

# Community Health Nursing through a Global Lens

Norma SARKAR<sup>1</sup>, Amber DALLWIG, and Patricia ABBOTT  
*University of Michigan, Ann Arbor, Michigan, USA*

**Abstract.** Community Health Nursing (N456) is a required senior clinical course in the undergraduate nursing curriculum at the University of Michigan in which students learn to assess and address the health of populations and communities. In 2012, we began our efforts to internationalize the curriculum using a globally engaged nursing education framework. Our goal is for all students to have an intercultural learning experience understanding that all students are unable to travel internationally. Therefore, this intercultural learning was implemented through a range of experiences including actual immersion, virtual activities (videoconferencing) and interventions with local vulnerable populations. Grants were obtained to provide immersion experiences in Quito, Ecuador and New Delhi, India. Several technologies were initiated with partner nursing schools in Leogane, Haiti and New Delhi, India. Weekly videoconferencing utilizing BlueJeans software and exchange of knowledge through the Knowledge Gateway facilitated intercultural exchange of knowledge and culture. Local clinical groups work with a variety of vulnerable populations. A private blog was developed for all sections to share community assessment data from local and international communities. Qualitative evaluation data was collected for local and international students to begin to assess cultural competence and student learning. Analysis of data documented increased awareness of culture and identified the many positive benefits of interaction with a global partner.

**Keywords.** Community Health Nursing, Intercultural learning experience, Videoconferencing, Global health perspective

## Introduction

Technology has brought new global teaching opportunities and facilitated a global health focus in nursing education without the time and expense of travel. Nursing and Global Health are strongly related as nurses will encounter a wide variety of culture and beliefs wherever they practice. As said by Kulbok et al, “immigration, travel and technology have allowed all parts of the globe to touch each other” [1]. As part of our quest to enhance cultural exposure for our students, the Community Health Nursing course at the University of Michigan (UM) School of Nursing has supplemented physical immersion experiences with a variety of technologies including videoconferencing with global partners, an electronic community of practice (E-CoP), and a course blog.

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<sup>1</sup> Corresponding author: nsarkar@med.umich.edu.

## 1. Background

Community Health Nursing (N456) is a required senior clinical course in the undergraduate nursing curriculum at UM in which students learn to assess and address the health of populations and communities. The course includes didactic and applied clinical experiences, with clinical groups of eight students. In 2012, we began our efforts to internationalize the curriculum using the globally engaged nursing education framework developed by Mary Riner of Indiana University [2]. Course objectives related to a global focus include: understand the role of nurses and public health professionals, demonstrate skills that apply the nursing process to populations, and understand health promotion and delivery of health care in the community. The Global Health Learning Goals include: Cultural Competence, Population Health from a global perspective (vulnerable populations and health disparities), Community Assessment and Analysis utilizing Social Determinants of Health and Value of Community Partnerships.

Our goal is for all students to have an intercultural learning experience, however, the reality of time, cost, and safety concerns prevent us from sending the entire student class abroad. Therefore, we have used a mixed methods approach to enable all of our nursing students to participate in a global exchange by using one of 3 different strategies: 1.) participating in a global immersion experience in Quito, Ecuador or New Delhi, India; 2.) participating in live videoconferencing classes with global outreach sites; and 3.) via community placements within Southeast Michigan with culturally diverse or vulnerable populations. The immersion experiences in country involve 15-20 students and include clinical hours with a global partner and occur after the didactic portion of the Community Health Nursing course is completed. Immersion participants are encouraged to blog about their experiences and are required to submit online reflective journals from abroad. These communications are shared across class sections to enhance learning and appreciation of context.

The videoconferencing “shared classrooms” are accomplished via the use of BlueJeans application over the Internet. BlueJeans works especially well in low bandwidth countries, allows recording of sessions and technical analysis of the quality of the transmission. We are currently utilizing the BlueJeans approach with two international partners: Faculty of Nursing Science of the Episcopal University of Haiti (FSIL) in Leogane, Haiti; and Salokaya College of Nursing in New Delhi, India. During the semester, weekly videoconferences with our global partners focus on the conduct of a Community Assessment in a local community. Additionally, students on both ends use the Social Determinants of Health framework to compare and contrast the strengths and stressors of each community and their causative factors. The Social Determinants of Health framework emphasizes the cultural and socio-economic factors that impact the health of populations, and provide a richer appreciation of the context of health in a given area. Each synchronous videoconferencing session is approximately ninety minutes in length and written materials are shared by each partner prior to the session to facilitate discussion by students.

Both UM and global partners use additional technology including a portal called the “Knowledge Gateway” and a private class blog to support interactivity and exchange for the N456 course. The Knowledge Gateway is an E-CoP administered by the World Health Organization and it currently supports over 300,000 health and development specialists across the globe in various electronic communities. Within the Knowledge Gateway, our group at UM has created a private community for faculty and

student knowledge exchange. This virtual community allows us to exchange ideas, share and archive course related information, and distribute information for preparation for our videoconferencing sessions. Librarians from the Taubman Health Science Library link from this virtual community to specially designed and digitally delivered health research guides. Open source materials are made available for use by our international partners, which is an important mechanism for knowledge distribution to low resource areas. All students who are participating in the course are included in email distribution groups, course blogs, and encouraged to utilize the Knowledge Gateway E-CoP to facilitate digital exchange of knowledge, experiences, and perspectives.

The private blog developed for the N456 Community Health Nursing course facilitates the exchange of ideas across all clinical sections of the course and our international partners. Community assessment data derived from local and international communities are presented, compared, and contrasted in this digital global exchange. Each clinical section in the UM course and our international colleagues are asked to report and respond in a series of eight interactive questions posted on the blog throughout a given semester. The purpose of the dialog is to encourage student dialog across disparate students and groups as they debate and discuss community assessment projects based on the Social Determinants of Health framework.

Our third Global Health strategy for N456 students is community placements within Southeast Michigan with culturally diverse or vulnerable populations. Intervention with specific cultures or vulnerable populations facilitates understanding of health beliefs and customs and exploration of social and environmental justice issues. Sharing about these populations and social issues is facilitated through the course blog discussed earlier.

## **2. Evaluation of Efforts**

All courses at the UM are evaluated. For the purposes of this paper, we will focus upon the results of the evaluation of the videoconferencing shared classroom, blogs and E-CoP and their impact on students and faculty. UM students and their global partners (FSIL and Salokaya) have completed evaluation questionnaires upon conclusion of the videoconferencing, blogs and E-CoP experiences. To date, we have completed two semesters of videoconferencing with FSIL in Haiti and one semester of videoconferencing with Salokaya College of Nursing in New Delhi. The fall, 2012 experience included 8 UM students and 14 FSIL students in Haiti. The course conducted in the fall of 2013 included 8 UM students and 17 FSIL students in Haiti. In the winter of 2013, 7 UM students and 16 Salokaya students in India participated. All students at UM and distant sites participated in the evaluation process. We used a deductive approach of identifying themes from qualitative data as suggested by Bradley, Curry and Devers [3].

In regards to the UM student responses over the first two terms of interaction with FSIL in Haiti, culture emerged as the primary theme mentioned by U of M nursing students over both terms. This theme emerged in response to questions posed across the four categories of: “most important thing learned from peers”, “learned about country for impact on practice”, “value of videoconferencing” and “learned about self”. Terms used included expressions such as; “became culturally aware”, “better understood cultural beliefs”, “greater respect for their culture”, and “a culturally eye-

opening experience”. UM students working with Haiti also expressed interest in the marked differences in the roles of Haitian nurses, and identified the language barriers (French/English) to be quite challenging for knowledge sharing and exchange.

In comparison, the data from the Haiti students over both terms showed culture as a major theme along with differences in overall Haitian health and healthcare in response to the question of the “most important thing learned from peers”. The benefits of interaction with a global partner were most often described in response to the “value of videoconferencing”, and the difficulties of language were identified as the most challenging part of videoconferencing. The FSIL students identified the many differences in disease burden and health care delivery in Haiti as a major theme in the evaluation of course benefits. FSIL students placed most value on the interaction with UM students and the knowledge they gained from those interactions. The FSIL students identified the understanding of English (in regards to idiom and US vernacular) as their biggest challenge.

A similar tool was utilized for evaluation of the Salokaya experience but an additional question about the “value of partnership” was included. The data derived from the evaluation survey amongst nursing students at Salokaya School of Nursing in New Delhi also revealed culture as a theme, but only in response to the question of “what was most valuable about the partnership”. Their primary theme was knowledge in response to the “most important thing learned from peers” as a result of their exchange. Interestingly, the data from Salokaya illustrates the emergence of a new theme of “confidence” in the following three categories: “most important thing learned from peers”, “value of videoconferencing” and “learned about self”.

In regards to the impact on faculty that was gathered in end of term focus groups, enhanced knowledge regarding a formalized Community Assessment process was cited as a faculty outcome. Additionally, the blog facilitated quality discussions among clinical sections utilizing the Social Determinants of Health framework. Finally, the emphasis on experiences with vulnerable populations, and an expressed interest in global health projects using technology were all cited by faculty as areas of personal learning and interest.

### **3. Discussion**

While further research is needed using larger sample sizes, the major theme that emerged from the UM student groups was centered upon the benefits of cultural exchange and the learning that resulted from it. This finding supports the UM School of Nursing’s goal to increase cultural sensitivity and appreciation in our students. Additionally, our findings lend credence to the assertions of Riner [2] who suggests that a successful global engagement experience must have attaining cultural competence as a core expectation. Thus, our goal will be to more specifically measure the changes in cultural competence that occur based on initiatives such as these in the future. We continue to enhance the interactions and knowledge exchange by following best practices for working with students where English is a second language. Despite the challenges, the FSIL students consistently cited the positive value of interaction with their global UM partner. The expression of increases in confidence by students in New Delhi was an indicator of value that UM brought to the experience, while UM students also gained important skills and knowledge by the India interchange. We believe that adhering to the principles of respect, patience, and sensitivity will continue

to decrease the barriers for knowledge exchange and enhance the levels of cultural competence for all participants.

Finally, our faculty exposure, while challenging in some regards, resulted in increased confidence in the application of technology to the educational process and the heightening of awareness in regards to learning opportunities for students and self. The technology enabled faculty to gain perspective and access to experiences and situations that, in the past, were only possible through physical travel. We believe that the exposure will result in increasing willingness to utilize similar technologies with our UM nursing students.

In summary, the course focus on the health of populations provides an excellent opportunity to provide students with a global health perspective, and to afford faculty the opportunities to teach powerful lessons that cannot be achieved by reading a book. Integration of technology into the course design enabled us to expose our students and faculty to the interconnections and commonalities of the global battle to reach “Health For All”. This experience has opened new doors for the UMSN to “reach and teach” – not only our students, but ourselves as citizens of the globe.

## References

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