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## The Lived Experience of Student Nurses Providing Health Care Relief to Hurricane Mitch Victims in Nicaragua

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**THE LIVED EXPERIENCE OF STUDENT NURSES PROVIDING HEALTH CARE  
RELIEF TO HURRICANE MITCH VICTIMS IN NICARAGUA**

**By**

**Marci Jo Holstege**

**A THESIS**

**Submitted to  
Grand Valley State University  
in partial fulfillment of the requirements for the  
degree of**

**MASTER OF SCIENCE IN NURSING**

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## **ABSTRACT**

### **THE LIVED EXPERIENCE OF STUDENT NURSES PROVIDING HEALTH CARE RELIEF TO HURRICANE MITHC VICITIMS IN NICARAGUA**

**By**

**Marci Jo Holstege**

International exchange and cultural immersion is becoming a favored way to educate nursing students on cultural diversity and cultural sensitivity. There is no research literature about student nurses rendering health care in a third world country after the turmoil of a natural disaster.

The purpose of this phenomenological study was to discover the lived experience of student nurses who provided health care relief to victims of Hurricane Mitch in Nicaragua. Their oral descriptions were tape recorded and transcribed verbatim. These descriptions were then analyzed using the Giorgi method. Four focal meanings emerged: a) culture shock, b) adjustments, c) lessons learned, and d) memories. The synthesized structural description of the lived experiences emerged as stages sequential in time. Nursing can utilize this research information to understand and develop strategies that enhance student nurses' cultural competency and cultural sensitivity.

## ACKNOWLEDGEMENTS

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Finally, I wish to express my appreciation to the student nurses that shared their personal experiences. I want to commend them for reaching out to the world and not being afraid to get in the trenches. Your hearts are beautiful and you make nursing a noble profession.

## DEDICATION

This thesis is dedicated with love to the people in Nicaragua. You have touched my heart and soul. I will never forget the overwhelming kindness you showed toward my colleagues and myself. I only hope we blessed you half as much as you blessed us. I will forever cherish your smiles. You are always in my prayers that God may continue to guide you and bless you with the strength to endure your struggles and the hope to see a brighter future.

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## CHAPTER I

### Introduction

Nicaragua is one of the poorest countries in the Western Hemisphere; it is in Central America, where it borders both Honduras and Costa Rica. The total area of the country is 50,180 square miles and is, comparatively, slightly smaller than the state of New York (Central Intelligence Agency [CIA], 1999). The terrain varies from Atlantic coastal plains that rise to central interior mountains. The Pacific coast is fertile but surrounded by volcanoes. The climate is typically tropical in the lowlands and cooler in the highlands. The Caribbean coast is swampy and aptly called the "Mosquito Coast" (Information Please, 1999).

Agriculture, industry, and natural resources support the country's economy. The land provides natural resources of gold, silver, copper, tungsten, lead, zinc, timber and fish. Nicaragua's main exports to its trading partners in the U.S., Central America, Germany, Canada, Venezuela, and Japan include coffee, sugar, bananas, meat, seafood and gold. Of its annual \$1.1 billion in imports, the majority of the goods are consumer goods, machinery and equipment, and petroleum products (Information Please, 1999 & CIA, 1999).

According to the 1999 July estimate, the population of Nicaragua is 4,717,132. Four ethnic groups make up Nicaragua's population. They are Mestizo (mixed Amerindian and white) 69%, white 17%, black 9%, and Amerindian 5%. A majority (95%) of the country identifies with the Roman Catholic faith. The others

(5%) claim to be Protestant. The country's official language, Spanish, is rooted in its history with Spain. The total population literacy is 65.7% (CIA, 1999).

Currently Nicaragua is a republic. The president elected to office in 1996 is Arnoldo Aleman (Pan American Health Organization, 1998). He is serving a five-year term that will expire in October 2001. The administrative divisions are divided into fifteen departments and two autonomous regions.

Nicaragua remains a struggling and impoverished country because of its unrelenting economic and political turmoil, its natural disasters such as earthquakes, volcanoes, and most recently Hurricane Mitch. Since September 15, 1821, the government has changed regimes sixteen times. The country has depended on other nations for aid and military support. It has struggled to handle its own internal civil wars and the angst the U.S. has lain upon it. The results of the quality-of-life survey conducted in 1993 accurately reflect the reality that the Nicaraguans and their country's infrastructure struggle to merely survive and are virtually unable to improve their economic, political, and health care systems. The survey revealed that 75% of Nicaraguan households had one or more unmet basic need and 44% lived in conditions of extreme poverty. Furthermore in rural areas of Nicaragua, the proportion of households living in extreme poverty was 60% (PAHO, 1998).

The government elected in 1990 inherited a country torn apart by a civil war. At that time it had to address economic issues of hyperinflation, resolving property ownership, and poverty. The government designed several social programs to alleviate poverty, among them the Social Investment Fund, the National Reconciliation and Rehabilitation Program, the Action Fund for the Oppressed

Sectors, the Community Employment Fund, and the Cooperative Production Program (PAHO, 1998). Since that time, life expectancy rates in 1990-1995 rose from 48.5 years to 66.2 years. Total mortality rates have taken a steady decline from 22.7 per 1,000 in 1950-1955 to 6.8 per 1,000 in 1990-1995 (PAHO). As a result of these programs, the population of Nicaragua tripled from 1950 to 1995.

One of the areas of focus in a developing country is creating a solution to environmental and financial issues that inhibit optimal health of its people. Nicaragua faces many challenges in improving its water supply, sewage systems, environmental protection, and health care access. The country was making slow improvements in healthcare until the setback of Hurricane Mitch, which struck in October 1998. Sadly, Nicaragua was forced to accept the painful challenges of rebuilding a country that was finally feeling some success in economic reform. The people of Nicaragua were grieving once again. Their homes were destroyed by what was considered the largest and most destructive hurricane in two centuries. With winds of 180 miles per hour smashing into the eastern coast of Honduras and Nicaragua, Hurricane Mitch took the lives of an estimated 10,000 to 12,000 citizens of Central America. Most affected was Honduras, with approximately 7,000 confirmed deaths, 12,000 missing individuals, and 500,000 people in shelters. Nicaragua reported 2,447 confirmed deaths, 885 people unaccounted for, and 55,000 individuals displaced from their homes (World Food Program, 1999).

To add to the misery in Nicaragua, one week after the hurricane that claimed the lives of eastern villagers, the eruption of Nicaragua's Cerro Negro volcano located on the west coast, took another 2,000 lives with massive mudslides

(Rekenthaler, 1998). The media described Central America as finding itself on the brink of a humanitarian nightmare or in a vision of hell. Claims were made that Honduras and Nicaragua had historic losses in terms of human life and public infrastructures. The massive flooding and mudslides destroyed roadways and bridges, sanitation, water supply, and agricultural production (Health Situation, 1998).

As a result of both Hurricane Mitch and the eruption of the Cerro Negro volcano, the Transmittable Diseases Surveillance Systems reported an increase in diarrhea (cholera), dengue fever, malaria, and leptospirosis. These diseases are characteristic of poor sanitary environments and poor hygienic conditions in the temporary shelters. As a result, the country established emergency priorities to focus attention on improving health and environmental sanitation with regard to safe water, latrines, safe handling of food, and basic hygiene tactics used in shelters. Furthermore, the country established additional priorities to obtain essential drugs through the national health systems, to control epidemic outbreaks of cholera and leptospirosis, to initiate vector control, and to rebuild the health care infrastructures (Health Situation, 1998).

Due to the depletion of its resources, Nicaragua sought emergency aid and long-term disaster relief from programs outside of the country. A local church in a Midwestern state responded to the needs of Nicaragua by collaborating with a nursing school at the local university to send a brigade of health care providers to special needs areas of Nicaragua to aide in health care relief. On January 19 of 1999, students and faculty of a school of nursing, along with members of a para-church

organization, traveled to Nicaragua with thousands of dollars in donated medical supplies to provide health care relief to victims of Hurricane Mitch.

### Purpose

The purpose of this study is to explore, examine, and describe the phenomenon of student nurses providing health care relief to victims of a natural disaster in an underdeveloped country. The researcher obtained oral descriptions from four-graduate student nurses who provided health care to victims of Hurricane Mitch while living in Nicaragua to do this. This study is focused on the descriptions of the personal experiences of each student nurse and identifying any underlying themes from this unique lived experience.

This is a qualitative study using the Husserelian phenomenological method. The researcher chose to use this approach to expose the meaning and value of this experience as it simply existed through the co-participant's own perception.

Qualitative studies are based on the premise that gaining knowledge about humans is impossible without describing human experience as it is lived and as it is defined by the actors themselves (Polit & Hungler, 1995).

### Research Question

This study will explore, examine, and describe the lived experiences of student nurses providing health care relief to Hurricane Mitch victims in Nicaragua.

### Definition of Term

For purposes of this study, the student nurses were registered nurses with a bachelor's degree in nursing and enrolled in a graduate-nursing program in the Midwest. The victims of Hurricane Mitch, who were provided health care by the

brigade. were citizens of Nicaragua who lived in a mountainous region where only a Nicaraguan nurse provided health care services twice a year.

### Significance of the Study

Current nursing literature is limited in the area of nursing students' perspectives on transcultural health care and disaster relief. Salmeron (1995) took a group of BSN students from Oklahoma State University to participate in disaster relief of the Oklahoma bombing. Salmeron had students keep a daily journal of their experience. After reflecting on students' writings, Salmeron wrote that students had difficulty talking about their experience, but were able to write about their feelings in their journals.

Tessier (1997) describes undergraduate nursing students traveling from George Mason University to Managua, Nicaragua to complete a community health rotation. Tessier states that prior to studying in Nicaragua each student was required to participate in a semester long seminar. The students studied Nicaragua's health care system, politics, and culture. As a student, Tessier felt it was a privilege to have the opportunity to share in this global and community nursing focus. Tessier comments that "My experience in Nicaragua had a profound impact on my nursing education. This experience was an invaluable part of my nursing education "(1997, pp.36).

Bond and Jones (1993) discuss cultural immersion experiences of BSN students from University of Texas in Arlington. The international study program was designed to further augment curricular content on culture. Bond and Jones describe students as feeling awkward and terrified to be visitors in a foreign country. One

student felt this experience gave her a stronger understanding of the role and self-image of Mexican women. Another student felt that the two weeks in Mexico changed her outlook on life more than any other experience in her past.

There is significant literature on efforts made by university nursing schools throughout the United States in developing international partnerships with nursing schools abroad. Almost twenty years ago the International Conference on Primary Care called upon world leaders in government, health care, international development and individual communities to join together to protect and promote the health of the world's citizens (White & Smith, 1997). Not only is it evident that the nursing profession is interested in promoting health worldwide, but schools are also concerned with educating culturally competent nurses. This poses a nursing challenge. There is limited research related to the reaction of student nurses in disaster relief. There is also limited research on student nurses providing health care to individuals in third world countries. While the curricula often include education on cultural sensitivity and perspective, often-firsthand experiential learning opportunities are not provided (Bond & Jones, 1993). More research in this area is needed.

Therefore, a description of the student nurses' perception of providing health care relief to individuals of different cultures can identify the value of first-hand opportunities to apply culturally sensitive nursing care. It can provide information on how transcultural exposure can enhance and direct future nursing care of student nurses. The perceptions of the nursing students can support the need and encourage



further development in establishing international relationships among universities and health care systems.

## CHAPTER II

### Literature Review

#### Organizing Framework

Qualitative research is concerned with humans and their environment in all of their complexities (Polit & Hungler, 1995). Morse (1994) states "those who like to 'do' science in order to discover and live on the fringes of knowledge should be qualitative researchers"(p.1). Among the various qualitative methods, the Husserlian Phenomenological approach was chosen for this study in order to most effectively uncover the true meaning of the phenomenon as humanly experienced: the lived experience of student nurses providing health care to victims of Hurricane Mitch in Nicaragua. The phenomenological method is an inductive, descriptive research method with the task to investigate and describe all phenomena and the way these phenomena appear (Omery, 1983).

#### Qualitative Research

Qualitative research methods are revealing the broadest conceptualizations of understanding human groups and their care and health needs. Qualitative methods offer a valuable means to explain the complex, subtle, and obscure dimensions of nursing phenomena (Leininger, 1985). In qualitative research, the researcher focuses on the description of a human lived experience and expresses a value for the subject's thoughts, feelings, and perceptions about the lived experience. The subject's description leads the researcher to the study of emergent patterns in the whole experience and through analysis, propositions are derived which create and enhance

theory (Parse, Coyne, & Smith, 1985). “ The laboratory of the qualitative researcher is everyday life and cannot be contained in a test tube, started, stopped, manipulated, or washed down the sink” (Morse, 1994, p. 1).

In contrast, the quantitative method reflects a study of human attributes in measurable terms. It analyzes data through numerical comparisons and statistical inferences in an attempt to predict factual cause-effect relationships (Parse et al., 1985). Quantitative research separates the observer from the observed in that the phenomena should be untainted by the researcher’s subjective interpretations (Anderson, 1989). According to Leininger (1985), quantitative methods measure reliability on reproducibility of a study, and data can be repeated or generalized for a large group.

In qualitative methods, reliability is obtained when recurrent themes, patterns, and behaviors are seen in the context of the group being studied. Statistical significance, “hard proof, ” and objective measurement in a quantitative approach measure validity. However, in qualitative studies, validity is respected as “truth” as known to the people describing a lived experience. Other validity indicators of qualitative studies are understanding, accuracy, insight, confirmation, and completeness of information.

Under the umbrella term, qualitative research, there are multiple methodologies a researcher can choose from in designing a study. The various research methods are grounded theory, phenomenology, ethnomethodology, ethnography, and feminist methods. Although there are common elements among these methods, there is diversity in that each of these methods has its own rules

concerning aims, evidence, inference and verification (Sandelowski, 1986; Morse, 1994). For this reason, generally one method at a time is used in a particular study. However, combined qualitative methodology has been done in nursing research using aspects of grounded theory, ethnography, and phenomenology to describe the human experience of miscarriage and caring needs of women who miscarry (Swanson-Kauffman, 1986). In this study, Swanson-Kauffman (1986) argues that combined qualitative strategies offered a nursing appropriate methodology that fits the unique phenomena of discernment namely, persons, environments, health, and nursing.

Furthermore, Parse et al. (1985) indicate that research traditions in a discipline emerge from the paradigms of that discipline. For example, in nursing the phenomena of concern are man and health. The two paradigms in nursing can be distinguished by nursing's belief about the relationship between humans and health. In the totality paradigm, humans are considered a bio-psycho-social spiritual beings who are products of the environment, and can be manipulated through management of the environment. In the simultaneity paradigm, man is considered a synergistic being in open, mutual, simultaneous interchange with the environment. Humans co-create patterns of relating with the environment. Traditionally, nursing has identified with the totality paradigm as it follows scientific method using a quantitative approach (Parse et al., 1985).

For nurse researchers identifying with the simultaneity paradigm, a new research approach was adopted from the human sciences, qualitative methodology. Such alternative methods (qualitative) are not meant to replace quantitative research methods but complement them (Omery, 1983). Some nurse researchers strongly

believe that in order to advance nursing's scientific base, nursing must take two approaches. First, it must continue to observe, classify, and name the patterns of human behavior surrounding health and illness. Second, it must focus on the development of nursing technology, including clinical decision-making and the nature of the nurse-client relationship (Dreher, 1994). Dreher further explains, the very nature of nursing phenomena limits the number of research designs that are exclusively qualitative or quantitative. Even methodologies such as grounded theory, phenomenology, or ethnography usually involve some attention to numeric frequencies of occurrence.

Leininger (1985) further illustrates that the paradigm shift in nursing research methodology is due to the realization that scientific theories can not completely explain humans and their health care needs. Leininger ( pp. 4-5) lists the beliefs, assumptions, premises, and expectations related to qualitative research:

1. The natural environment with cultural, physical, social, and historical aspects provides meaningful qualitative data about people.
2. Understanding from the informants how they know their world, life events, and happenings through time and ecological settings is essential to know quality attributes of living, surviving, or dying.
3. Both inward and outward life experiences are sources of qualitative knowledge and help reveal the total reality, patterns of living, and experiencing.

4. The nature of human beings reflects characteristics that are generally patterned by themes or gestaltic features, which can be identified by qualitative methods.
5. Language, history, oral and written accounts, religion, philosophy, symbols, myths, and material and nonmaterial goods are sources by which the researcher can gain insight and understanding.
6. Organizing or ordering data on how people experience their world they live in and relate to others is one essential feature of qualitative research.
7. Discovering the meaning of experiences and the way such experiences are objectively and subjectively described by informants provides qualitative sources of data.
8. Entering the individual's world to grasp intimate personalized and firsthand information is essential to discover and value humanistic qualitative expression.
9. Substantive qualitative data are derived from the informant's particular lifeways, experiences, situations, and known environmental contexts.

The emphasis in qualitative research is on the subject's reality. Therefore it is vital that the researcher impose as few structures as possible on the subjects and that in order to gain a knowledge of the lived experience, it must be described as it is lived and defined by the subjects themselves (Polit & Hungler, 1995). Thus the truth-value of a qualitative investigation resides in the discovery of human phenomena or experiences as they are lived and perceived by subjects. The investigation is then credible when it presents such faithful descriptions of human experience that the

people having that experience would recognize it from those interpretations as their own (Sandelowski, 1986).

### Phenomenological Research in Nursing

The phenomenological tradition evolved from philosopher Edmund Husserl (1859-1938). Husserl maintains that meaning is contextually constructed as an intersubjective phenomenon and humans create meaning in interaction with one another (Anderson, 1989). Traditional scientific method separates the observer's experience from that which is being observed. Phenomenology, on the other hand, unites experience and world so the subject and the object become an artificial distinction where mind and body are no longer disparate (Merleau-Ponty, 1962). Smith (1983) explains that the phenomenological perspective sees what exists is mind-dependent and what is to be considered true is a matter of agreement within a socially and historically bound context. The relationship of investigation is subject-subject; what is being investigated is not independent of the process of investigation.

Edmund Husserl (1954/1970) believed the science of phenomenology is “required for the solution of enigmas, which now disquiet us: it is not mathematical nor logical in the historical sense”(p.132). Phenomenology for humankind secures meaning for the individual and common human experience. Husserl saw the life world of another as a realm of original self-evidences. He defined life world as the everyday experience as it is lived by all persons prior to explanations and theoretical interpretations. Self-evidence is “the thing itself, in immediate presence, or in memory, remembered as the thing itself; and every other manner of intuition is presentification (sic) of the thing itself” (Husserl, 1954/1970, p.127-128). Husserl

believed that verifications of the self-evidences lie in the intuitions themselves as that which are actually, intersubjectively experienced and verifiable and not in the substruction of thought. Therefore, an individual's or a community's perceptions of an event are the reality of that lived experience.

Leininger (1985) states that the goal of qualitative research is to document and interpret as fully as possible the totality, views, thoughts, meanings, beliefs and characteristics, of what is being studied in the context from the person's viewpoint or frame of reference. "The phenomenological method seeks to uncover the meaning of humanly experienced phenomena through the analysis of subjects' descriptions" (Parse et al., 1985, p.15). This research approach honors human experience and keeps it intact and in context with the descriptions that ultimately connect us to one another and validate our experience (Drew, 1993). Ray (1990) states that phenomenological research seeks to answer the question " what is the nature of the experience or meaning of the phenomena" in order that these phenomena can be better understood.

Phenomenological research requires that the researcher approach the phenomenon to be explored with no expectations or preselected theoretical frameworks in order to ensure that the phenomenon is being investigated as it is truly experienced (Omery, 1983). In order to grasp the totality of how events and experiences fit together and form people's view point and worldview, an open mind and attentiveness to details is required. While there are tendencies of the researcher to offer his or her knowledge and ideas, it is best to refrain from providing such input (Leininger, 1985). This is important in order to a.) obtain a thorough and complete



description; b.) assure the nature of the phenomenon is revealed; c.) ensure that the meaning of the experience is understood, as the essences of the phenomenon are elicited (Parse et al., 1985, p. 16).

Polit and Hungler (1995, p.198) describe the four basic steps of phenomenological inquiry:

1. **Bracketing:** This is the process of identifying and holding in abeyance any preconceived beliefs and opinions the researcher may have about the phenomenon under investigation. The researcher brackets out any presuppositions in an effort to confront the data in pure form.
2. **Intuiting:** The researcher remains open to the meaning attributed to the phenomenon by those who have experienced it.
3. **Analysis:** The researcher makes sense of the essential meanings of the phenomenon and categorizes accordingly.
4. **Descriptive:** The researcher comes to understand and define the phenomenon.

The literature is reviewed after the data collection and the four basic steps of phenomenological research are carried out. The intent of the researcher is to remain open to the phenomenon that reveals itself. Any preconceived notions may influence the interpretation of the lived experience under investigation. Remaining open decreases the threats to validity and enhances the ability to discover common themes. In phenomenological studies, the data collected can be compared and contrasted for commonality and differences (Oiler, 1982)

## Researcher's Perspective

The researcher's perspective regarding the phenomenon under investigation is necessary to consider when using the phenomenological method. Phenomenological research will assist in developing nursing concepts and theory based on the lived experiences of humankind in the world in which they live. Because the researcher was part of the brigade, the phenomenon of student nurses providing care to Hurricane Mitch victims in Nicaragua will be held in abeyance during the study.

Phenomenological research helps us explore and discover what people perceive regarding a particular phenomenon being investigated. In nursing, qualitative research allows nurses to understand an individual's or a community's values, beliefs, feelings, and cultural morals. Nursing can only give meaningful and culturally competent health care if it understands the population for which it is caring. Nurses also need to be aware of their own set of values and beliefs in order to appreciate the cultural practices of others.

A strong emphasis on cultural sensitive nursing care is being widely incorporated into nursing schools in both undergraduate and graduate programs. Even with this growing interest in cultural experiences, very little research has been conducted on how efficacious transcultural nursing exposure is to student nurses. During the researcher's professional nursing career and nursing education, instances occurred where culturally diverse individuals and communities desired nursing to provide for their health care needs. Holistic nursing practices require that nurses have knowledge of the uniqueness of cultural care. It can not be assumed that the educational experiences provided didactically for students in regards to cultural

diversity in nursing are the same as total immersion into a culture during a crisis situation. It is to be hoped that each type of exposure provides insight into the importance of rendering cultural specific health care; however, there is an obvious need to examine the impact cultural immersion in a disaster relief situation can have on a student nurse.

“Phenomenology in our sense is the science of ‘origins,’ of the ‘mother’ of all cognition: and it is the maternal-ground of all philosophical method: to this ground and to the work in it, everything leads back” (Husserl, 1971/1980, p.69).

Phenomenological research is appreciated in social science research and becoming valued by nurse researchers seeking out theory development, description, and understanding (Cohen & Omery, 1994). The nursing profession advocates the individual as author of his/her own life. The goal of nursing is to establish a nurse – client collaborative relationship where the nurse is focused on interpersonal techniques such as empathy, motivation, stress, and perception. In this context, phenomenology with its emphasis on lived experience is a promising approach for nursing (Oiler, 1982).

Furthermore, Streubert and Carpenter (1995) state that “nursing interventions performed in the clinical setting lend themselves to quantitative measurement; however, nurses enmeshed in the clinical setting are aware that much of what is done for patients is subjective and based on how nurses have come to know their patients and their life experiences”(p. 50). Often in the clinical practice, values of caring, reassurance, and quality of life are emphasized but do not lend themselves to measurable quantitative research. Phenomenology offers nursing the ability to

investigate unique subjective phenomena such as the value of caring. Perhaps much of the art of nursing, such as empathy, caring, reassuring, and understanding is as Husserl claimed, the life-world that is not readily accessible because it constitutes what is taken for granted, and those are the things which are common sense (Koch, 1995).

Phenomenological nursing research has explored many life world realities that nursing often assumes are known, but before the use of qualitative methodologies were never really studied. To date, nursing researchers have applied phenomenologic methods to studies that explore the meaning of incontinence, the experience of healing in women who encountered battering, the perception of health for graduate students, and the lived experience of giving an injection (Streubert & Carpenter, 1995). The growing interest in phenomenological nursing research will only aid nurses in understanding themselves and the natural experiences of their patients.

Many opportunities for qualitative phenomenological research exist in nursing. There is a need to use research methods that embrace both the experience of health and illness and the practice of nursing as more than the sum of its parts (Dreher, 1994). Nursing can use the qualitative method to research and explore new areas in decision-making, care-giving systems, human adaptation, and nurse-client social interactions (Polit & Hungler, 1995). It can be used to develop theory for change in the art and science of nursing. Phenomenological inquiry of the lived experiences of student nurses providing health care relief to victims of Hurricane Mitch will be a step in recognizing the shared meanings and unique experiences of these students.

## CHAPTER III

### Methods

This research collected data using the qualitative phenomenological methodology. The phenomenological method approaches the phenomenon with no preconceived expectations or categories, preconceived ideas or knowledge regarding the phenomenon of study, and exploring the meaning of that experience as it unfolds for the participant (Omery, 1983). Using the Husserlian phenomenological approach, the researcher respondent is considered a co-participant in the study. The researcher conducts an unstructured interview consisting of a self-report by the co-participants. Through a face to face interview, the researcher asked each co-participant to share all her thoughts and insight on the lived experience as a student nurse providing health care relief to victims of Hurricane Mitch in Nicaragua. A goal of phenomenology is to return us to a direct and immediate contact with the world and our experience of it (Merleau-Ponty, 1962). In this chapter, the setting, sample population, and the method for data collection and analysis are described.

#### Setting

This study was conducted in a Midwestern state. All interviews were conducted outside of the clinical and academic setting. Each co-participant was asked to choose a location and time that was convenient for the interview. The setting was quiet and inclined for each co-participant to be able to freely express their thoughts.

### Sample Population

The sample selected for the study was graduate student nurses who had the opportunity to provide health care to victims of Hurricane Mitch in Nicaragua. Phenomenology is interested in what people experience in regard to some phenomena and how they interpret those experiences (Polit & Hunger, 1995). Each graduate student nurse who was selected to participate in the study was willing to verbalize her experience. The sources of data are the people who lived the experience, but the ways in which experience is presented to others must be established (Oiler, 1982).

Volunteers for co-participants were chosen from a local university in the Midwest that provided the opportunity for graduate student nurses to travel to Nicaragua after Hurricane Mitch, which occurred in October 1998. The selection of co-participants was based on the following criteria:

1. A registered nurse seeking a master's of science in nursing degree during the time of providing health care relief to victims of Hurricane Mitch in Nicaragua.
2. Were able to provide a verbal description of the experience of providing health care relief to victims of Hurricane Mitch as a nursing student.
3. Gave consent to participate in this qualitative study.

“Adequacy of a sample is achieved when there is redundancy in the description of the phenomenon under investigation” (Parse et al., 1985, p. 17). In this study, four co-participants were used. They were all female ranging from ages 27-50. All four co-participants were American citizens, however, English was a second

language for one of the co-participants. Spanish was her native language. Co-participants were contacted by telephone or in person by the researcher. At the time of initial contact a description of the study was explained (Appendix A). In addition, the researcher read the research question to each co-participant before scheduling an appointment for an interview. It was important for the co-participant to dwell on the question before the interview. The researcher asked that co-participants think about their response to the question. The face to face interview appointment was made when the individual agreed to participate in the study. Each co-participant was encouraged to reread journals and/or review any photos from the experience that might enhance her recollection of the experience. The co-participants were given the researcher's telephone number and encouraged to call the researcher with any questions or concerns prior to the interview.

#### Protection of Human Rights

Approval for this study was obtained from the Grand Valley State University's Human Research Review Committee (Appendix B). The investigator explained to each co-participant the amount of time and commitment this study would involve on her behalf. The researcher obtained a signed consent from the co-participants (Appendix C). The co-participant was made aware that she could withdraw from the study at any time. Co-participants were assured of anonymity and confidentiality with their signed consent.

All risks of the study were explained. The investigator recognized that due to the intensity of their involvement, co-participants might be subject some emotional disruption in recalling the experience. A university counselor from the counseling

center at Grand Valley State University was available if the co-participant felt she needed any type of emotional support and this was offered to each co-participant.

### Data Collection and Analysis

The researcher, a graduate student in the master's of science in nursing degree program, did the data collection. The co-participants were asked to reflect on the thoughts, feelings and insights related to the lived experience providing health care relief to victims of Hurricane Mitch in Nicaragua. The face to face interviews between the researcher and co-participants were tape-recorded. Co-participants were made aware that there were no time constraints for the description of the experience. The researcher recognized that each individual's experience might vary. To accurately record the co-participants experience, there was minimal interaction or prompting between the investigator and co-participant during the interview. Since phenomenology is a retrospective description of the lived experience, the research statement leads the co-participant to reflect on and describe the experience as it occurred and is presently remembered (Parse et al., 1985).

The statement from the researcher to the co-participants was:

"Describe in detail your experience as remembered as student nurse providing health care relief to victims of Hurricane Mitch in Nicaragua. Please share all your thoughts, feelings, and insights until you have no more to say about your experience."

Once the co-participant had completely shared her lived experience and had nothing more to say, the interview was completed. Length of the interview varied with each co-participant solely on the basis of her ability to share her own individual experience. At the close of the interview, the researcher informed participants that the researcher would contact each of them by telephone in 48 hours



to determine if the essence of their experience had been captured. At that time co-participants were offered the opportunity to add to or clarify anything about the description of the experience. The participants were free to ask any questions or express any concern after the interview was completed. When contacted 48 hours after the interview, the co-participants had no additional comments; however, three of the co-participants requested the results of the study once it was completed.

Once all four interviews were completed and the co-participants were offered the opportunity to add to the essence of the interview, each interview was transcribed by an objective transcriptionist. These four transcribed interviews were used for data analysis by the researcher. The data were analyzed for common focal meanings and themes that emerged from the co-participants' interviews. The themes were then supported with direct quotations from the interview.

In order for research to be truly phenomenological in nature, one must not develop a set of steps, but rather allow the meaning of the experience to unfold without any restrictions. However, to give phenomenology a more scientific methodology, there are several methods for data collection and analysis researchers follow (Omery, 1983). The Giorgi (1975) method of data analysis was used in this study. This method focuses on uncovering the meaning of an experience through in-depth study of a participant's description. This is done through the process of intuiting, analyzing, and describing (Parse et al., 1985). Giorgi states the attitude in which this is done is one of openness and no specific aim of the study is taken into account yet.

The steps used in this research for data analysis outlined by Giorgi (1985) were as follows:

1. The entire description of the experience was read to get a sense of the whole.
2. The description and identified individual units of meaning for each experience were reread. The co-participant's phrases, words, and paragraphs were selected to demonstrate the perceptions of the co-participants.
3. The meaning of individual units were clarified or elaborated and related back to each other and to the whole. The researcher eliminated redundancies in the units.
4. The researcher reflected on the concrete language of the subject and transformed the concrete language into language or concepts of science.
5. The researcher integrated and synthesized the insight into a descriptive structure of the meaning of the experience.

### Validity

Content validity for a qualitative study is achieved when the researcher is able to come closer to seeing things as they are rather than as he or she would have them (Kahn, 1993). Leininger (1985) states validity is accomplished when findings reflect reality, and the meaning of the data is accurately interpreted. Ray (1985) discusses that in phenomenological research, the researcher must accept at face value and

believe to be true and valid, the descriptions of the lived experience as described by the co-participants.

Furthermore, applying the process of rigor in qualitative studies often does demonstrate trustworthiness of a phenomenological study. The four operational techniques, which support the rigor and validity of phenomenology, are as follows (Streubert & Carpenter, 1995):

1. **Credibility** is the ability to engage in a subject matter or experience long enough to increase the probability of producing credible findings. In this research, returning to the co-participants and seeing if they recognized the findings to be true to their experience accomplished this.
2. **Dependability** was a criterion that was met when obtaining credibility. The question here is "how dependable are these results?" There can be no dependability without credibility; therefor-credible results are dependable results.
3. **Confirmability** is to clearly document and illustrate objective evidence and thought process that led the researcher to the study's results and conclusions. In this phenomenological study, saturation of data by the co-participants descriptions supported confirmability.
4. **Transferability** refers to the likelihood that the findings of this study have meaning to others in similar situations. Transferability was not tested in this study. Determining whether the findings fit

or are transferable is not the task of the researcher but rather the potential user (Lincoln & Guba, 1985).

In this study, validity was also maintained by having the data analysis reviewed by a nurse mentor in phenomenology, Dr. Lorraine Rodrigues-Fisher.

## CHAPTER IV

### Results

As the data were analyzed, four focal meanings emerged from the co-participants' descriptions of the lived experience of providing health care relief to victims of Hurricane Mitch in Nicaragua. Identified themes in each focal meaning are included, followed by actual descriptions from the participant's interviews.

#### Focal Meaning One: Culture Shock

##### Theme One: Family Roles

- It really struck me how those Hispanic families are very matriarchal...the men will go out and work in the fields and the women would stay in the village and keep things moving.
- Mostly what we saw were all women and with all the children. We learned from that is that the women are mostly the caretakers.
- The men have to make the money and work in the fields.
- And it was just amazing because I think some of the girls or women would confided in us through the translator and wouldn't understand why they would stay with this man even though he was completely cheating on their relationship with other women.
- Her mom hadn't come to see her in the hospital because she had to watch the kids.
- And so I had never been in a Hispanic community like that either so it really developed my awareness of the Hispanic families and the way their families fit together.
- Like we got into the village and the women kind of stuck together and they did the cooking for us.

## Theme Two: Surrealism

- It was probably about six or seven o'clock and we walked about a half of a mile down to the clinical site, which was just, I think a house or an old house. What I remember most is there had to have been, including women and children and parents, about a hundred people, maybe fifty at least waiting outside for all the Americans to come to take care of all their medical problems.
- I just remember the cultural shock of landing in another country and looking around and seeing the surroundings so very different.
- It was our nurse's mother's home and so, the whole home was so simple. Dirt floors, but they sweep the dirt floors and clean up.
- It was nighttime and it was very dark because there is no electricity there.
- Nobody has a bathroom of course. They all have to go to latrinas somewhere.
- As I was reading in my journal...I wrote down too was just the beautiful countryside, I mean the views were amazing and one night we went out and looked at the stars and I don't think I've ever seen so many in my life.

## Theme Three: The Health Care Needs

- There are so many needs. And Nicaragua just seemed to confirm that in my mind.
- A lack of older people. And I think the life expectancy is shorter without the healthcare that they need.
- Often I think people looked older than what they were because of the health status.
- That's you know living in a third world country like that definitely affects their life expectancy and their health.
- And Tuesday morning I am seeing this five, six year old boy and his teeth were just awful. And his mother said, "we just don't have toothbrushes in the house. I can't brush my teeth."
- He definitely had neuro deficits. And all we could do was tell his grandfather to take him to the hospital and check him. And we wrote him a letter because he said they would pay more attention in the hospital if he had something like this.

- I remember he was sixteen but he was a little boy who looked like he was eight or nine because his stature was so small ....and it ended up that he had such bad asthma his whole life he never grew.

### Focal Meaning Two: Adjustments

#### Theme One: Unprepared for the Trip

- And here I am. I remember not knowing what I was doing because I had just started graduate school for the nurse practitioner.
- It took us almost an hour and half because we did not know what antibiotics to give and we couldn't speak the language.
- I was kind of afraid and hesitant because I didn't think I was prepared to go, but I went on the second trip in March that gave me some more time to prepare, mentally prepare and to affirm my skills as a graduate nurse, I guess.
- And at first I was not very confident about diagnosing, okay this really has otitis.
- Denise and I were the most experienced in the group, and I didn't feel myself very experienced. Denise and I felt pretty green not sure if we could handle the whole group.

#### Theme Two: Emotional Rollercoaster

- And I think that was very frustrating because I had the impression that when we went down there we could really make this huge difference and high impact in their lives and maybe we did and I don't know it but I remember being frustrated that there is nothing we can do.
- So that made us all feel good. And we felt like miracle workers after that person.
- Sometimes it felt like it was a little frustrating. Some people in our group felt more than I did that we were putting Band-Aids on bleeding wounds.
- So I got to stay up all night pretty late until probably two in the morning listening to some of the students and trying to encourage them. They were venting, I guess. And we were all sad because we thought we were not going to be able to get the clinics up and running.
- I remember that Wednesday noon or one o'clock or something, is when I finally broke down...I just had to go in the back room and I remember I cried.

- And I was thinking, “gosh what are we doing here? Can we really help these people?”
- So it was kind of mixed emotions throughout the whole trip. You feel like you helped but then you wondered what was going to happen after we left.
- So we boarded up onto farm trucks and the cattle trucks to get on to go up there. We were totally shocked and still weren't too sure what to expect.
- We were all stressed in different ways because we didn't get our luggage.
- And the first emotion probably was just excitement and can't believe I am doing this and going to be gone from my husband for ten days.

### Theme Three: Living Situations

- And I can't believe I brushed my teeth, washed my face and washed my hair with half of a cup of water.
- Everyone dealt with having this huge change in our environment and trying to adapt a little bit differently.
- The facility was excellent; I have to say compared to the other ones. We had a resort because we had a real building with a little clinic and a room and a little bathroom with running water.
- We just went two or three days without brushing our teeth.
- Every morning we would just get up, wash our face and wash our teeth. And there you go we were ready for the day.
- We thought we had a shower and toilet so we thought we would be okay for a while but turned out to not be so exciting since the toilet didn't work and the shower smelled and only trickles and it was very cold.
- Having to find the place to go to the bathroom and having to eat rice and beans everyday, every meal.

### Theme Four: Group Dynamics

- So it kind of went that the people in graduate school got to do the assessment and try to figure it out. And everyone else would kind of grab the antibiotics or grab the Motrin or whatever they needed and then they would



get to go. So it took us about a half a day but finally there became this system down and it started to go smoother.

- But everyone has different work ethics and took everything differently.
- When it came to clinical time everyone worked together.
- It was close bond because we had a common goal in mind that was important to all of us to support each other and encourage each other and cheer each other on.
- Kind of, the whole group got pretty up close and personal I guess.
- I remember Becky and Nancy going in the room and just trying to give support to each other.
- And we arranged a little area for medication and we designated different roles for everyone.
- As people started coming in, we soon realized how what a long process this was going to be to triage people and get them treated.
- I think our group was just amazing. And we had fun. I don't know if we could have gotten through it without some humor.

### Focal Meaning Three: Lessons Learned

#### Theme One: Stamina

- Some people would just go with the flow. I think we didn't have a choice in that.
- I remember one of the gals just had to take a break because it gets to be too much on you because everyone is so malnourished.
- Sometimes some of the situations were kind of uncertain and a little difficult and we hung in there together.
- We wanted to see them all...we managed to see everyone and close the clinic and go horseback riding.
- We didn't have any medications or anything to do it with, but Gayla was very resourceful and I guess she managed to get some medication from the government. Finally the next day we were on our way to the clinics although we were late.

- Certainly as we worked, I remember those days were long and hard and exhausting...and I know the last couple of days got even more tiring.

### Theme Two: Gratitude

- Some of the things really got to me and made me feel pretty bad actually and very happy that I had so many things back in the U.S.
- But it made me greatly appreciate everything that I had. Even running water because we didn't have that.
- I just remember coming back and landing and realizing how vast our lands are and how big our yards are.
- And it is amazing to me how little they have materially but they were just as content as what Americans are.
- Kind of shows you what a need is. I could not believe how much we misuse the word need. We don't need anything. We have so much. We are so blessed and we don't see it.
- Certainly we brought more along with us and I think we all left with more than we brought emotionally and spiritually.

### Theme Three: Medical Treatment with Limited Resources

- I mean the most we could do was give vitamins to help with their nutrition, some Motrin because everyone was in pain from working in the fields.
- The medical care we gave of course was very unsophisticated. There were no diagnostic tests to do.
- A lot of it required good assessment skills, and it was good to develop those assessment skills.
- There was no way we could have any follow up to our care.
- It was good to have to work through that and look up the antibiotics. I felt like I got a good handle on the antibiotics through that.
- I took a lot of blood pressures. And it was frustrating because we couldn't treat the blood pressures.

- You can't talk to the people very easily and you can't get to the bottom of their problem. I don't really have all the assessment tools that I would in the office.
- You just don't have the labs and technology. You just have to rely on basic assessment skills.

### Focal Meaning Four: Memories

#### Theme One: Friendships

- Some other things that made an impact on me are some of the locals that seemed to become friends with us.
- I do keep in touch with our interpreter Caesar. I do email him.
- It was such an honor to her that we came and sat in her house and visited with her. And we sat there and chatted and she was just so content. You know, it was good to know the different member of the village that way.
- I ended up going with Becky, my very good friend Becky that we got really acquainted on that trip.
- And not only meeting the people there and making friendships, but making friendships with the people that you went with.

#### Theme Two: Generosity

- Welcoming us there the Americans, there was so much generosity.
- The people there compared to what I have, I have a house, I have a car, I have things in my house, I have running water, hot and cold, and these people have nothing and none of that. And yet they gave us everything.
- We got three meals a day. I remember that we all got to eat chicken but her family had to eat beans and rice because they wanted to give us the good food.
- She was going to do our laundry because we were so good to them. And sure enough, the next day we got it all back and they were clean and crisp and white.
- And they worked hard. They washed our clothes for us. And they washed them by hand and they did not have much soap.

- You know, they were just there waiting for us, to welcome us.
- As we got dropped off at the village, people were just amazing. Generosity was flowing and they were so excited to see us even though they had been waiting hours for us to get there. They had a little party for us.

### Theme Three: Long Term Effects

- I was just so aware of how materialistic we are compared to their culture that I could not even build a house for a year.
- I still think about Nicaragua weekly.
- It was a life changing experience and it is part of me.
- I really developed a heart for the health of the underserved.
- But the experience is always in my mind. It's ingrained I guess in me now. And I would love to go back.
- Just being involved in something so important. I gave a presentation to my church to a small meeting about it.
- You learn to love to serve. That trip kind of really gives a whole new perspective to caring and serving as nurses.

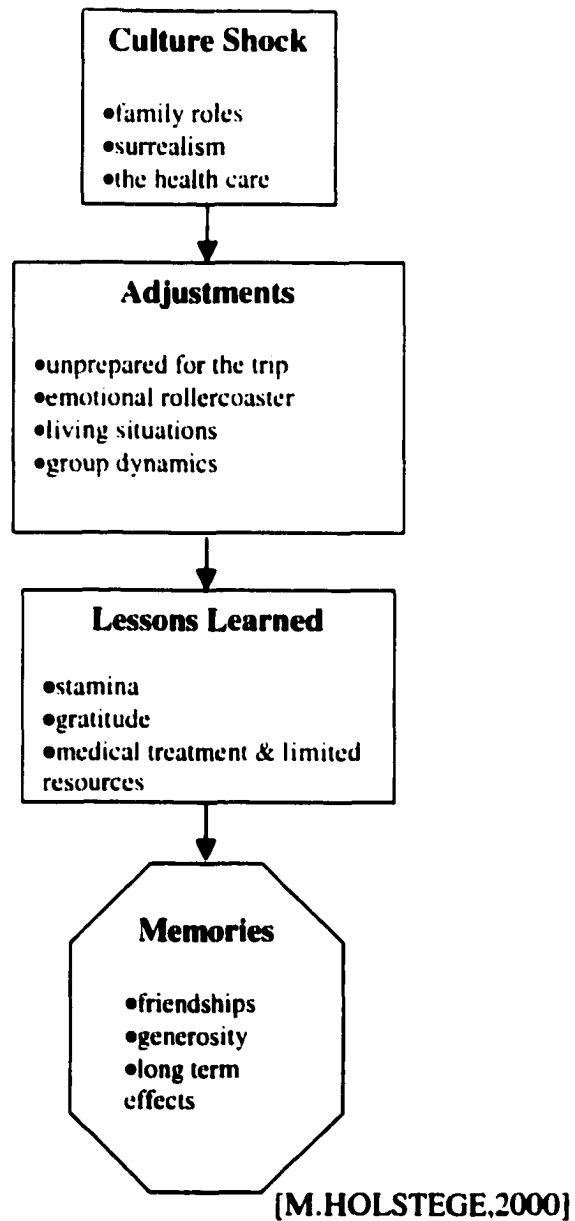
### Descriptive Structure of the Meaning of the Experience

The researcher developed the following model. The model was based on participants' descriptions and included the four focal themes of culture shock, adjustments, lessons learned, and memories. After having lived with the data, it became clearer and clearer to the researcher that the focal meanings evolved in such an order because these were stages the participants went through in their experiences. Each shape represents a focal meaning and the themes within it. The arrows directed to a new shape indicate that one focal meaning leads to another meaning. This suggests that each theme is a stage in the experience and sequential in time. The first three shapes are square representing what the students went

through to get to what they are left with in the octagon. The sum of the focal meanings and themes created the total experience as the participants described it.

Figure 1.

**SEQUENTIAL STAGES AS IDENTIFIED BY STUDENT NURSES'**  
**DESCRIPTIONS**



## CHAPTER V

### Discussion

#### Findings

The value in this study, the lived experience of student nurses providing health care relief to Hurricane Mitch victims in Nicaragua, lies in the perceptions of the co-participants. From these perceptions, four focal meanings evolved a) culture shock; b) adjustments; c) lessons learned; and d) memories. Each participant encountered these focal meanings at sometime in processing the experience in its entirety. Although each student nurse reported common phenomena, the focal meanings related to each participant's personal life as an individual and student nurse gives the experience its unique meaning. The student nurses who participated in this study shared their own unprecedented description related to the identified focal meanings.

Culture shock. Culture shock occurs when a person is stunned by cultural differences and sometimes even immobilized until able to work through the feelings related to the alien culture (Andrew & Boyle, 1995). Each student nurse identified the overwhelming difference in being in a country other than the U.S. This contributed some frustration and anxiety to the lives of the student nurses. They reported feelings of disbelief when they learned they were going to be staying with the people in their villages. There was no luxury of electricity, hot showers, clean drinking water, or comfortable beds. At times the scenes they encountered seemed to be almost like they were living in a dream. Outside of the clinics there were long lines of people waiting hours to get help for their medical needs. Some needs were simple, like teaching

good oral hygiene and basic skin care. Other problems, however, were more complex and people were just unable to gain access to any type of medical treatment. The student nurses also commented on the distinct gender roles that were unquestionably assumed by the male and the female Nicaraguans. The student nurses expressed their frustration with these accepted roles especially when women would confide in them their negative feelings about their men. Infidelity, sexually transmitted diseases, and children born of extramarital relationships were issues the Nicaraguan female unhappily accepted. All student nurses in some way stated they felt some discomfort because they were out of their element and out of control. They did not know how to react to a culture where women do not leave a man under these circumstances.

Adjustments. This was a theme that was intertwined with the culture shock that the student nurse experienced. Initially, the students arrived in a different country and culture from which they were accustomed. Next, they had to find ways to adapt their daily life routine in order to function. Student nurses related experiences requiring emotional adjustments. All the student nurses mentioned how they did not feel prepared or knowledgeable enough to confidently provide good care. They shared how each of them relied on the emotional and academic support of the group. They stated they worked together as a team because they had a common goal. Some of the students explained how each person in the group had a role in the clinic and this made triaging more effective. All of the students felt like their emotions were up and down during the experience and adjusting to their mixed emotions was challenging. Some students talked about how they “just broke down” because certain situations in clinic were so sad. All the students stated that making life style

adjustments was a big part of their experience. Some examples they gave were going without showers, not brushing their teeth, staying in the same clothes for days because luggage was lost, and eating beans and rice for every meal for days.

Lessons learned. In addition to culture shock and adjustments, another theme evolved concerning the lessons learned by the students. Each student described the value this trip had in her learning to be strong and enduring character building circumstances. They took from this experience a sense of appreciation for the things they often took for granted. Many student nurses spoke about gaining confidence in their clinical assessment skills because their clinics did not have the modern diagnostic technology available. They learned to recognize and accept their limitations in providing health care to a culture that does not have the resources that we do in the U.S.

Memories. Finally, after going through the stages of culture shock, adjustments, and lessons learned, the student nurses left Nicaragua with an experience made of many memories. Every student nurse described the special insight and memories she carries with her forever. They all developed significant relationships with the individuals in their groups and also meaningful friendships with the people of the village in which they lived. The student nurses remembered the kindness and generosity from the people of Nicaragua. The warm welcome and all the excitement from the people over having U.S. citizens come to help touched the hearts of the student nurses. All of the students described how this experience is now ingrained in them and how this has made them realize they have a calling to reach out to the underserved in the world. One nurse stated that this trip has given her a whole new



perspective of caring and serving as a nurse. Some were so touched by this experience they shared their work by giving church presentations. Another student nurse was so affected by the experience that she felt guilty building a new house when so many in Nicaragua have nothing. The students were forced to confront their values with the memories from Nicaragua.

### Literature Review

The literature review in phenomenological research is conducted after the data are collected and analyzed. The purpose of the literature review is to compare the research findings of this study to those found in the literature.

Living in the U.S., one soon realizes that this is a country made of many different ethnic groups and cultures. This requires the nurse in the U.S. health care system to understand people of different cultures in order to provide sensitive and individualized nursing care. There has been considerable discussion in the literature on the subject of nursing education and preparing culturally competent nurses; however, there is limited research in this area. There is to date no published research regarding the lived experience of student nurses providing health care relief to Hurricane Mitch victims in Nicaragua. The following literature review includes studies and discussion papers reflecting on the experience of students studying abroad and/or health care providers giving medical relief to underserved countries.

### Culture Shock

The focal meaning of culture shock as discussed in the present study was a theme also identified in a research design integrating quantitative and qualitative measures to examine the relationship among cultural immersion, cultural self-efficacy

and cultural competence (St Clair & McKenry, 1999). The undergraduate and graduate nursing students in the St Clair and McKenry study reflected in their journals the theme, culture shock, as fear of the unknown, being intimidated by the cultural differences, shame resulting from preconceived ideas, and powerlessness in the face of the oppression, poverty, and suffering. One U.S. nurse shared her experience as a medical missionary in Jamaica by describing how she survived the culture shock that she had not anticipated when preparing for her cross-cultural experience (Petersen, 1995). A Canadian physician discussed his experience of medical culture shock in Saudi Arabia (Sullivan, 1993). He described some of the diseases, the language, the religion, the gender roles, and the cultural practices as being different than the Western world.

### Adjustments

Adjustment was another concept discussed by Petersen (1995) that followed her initial culture shock in Jamaica. Petersen stated she had to adjust to the times when she felt very out of place and helpless and how the needs were so great, how could the team possibly make a difference in 14 days. Lifestyle adjustments were evident in Petersen's experience. "things that once seemed overwhelming in the beginning now seem laughable, like cold showers." She also mentioned how team members progress through adjustment stages at different times. One of the themes in this present study under the focal meaning, adjustments, is the idea of feeling unprepared for the trip. This is also mentioned in a paper examining short-term international academic exchange in nursing schools (Colling & Wilson, 1998). St Clair and McKenry (1999) found that students' journals explored the realizations that

they were visitors who needed to adapt. The authors reported that throughout the students' journals, a change began to occur in their writings and discussions regarding their understanding of cultural awareness, sensitivity, self-efficacy, prejudices, assumptions, and beliefs. An U.S. orthopedic surgeon shared his volunteer experience in Peru stating how he had to adjust or modify surgery to fit Peruvian economic needs and lifestyles (Mitka, 1999). Martha C. Ward (1999), professor in Anthropology at University of New Orleans, described the adjustments students go through in their European cultural immersion course. Ward stated students must arrange a self-governing community and work in cooperation in "less than U.S. creature comforts". Some things students commonly do to ease the cultural adjustments is search for U.S. food items.

### Lessons Learned

In the St Clair and McKenry (1999) study, the students wrote in their journals how they were learning more by living in the communities in which they were working. Some of the entries were very similar to the statements made by students in the present study. These included: "this experience has made me rethink what is important in life," "what I value," "how I relate to others," "how I understand and am sensitive to others," and "what I need to do to be culturally competent" (p.234). Although there is limited literature to support the themes, stamina, gratitude, and medical treatment with limited resources, within the focal meaning, lessons learned: there is ample literature that supports cultural immersion as enhancing cultural competency and cultural-efficacy among nursing students. It also develops a student's thinking toward a more relativistic and more mature level of cognition (Andrew &

Boyles, 1995; Frisch, 1990; and Bond & Jones, 1993). A nurse volunteering on a medical mission trip to Antigua returned home being grateful she is an American, but also learned to have a new respect for fellow nurses who care for patients without the technologic support that we take for granted (Hemphill, 1995). Another article discusses how nurse practitioner students who traveled to a developing country learned beyond the course objectives. They learned how to practice with scarce resources; they often needed to depend on their clinical judgement when laboratory tests were not available (Ailinger, Zamora, Molloy, & Benavides, 2000).

### Memories

Colling and Wilson (1998) wrote about an international exchange program for student nurses. On the completion of the trip students left the experience having made new and continuous friendships. The literature revealed that student nurses, professional nurses, and physicians serving internationally felt welcomed and appreciated by the natives or community members; overflowing kindness touched many of them. This same literature strengthened the findings of the present study in that this cultural experience was life changing and rewarding (Friedrich, 1999; Mitka, 1999; Petersen, 1995; St Clair & McKenry, 1999). Ingram (1999) concluded the description of her relief work during the Kosovar War by stating "the memories we gathered from this unique deployment will touch our souls and guide the stranger within each of us for years to come" (p.92).

### Conclusions

The participants in this present study, "The Lived Experience of Student Nurses Providing Health Care Relief to Hurricane Mitch Victims in Nicaragua."

identified focal meanings and themes, most of which are consistent with a previous qualitative study of students experiencing international cultural immersion. Although there are limited research studies in this area, there are numerous discussion or anecdotal articles that reflect similar meanings and themes of the present study. However, there is not a study produced to date that examines the similar experiences of students providing international health care during disaster relief. Most discussion articles examine cultural exchange in nursing education or health care relief experience as nurses but not the two phenomena together. Despite the emotional frustration of cultural shock and the challenging adjustments necessary to survive in a foreign culture, the participants valued this experience in both their personal lives and their professional lives as nurses and graduate students.

### Implications

As this study suggested, and a like combined qualitative and quantitative study concluded, being culturally immersed, as a nursing student is a valuable educational experience. Nurses will always be challenged by people of diverse cultures whose daily living experiences may bring them joyous occasions but also unexpected human tragedies or undesirable life conditions (Leininger, 1991). Nurse-patient relationships change for the better once nurses are more understanding and knowledgeable about diverse cultural practices (St Clair & McKenry, 1999). Each participant has her own perception and unique insight on this experience from which she has learned many things. This educational opportunity has helped these students to expand their views on world health issues and has given them a greater meaning to serving and caring as culturally competent nurses. It has enhanced their sensitivity to

suffering while making them mindful of the many blessings they often take for granted in the American culture. They were forced to challenge their values and beliefs in the face of a "different world". This undoubtedly refined their practice as a nurse. Nursing interests in international programs reflect a more general trend in higher education that many feel offers students a broadened world view, increased self-confidence, and enhanced learning opportunities (Standeven, 1988). It is through these international clinical experiences as students that cultural and clinical competence is enhanced and nursing student are further prepared to care for the immigrant populations in their own country (Ailinger et al., 2000)

Health promotion, illness prevention, causes of disease, treatment, coping, caring, and dying are health components of every culture, however, the response to these components varies among different cultures. It is the responsibility of the nurse to take the time to better understand these various responses especially in a time where nursing is promoting global health. Ingram (1999), a nurse practitioner, who assisted Kosovar refugees stated, "Our task as health care professionals is to care for the stranger in each other"(p.92). The world is in a time where political freedom and technology combine to encourage mobility and interchange and a century where national borders are less distinct. This a time where business and economics see themselves in a global picture, so too nurses must begin to see themselves as part of a global community. This means nursing should embrace world health issues and participate on an international level by sharing resources, opportunities and problem solving skills. In order to be successful with this, nurses must have a better

understanding of clients with cultural differences and gain the trust of the people for whom they care.

The model that evolved from this study with the sequential stages may serve as an anticipatory guidance intervention in nursing to assist people in adapting to cultural change. It may assist immigrants into a new country and/or students traveling abroad for student exchange programs. It can lend them insight into what they might expect when they are exposed to a different country and culture.

### Recommendations

With the nursing profession adopting a more global perspective in its human caring, real field or clinical experience abroad, it is necessary to fully understand the lifestyles and the health care needs of the world. This was an extraordinary opportunity, for students of a public university. To be sponsored by a local church, to travel to an underserved country, and to provide health care relief, developed many new insights and understanding for the students, the university, and the church. This is an example how cultures can work together for the good of human service. This collaboration can bring nursing to yet another level of practice.

The lives of the students, who experienced, as student nurses, providing health care relief to Hurricane Mitch victims in Nicaragua, are forever changed. These students felt what it was like to be frustrated with the language barrier. They shed tears and felt the sadness of human suffering. They brought joy and images of peace with their presence and caring to villages of poverty. They came back to a land full of wealth and limited appreciation for that wealth and shared their story.

This experience touches nursing and the essence of its profession, the art of caring. The question is “how can we open the doors to similar opportunities”? “Is this an effective and practical way to develop cultural awareness and provide a service to the health of the world?” Although this experience was clearly a valuable experience for the students interviewed, is this type of immersion experience for everyone?

Further research is necessary to support this study and many anecdotal articles regarding student education, the value of cultural immersion, cultural awareness, and rewards of health care relief. Also more research is necessary to support the use of the sequential stage model as an anticipatory guidance intervention in nursing.

Leininger (1991) says there should be a major shift to qualitative research methods to discover unknown dimensions of nursing knowledge that will ultimately support the dynamic, relevant, and transculturally based discipline of nursing. Leininger concludes that this will make cultural care theory more meaningful and will also help the public, multidisciplinary colleagues, and consumers of nursing services to value nursing as a transcultural caring science and a humanistic discipline.

### Summary

This study explored, examined, and described the lived experience of four graduate student nurses who provided health care relief to victims of Hurricane Mitch in Nicaragua. It represents the beginning awareness and need for further development of cultural immersion and health care relief work as student nurses. Findings of this study are consistent with cultural immersion experiences and health care relief work in medically underserved countries, but also provides a new



perspective on students involvement in international relief work as a humanitarian project and educational opportunity.

This study has opened new insight into nursing. It has revealed the long-term effects this experience can have on the lives of student nurses and nurses. The self-reports of the student nurses provided data to further develop and expand this scope of practice in nursing and nursing education. It emphasizes the need for nursing to join with community-based programs and together reach out to the culturally diverse and impoverished world that need our support and caring hands.

## **APPENDICES**

## APPENDIX A

### Telephone Script

My name is Marci Jo Holstege. I am a registered nurse and graduate student at Grand Valley State University. I was told by \_\_\_\_\_ that it was okay to contact you about your possibly participating in a research study that I am conducting.

The purpose of this study is to explore, examine, and describe the lived experiences of graduate student nurses providing health care relief to victims of Hurricane Mitch in Nicaragua. I hope this study will assist nursing with understanding the components of this phenomenon.

If you agree to participate, I will:

1. Interview alone in a mutually agreed upon place.
2. Ask you to fully describe your experience providing health care relief to victims of Hurricane Mitch in Nicaragua.
3. I will tape record the interview so I can be accurate about what you have said. This interview will probably last about one hour.
4. The tape recording will be transcribed.
5. Your identity will be protected and not revealed in any way.

This is voluntary and you may withdraw at anytime. Do you have any questions?

Would you be willing to participate?

When is a good time for you?

Directions.

Please feel free to review any pictures, videos, or journal entries of the experience before the time of the interview.

APPENDIX B



**GRAND VALLEY  
STATE UNIVERSITY**

1 CAMPUS DRIVE • ALLENDALE, MICHIGAN 49401-9403 • 616/895-6611

June 22, 2000

Marci Jo Holstege  
2311 Valleywood I-11  
Grand Rapids, MI 49546

Dear Marci Jo:

The Human Research Review Committee of Grand Valley State University is charged to examine proposals with respect to protection of human subjects. The Committee has considered your proposal, **The Lived Experience of Student Nurses Providing Health Care Relief to Hurricane Mitch Victims in Nicaragua**, and is satisfied that you have complied with the intent of the regulations published in the Federal Register 46(16)8386-8392, January 26, 1981.

Sincerely,

A black rectangular box redacting the signature of Paul A. Huizenga.

**Paul A. Huizenga, Chair  
Human Research Review Committee**

## APPENDIX C

### Grand Valley State University Human Subject Informed Consent Agreement

Principal Investigator: Marci Jo Holstege, RN, BSN  
Phone Number: (616) 954-1005

#### **PURPOSE:**

You are being asked to participate in a study conducted by Marci J. Holstege, RN, BSN from Grand Valley State University, Allendale, Michigan. The purpose of this study is to examine the lived experiences of graduate student nurses providing health care to victims of Hurricane Mitch in Nicaragua. You have been selected as a possible participant for this study because you have identified yourself as a graduate student nurse that participated in providing health care relief to the Hurricane Mitch victims in Nicaragua.

#### **PROCEDURES AND DURATION:**

If you agree to participate in this study, Ms. Holstege will interview you at a mutually arranged time and location. You will be asked to describe your experiences as a graduate student nurse providing health care relief to the victims of Hurricane Mitch. The interview will be taped and recorded so that your description can be obtained with accuracy. This recording will be transcribed into written text. This interview will require approximately one hour of your time. You will be contacted within two days of the initial interview. At that time you will have the opportunity to clarify anything from the earlier interview.

#### **RISKS AND DISCOMFORT:**

The possible effects associated with participation in this study are that describing your experiences may cause you to get emotionally upset and anxious. If at anytime you feel you need emotional support, Diana Pace, a counselor at Grand Valley State University, is available to you. There is no cost to participate in this study nor will you be paid to participate.

#### **BENEFITS:**

The results of this study will provide nursing with further information in the area of student nurses' perspectives on culturally competent health care and disaster relief. The results of this study will aid in identifying how transcultural exposure can enhance and direct the future nursing care of student nurses.

**CONFIDENTIALITY:**

Your identity will not be revealed while the study is being conducted or if the study is published. All the results in the study will be described without using your name.

**VOLUNTARY PARTICIPATION:**

Participation in this study is voluntary. You may decide not to participate or to stop your participation at any time. This will not affect your relationship or future relationship with Grand Valley State University Kirkhof School of Nursing.

**OFFER TO ANSWER QUESTIONS:**

Please feel free to ask any questions concerning any part of this study that is unclear to you before you sign this consent form. You may take as much time as you deem necessary to think it over.

**AUTHORIZATION:**

You are making a decision whether or not to participate in this study. Your signature indicates that you have read the above purpose, risks, and benefits, all your questions have been answered, and you have decided to participate.

Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

**You will be given a copy of this consent form to keep.**

If you have any other questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, or your rights as a research subject, please feel free to contact Prof. Paul Huizenga, the Chairperson of Human Subject Review board at Grand Valley State University, Research and Development Center (616) 895-2281.

## **LIST OF REFERENCES**



## LIST OF REFERENCES

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