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CHAPTER TWELVE

The Honors Thesis for
Health Sciences Students:
A Service Abroad Model

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Despite advances in health care sciences and increased awareness of health disparities, unnecessary gaps in outcomes among vulnerable populations and a lack of adequate solutions to combat common diseases worldwide continue. Those deficiencies and the blurring of international borders have led to an increased need for health care professionals to understand health and the factors that influence it on a global scale (Wernli et al.). Nurses comprise the largest group of direct patient care providers in the world and have historically played an essential role in promoting health and

improving patient outcomes regardless of the setting. The multifaceted and ever-changing healthcare landscape requires health care professionals to possess competence beyond critical thinking and technical skills that are typically included in health science curricula.

Persistent increases in globalization have led to an urgent need for nursing students to understand health through a global lens (Allam and Riner 236). According to the American Association of Colleges of Nursing, nursing faculty are mandated to prepare nursing students to ensure they are prepared to work with diverse team members to effectively address the health care needs of patients of diverse cultures in diverse settings (“Toolkit”). In other words, nurses should be globally prepared prior to entering the workforce and have a commitment to lifelong global learning. Incorporating global learning into the already demanding health science curricula is challenging. The traditional approach of delivering lectures and giving assignments directed toward identifying cultural differences among select groups and discussing specific health topics related to certain countries is useful; however, more is needed to facilitate a broader foundational understanding of health on a global scale.

Nursing programs should develop global learning opportunities to provide students with opportunities to comprehend fully the importance of understanding health in the context of our global society. Operating honors programs in nursing schools is an ideal way to prepare global nursing leaders (Lim et al. 99). Internationalizing honors nursing is beneficial in laying the foundation necessary to encourage future nursing leaders to embrace diversity, promote health, and improve patient outcomes in our global society. One strategy is to offer honors thesis options in international settings. Buckner and Holcomb previously explored international honors thesis development. They described a nursing honors experience where students collaborated and shared scholarly outcomes with nursing and health care colleagues abroad (275–87). Several students continued leadership development in international settings following graduation and are mentoring others in those processes.

Another effective pedagogical approach is to go beyond the classroom by purposefully planning activities where students will

learn by engaging with global partners. Specifically, nursing faculty can create short-term, service-learning abroad programs that will attract honors students interested in thesis development in an international setting. The purpose of this chapter is to demonstrate the possibilities of honors thesis development in an international setting, with specific examples from our program in the Dominican Republic. In this chapter, the authors 1) define global health, 2) explain the process of establishing international partnerships for honors thesis development, and 3) describe planning and implementing a service-learning abroad program for honors students. Three students' honors theses serve as useful models of collaborative international work.

UNDERSTANDING GLOBAL HEALTH

Global health has become an increasingly popular concept in the academic arena because it captures the significance of transnational issues and determinants in the quest to improve health and decrease global disparities (Allam and Riner 240). Furthermore, the worldwide recognition of the need to increase academic initiatives to address global health issues is gaining momentum (Wernli et al. 1; Wilson et al. 26). According to Koplan et al., global health has the following characteristics:

- Focuses on issues that directly or indirectly affect health but can transcend national boundaries
- Development and implementation of solutions often requires global cooperation
- Embraces both prevention in populations and clinical care of individuals
- Health equity among nations and for all people is a major objective
- Highly interdisciplinary and multidisciplinary within and beyond health sciences (1994)

These characteristics imply that all sectors of society impact health regardless of location on the world map and that health equity can be accomplished with a transdisciplinary and transnational approach. In 2015, the United Nations Development Programme (UNDP) emphasized a similar vision when they published seventeen Sustainable Development Goals (SDGs) with the overarching aim of improving lives and health globally by 2030. The SDGs highlighted the need for greater collaboration and vitalization of global partnerships for sustainable development.

PLANNING FOR SERVICE ABROAD

Establishing a Global Partnership

The University of South Alabama (USA) has adopted “Diversity and a Global Perspective” as one of its five priorities, which was again emphasized in its 2016–2020 Strategic Plan (“Strategic Plan”). Additionally, one of USA College of Nursing (CON) learning outcomes is to “integrate professional nursing values in meeting current and emerging health needs in a dynamic, global society” (“Bachelor of Science”). To support the university’s strategic priorities and the CON’s learning outcomes, nursing faculty sought to develop a service-learning program in an international setting for junior and senior students enrolled in the nursing departmental honors program. The proposed international service-learning program also aligned with the mission of the USA University Honors College, which declares that it “challenges the students with scholarly creative activities, exposes them to cultural enrichment, and requires them to engage in community service” (“Mission”).

The first step was to establish a global partnership. Partnership is defined as the “creation of open and respectful relationships in which all members work equitably together to achieve shared outcomes” (Orchard et al. 60). Establishing global partnerships begins with identifying the goals of both parties and potential barriers. Nursing faculty at USA searched for potential global partnership opportunities by visiting USA’s Office of International Education (OIE) and performing online searches. The faculty were specifically

looking for an organization that had a strong community presence, provided nursing/medical staff members and translators if needed, offered short-term (two weeks or less) opportunities, assisted with lodging and transportation in the country, and had experience partnering with nursing schools, all at an affordable cost. Through online searches, the faculty identified a potential partner organization, Foundation for Peace (FFP). FFP is a non-governmental organization (NGO) that was started by an American physician and his nurse-practitioner wife. FFP provides free health services to impoverished communities in the Dominican Republic, Haiti, and Kenya. The faculty and FFP global director held a phone conference to review and verify website information and discuss opportunities and goals. Additionally, the faculty emailed and called faculty from other U.S. nursing schools who had participated in FFP programs previously to gather more information about their experiences with FFP and solicit advice for planning a service-learning abroad program. After obtaining approval from the USA CON administration, the faculty traveled to the Dominican Republic and Haiti with FFP leaders in February 2015 to visit lodging and community sites, meet in-country staff, and assess the feasibility of developing a program for nursing students. During the four-day visit, the faculty and FFP staff and leaders discussed goals, opportunities, ethical considerations related to having foreign students work in local communities, logistics, and cost. The goal of both parties was to improve the health and well-being of underserved communities by delivering basic health care services, including education on various health topics. Another goal of the nursing faculty was to promote understanding of global health and health disparities by providing a platform outside of the classroom, including an international platform for honors students to develop their theses. Following the site visit, an affiliation agreement between USA CON and FFP was developed with the OIE and university legal office using the standard CON template.

With the affiliation agreement in place, CON faculty and FFP staff communicated regularly by phone and email to develop a service-learning program that targeted the identified goals. They

determined students would spend eight days during the fall semester in the Dominican Republic, where they would staff four free health clinics in pre-selected communities, meet with the leaders and nurses at a local hospital to learn more about the Dominican healthcare system, and visit a special-needs orphanage. During clinic days, students would be responsible for conducting basic physical assessments and educating patients about health promotion topics identified by FFP. Honors students would also implement a project that had been developed by the students in collaboration with honors faculty, FFP staff, and the Dominican program facilitator.

Recruiting Student Participants

Senior non-honors nursing students who would be enrolling in the practicum course during fall 2015 and honors students with an interest in developing their theses in an international setting were invited to participate. Informational flyers sent via email and posted in high-traffic areas at the CON were also used to recruit students. Rather than offering an additional for-credit course, participating students registered for a zero-credit hour section of either nursing practicum or an honors course entitled "Service Abroad: Dominican Republic." The advantages to this approach were that it documented student participation in international activities on the transcript and minimized the cost to students. To further integrate the experience into the students' curricular requirements, the practicum students could document hours for their time in the clinic, the tours of the hospital and orphanage, the pre- and post-experience debriefings, and cultural exchanges as part of the required clinical hours for their community health clinical experiences. To help address the financial barriers to participation, the OIE offered a small scholarship, and students were also able to apply their financial aid and academic scholarships to the service abroad program. As a result of these recruitment efforts, six non-honors seniors and three junior nursing honors students completing their thesis for departmental honors elected to participate in the program. The latter three students had participated in international mission trips with other organizations in the past, and that

experience influenced their decision to develop and implement an international thesis project.

PREPARATION AND IMPLEMENTATION

Pre-Departure Activities

Although the course was a non-credit offering, faculty utilized the university's online learning platform to post preparatory material that the students reviewed and completed during two months of the fall semester prior to the in-country program. Nursing faculty developed a list of common health concerns and presenting symptoms that were identified by FFP staff, common nursing assessment questions, common greetings, and other useful phrases. The list was then translated into Spanish by a foreign language instructor and Spanish-speaking staff at USA. The translations were provided in written form as well as audio/video format and were included in the online platform. Using the list of common health concerns and presenting symptoms, nursing faculty assigned each student a mock patient, and the student was required to undertake a basic interview and assessment in Spanish using the translations provided. Each student was also required to design a culturally appropriate educational flyer on a health care topic identified by FFP. They had to translate the material into Spanish with the assistance of websites, including the Centers for Disease Control and the World Health Organization, and with the help of students from the campus Latin American Student Association (LASA). The nursing faculty printed hundreds of flyers for the students to distribute during their clinic hours.

Another important resource that nursing faculty used to prepare students for the service-learning program was Purnell's Model of Cultural Competence (Figure 1). The model was intended to help students understand culture's impact on health and outcomes, and it was posted on the online platform with an explanation of its use. The model consists of four macro and twelve micro aspects. The macro aspects represent global society, community, family, and the person, and the micro aspects include twelve interconnected cultural domains and the respective concepts that collectively impact a

FIGURE 1. THE PURNELL MODEL FOR CULTURAL COMPETENCE (PURNELL 16)

- Explanation of the Purnell Model Figure**
- The outer rim represents global society.
 - The second rim represents community.
 - The third rim represents family.
 - The inner rim represents person.
 - The interior depicts 12 domains.
 - The center is empty, representing what we do not yet know about culture.
 - The saw-toothed line represents concepts of cultural consciousness.

Concepts of Cultural Consciousness

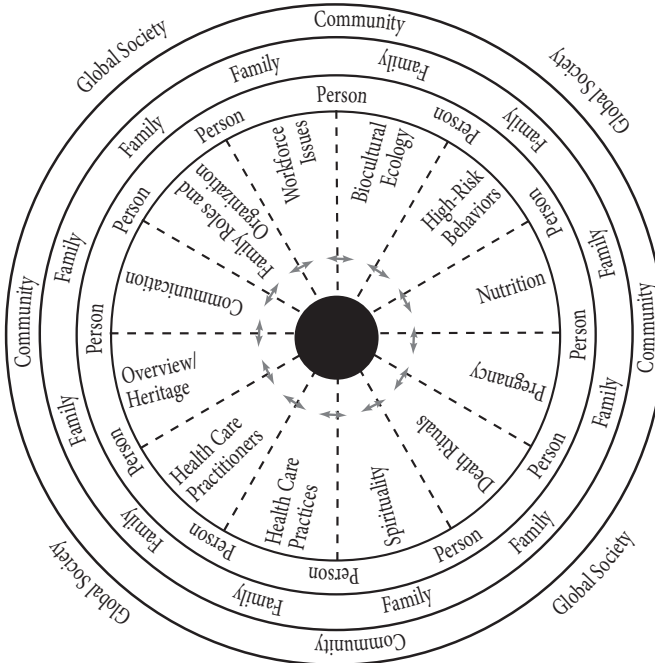
Variant cultural characteristics: age, generation, nationality, race, color, gender, religion, educational status, socioeconomic status, occupation, military status, political beliefs, urban versus rural residence, enclave identity, marital status, parental status, physical characteristics, sexual orientation, gender issues, and reason for migration (sojourner, immigrant, undocumented status)

Unconsciously Incompetent—Not being aware that one is lacking knowledge about another culture

Consciously Incompetent—Being aware that one is lacking knowledge about another culture

Consciously Competent—Learning about the client's culture, verifying generalizations about the client's culture, and providing culturally specific interventions

Unconsciously Competent—Automatically providing culturally congruent care to clients of diverse cultures



Unconsciously Incompetent—Consciously Incompetent—
Consciously Competent—Unconsciously Competent

12 Cultural Domains

It is not intended for domains to stand alone; rather, they affect one another.

Overview/Heritage

Concepts related to country of origin, current residence, the effects of the topography of the country of origin and current residence, economics, politics, reasons for emigration, educational status, and occupations.

Communication

Concepts related to the dominant language and dialects; contextual use of the language; paralinguistic variations such as voice volume, tone, and intonations; and the willingness to share thoughts and feelings. Nonverbal communications such as the use of eye contact, facial expressions, touch, body language, spatial distancing practices, and acceptable greetings; temporality in terms of past, present, or future worldview orientation; clock versus social time; and the use of names are important concepts.

Family Roles and Organization

Concepts related to the head of the household and gender roles; family roles, priorities, and developmental tasks of children and adolescents; child-rearing practices; and roles of the ages and extended family members. Social status and views toward alternative lifestyles such as single parenting, sexual orientation, child-less marriages, and divorce are also included in the domain.

Workforce Issues

Concepts related to autonomy, acculturation, assimilation, gender roles, ethnic communication styles, individualism, and health care practices from the country of origin.

Bicultural Ecology

Includes variations in ethnic and racial origins such as skin coloration and physical differences in body stature; genetic, heredity, endemic, and topographical diseases; and differences in how the body metabolizes drugs.

High-Risk Behaviors

Includes the use of tobacco, alcohol and recreational drugs; lack of physical activity; nonuse of safety measures such as seatbelts and helmets; and high-risk sexual practices.

Nutrition

Includes having adequate food; the meaning of food; food choices, rituals, and taboos; and how food and food substances are used during illness and for health promotion and wellness.

Pregnancy and Childbearing

Includes fertility practices; methods for birth control; views towards pregnancy, and prescriptive, restrictive, and taboo practices related to pregnancy, birthing, and postpartum treatment.

Death Rituals

Includes how the individual and the culture view death, rituals and behaviors to prepare for death, and burial practices. Bereavement behaviors are also included in this domain.

Spirituality

Includes religious practices and the use of prayer, behaviors that give meaning to life, and individual sources of strength.

Health Care Practices

Includes the focus of health care such as acute or preventive; traditional, magicoreligious, and biomedical beliefs; individual responsibility for health; self-medication practices; and views toward mental illness, chronicity, and organ donation and transplantation. Barriers to health care and one's response to pain and the sick role are included in this domain.

Health Care Practitioner

Concepts include the status, use, and perceptions of traditional, magicoreligious, and allopathic biomedical health care providers. In addition, the gender of the health care provider may have significance.

Source: <<https://www.nasn.org/nasn-resources/practice-topics/cultural-competency/cultural-competency-purnell-model>>

person's well-being (Purnell 16–18). Faculty provided an overview of the Dominican Republic as a global society, including its government, history, economy, and current documented health statistics. Before departure, students were required to use the model to reflect on their own cultural competence specifically as it related to health and health care influences. As indicated beneath the model, the level of cultural competence ranges from being completely unaware of cultural knowledge deficit (unconsciously incompetent) to being extremely culturally competent such that no effort is required when interacting with people from other cultures (unconsciously competent).

With faculty support, honors students adapted their academic interests to the needs of the Dominican communities. For example, one student had been working with a local homeless population in a student-run free clinic in the U.S. He expanded his project to the Dominican clinic since it was also student-staffed, which allowed him to generate comparative data. Another student's honors thesis was a description of global women's health initiatives. This student developed a class to discuss common health concerns for women. The third student planned a descriptive study of communication and participation needs as perceived by adult caregivers of children with special needs. In the Dominican Republic, the student implemented the project with caregivers of special needs children. The FFP staff reviewed the honors students' projects, including questionnaires, and gave permission for their use. The university IRB approved all three projects. (See the Appendix for abstracts of the honors projects.)

A nursing professor hosted a mandatory meeting on campus two weeks prior to departure. Students participating in the program were required to attend the meeting in culturally appropriate attire. Faculty from the foreign language department and students from the LASA, including one who had recently moved to the U.S. from the Dominican Republic, volunteered to prepare a Dominican meal, make a presentation on Dominican culture, and practice basic Spanish phrases. OIE staff were also present to provide safety and emergency information while traveling abroad. During the

meeting, faculty also instructed students on culturally appropriate behavior, potential risks involved with travel, and safety rules that must be followed throughout the program (Kohlbray and Daugherty 165).

Immersion Experience In-Country

During the immersion experience in mid-October, students worked with translators, physicians, and FFP staff in impoverished communities to provide free health assessments and education to patients. FFP staff visited the communities to pre-register patients one week before the USA faculty and students traveled to the Dominican Republic. The clinics were held in local churches that had been divided using sheets into areas that provided some privacy for patients. A separate pharmacy section was designated on-site for keeping and dispensing medications brought by FFP. When patients arrived at the clinic with their registration forms for their pre-scheduled appointments, they were seated in a room staffed by a student and a translator. Throughout the clinic day, faculty closely monitored students and verified assessment findings. Students reported findings to the FFP physician who ordered medications when needed. Students were then responsible for obtaining medications from the pharmacy and providing educational information about them to patients. During the four clinic days, the students saw nearly eight hundred patients. All of the patients and their families were actively engaged in learning about ways to promote good health.

One honors student conducted a women's health conference at the clinic, providing education on hygiene, breast self-examinations, and the importance of annual physical examinations. The second honors student interviewed participants regarding their perceptions of free clinics. The third honors student spent time with two families who came to the clinic with a child with special needs. Students then spent part of a day at the community orphanage that cared for children with special needs. The third honors student also interviewed the founder of the orphanage and staff about the children's needs. During the visit, students and faculty interacted with

the children and discussed the challenges of providing care to children when resources are very limited.

Local nurse leaders provided a tour of the local public hospital and led an in-depth discussion of the leading health conditions, disparities, and resources available to patients residing in the Dominican Republic. Evening activities included reflective journaling and debriefings using Purnell's Model as a guide. In their journals, the students were required to assess each of the macro-domains (global society, community, family, person). During days two through seven, they also reflected on two of the twelve micro-domains based on their observations and interactions. Observations could be based on their experiences in the clinic, while traveling in the country, during excursions, or at any other point during the immersion experience. During debriefings that included the students, the faculty, and the FFP physician and staff, they openly discussed and compared healthcare needs, resources, and perceptions of health in the Dominican Republic and the U.S.

STUDENT LEARNING OUTCOMES

The development of global competencies in future nursing leaders is a substantive outcome of the program. The students' immersion experience broadened and deepened their understanding of the many factors that can impact health, healthcare, and medical outcomes. As the students compared healthcare in the Dominican Republic and the U.S., many common themes emerged. Students realized that many conditions such as uncontrolled hypertension, diabetes, and alcohol abuse were common health concerns in both the Dominican Republic and the U.S. The students highlighted the fact that many of the social determinants that lead to poor health in the Dominican Republic mirrored those in the U.S. They noted commonalities between the lack of resources in the Dominican Republic and insufficient access to health care in the United States. Students also acknowledged the challenges and frustrations that language barriers presented; furthermore, they reported a better understanding of what it meant to be minority members in a community. Ultimately, they acknowledged that working with partners

in global communities was highly effective in gaining an understanding of the importance of viewing health through a global lens.

The nursing faculty identified themes in the students' journal entries that demonstrated growth in the areas of global perspectives, community perspectives, and family/work/country-specific perspectives. The students' journals also demonstrated increased intercultural competence, appreciation of the setting-specific characteristics of populations, and heightened awareness of bias between different groups. The depth and breadth of their changes in awareness and willingness to engage with others and their needs were apparent. (See Table 1.)

DISSEMINATION, THESIS DEVELOPMENT, AND RECOGNITION

On their return, the three honors students presented an assessment of the villages they visited to the community health nursing class, and they shared their experience with senior nursing students. All three honors students completed their honors theses. For USA students, the honors thesis is a year-long process. Students enroll in three courses (six credits total) focusing on proposal development, implementation, and writing. The three honors students who participated in the Dominican program completed literature reviews, designed their projects to include evaluative measures and surveys, sought IRB approval, obtained letters of support from partners, and tested tools. (See the honors thesis abstracts in the Appendix.) During the service-learning experience in the Dominican Republic, the students completed on-site activities, including interviews, classes, and surveys, with the assistance of translators. Students returned with data from questionnaires and interview guides. In the final semester, students analyzed the qualitative and quantitative data, and they summarized conclusions and implications for global health. Honors students also wrote reflections on their in-country experiences to complement their formal honors theses.

Students furthered their academic and professional development by presenting their honors theses to interdisciplinary peers. They were required to defend their theses in public forums, where they fielded questions from faculty and others. All students successfully

TABLE 1. EXAMPLES OF STUDENTS' REFLECTIVE JOURNAL COMMENTS IN EACH OF THE PURNELL DOMAINS

Concepts	Sample Journal Quotations
Macro Concepts	
Global Society	"Global society is the view of not one particular people, but the human race as a whole. The idea that we all share the earth and no one person should have more rights than any other."
Community	"Community is an area/location, a place that comes together and unites. Unity with all, all as one in a specific location. Community is like family and treats you as though you are. It is a group that makes decisions, helps each other, and supports the area by giving back to it."
Family	"Family can be immediate or extended blood relatives or really anyone who is considered dear in some way."
Person	"Person or 'self' is how you see life as an individual and you as that person fit into this circle of life."
Micro Concepts	
Overview/ Heritage, Residence, and Topography	"The DR is a poor country whose economy depends heavily on tourism and sugar exports. It is the oldest European settlement in the Western Hemisphere. The politics confuses me. I see election signs on every street corner but with so many people unemployed and in poverty, I can't envision many people voting. Education seems lacking here as well. I have seen hundreds of children of school-age at home or on the street during school hours."
Communication	"Communication was a huge factor while assessing our patients. The language difference was a challenge, but we had translators, which helped tremendously. I maintained eye contact with patients when addressing them, even when speaking to the translator. I realized very quickly that greetings here have hierarchy, which usually starts with the oldest male, then the oldest female, followed by the next oldest male child and so on. Also, when we greeted patients we stood up as a sign of respect. Touch was also something that I noticed our patients valued. They would often shake hands or hug us when they arrived and when they departed."
Family Roles and Organization	"The DR is very much a patriarchal society. In speaking with staff about this, it was said that this has improved over the past 20–30 years, though. Also, elders are very respected with elder males making many of the decisions."

Workforce Issues	<p>“Employment in the rural areas especially seemed bleak. According to the pastor and staff that I spoke with, in order to get a job, you have to have the right connections, which most people don’t have.”</p> <p style="text-align: center;">* * *</p> <p>“As we toured the local hospital, I saw that the hospital was packed with patients. The nurses’ workload was 10 patients in some of the units. There was lack of air conditioning throughout the hospital. I have no clue how the nurses work in that hot environment all shift. It would be quite an overwhelming experience to be a health care worker here, and now I have a huge amount of respect for DR nurses.”</p>
Nutrition	<p>“Malnutrition was obvious in the communities that we visited. The diets in the DR consist of fruit like Mango, soups with chicken, high-fat and starches. Many of the kids were eating junk-food like chips. We were told that it is cheaper to eat those sorts of things. This seems to be similar, though on a smaller scale, to the U.S.”</p>
Health Care Practices	<p>“Health care practices in the DR are similar to ours in the U.S. in some ways. They do not seem to have the prevention for diseases and infections and very few advertisements about health are visible around the city. Many people here practice self-treatment or no treatment at all. Patients may show up at the hospital expecting care, but that does not mean they will be treated. Health insurance is not available to many here since they cannot afford it. I keep thinking about the young man who had a motorcycle accident two weeks ago with a large abrasion. He did not go to the hospital after the wreck. Instead he waited until our clinic came to his community.”</p>
Health Care Practitioners	<p>“There seemed to be a great deal of trust and respect for health care providers in terms of listening and taking health advice. But, many were late for their scheduled clinic time. This I learned is the norm for everything in the DR. Nobody is hurried or rushed when it comes to appointments. It is common for the people of the DR to be an hour late. They seemed to be much more laid-back than in the U.S. where we would lose our appointment slot if we were late.”</p>
Biocultural Ecology	<p>“The biocultural ecology of the DR is diverse. Many Haitians remain here and many illegally migrate here yearly. They are mostly a black race. Traditional Dominicans are a mixed race of black, European, and the indigenous population. I am unaware but curious how different races are treated here, but I do know that people from Haiti are looked down upon.”</p>

<p>High-Risk Behaviors</p>	<p>“High-risk behaviors are many. I learned (and could see) that alcohol-intake is quite popular here. Smoking is an issue as well. Traffic accidents are a major cause of death and it is easy to see why. It was common to see three and four people on one motorcycle with none of them wearing helmets. Cars weaved in and out of traffic. There did not seem to be any logical boundaries on the roads, so everyone just seemed to drive as they wish. The use of condoms is not something readily discussed here, so the HIV and STD rate is high, as is teenage pregnancies.”</p>
<p>Pregnancy/ Childbearing Practices</p>	<p>“I talked to the staff about this. I learned that pregnancy is considered positive if the mother-to-be is married to the father. Most women do not receive prenatal care. I learned that there are many superstitions regarding pregnancy. For example, pregnant women should never go into the ocean. During labor, it is more common for the woman’s mother to be present than the father of the child. When a baby is born, colostrum is considered dirty so breast-feeding is often put off until three days post-partum.”</p>
<p>Death Rituals</p>	<p>“I spoke with pastors about death in the DR who told me that on the day of death, there is an open-casket service. Three days later, there is a memorial service where the casket is carried to the family mausoleum. For nine days after death, the family participates in prayers. On the twelfth day, a goat is killed in a sacrificial ceremony and the family has a feast. It was very interesting to learn that beyond traditional ceremonies that I am used to, there are actually ceremonial traditions that continue for days after death.”</p>
<p>Spirituality</p>	<p>“Spirituality here is viewed as very important. While there are many who practice voodoo, Christianity is highly important. That was evident in the communities where we worked. Clinics always began with prayer by the local pastor. We attended church one evening after working in the community. We were told before we came (and could see it when we arrived), dress is very conservative. This is not something that I was used to at all but had a great deal of respect for this.”</p>

defended their theses, graduating “with Honors in Nursing.” They also presented their findings at the National Conference on Undergraduate Research (NCUR) and the regional meeting of the honor society of nursing, Sigma Theta Tau International. Two students have completed additional mission and study abroad service experiences with students from other health science disciplines. One student took her first professional nursing position in a

medically underserved area (MUA) with demonstrated vulnerable populations.

The College of Nursing recognized two students for academic excellence and service. The nursing honor society, Sigma Theta Tau International, Zeta Gamma Chapter, recognized the third for her multiple contributions to international women's health and social justice. The College of Nursing also recognized the primary faculty member who organized the international partnership for outstanding service.

PROGRAMMATIC IMPACTS

Community Impact

The FFP staff reported that the honors students' projects and the quality of care and education they provided, including the respect they showed for Dominican patients and their culture, exceeded their expectations. They expressed the desire to expand the partnership to increase the number and frequency of outreach programs to these vulnerable communities. Community leaders expressed gratitude to the students and faculty for choosing to travel to their communities to provide care and education to residents who otherwise would not receive health care.

Sustainability

During the service abroad project, students stepped outside the classroom and engaged with global partners to gain a better understanding of health on a global scale. Based on the positive outcomes for students and the Dominican communities, faculty, students, and administrators supported the continuation of these experiences, and FFP founder Dr. Ken Culver visited USA CON to meet with faculty and administrators to discuss future joint research and service opportunities. The university welcomed these experiences and especially the honors students' involvement because the honors program was seeking to expand its international offerings. To increase awareness and highlight the program's success, USA's

media and communications department published an article about the program on the university's website, and the article was later featured in the local newspaper.

This first service abroad experience provided faculty with extensive knowledge regarding the development and implementation of such programs. The program's success inspired nursing faculty to establish partnerships with other global partners in Haiti and Kenya. Since the initial program, nursing faculty have developed five additional service-learning programs, two in the Dominican Republic, two in Haiti, and one in Limuru, Kenya. Additionally, students have successfully implemented three Doctor of Nursing Practice projects, one in Haiti and two in the Dominican Republic.

CONCLUSION

Increasing globalization with persistent health disparities signals the need to approach health care delivery through a global lens. Developing unique opportunities for students in nursing to expand their understanding of global health is an essential component of the nursing school curriculum. Nurses as well as other health professionals are facing similar challenges. Student immersion, honors thesis development, and implementation in the international setting are useful for the students' understanding of health and health care delivery on a global scale and beneficial to impoverished communities that may not otherwise receive health care or health education. The impact on the community and the positive feedback from participants in the inaugural program have led to the development of additional programs that fulfill the mission of the CON and the university itself. USA CON faculty will continue to strengthen current partnerships and develop new ones while encouraging future nursing leaders to pursue less traditional routes to understanding health on a global scale.

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APPENDIX

Abstracts of Honors Theses in International Settings

Honors theses in international settings can focus on policy, comparative studies, and service-learning applications as noted below in the abstracts by three honors students.

Evans, Heidi Elizabeth, *Caring for Children with Special Needs*, University of South Alabama

In the health care setting, communication and participation play a major role in a patient's recovery. Children with special needs deserve to have health care workers meet these needs to the best of their ability. This study assessed children's communication and participation needs as perceived by caregivers and how the children cope with those needs. In the school census from October 2014, 12.7% of students attending Mobile County public school systems were involved in special needs programs (ACES). Orlando's Deliberative Nursing Process Theory explains the nurse's responsibility to see the patient's needs and meet them holistically (Orlando).

This was an IRB-approved, non-experimental descriptive research study that included a comparison group in the Dominican Republic that participated in a service-abroad project. It includes qualitative inquiry as well as quantitative data. The population was caregivers of children with special needs through direct contact and snowball sampling at a camp, a dance class, and clinics. Questionnaires were translated into Spanish for use in the Dominican Republic. Caregivers were invited to participate in completing the survey at the check-in station at the various locations. Participants completed a questionnaire, and the results were analyzed using the communication and participation scales gathered from the Quality of Life Questionnaire Manual (Waters et al.). Qualitative data was analyzed using content analysis. A total of 15 surveys were returned from the settings. According to caregivers' responses, results demonstrated that children tend to be happier when communicating with individuals they know rather than those they do not know well.

Cook, Stephanie, *Exploring Women's Health in the Dominican Republic through a Service-Learning Experience*, University of South Alabama

The aim of this service-learning project was to gain insight into the types of health issues that women of the Dominican Republic (DR) face, identify some of the underlying causes, and help empower the women to take control of their own

health. It has been made clear by the United Nation's focus on sustainable development that health must be addressed alongside education, economics, gender equality, and other issues if underlying barriers are to be removed and sustainable change is to be achieved. Furthermore, the major focus on women and children emphasizes the imperativeness of tackling the disparities that these groups face to improve the health of all. First-time collaboration between the University's College of Nursing (CON) and Office of International Education led to a service-learning opportunity in the DR. Medical clinics were conducted in four underserved communities in Santo Domingo, which provided firsthand insight into problems commonly faced by women. Additionally, a women's health conference was held after one of the clinics where the participants were recruited. Twenty-two women participated and completed a post-conference questionnaire that focused on relevancy of information presented, additional information desired, and their autonomy in decision-making. Responses showed that the information was relevant and will enable the women to better care for themselves in the future. All the women stated that the provided information would allow them to better care for themselves. A focus group interview was done with the host organization's staff to gain a better understanding of underlying causes of health issues and barriers and to identify future implementation opportunities to address discovered health issues. This interview resulted in the confirmation that a severe lack of education is seen as the biggest barrier in the health of women. A plan has been initiated to create handouts of the women's health information to be passed out at future clinics. The success of this first-time service-learning opportunity has shown the value of global experiences and has resulted in the continued pursuit of study abroad opportunities by the CON.

Cooley, Zane, *Patient's Perceptions of Visiting a Student-Run Free Health Clinic, University of South Alabama*

Judgment and mistrust plague the relationship amongst health care providers and the underserved population, especially those who are homeless. This judgment and mistrust lead to a gap between this population group and proper health maintenance. A student-run free health clinic may be the bridge over this gap. Clinics such as this allow for access to free basic health care for this population while also benefiting the students. The objective of this study is to describe patient perceptions of a student-run free health clinic (SRFHC) in Mobile, Alabama, and temporary student clinics in the Dominican Republic. This study was implemented to improve the clinic and to help underserved/homeless individuals maintain a more stable health condition. Underserved/Homelessness is its own culture and with that brings its own difficulties. This led to the application

of Madeline Leinginger's Transcultural Nursing Theory being the framework for the project. The project was conducted at 15 Place, a day shelter for the homeless population in Mobile, Alabama, and clinics in the Dominican Republic as part of a service-abroad course. A descriptive design, approved by IRB, was used to ask individuals post-clinic about the experience through the Trust in Physician Scale (Bachinger et al. 2009), which focuses on the trust between the individuals and health care providers, and the HowRwe questionnaire (Benson and Potts 499) that focuses on patient satisfaction. Results were collected from the clinic in Mobile that has a limit of 15 patients on designated Saturdays with a total of three questionnaires and surveys being collected from the USA SRFC site. Analysis was completed with recognition of the limitations of surveying this population. Nine questionnaires and surveys, which were converted into Spanish, were completed from the Dominican Republic clinics. Implications of the study can be emphasis for other universities and cities to create and support student-run clinics. Not only for the benefit of the students but for the perceived trust amongst students and this population group, which contributes to this population returning for a form of primary care. This repeated attendance leads to economical savings for the local healthcare system. Homelessness is as much an economical problem as it is a social problem.