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Being in Another World: Transcultural Student Experiences Using Service Learning With Families Who Are Homeless

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Developing skills in cultural competence is a recognized theoretical strategy in schools of nursing. Nursing faculty know that students need to be sensitized to the concept of diversity; however, many are struggling with the best way to teach cultural competence. This article describes transcultural experiences from service learning clinical rotations at a family homeless shelter, described by students as being in another world. Student narratives provide valuable information about structuring clinical learning activities to promote understanding of cultural differences and similarities. Clinical experiences using a traditional model versus those using service learning, the role of reflection, and teaching strategies promoting transcultural learning through service learning are explored.

Keywords: *clinical experiences; cultural competence; cultural similarities and differences; homeless families; service learning; transcultural nursing*

Transcultural clinical experiences provoke emotional reactions in students who may describe these encounters as "being in another world." This article describes 8-week service learning clinical rotations at a family homeless shelter that evoke profound emotion and create eye-opening learning. Student narratives describing these encounters provide valuable information for nurse educators about how to structure clinical learning activities to promote understanding cultural differences and similarities and to provide culturally sensitive, competent care. The purpose of this article is to guide nurse educators to design meaningful and practical cross-cultural experiences through service learning.

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BACKGROUND

Culturally competent nursing is a recognized theoretical strategy, yet the elements involved in developing cultural competence are sometimes vaguely understood and utilized (Kirkland, 1998; Yearwood, Brown, & Karlik, 2002). There is a need to expand experiential learning to augment the more common didactic approach to transcultural learning as nursing strives to move beyond simple acknowledgment of the merit of diversity to integrating cultural issues into clinical activities. Nursing faculty and nursing schools have responded to the increasing awareness that nursing students need to be sensitized to the concept of diversity; however, many are still struggling with the best way to teach cultural competence.

The provision of culturally competent care is a dynamic process that requires individuals to be aware of their own values and beliefs as well as understand how these affect their responses to those from cultures different from their own. Providing immersion experiences that expose students to another culture awakens them to the complexity and mandate of culturally competent nursing care (MacAvoy & Lippman, 2001). Some nursing programs provide culturally focused clinical experiences so that students may care for individuals who may come from a different ethnic, race, educational, or life experience background than that of the student (Ryan, Carlton, & Ali, 2000). This experience can be short, as in one clinical day; intermittent, as in 1 day a week for a semester; or immersion, as in 2 to 4 weeks or longer. There is evidence that longer immersion results in clearer transformation to ethnocentrism (St. Clair & McKeney, 1999). However, longer immersion is not always possible. This article outlines the impact that an intermittent service learning clinical rotation may have on developing skills in cultural competence.

REVIEW OF LITERATURE

Service Learning

Service learning has been considered a valuable academic pedagogical approach for the past two decades in a wide

range of disciplines. In the past 10 years service learning has played a more visible role in nursing education. There are numerous definitions; however, the authors define *service learning* as "structured learning experiences that combines community service with explicit learning objectives, preparation and reflection" (Seifer, 1998, p. 274). Such service learning activities provide students with opportunities to participate in direct community service, learn about the context in which community service is provided, and make connections between community service, their academic coursework, and their responsibilities as citizens.

It is important to distinguish service learning from traditional clinical education. Some nurse educators argue that service learning has been a part of nursing education for centuries; whereas others believe that service learning is a relatively new addition to the educational preparation of professional nurses (Peterson & Schaffer, 2001). Educators who claim that service learning is pedagogically distinct from traditional clinical education make the following differentiation. Service learning balances the service provided by students and faculty in community-based settings with the academic goals of the educational institution. In traditional clinical education, student learning is the primary objective. Service learning places more emphasis on reciprocal learning as faculty, community partners, and students are all "learners."

Involvement of community partners is integral to service learning. Unlike traditional clinical education where students are "placed" in community settings, service learning requires establishing genuine community partnerships. These partnerships require a strong commitment and open communication from all participating partners to determine mutual goals and measurable outcomes. Partnerships are built on identified strengths but also address areas of the collaboration that need improvement. A reciprocal relationship is essential as power is shared and roles and norms are established (Community-Campus Partnerships for Health, 1998).

Successful service learning activities address community-identified concerns through integral involvement of the community partners. Service learning projects are typically designed, implemented, and evaluated by responding to community-identified needs. In this process students are offered opportunities to place their role as health professionals in a broader context as they refine citizenship skills to achieve social change. This emphasis is not typical of traditional clinical education. Although not always a component of clinical education, reflective practice is central to service learning. Thus, service learning is unique and distinct from traditional clinical education.

Transcultural Nursing

Knowledge of Leininger's transcultural nursing theory along with cultural awareness, knowledge, skill, and desire (Campinha-Bacote, 2002) provide the needed basis for a

cultural encounter in service learning activities. Conducting a self-examination of one's own biases toward others and exploring in depth one's cultural and professional background is necessary for students to process the experiences and reach a level of comfort that enhances therapeutic interactions. Leininger's transcultural nursing theory of culture care diversity and universality developed during the past four decades is built on the assumption that there are universal similarities and diversities among human cultures. Student exposure to this theory in conjunction with the experience of working with the "other" gives them a framework for understanding what they are experiencing. A solid theoretical base with knowledge and tools for discovering the "emic" or insider's perspective is essential in understanding the clients with whom they come in contact.

Service Learning and Transcultural Nursing

Cultural competence is characterized in an assortment of ways by countless terms. Leininger and McFarland (2002) defined *transcultural nursing* as a "formal area of study and practice" but *multiculturalism* as a "perspective and reality that there are many different cultures and subcultures in the world that need to be recognized, valued and understood for their differences and similarities." Multiculturalism "helps people to appreciate the many cultures" (Leininger & McFarland, p. 50), and the knowledge gained from transcultural nursing research informs multicultural experiences. According to O'Grady (2000), service learning and multicultural education are powerful partners. Service learning brings an experiential component to multicultural education. Service learning expands multicultural skills by creating situations where one learns about one's own beliefs and those of others who are different from oneself (O'Grady, p 15). The impact of this powerful partnership is multidimensional. By combining cross-cultural learning and service learning an appreciative attitude toward self and others of culturally diverse groups is developed. Furthermore, service learning promotes personal and intellectual growth and empowers students to be contributing citizens to their community (Flannery & Ward, 1999).

The research described below includes students' comments about their experiences in a homeless shelter. Their reactions underscore the importance of preparation and understanding needed to help students process what they are experiencing. This is essential to assist students in becoming effective transcultural caregivers.

METHOD

This article draws from findings derived from interviews of nursing students who used service learning to work with homeless families (Hunt, 2004). Most of the individuals living at the shelter were people of color (76%) whereas the nursing students were all White. Descriptive phenomenology was the

methodological basis for the current study. The research question was: What is the lived experience of nursing students in service learning clinical experiences working with families who are homeless? Fourteen undergraduate nursing students enrolled in a course that used service learning when working with families at a homeless shelter participated in 1- to 2-hr interviews. Completed interviews were transcribed to written text and analyzed following a tripartite structure approach for descriptive phenomenology described by Dahlberg, Drew, and Nystrom (2001). Six themes were identified through this process. These themes provide valuable information about how students may experience and process transcultural encounters. As the students progress, the themes broaden along with their understanding of the experience.

The themes correlate with the process of cultural competence as described by Josepha Campinha-Bacote (2002). She described the five steps as cultural awareness, knowledge, skill, encounter, and cultural desire. The fifth dimension of the process of cultural competence is cultural desire, that is the motivation of health care professionals to "want to" engage in becoming culturally skilful, rather than "have to." Students experienced cultural awareness as they initially saw the stark contrast between their lives and those of the homeless families. What they had taken for granted for themselves now was seen as distinct and nonuniversal. A first step in the process of providing effective cultural care giving was coming to terms with their own ethnocentrism.

STUDENT DESCRIPTIONS ENCOUNTERING THE "OTHER"

Eye Opening to See the Impact That Homelessness Has on Families

Students report that working with families who are homeless using service learning creates an eye-opening experience. They noted the impact of homelessness on families, particularly children. The complexity of poverty and homelessness becomes more transparent, as does the fact that there are no easy answers for this social issue. This type of learning provides opportunities for students to appreciate how easy it is to become homeless. One student commented, "I was really amazed. I had never . . . I don't know if I have been completely blind, but I have never been exposed to a population like that, so it was definitely eye opening."

Metaphors and words referring to seeing things never seen before were common. Other references to having one's "eye opened to" issues that were previously not observed were frequent. One participant repeatedly referred to what she saw as: "I ended up seeing the families, seeing all the different cultures represented, seeing a lot of [homeless] women who had children and kind of wondering about their past and what brought them to that point."

Feeling Intense Emotions That Are Sometimes Hard to Put Into Words

Service learning experiences with families who are homeless are described as "emotional" and "hard to put into words." These encounters are not only educational in the typical sense of improving critical thinking but also emotionally educational in a manner that is difficult to articulate. Not only is this an experience that is lived and intense but also, as one student observed, "it often cannot be easily set aside or forgotten between the weekly clinical sessions."

Although the particular issue that was experienced as highly emotional varied, "feeling deeply" was identified as a part of the experience almost without exception. Sometimes the students focused on their own emotional reactions and sensations to the context of the learning.

It was more than anxiety. I knew that I was on my own . . . like nothing I had ever experienced before. I was feeling a lot of anxiety about approaching the families and what were they going to think of me . . . if they were going to get in my face.

Other times the emotional response described was more about the student feelings related to the situations and experiences that the families were having. The demands on the families were so intense even hearing about them was emotionally overwhelming.

It made me feel bad because I could never imagine, never imagine that insecurity of not having my own home or not being able to get somewhere or not having groceries or not knowing where I am going to live. You just wonder how these people get through all of that. . . . Then you may add abuse or violence into it, and they can't get health care. You can never really imagine how rough it is until you worked with them. And if it is overwhelming for us, I can't even imagine how overwhelming it is for them or their children.

We are different. At some point in the clinical rotation, almost all of the students believed they had nothing in common with the families at the shelter. As one student noted:

The majority of people were from different ethnic backgrounds, socioeconomic status, [and] completely different life situations. Many have not even graduated from high school. They may be single moms. . . . They just have lived in a completely different situation that I don't think I would ever experience.

It is interesting to note that not only did students see the families as different from themselves, the students also saw themselves as different from the families. They expressed that it was difficult to be a caregiver in a setting where one's presence was so apparent. Remembering the first day she walked in the shelter, a student shared:

It is hard. It is really hard. You feel like you stick out like a sore thumb. We are talking about almost 100% African American people who came from Chicago. And here we are 7 Caucasian females from the nursing school from the middle class. And you know that we actually did get a comment. [Someone said.] "I can say something but I won't." You just have to blow it off and I did. . . So I just felt right away, "Here we come intruding, just to get all of our clinical experience." This was their lives that we were dealing with. We are so different from everyone else [at the shelter].

Being in another world. For some nursing students, this difference was perceived as being so profound that being at the shelter was described as "being in another world." A student shared:

I worked with a family at the shelter consisting of a mother, father, and 16-month boy Carlo. Most of my time was spent with the mother alone. We talked at length about her life and what led her to poverty. As I listened to her I felt she was living on a different planet or different dimension from me. Her life was made up of events that I had only seen on TV. Friends had been murdered or committed suicide. She talked about living on the streets of New York and having to act tough, something she is not, in order to survive. Her life was so different from mine. From the time that I first entered the shelter, I felt I was entering a different world. Here there were people who had such a different life style from mine. Our paths never crossed, except here.

The difference between the students and families at the shelter was not only ethnic background, socioeconomic status, and life experiences but also about different priorities, perspectives, and life demands. These differences overwhelmed students. Being at the shelter with the families was described as like "being on another planet." Homeless individuals often do not give health a priority, focusing instead on basic and immediate survival needs such as shelter, food, and clothing. The students were frustrated as they tried to provide nursing care for someone who had priorities, perspectives, and demands different from their own.

We are similar. In recognizing the similarities shared between the shelter families and other families, the participants were able to grasp the life experiences of these persons and see that almost anyone could become homeless. Recognizing this vulnerability and facing the reality that some individuals enjoy privileges that others do not brought students a profound sense of gratitude about their lives.

As the perception of the differences between the families who were homeless and themselves diminished, the students were better able to relate to the families and their situations. This realization prompted emotional reactions. Most of the students mentioned a heightened sense of gratitude for the privileges and opportunities in their own lives. Often these descriptions were expressed with great emotion. One student stated:

I think the biggest thing I learned was not to take anything for granted and to be appreciative for what I have. A lot of times I will get wrapped up in what I want and what I want and what I want. I think there are a lot of things I take for granted and you never know. Some of these families had a nice apartment, and they had a two-income family, and they lost their job. They lost their apartment, and boom here they are. I mean, nothing is guaranteed so you can't take it for granted. They lost their health insurance because that person doesn't have that job; they lost the job and the security of the health insurance. They lost their home, and even if they had a car they can't bring it to the shelter. There are several families where it was just something that happened quickly. I would leave there every day thinking I am so lucky to have what I have. I am so glad that I am not in their shoes. I hope that I never have to be. I think that was something that I gained a lot personally from the rotation.

Understanding the similarities and differences between themselves and the families shed light on how easy it is to take one's advantages for granted and led to the realization that what most of us take for granted may not be a given for everyone.

Some students expressed understanding and compassion about the families' situation and were able to articulate similarities and differences between themselves and the families.

It is frightening because when you got down to really talking to these people they were just like you or I except they do not have the resources or they don't know how to get the resources. The only difference is that maybe I didn't grow up in a homeless area or maybe I don't know how they live, which was interesting to see how they know much more than I do.

When only the differences between self and families were perceived by the students, they would compare on the most obvious characteristics such as race, ethnicity, or socioeconomic status. Once they could see beyond these, they recognized the residents as like themselves but without the same types and amounts of resources. This allowed them to acknowledge the impact that life circumstances plays in homelessness.

Spending time with the families allowed the students to sort out true similarities and true differences between themselves and the families. They discovered that families, who are homeless, like all families, have hopes, dreams, and goals, although these differ in the particulars. As one student commented:

Well, they are just like us in the fact that they have their hopes and dreams and goals, but they are different from our goals. My goal is to graduate from college, maybe to go on to graduate school. Their goals are everyday survival, and it was major reality check to see how much I take for granted. They want the same things that we do but they are just trying to get by and we are trying to get ahead.

This transformation of first seeing only differences, but eventually similarities, facilitated acquisition of knowledge about the homeless culture that would enable students to provide competent nursing care. Knowledge gained from the "emic" or insider's perspective is the next important step in the process of cultural competence.

Providing care for the "other." The process of relationship building between students and the individuals and families at the shelter was not without its trials. The frustration of working with individuals with priorities not consistent with the caregiver's values was apparent. The students' values often clashed with those of the families who were homeless creating conflict between them. Furthermore, the students often operated solely from their own life experience and showed limited awareness of other life circumstances. One student expressed it in the following way.

Sometimes it is hard to care when you see moms who are pregnant and they are bringing a baby into this environment. Or people who are chemically dependent. It is hard to care sometimes in those situations. It is easy to care for families who are really struggling (and not that those other families are not) . . . but don't have other issues. It can be hard. They are different and people that I have had judgments about. Even though they have chemical dependency it doesn't mean you can't care for them. Or help them. It is something they are struggling with too and that they might not be proud of either.

It is the luck of the draw. As it became apparent that the homeless families are not significantly different than any family or even one's own family, it also became clear that almost anyone could become homeless. This universal vulnerability was described variously. As the realization that one's life position is often due to many factors often beyond one's control became apparent to the students. Several described this as "luck."

It is the luck of the draw. I could be in that position. Any family could. A majority of it has to do with finances and our economy and how expensive everything is. For a one-bedroom apartment you pay \$800 a month. You can't work at MacDonald's or some kind of low-level job and make payments like that.

Reconciling the notion that families who are experiencing a housing crisis are similar and different from their own family occurred as the students developed relationships with the families and began to engage in mutual problem solving. Cultural skills develop as students recognize need for interventions that are culturally appropriate. Central to the service learning model is reciprocity and mutual problem solving with clients and students. Reciprocity was seen as "we learned from them and they learned from us." At other times,

this reciprocity and mutual problem solving was embedded in the lived experience of the student. This situation was described:

The first week we were there, there was a woman down in the entryway. My instructor and I approached her. She [the client] was crying, looking really distraught and scared. She moved up here from Texas and was staying at [one shelter] and she went from there to the shelter [where I was working]. She was new to Minnesota, had no family here, no family contact, no child support or anything. She was here with her four children, and they didn't have winter clothes, and immunizations [were] not up to date. She was a wreck. I sat down with her and got her a Kleenex and we got her calmed. I showed her to the clinic because she had a toothache. I told her this is where you take your children to get immunizations. Then we went through the clothing resources, as I figured that that was a priority because by this time it was mid-September and it was getting chilly out. They didn't have any winter clothes or shoes or anything. We went through all those resources and got her calmed down. The next week when I came back she looked like a completely different person. She wasn't crying. Her affect was positive. She found her children shoes and winter clothes and for herself. She was going out for an employment search. She asked me for more resources. She was telling me how she went to apply for Section 8 housing and she qualified for that. You could see the progression and the work that she made. That was really neat, really rewarding. At our closing interview she thanked me for stopping and noticing that she was upset that day.

As the capacity for empathy is honed the shared human experience becomes transformative. As students recognize they have skills to meet the needs of these clients they become more effective caregivers. As seen in the quote, cultural assessment and intervention leads to a connection with families. That connection and knowledge of the client's culture make it more likely that the encounter will be therapeutic as this one was. Empathy and leveling of shared experience provides increased cultural desire to gain even more transcultural competence.

DEVELOPING REFLECTIVE PRACTICE: A TOOL TO ENHANCE TRANSCULTURAL SKILLS

Reflection is recognized by educators and cognitive scientists as an essential component of successful service learning before, during, and following on-site experiences. The transformational learning that is characteristic of service learning is based on the assumption that various reflection strategies are integrated into all course assignments and interactions. More specifically reflection is depicted as reflection-in-action and reflection-on-action (Schon, 1991). Students identify reflection as vital to their learning, and their comments regarding the role that reflection plays in service learning inform faculty regarding implications for transcultural learning (Hunt, 2004).

The next section describes what students had to say about reflection and service learning. Suggestions of the relationship between these observations and transcultural learning follow.

Students reported that important reflection-in-action occurs when an instructor is present during clinical rotations at the shelter. One student commented that the instructor helped broaden her thinking:

My instructor was just there for me to refer to. [She would say] "What do you think?" [She was] there to help me and turn my crank a little bit, to get me moving in my thinking, helping me think a little deeper.

Faculty promote student skills in reflection through role-modeling reflective practice, providing emotional support, and assisting in transcultural problem solving. Personal reflection-on-action happens through writing assignments and time spent thinking. Faculty can enhance this process for improving transcultural skills by posing questions that remind students of cultural implications to be considered as they reflect on what they have done.

Service learning has the potential to create eye-opening learning that provokes intense emotions. As with other transcultural experiences, working at a shelter with families who are in a housing crisis is by definition fast paced and stressful. Sometimes students are so overwhelmed they wonder if it was realistic to believe that there was any way to assist the families at the shelter. Reflection-on-action that allows time to pause and think about what had been done, seen, and heard is mentioned in the following description.

It helped to clarify things when we were all together. It was nice to sit down and think about what I had done, what I had heard, what I had seen. When we talked at the end of the day it was good to hear that other people were having the same emotions. It helped me know that we weren't crazy.

Deeper thinking is evoked through discussions with the instructor and peers, in and outside of class, and plays a role in normalizing feelings. Reflection clarifies feelings regarding the therapeutic relationship between student and homeless family. This was expressed as "It forced me to have to put words to what I was feeling which was very difficult for me. I think that really helped me learn a lot." Reflection-on-action supports identifying, clarifying, and managing the profound emotional response that is typical in transcultural service learning creating a new way of being with the "other."

We did reflections every week. And that helped to see where I was with this family and how I felt about it, because she [the instructor] really allowed us to be open, kind of like journalizing almost. That helped [clarify how] I felt about these families and how they felt about me. That really was helpful, even though I didn't realize it until just now.

The reality of homelessness becomes more tangible to students through their reflection on the family stories. Through reflection a bridge is created between theory and practice, allowing students to see and feel the consequences of homelessness in the everyday lives of families. Thinking is changed and attitudes transformed through reflection. As a result, students discover a new reality as seen in the following comment:

I learned a lot from being there. But then it was the things that I would take home, like those stories. It made me dig in a little deeper into the magnitude of it, the reality of homelessness and the reality of the barriers. It wasn't that I could go there every Tuesday and then go home and never think about it. I would usually tell stories to somebody about it. That was really my way of allowing them [the families] to be on my mind.

Multiculturalism becomes a concrete concept as students encounter and relate to people who are culturally "other."

Through reflection, service learning is a powerful and insightful tool for learning. As students become culturally aware and gain culturally based knowledge and skills, the encounter furthers cultural desire to be safe, sensitive, and competent. Students begin to recognize the societal forces that impede cultural care inspiring some to become politically active to further the cause. The following account describes how one student was able to reflect on her actions and evaluate their effectiveness. She was able to identify specifically how reflection influenced her actions. The value of reflecting with others is highlighted.

I would say that my responsibility as a citizen became more apparent to me through being there and through my reflection because we had to write a reflection paper after each experience. We would have to look up an article every week and use [it] somewhere in our CTW [critical thinking worksheets] or in our reflection. I found that after I would read them, I would be angry. I would be seething. Sitting at my computer just going, "This is insane. We are one of the most wealthy nations in the world and we have citizens who are homeless. This is ridiculous. Women and children for the most part [that are homeless]." I would get so angry, and I think that came out a lot in my reflection. I talked about it a lot the last half of the semester. [In] anything that we have had to do at school (separate from the clinical setting) I became known as the social justice queen. I would get up there [at the front of the class] and say, "Be sure that you vote. You have a responsibility as nurses."

Reflection leads to transformation. Deeper thinking is evoked through discussion and personal reflection. The reality of the daily life of vulnerable individuals becomes more real through reflecting on their life stories. These stories create new meaning and enhance understanding of the social issue that sometimes face vulnerable populations. Reflective

practice facilitates cognitive and affective processes in which practitioners recapture their experiences from feeling, to observing, to thinking, to doing (Eyler & Giles, 1999).

A commitment to action is one outcome seen from the process of reflection (Boud, Keough, & Walker, 1985). Through reflection, thinking and practice change as one's responsibility to "the other" became more apparent. These observations inform nurse educators about what students identify as beneficial about reflection in learning and are useful when developing educational strategies and methods to facilitate reflection in transcultural clinical experiences.

TEACHING STRATEGIES

Eye-opening clinical experiences motivate students to examine their stereotypes, assumptions, and presuppositions about topics for which they have limited personal experience. Student narratives provide evidence of the importance of recognizing and processing transcultural experiences of increased awareness of similarities and differences between themselves and the "other." Providing care for the "other" is a complicated endeavor. Exposure to people and settings not previously a part of the student's reality is central to providing eye-opening learning. This can be challenging because often individuals who require nursing care in these settings are vulnerable. Faculty presence and thoughtful mentoring is an essential element when creating eye-opening learning experiences. Carefully planned orientation and thoughtfully designed reflection activities are vital to facilitate student learning.

Eye-opening learning may provoke intense emotions and awaken learning on a visceral level. Emotion plays a central role in learning. According to the leading researchers in service learning most people do more thinking once they have felt, that is, experience an emotional reaction (Eyler & Giles, 1999). This type of learning may be more memorable and transformational as compared to traditional clinical learning. Most seasoned educators have witnessed a student making a giant leap in understanding following an emotional clinical experience.

There are several ways to prepare students for settings where there may be intense emotional learning. One strategy is to give a list of groups (homeless, migrant, Hispanic, elderly, African American, etc.) to students and ask them to write down the first words that come in to their mind, after which a discussion of prejudice or stereotypes is facilitated. The contrast of negative versus positive attributes written down can be enlightening for students who are sure they hold no bias.

Students may be given the opportunity to spend a day as a volunteer in a setting where there may be potential for intense emotional learning. Some examples include domestic shelters, free clinics, soup kitchens, or prisons. Without the pressure and expectations of the nursing role, students have the opportunity to interact and learn from the recipients

of the services given. A debriefing session should follow each experience where students are guided to sort out the expectation and the reality of the experience. Students may be assigned to complete a reflection paper prior to the first experience on what they already know and feel about who they will be working with, preconceived thoughts, feelings, and ideas about this population. This could include questions or topics such as: What do I know about homeless people? What do I expect to see? Why are people in prison? What do I think about domestic abuse? What do I think about when I think about this group? These activities help the students to become aware of feelings, presuppositions, assumptions, and stereotypes that they bring to the learning experience.

Cultural knowledge involves the seeking of information about other worldviews to operate from an informed base for therapeutic intervention. The recognition of similarities and differences in this experience is gained from the intentional seeking to understand the circumstances vulnerable populations encounter. Although in this article homeless families have been the focus of discussion, the principles apply to any social issue or vulnerable group. Selected readings relating to the politics of the vulnerable group and the culture can offer a common ground on which to start a discussion about the outside influences that exacerbate the difficulties perpetuated.

CONCLUSION

In this example of cross-cultural clinical work with homeless families, students begin from the perspective that "I am different from you" believing that "the other lives in another world." Crossing the bridge to otherness by developing a relationship with the "other" allows for the recognition of similarity. This is where the transformation takes place, resulting in an appreciation for the newly acquired skills that enhance their capacity to provide therapeutic nursing care. These skills range from collecting culturally relevant data to intervening in a culturally appropriate manner. This phase can be enhanced by guiding correlating discussions about the knowledge and skill that students bring to the situation. Reinforcing student attributes and skills increases confidence to be effective in cultural encounters. As students become more proficient and see positive results from their work, cultural desire becomes the powerful motivator to continue the journey.

This research illustrates that developing cultural competence may be experienced in stages and cannot all happen in the classroom. However, nurse educators who understand the journey to cultural competence that lies ahead for students in these settings can provide the structure that guides the students to successful learning and service that benefits them and, most importantly, the recipients of their care.

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