

## **Using Campinha-Bacote’s Framework to Examine Cultural Competence from an Interdisciplinary International Service Learning Program**

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### **ABSTRACT**

*The purpose of this study was to investigate an interdisciplinary international service learning program and its impact on student sense of cultural awareness and competence using the Campinha-Bacote’s (2002) framework of cultural competency model. Seven undergraduate and one graduate student from Human Development and Nutrition Science disciplines participated in the program. Reflections from a synthesis paper post-travel were analyzed using an inductive approach. Six themes emerged from the reflective journals and were applied to Campinha-Bacote’s cultural competency constructs. Participating and learning together while reflecting helped deepen and progress this process for ISL students. Overall, the experience proved to be an effective educational tool for sensitizing students towards cultural competency within interdisciplinary programs.*

**Keywords:** cultural competence, human development, interdisciplinary, nutrition, study abroad

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**T**he United States’ population is becoming more diverse. The U.S. Census (2015) projects minority populations will increase to 56 percent of the total population by 2060. According to Wehling (2008), the increase in Latino

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immigration has produced a demand for culturally competent and language proficient graduates in the fields of education, social services, and business. As a result, multiple educational disciplines are incorporating cultural competency curriculum to effectively address the needs of the U.S. population for cultural awareness.

Cultural competence is “a set of congruent behaviors, attitudes, policies, and structures that enable an individual to effectively work in cross cultural situations” (Flaskerud, 2007). It is an acquired skill which includes academic, interpersonal, and clinical skills that raise an individual’s awareness to differences among varied ethnicities (Meaney, Bohler, Kopf, Hernandez, & Scott, 2008). Professionals who possess cultural competence are able to provide better services and care to their clients (Lehman, Fenza, & Holliger-Smith, 2012). Campinha-Bacote (2002) describes the continuous process of striving to effectively work with cultural context (individual, family, community) of the client, overcoming barriers and working through knowledge of cultural needs, cultural sensitivity, and skills, and working with diverse cultures. Clients, as a result, feel their services and care are addressing their actual needs when professionals are culturally competent, leading to higher levels of client satisfaction (Lehman, Fenza, & Holliger-Smith, 2012). To prepare students for the professional world, they need to be taught not only cultural knowledge and language proficiency, but also how to examine and apply their own cultural knowledge, values, and beliefs to enhance their cultural competence (Kohlbray & Daugherty, 2015) through constructs such as those in the Campinha-Bacote (2002) model.

Service learning utilizes experiential learning and allows students first-hand immersion with a culture, different than their own, leading to greater awareness and an increased sense of cultural competence (Cashman & Seifer, 2008). Institutions of higher education are recognizing the need and value of incorporating international service learning programs (ISL) into their curriculum. However, there aren’t many studies that clearly manifest the impact of ISL courses on student understanding and knowledge of cultural awareness and competence. Thus, this research study adds to the limited body of work on the how an interdisciplinary ISL can impact student sense of cultural awareness and competence using the Campinha-Bacote’s (2002) framework of cultural competency model.

## **RESEARCH METHOD**

### **Participants**

This study used a case study approach to qualitatively assess student reflection from an ISL course. The course was offered to a group of Human Development (HD) and Nutrition Science (NS) undergraduate and graduate students studying at a southeastern public university in the U.S. Three undergraduate NS students and one graduate NS student, along with four undergraduate HD students participated in the 9-day study aboard course to Santiago, Dominican Republic (DR) in May 2015. Seven of the students were women and one student was male and ages ranged between 18 and 32 years.

### **Data Collection Procedure and Analysis**

Throughout the course, students participated in lectures on culture, history, nutrition, education and health. In preparation for travelling to the DR, students were asked to complete three assignments consisting of a country investigation, a nutritional/social issue investigation, and a site investigation for the country. The country investigation required students to either describe nutrition or socially relevant issues based off the Caribbean region, and explain its significance that was supported by scholarly literature review. In the second part of the assignment, students were required to select an issue of interest and investigate it further using empirical and non-empirical sources. The research methodology and findings for each study were also critiqued. The site investigation required students to research information, such as history, location, and significance, about each planned site visit on the itinerary for the trip. The pre-tour assignments assisted students in learning about the population and their needs before entering the country.

While travelling, students engaged with DR nationals by living with a host family, visiting clinical and community sites, such as government hospitals, private hospitals, youth centers, schools, non-governmental organizations (NGOs), and an orphanage, and serving for three days at an orphanage that housed 91 boys and girls between the ages of 0 and 22 years who suffered from physical and mental disabilities, malnutrition, and health issues. Students learned first-hand about patient centered care, examples of experiences from caregivers, the organizational, community, and political structure of healthcare systems in the DR, health disparities and minority

populations in the DR, food preparation and traditional Dominican diets, and health related needs in the country. Students assisted staff with feeding, entertaining, and mobilizing children during their service experience. Students responded to reflection prompts with their personal thoughts, feelings, knowledge, assumptions, comparisons, differences, and strategies, and some students complemented their remarks with photographs and drawings before, while, and after traveling. The researchers communicated, observed, and interacted consistently with all the student participants before, during, and after travel to establish credibility. Two of the data analyzers were peer researchers, one undergraduate and one graduate student, from each of the interdisciplinary fields. Thus, for this research project, researchers decided to analyze text from a set of reflection papers which included a synthesis paper that students' completed after returning to the United States. This study was approved by East Carolina University's Institutional Review Board where U.S. students and faculty attended.

*Table 1.* Themes compared to Campinha-Bacote's constructs.

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<b>Campinha-Bacote's cultural competency construct</b>	<b>Themes</b>
Cultural awareness	Comparisons noticed between the US and DR
Cultural Encounters	Cultural immersion works
Cultural knowledge	Making learning concrete and real
Cultural skill	Stepping out of your comfort zone
Cultural desire	Preconceived notions challenged
Cultural desire	Renewed goals for the future

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All researchers used an inductive approach (Glaser & Strauss, 1967) to review the reflective journals, identify and code themes, apply the constructs from Campinha-Bacote's (2002) cultural competency model, and re-visit and discuss their coding until consensus was reached. Researchers kept an audit trail to document their research activities, discussions, and processes while mapping emerging themes to the cultural competency constructs. Campinha-Bacote's model of cultural competence (2002) consists of the following five constructs: (a) cultural awareness (a self-reflection of one's own cultural and professional background), (b) cultural knowledge (obtaining information about different cultures); (c) cultural skill (conducting an assessment of cultural data of the patient); (d) cultural encounters (personal experiences with patients of different backgrounds);

and (e) cultural desire (the process of wanting to be more culturally competent). Six themes emerged from the reflective journals and they were compared to Campinha-Bacote's cultural competency constructs (Fig 1).

## RESULTS

### **Theme 1: Comparisons Noticed Between the United States and DR (Cultural Awareness)**

Students recognized poverty and lack of education hinder the population from thriving to its fullest potential. Many students commented on how extreme the poverty was in the DR compared to the poverty they have witnessed in the United States. Student A said: "I knew living conditions were different in the DR than they were in the United States, but I was speechless when I realized just how polar opposite they were." Student B revealed:

*"I believe the root causes of the issues we are learning about at our site visits are lack of education and extreme poverty. Many people have spoken of this cycle. It does not end on its own because you need to be educated in order to find a good job, but you need to be working in order to have quality education available."*

While, student C said:

*"I noticed a difference in the aspect of working. In the US, children do not work because they do not have to; plus the US has many child labor laws in place. In the DR, many of the children work by cleaning, shining shoes, begging for money, or doing odd jobs to help take money home to their families."*

Every student observed poverty, educational challenges, and lack of resources existed in all of the site visits throughout the Santiago communities. Students gained knowledge through direct encounters with different groups of people at the site visits and the service learning experience. Students were able to build upon their educational foundation knowledge from their pre-travel readings, comparisons of systems or experiences they may be more familiar with in the United States, and better understanding and processing of information to the DR population.

## **Theme 2: Cultural Immersion Works (Cultural Encounters)**

Students were given the opportunity to learn about traditional medicinal practices, dialogue with healthcare professionals, and tour both a government (public) and private hospital. Students were surprised by the differences in healthcare delivery to patients. Many noted the government hospital lacked equipment, supplies, medicines, and sanitation, and did not have the ability to care for all of the patients that visited the hospital on a daily basis due to a lack of funding and resources. Patients coming to the government hospital do not have to pay for their care if they cannot afford it. Student D reported after the government hospital tour, “This hospital is not at all a place I would want to go or send a loved one. It seems that one would have a much higher likelihood of getting sick and dying in the hospital than simply staying at home.” A few of the quotes came directly from the students at the conclusion of trip and their home stays. Student H reported, “You will never know what a culture is really like until you fully immerse yourself in it. The DR is so different from the United States in so many ways, yet there are some similarities.” Observation and interaction with patient populations through the ISL provided students opportunity to refine or modify their existing beliefs, values, or practices and complement their readings, explanation, or assumptions of cultural norms or practices.

## **Theme 3: Making Learning Concrete and Real (Cultural Knowledge)**

Students realized that learning about how culture influences health, development and care within their courses is not the same as experiencing a culture first-hand. Students’ sensitivity towards issues such as poverty, living conditions, and children’s developmental issues was very evident. Student E said: “Before embarking on this study abroad experience, my perspective of developing nations rested in everything but first-hand experience . . . Within less than 24 hr, I realized how little I actually understood about the community of the DR.” While student C said:

*“Working directly at the orphanage was an experience I will never forget. I was able to learn more about malnutrition, and its significant effects on children’s physical and cognitive development in ways I would not have learning from reading a college text book. I firmly believe seeing and experiencing these things firsthand is key to understanding.”*

#### **Theme 4: Stepping Out of Your Comfort Zone (Cultural Skill)**

Students reported engaging in new and unfamiliar tasks that helped them grow within their own fields. The students were able to experience the culture by living with host families and through working in an orphanage. Student C said, “In just a short period of time, nine days, I was able to witness and observe their culture, education, child development, poverty, nutrition, and so much more.” Student F reported:

*“This trip has helped me achieve some important personal and academic goals which are worth noting. First, I was forced to step out of my comfort zone by entering a totally new culture without understanding the language or knowing what to expect.”*

By pushing their comfort zones and viewing and participating in new experiences, this helped the students think differently or added dimension to better clarify their career paths and understand different perspectives for their disciplines. Students were able to gather information about various settings and populations different than what they were used to as they were immersed in the culture.

#### **Theme 5: Preconceived Notions Challenged & Theme 6: Renewed Goals for the Future (Cultural Desire)**

These two distinct themes overlapped within the same cultural construct, “cultural desire.” Students expressed how many of their prior notions about a culture changed after experiencing the new culture first-hand and this led to the curiosity to learn and understand the culture further. Additionally, this powerful cultural experience helped students to chalk out new career goals for themselves that included traveling abroad for work and service. Student E said, “I thought going into this experience that I would see poor people, low income housing, and dirty streets, but what I saw changed my heart. I met some of the sweetest faces, seemingly genuinely happy every day, despite the heat, the hunger, or the poverty.” Similarly, student H stated:

*“One big mindset change was realizing that each person can make a very real difference...Thus, this trip has changed my perspective on community service and given me motivation to give of myself in every way that I can, even if it seems really small.”*

Thus, through completion of the ISL experience, students have an appreciation, understanding, and knowledge base of the DR population's beliefs and practices. Students now feel more competent in working with people of diverse backgrounds from their experience and have the desire to become more culturally competent in their future professions.

### **IMPLICATIONS**

Campinha-Bacote (2002) states becoming culturally competent is a process. The reflective journals, service learning projects, site exposures, and participating and learning together during an ISL helped deepen and progress this process for students. The analysis of the reflective journals indicated cultural competency for the undergraduate students who participated in this program. Further, students displayed cultural awareness, cultural knowledge, cultural encounters, and cultural desires through reflection according to Campinha-Bacote's (2002) model of cultural competence constructs.

ISL is an effective educational method that can be incorporated into interdisciplinary programs in nutrition science and human development. Researchers acknowledge that the sample only included students from a public university in rural NC, and that the case study method limited the sample size and generalizability of the findings. Additionally, anecdotal information and photographs were collected with students, however the data was not sufficient to warrant adequate triangulation of data. Future ISL programs could incorporate additional data sources throughout the experience to help with evaluation. Many programs can implement ISL and incorporate curriculum that supports experiences where students work with other disciplines and other cultures for shared understanding and application of knowledge. Possible post-experience curriculum could include development of discipline specific educational materials addressing cultural awareness and knowledge. The overall ISL experience proved to be an effective educational tool for sensitizing students towards cultural competency within interdisciplinary programs.

### **REFERENCES**

- Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: a model of care. *Journal of Transcultural Nursing*, 13(3), 181–184.



- Cashman, S. B., & Seifer, S. D. (2008). Service-learning: An integral part of undergraduate public health. *American Journal of Preventative Medicine*, 35(3), 273–278.
- Flaskerud, J. H. (2007). Cultural competence: What is it? *Issues in Mental Health Nursing*, 28, 121–123.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: strategies for qualitative research*. Chicago: Aldine.
- Kohlbray, P., & Daugherty, J. (2015). International service-learning: An opportunity to engage in cultural competence. *Journal of Professional Nursing*, 31(3), 242–246.
- Lehman, D., Fenza P., & Hollinger-Smith, L. (2012). *Diversity and cultural competency in health care settings*. Mather LifeWays Orange Paper. Retrieved from <http://www.ecald.com/Portals/49/Docs/Publications/Diversity%20and%20Cultural%20Competency.pdf>
- Meaney, K. S., Bohler, H. R., Kopf, K., Hernandez, L., & Scott, L. S. (2008). Service-learning and pre-service educators' cultural competence for teaching: An exploratory study. *Journal of Experiential Education*, 31(2), 189-208.
- U.S. Census Bureau. (2015). *New Census Bureau report analyzes U.S. population projections*. Retrieved from <https://www.census.gov/newsroom/press-releases/2015/cb15-tps16.html>
- Wehling, S. (2008). Cross-cultural competency through service-learning. *Journal of Community Practice*, 16(3), 293-315.
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