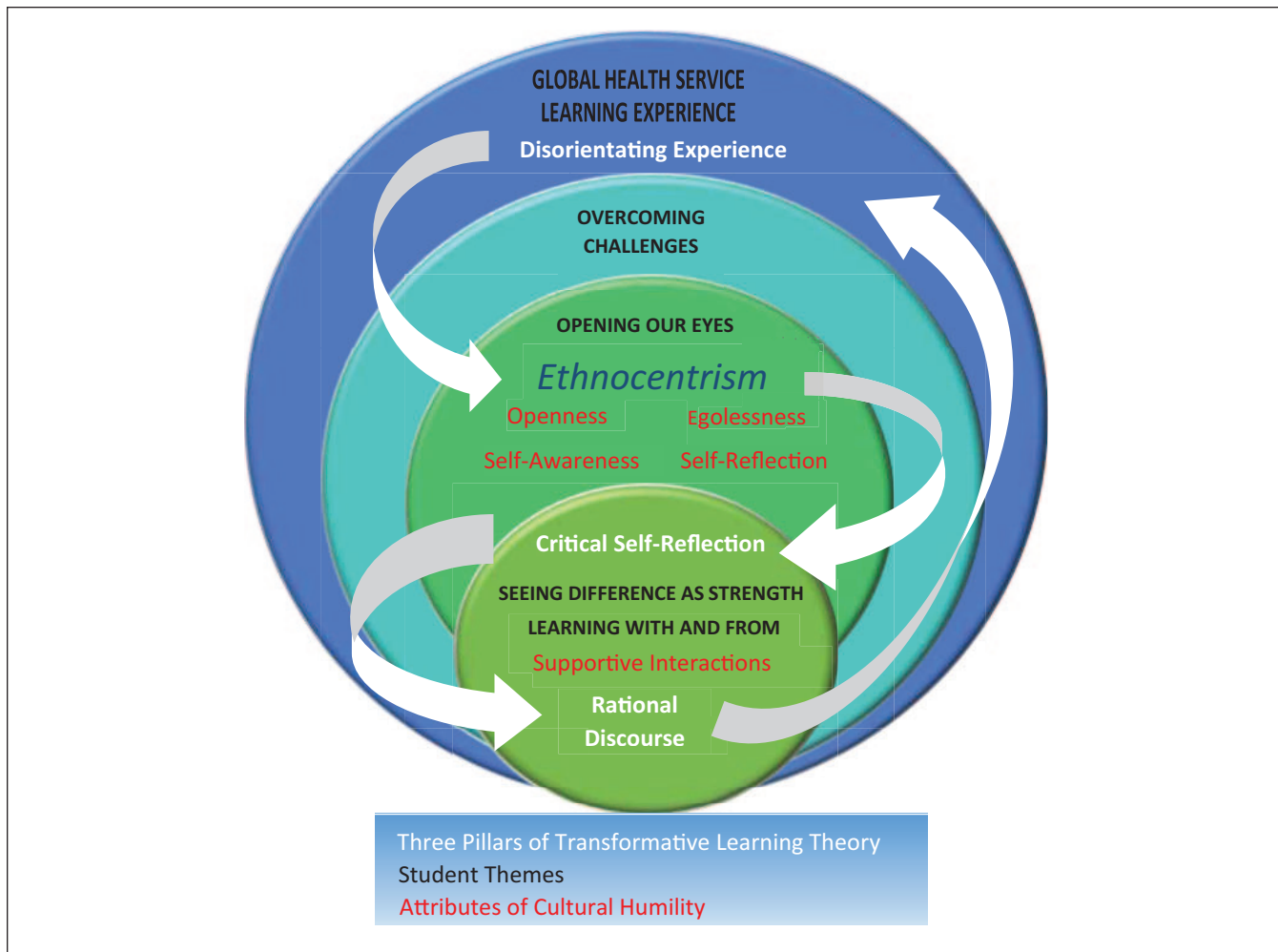
Figure 1. Student engagement in cultural humility.

learning with and from each other. These themes are discussed below within the context of the three research questions.

Figure 1 provides a conceptual framework of the findings and their interface with Mezirow's transformative learning theory and Foronda's attributes of cultural humility.

How Did Students Experience GHSL?

Overcoming Challenges

Participants found the GHSL experience challenging as it exposed them to situations they had not experienced before. Paramount was the difference in language, culture, resources, and access to health care. They were disturbed by their inability to meet the health needs of the communities they were working with as they began to recognize the complexity of providing health care in a low-resource country. The following quote illustrates these findings:

I felt like I was not doing enough. I went down to help, and we were helping the people in the villages and community, but I wonder how, as an individual, I was making an impact? There were so many people to help.

The challenges triggered what Mezirow describes as a "disorientating experience" and required participants to come to an understanding of the challenges. Participants explained how they managed to problem solve and collaborate with their peers, translators, and members of the local communities to overcome the challenges. This is apparent in the following student quote:

It is a lot easier to say this is too hard; I do not want to do this anymore, instead of trying to work through it. Being on this experience, I chose to commit. Therefore, you have to work through those challenges and be very mindful of yourself, and what is frustrating, and what is not, and work through those as you go through the day.

How Did GHSL Influence Student Development of the Attributes of Cultural Humility?

Our findings suggest that the students engaged in transformational learning and the process of cultural humility concurrently. The attributes of being open, egoless, self-aware, and critically self-reflective were essential for students to engage in rational discourse, which in turn enabled them to make new meaning and understanding of their experience and create supportive interactions. The following section discusses the second theme "opening our eyes" and the corresponding attributes of cultural humility that were evident.

Opening Our Eyes. Students described the experience as eye-opening. The GHSL experience exposed cultural and resource differences between the host country and Canada. Students used an ethnocentric view (knowledge of their own culture and health care system) as a basis on which to understand their hosts. However, this ethnocentricity combined with the attributes of openness, egolessness, self-awareness, and self-reflection enabled the students to understand and value cultural differences.

Openness. The attribute of openness is described as an attitude that is willing to explore new ideas and engage in interaction with culturally diverse individuals (Foronda et al., 2016). Developing a sense of openness was essential for students to understand cultural differences and the importance different values, beliefs, and ways of being contribute to the care relationship. Students' openness to what they were seeing and hearing as well as the use of the Canadian culture as a comparator is evident in the following quote:

> I try to be relatively open, and I do not think one (culture) is better or worse, but I guess from my values, I would like to be connected more to my family. It almost makes me feel envious of what they have culturally, that connectedness to their family.

Egolessness. Understanding and appreciating the cultural differences required the students to be egoless. Being egoless is the ability to be humble, renounce attachments to one's previously held views without defensiveness, and view the worth of all individuals on a horizontal plane (Foronda et al., 2016). Development of this attribute supported student realization of the benefits of providing care in a manner that supported the integration and appreciation of the others' values, beliefs, and ways of being. This attribute fostered a relationship that was cognizant of the power dynamics embedded within the patient–provider relationship, promoting an opportunity for the student and the host to learn with and from each other. Egolessness is revealed in the following quote:

> I think it (the trip) made me more culturally sensitive. Just understanding that, though it is different it is not wrong, it is just

how they grew up. So, how can I change my practice to make them feel more comfortable? I think it made me more creative in how I practice.

Self-Awareness. Self-awareness is defined as "being aware of one's strengths, limitations, values, beliefs, behaviour, and appearance to others" (Foronda et al., 2016, p. 211). Engaging in the GHSL experience provided the opportunity and reason for students to reflect on their personal strengths and weaknesses as well as their cultural values and beliefs. Many students engaged in self-awareness by (1) reflecting how the language barrier and their actions might affect the patient relationship, (2) comparing and contrasting the two cultures, and (3) acknowledging weakness in the Canadian culture and health care system. Self-awareness is evident in the following quote:

> I was doing an assessment with my partner and the translator, and we were laughing at something. At first, I did not catch it, but the patient did not speak our language and may not have understood why we were laughing. Therefore, throughout the trip, I thought this person does not know why I am laughing and they might think we were laughing at them. So then we started to include them, so we said (to the translator), could you tell them what we were laughing about, so they would know.

Self-Reflection. Critical self-reflection is the process of thinking about one's ideas, preconceived notions, values, and resulting actions, as well as the political, ethical, and social assumptions that underlie these (Foronda et al., 2016; Smith, 2011). Mezirow posits that a disorientating experience promotes critical reflection, which may lead to rational discourse and a new "way of being." The students were able to reflect on how their personal and intrapersonal experience fostered an understanding of how to engage with their hosts and described how the skills they developed would support them to engage in reciprocal and supportive relationships in the future. Here is an example of self-reflection by a student:

> I work in addiction and mental health as my background, and I questioned myself when visiting the addictions program. That is not how we treat our patients in Canada. We do not treat with love; it is you are guilty until you are clean again. I saw a change within myself because I like to think I do not judge and I want to treat people with the respect they deserve.

How Did GHSL Influence Student Understanding of Ethnocentricity and Affect Intercultural Relationships?

Students acknowledged their ethnocentricity and used their worldview as a reference point to compare the two cultures. However, the process of cultural humility supported them to rethink previous norms and values and may have mitigated the sense of superiority that is often associated with this view enabling the emergence of the third theme.

Seeing Difference as a Strength. Engaging in the process of cultural humility allowed students to be critical of their own culture and to reflect on how, at times, the Canadian culture did not support the values and beliefs they wanted to foster throughout their future practice. Many students described how they wanted to incorporate some of the hosts' values and beliefs into their worldviews. The following quote provides evidence of ethnocentricity with humility, which led to an appreciation of the difference between the two countries' handling of addiction care:

> Without experiencing this trip and learning how different cultures manage and work through their issues, we can stay blind to what we are comfortable with, primarily related to addictions. Addiction is built up and ingrained in our experiences and environments over the years. Twenty-one days (*typical length of stay in Canada*) in comparison to 18 months to work through those issues seems minutes. This program also has an 85% success rate, which is incredible! To me, this shows that our differences can sometimes be our strengths.

Students' ability to value differences enabled the development of reciprocal relationships with their hosts, as well as their peers, and is the basis for the concluding theme.

Learning With and From Each Other. The final theme evident in the data was the belief that this GHSL was an opportunity to learn with and from each other. The following quote provides evidence that the students identified mutual learning and respect as key outcomes of their experience:

> It just goes to show that you can interact with different cultures, learn about yourself, learn about different cultures, and potentially help. It was just mutual. If you enter these relationships respectfully with an openness to learn, then everybody can learn from each other.

This quote also suggests that students developed greater self-awareness and professional understanding through the supportive interactions they experienced.

Supportive Interactions. This attribute describes the "intersections of existence among individuals that result in positive human exchanges" (Foronda et al., 2016, p. 212). It is evident that students had many positive interactions with their hosts. The students believed that during these interactions, they were able to offer health care services that promoted a greater quality of health for many of these individuals. In return, their hosts helped expand the students' understanding of difference, causing them to question their own personal values, beliefs, and assumptions about the world. These fostered new ideas about how to develop intercultural connections, and reciprocal relationships were created where each participant (student and host) participated actively.

In summary, as illustrated in Figure 1, this GHSL opportunity was a disorientating experience for students presenting numerous challenges. Participants learned to persevere through the challenges and problem solve to overcome their hardships. The resource and cultural differences were eye-opening, and the students demonstrated an openness when interacting with their hosts. They used their ethnocentricity, coupled with egolessness, to make sense of what they were experiencing while developing a new self-awareness of who they were as Canadians. This encouraged self-reflection, new perspectives, mutual respect, and learning with and from each other, and the development of supportive interactions.

Discussion of Findings

These findings validate previous research supporting GHSL as an effective strategy to enhance student learning about themselves and others (Kohlbry, 2016; Noone, Kohan, Hernandez, Tibbetts, & Richmond, 2019; Ulvund & Mordal's, 2017). Participants recognized their cultural egocentricity and began to question their norms, beliefs, and values about who they are as Canadians. While authors propose that ethnocentrism impairs one's ability to provide culturally appropriate care (Campinha-Bacote, 2019; Garneau, 2016; Papadopoulos et al., 2011), during this GHSL experience the students' cultural egocentricity led to an appreciation of the differences between the cultures. Similar to a study by Gribble, Dender, Lawrence, Manning, and Falkmer (2014), our study recognized cultural egocentricity in the participants when initially immersed in the new culture. In both studies, participants compared what they experienced in the host country with their own, and as they progressed through the cultural immersion students reflected that though things were done differently in the host country, this did not make the host's culture inferior. Rather they identified aspects of the host country's values, beliefs, and health care services as superior to their own.

Furthermore, new knowledge emerged to suggest GHSL as a means to develop the attributes of cultural humility. Foronda et al.'s (2016) attributes of cultural humility were evident in the data supporting her conceptual analysis of the concept. This finding may support Levi's (2009) assertion that cultural humility can mitigate the potential adverse effects of ethnocentrism and enable mutually beneficial interactions. Accordingly, the characteristics of cultural humility serve as important competencies that should be included in curricula that prepare health care professionals to provide culturally humble care.

Research on strategies to support student nurses' engagement in cultural humility is timely in Canada. The Truth and Reconciliation Commission of Canada's calls to action (2015) have specific recommendations for nurses that require them to receive training in cultural humility. Recently, the Canadian Council of Registered Nurse Regulators introduced revisions of the Entry-Level Competencies of Registered Nurses in Canada and identify, for the first time, the ability to engage in the process of cultural humility as an essential competency for new graduates (Canadian Council

of Registered Nurse Regulators, 2018). The incorporation of strategies to support cultural humility within these organizations reinforces the importance of cultural humility as a requisite competency for nursing practice.

Limitations

The study of a single GHSL experience at one school of nursing lacks transferability. Familiarity with the researchers may have caused students to be uncomfortable writing or talking about less accepting attitudes about cultural difference. Finally, participants may not have represented perceptions of all those who took part in the GHSL experience.

Conclusion

GHSL is as an effective strategy to enhance student nurses' learning about themselves, intercultural relationships and to develop the attributes of cultural humility. Research on strategies to support student nurses' engagement in cultural humility is timely, as the process is an essential competency for practice. Future research that evaluates teaching and learning methods to support nursing students to engage in the process of cultural humility will provide educators with strategies to facilitate the development of these critical attributes.

Declaration of Conflicting Interests

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ORCID iD

Alicia Sedgwick https://orcid.org/0000-0002-8617-8541

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