



Adelphi nursing students spend time in Central and South America and the American Southwest working with—and learning from—indigenous peoples.

TRAVEL IS THE BEST TEACHER

Research shows evidence of enhanced cultural competency in nursing students who study abroad

When Maureen C. Roller, M.S. '01, D.N.P., clinical associate professor in the College of Nursing and Public Health, proposed a study abroad program for Adelphi nursing students at a faculty meeting nearly a decade ago, she got an immediate green light. "As soon as I mentioned it, I became in charge of a committee," Dr. Roller recalled. "It's such a rich experience for students to study abroad, and I wanted our nursing students to experience that."

Nursing students' schedules are too rigorous to accommodate a full semester abroad, so Dr. Roller suggested weeklong, faculty-led trips during spring or winter break. Along with Helen Ballestas, Ph.D., then assistant professor of nursing at Adelphi, and the Global International Nursing Initiatives Committee, Dr. Roller designed a one-credit elective course that launched in 2010. Led by professors from the College of Nursing and Public Health, groups of 15 to 20 students have traveled to destinations like Guatemala, Costa Rica, the Navajo Nation and Peru, with plans for a future Botswana trip underway.

As soon as the first cohort set off for Costa Rica, Dr. Roller knew she wanted to formally study their experiences with cultural competency—defined by Josepha Campinha-Bacote, Ph.D., a pioneer in the transcultural healthcare field, as a "process... in which the nurse continuously strives to achieve the ability to work in the cultural context of an individual, family or community from a diverse cultural/ethnic background."

Because today's nurses treat patients from a wealth of backgrounds, cultural competency has become a hot-button issue in nursing education. "We always talk about cultural competency in our courses since New York is so diverse, but this study abroad program is different: Nursing students are being dropped in a situation for one week," Dr. Roller said. "Rather than just discussing it in a lecture and hoping students internalize, this is a lived experience for them."

While the program's exact itinerary has changed over the years, immersion in local culture is always on the agenda. On one trip to Costa Rica, students visited a hospital, where they received an orientation and tour, then performed health assessments at a community clinic, presented on oral care to an elementary school, and conducted home visits to a network of hospices and homebound patients. To better understand indigenous culture as well as the country's ecosystem, students also explored a rain forest and met a tribal leader. "They were doing nursing, research and community service all at the same time," Dr. Roller said. "It was the perfect storm." But, she wondered, would the research show any tangible gains in students' cultural competency?

Dr. Roller and Dr. Ballestas have published three journal articles exploring that question. "Cultural Competency" (*The Journal of the New York State Nurses Association*, 2017) and "The effectiveness of a study abroad program for increasing students' cultural competence" (*Journal of Nursing Education and Practice*, 2013) rely on Dr. Campinha-Bacote's cultural competency model, which measures the major dimensions of cultural competency by asking participants to self-assess with a rating tool. "Experiential learning: An undergraduate nursing study abroad program in Costa Rica" (*Online Journal of Cultural Competence in Nursing and Healthcare*, 2015) seeks to capture the essence of students' "feelings, thoughts, values and reflection necessary for personal and professional growth" during their time abroad, drawing on interviews, field notes, focus groups and student journals. Dr. Roller also surveyed students one year after they returned home to evaluate any increases or decreases in cultural competency.

The results were surprising yet conclusive. "I didn't anticipate the growth of cultural competency that happened in one week, or that one year later it would hold," Dr. Roller said. According to her 2015 article, students in Costa Rica "demonstrated a basic understanding and awareness of cultural competency...[and] delivered safe assessment nursing care to... clinic patients and schoolchildren using the learned attributes." In their journal entries, students consistently noted the need to "learn about other cultures different from their own to provide culturally competent care for diverse patients."

Additionally, students who took the study abroad course as juniors retained their competency when Dr. Roller tested them as seniors a year later. "For the seniors who graduated and went on to nursing, there was an even higher level of cultural competency," she said. "When they entered the work environment, their competency improved."

Cultural competency is one core component of holistic nursing, an approach Dr. Roller believes should be incorporated into nursing course curricula everywhere. "Holistic means you're looking at the entire patient," she explained. "It's looking at their community around them, their family, their finances, their circumstances. Is a patient returning home to a fifth-floor walk-up or an elevator building? Who will make their meals?" Awareness of social and cultural differences among patients is critical to 21st-century nursing practice. "We tell students that culture is always evolving," Dr. Roller said. "It's something that you're constantly learning from patients."

Maureen C. Roller, M.S. '01, D.N.P., focuses on preparing students for their future nursing roles, stressing the art, science and caring aspects of the profession. Her research interests include cultural competency, innovations in nursing pedagogy and exercise adherence in assisted living facilities.