



## Cultural Humility- Experience of a Nutrition Student at an African Clinic

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### Abstract

**Background:** Demonstrating cultural humility is crucial in healthcare as it helps build bridges between healthcare practitioners and patients receiving care to understand their needs and tailor interventions. International placements are one of the best ways to enhance cultural humility.

**Methods:** This study investigated the externship experience of one Canadian undergraduate nutrition student at a North African clinic, utilizing Narrative Inquiry. Data were collected using the Narrative Reflective Process, specifically using drawings, proverbs, and mementos to share the participant's story of experience. The reflection process was conducted in Ontario, Canada post arrival from the externship experience that took place one summer during the COVID-19 pandemic.

**Results & Discussion:** The findings depict how the student gained a deeper understanding of cultural humility, became aware of their own biases, and was able to comprehend and discover different perspectives to care delivery. Furthermore, diversifying their interactions and being immersed in different cultural situations opened their perspectives and enhanced their appreciation, nurturing their personal and professional development. The two main themes that emerged were self-reflection and care delivery constituents.

**Conclusion:** The study emphasizes the benefits of international placements for future development of healthcare practitioners, particularly in cultural humility. The student was able to gain a deeper insight into what cultural humility is in a relatively short period of time through this transcultural collaboration.

**Keywords:** Cultural humility. Externship. Nutrition, African clinic. International placements. Narrative Inquiry

“The only source of knowledge is experience” -Albert Einstein  
“You cannot create experience you must undergo it” -Albert Camus

Cultural humility is the interpersonal approach that builds on cultural competence (Lekas et al., 2020). It constitutes increasing self-awareness, promoting self-reflection, being a lifelong learner and comprehending diverse cultures (Greene-Moton & Minkler, 2019). Cultural humility recognizes that no healthcare practitioners can be fully aware or competent in every culture, but it encourages healthcare practitioners to adopt an open, humble attitude through being consistently actively aware of one's own biases and thoughts (Greene-Moton & Minkler, 2019).

Cultural humility is an essential building block to enhancing relational practice, which is the basis of how to interact professionally and with meaning in healthcare settings (Doane & Varcoe, 2021). Cultural humility calls for the construction of empathetic and therapeutic relationships with patients (Doane & Varcoe, 2021) as it increases healthcare practitioners' appreciation of different beliefs, values, and cultures within the patient-healthcare practitioners' relationship (Ulvund et al., 2023). Through this, cultural humility can lead the patient to feel more understood and appreciated, as it is one of the components of the patient-centered approach (Button et al., 2005).

Although healthcare practitioners can acquire cultural humility through multiple means such as classroom education and local clinical practice, engaging in international placements has been shown to be the gold standard for development of cultural humility (Adamson et al., 2018). It is important for Canadian healthcare practitioners to collaborate with healthcare practitioners in different regional contexts and cultures, as it offers a chance for cultivating cultural humility to inform healthcare practitioners' relational practice, which could enhance their practice in a multi-cultural country such as Canada (Jansen et al., 2021).

Practicing cultural humility has been shown to increase patient trust in healthcare practitioners and empower them to adopt healthier habits as well as enhance their conformability with treatment plans (Parker, 2010). Therefore, it is crucial to provide international experiences and training to current and future Canadian healthcare practitioners to extend their cultural humility to adapt to the increasingly diverse world

with blurred national boundaries, benefit from working with other healthcare practitioners in different contexts and improve their relational practice within the healthcare field (Parker, 2010).

Understanding cultural humility to further develop relational practice can be achieved through the study of frameworks and theories, but it is best gained through immersion in a new culture for greater exposure. Peel et al. (2021) noted that short-term international placements in countries vastly different from practitioners' own, in terms of values and languages, can have life-changing effects on the healthcare practitioners. One such effect is gaining an understanding of the challenges faced when presented with an inability to communicate in one's native tongue and better comprehending the barriers experienced when being present in a new place. Leininger (1997) argued that experiences as an outsider can enhance a practitioner's understanding not only of other cultures but also of their own culture, thus improving their ability to care for individuals from diverse backgrounds.

Furthermore, Caffrey et al. (2005) conducted a study that compared 32 undergraduate nursing students at the university in southern Oregon who had participated in international placements with those who had not. The study aimed to assess cultural humility using a 28-item scale that measured students' self-perceived knowledge, self-awareness, and comfort with skills related to cultural humility. It involved seven participants who had taken part in a 5-week clinical immersion program in Guatemala and 25 who engaged in a local practice experience in Oregon. Through a two-group, pretest-post-test, quasi-experimental design, the results showed that students with international experience were more likely to demonstrate higher levels of cultural humility. Consequently, international placements can nurture the relational practice of healthcare practitioners, to better apply the person-centered approach and make a positive contribution to healthcare systems worldwide (Peel et al., 2021).

The COVID-19 pandemic accelerated global cooperation in healthcare, highlighting the vital need for healthcare professionals to cultivate cultural humility—not only to provide patient-centered care across diverse populations but also to strengthen cross-cultural partnerships among international medical teams (Wouters et al., 2021).

This study examines the lived experience of one Canadian nutrition student who volunteered for an international placement in a clinic in Africa during the Covid-19 pandemic. The study explores the concept of cultural humility through the lens of the Narrative Inquiry qualitative framework developed by Clandinin (2023).

## **Background**

### **Globalization of Healthcare and the Role of Cultural Humility**

The pandemic caused an increase in international collaboration in healthcare, through the deployment of healthcare practitioners around the world (Wouters et al., 2021). This alone reinstated the importance of developing cultural humility to deliver high quality care to patients and to develop strong international partnerships with other healthcare practitioners globally. Markey et al. (2019) underlined that positive learning experiences for healthcare practitioners, because of studying, living and/or working in another country, support the development of the globalized approach to healthcare. International collaboration could enrich practitioners, by enhancing their competence to deliver care through cultural humility and relational practice as they can interact and learn with, from, and about healthcare practitioners from diverse cultures and situational contexts (Parker, 2010). International collaboration not only enriches healthcare practitioners' comprehension of diverse cultures, but also underscores the significance of tailoring their communication and care to make it readily comprehensible to a specific target population (Schwind et al., 2013). Such adaptability is especially pivotal in nations characterized by diverse ethnic compositions, including the United States, Canada, Colombia, and others (Browne et al., 2015).

### **COVID-19 and Cultural Knowledge Gaps in Canadian Healthcare**

A substantial number of studies have focused on the impacts of the COVID-19 pandemic (Brophy et al., 2020; Carter et al., 2022; Li et al., 2022). Many of these studies have investigated its effects on both the physical and mental health of individuals, particularly how it exacerbates existing fractures within healthcare systems worldwide (Brophy et al., 2020; Carter et al., 2022; Li et al., 2022). One of these fractures that the

pandemic highlighted was the cultural knowledge gap existing between practitioners and patients in Canada (Brophy et al., 2020). This underscores the importance of expanding and developing cultural humility among healthcare practitioners in Canada as it is a crucial skill that aids in building trusting therapeutic relationships with all patients.

### **Challenges in Health Education and the Value of International Exposure**

Healthcare practitioners provide care for patients in environments that are often short-staffed and have high patient turnover and levels of acuity (Park et al., 2012). The high standards of delivering quality care, tailoring treatment to individuals, and demonstrating cultural humility can lead to healthcare practitioners experiencing burnout and a decrease in the quality of care provided (Poghosyan et al., 2010). Educators are currently encountering a conundrum of how to equip students and future healthcare practitioners with the necessary skills they need to provide quality and equitable care (Park et al., 2012). International placements can contribute to building these skills, and they are an encouraged way to improve curriculum content for developing better care (Adamson, 2018). International placements can be a gateway to cultivating knowledge and developing as professional healthcare practitioners who can appreciate diverse cultures and values (Adamson, 2018). Time spent overseas in a culture different from practitioners' own, is associated with an increase in the attributes of cultural humility within the healthcare practitioners, such as developing the need for constant reflection and experiencing personal and professional growth (Adamson, 2018). Despite the duration of international placements, immersion in diverse cultures is the most effective way to gain cultural humility and enhance the professional and personal growth of participating healthcare practitioners (Jansen et al., 2021; Peel et al., 2021). International placements can help acquire attributes that enhance cultural humility. One of these attributes is enhancing cross-cultural awareness in different healthcare settings (Peel et al., 2021).

### **Evidence of Cultural Humility Development from International Experiences**

Several studies reviewed have highly underscored the importance of cultural

humility development in novice healthcare practitioners or pre-licensure students through international placements (Adamson et al., 2018; Jansen et al., 2021; O'Donnell et al., 2022; Peel et al., 2021). As an example, Adamson et al. (2018) conducted a descriptive qualitative study aimed at assessing the emotional impact on 10 nursing students after they underwent international placements in Australia and Scotland (Adamson et al., 2018). Even though the two countries the students visited had similar healthcare environments, the study found that cultural humility was a major skill acquired by the student nurse participants after their return from the placement opportunity, which was more prominent than the emotional aspects the study originally aimed to assess (Adamson et al., 2018).

### **The Reflective Power of Cross-Cultural Immersion**

Similarly, O'Donnell et al. (2022) focused on the impacts of an international placement in Ireland on 19 nursing students enrolled in US universities, by using a qualitative descriptive approach. The authors found that the difference between the healthcare environments in the two countries prompted the students to engage in a continuous self-reflection process while practicing person-centered approaches to care for the entire 15-week duration of the experience. All participants noted that they had never engaged in this level of reflection during their clinical practice experiences in the United States. Immersion in a different culture makes healthcare practitioners aware of the difficulty of acclimatizing to a new country and navigating new ways of learning as a foundation for practicing person-centered approaches in a new world. This study emphasized the importance of fostering more international collaborations with international healthcare practitioners to cultivate knowledge and improve healthcare practitioners' own relational practice, making them global citizens (O'Donnell et al., 2022). The knowledge gained through international placements strongly contributes to increasing aspects of cultural humility like self-reflection, which makes international placements necessary to be integrated into all healthcare programs (Jansen et al., 2021; O'Donnell et al., 2022; Peel et al., 2021).

### **Language and Income Disparities as Catalysts for Cultural Insight**

International placements also have a greater impact on developing cultural humility attributes if the host country is vastly different from healthcare practitioners' own. Peel et al. (2021) conducted a qualitative descriptive study focused on reflections of 62 Australian nursing students on how impactful it was for them not to speak the language of the host country like Nepal and to adequately express oneself in a different context. The researchers found that this experience, even with limited duration, significantly contributed to the participants' understanding of cross-cultural awareness in the context of providing care. Furthermore, Jansen et al. (2021) conducted a qualitative, phenomenological study to compare the outcomes of international placements of 23 nursing students from universities in Ireland, England, and Denmark. Nineteen students went to countries with a different native language than their own, including Thailand, Cyprus, Turkey, and Tanzania. Four of the 23 students stayed in Europe, particularly in Finland, UK, and Norway. The authors found that active listening, empathy, and compassion—all aspects of cultural humility—are more significant when students are placed in a country where they do not know the language. Adding to that, Jansen et al. (2021) noted that placement outcomes are different when they are in low-, middle-, or high-income countries. For instance, placements in Turkey, a middle-income country, prompted participants to gain a deeper understanding of cultural humility compared to participants who underwent placements in high-income countries, like Norway (Jansen et al., 2021). Furthermore Jansen et al. (2021) suggested that the lower a country's income level and having a language different from the healthcare practitioners undergoing placement, encourages deeper understanding of cultural humility.

### **Barriers and Gaps in Access to Global Learning**

Despite the positive impacts, international opportunities are limited in all health fields, particularly for students in North America to engage in such international experiences (O'Donnell et al., 2022). More international placements should exist for future healthcare practitioners to ensure they evolve their relational practice in their home country and collaborate with international healthcare systems (O'Donnell et al., 2022).



Browne and Fetherston (2018) conducted a quantitative study to find out what learning outcomes 18 institutions in Australia focused on in their international placement offerings to 100 undergraduate nursing students in Asian regions by doing a systematic thematic synthesis. Among the shared learning outcomes across institutions, one key outcome was becoming more culturally aware through immersion. The study found that while there is a substantial body of literature describing the outcomes of international placements, cultural humility is not always the identified learning outcome even when it is the intended goal for the placement. This is because there is no definitive way of predicting what international placements will teach or provide to students (O'Donnell et al., 2022). Therefore, it is essential to establish placements globally with the learning goal of enhancing the cultural humility of students, that could be done by incorporating reflections during the placements for students to increase their self-awareness. Having a structured educational plan for students to follow during the placement can enhance their cultural humility (O'Donnell et al., 2022). International experiences that focus on enhancing cultural humility are crucial to include in the existing literature, as they contribute to educating healthcare practitioners in Canada and around the world about cultural humility that influence care and enhance care quality and satisfaction.

A nutrition student who participated in the international placement used his extensive collection of data to craft a personal summary reflection, using the Narrative Inquiry Framework, as outlined in the Findings section. Analysis of this reflection led to the identification of two central themes, which are examined in the Discussion.

### **Addressing Gaps in the Literature on Allied Health Students**

This study focuses on the exploration of one nutrition student researcher's (participant) story of experience with an international placement opportunity in one clinic in Africa. Current literature primarily has focused on nursing students' international experiences (Adamson et al., 2018; Bagnasco et al., 2020; Gower et al., 2017; Jansen et al., 2021; Kent-Wilkinson et al., 2015; O'Donnell et al., 2022; Peel et al., 2021). Other studies have also focused on medical students' international placement experiences (Bauer, 2017; Malau-Aduli et al., 2022; Weurlander et al., 2018). In addition, such



literature seldomly explored students' international placement experiences in the North African context, primarily detailing placements in Europe (Peel et al., 2021), Asia (O'Donnell et al., 2022) and South Africa (Cooper et al., 2020), with no placements in North Africa. Particularly, very few studies explore experiences of allied healthcare practitioner students engaging in international placements (Farias et al., 2021; Henley et al., 2020; Lough et al., 2012; Ross et al., 2019; Simonelis et al., 2011; Tyler et al., 2019). Students undergoing a placement voluntarily has been reported to have greater benefits than the formal placements arranged and offered through educational institutions. To our knowledge no existing literature on nutrition students undergoing an international placement, far less using narrative inquiry to reflect on their experience, is available or research has been conducted. Having a nutrition student as a participant can provide a unique perspective about their understanding of cultural humility using narrative inquiry as a tool for reflection. Therefore, this paper aims to contribute to the body of information on international placement experiences for allied healthcare practitioner pre-licensure students in Canada, such as students in nutrition, and their development of cultural humility because of such an experience.

The following section outlines the methodological approach used to document and analyze this experience.

## **Method**

The primary author is providing their experience as a nutrition student from North America undergoing a placement in North Africa, specifically Alexandria in Egypt. It is of utmost importance to note the differences in healthcare settings between both continents, in terms of resources and training for their healthcare practitioners. This impacts their reflection especially since the nutrition student volunteered to pursue this internship and did not receive a formal placement in their undergraduate nutrition school. The researcher provides a reflection of how the exposure to a new health setting that is unique to that of Canada enhances their own understanding of cultural humility, having volunteered in various clinical settings in Canada, such as Intensive care units.

The qualitative methodology of Narrative Inquiry, with a specific focus on self-study, was employed by the researcher (participant). Narrative Inquiry, combined with a self-study approach, allows for a reflective process to take place for a deeper understanding of an individual's lived experiences to be gained (Clandinin, 2023; Connelly & Clandinin, 2006). Narrative Inquiry, as revised by Clandinin (2023), will be used as it is rooted in John Dewey's philosophy, which posits that experience is temporal, relational, situational, and carries educational significance (Clandinin, 2023). Narrative Inquiry offers pathways to improve the quality of care and the experiences of those under our responsibility, be it in education or practice, including our patients and students (Lindsay & Schwind, 2016). It allows the participant to share their stories, predict future actions, and connect with their present self (Clandinin, 2023). The process enables the participant's individual activity, as expressed in reflections, to construct knowledge to contribute to the body of knowledge on international placement experiences for pre-licensure students in Canada pursuing careers in allied health services.

### **Sampling and Participant**

While this study did have formal inclusion criteria, as the researcher was also a participant in this self-study, it was not used to recruit further participants. However, the inclusion criteria did require for the one study participant to have English language skills to share their story of experience with visiting a clinic in Africa as part of their externship while completing their undergraduate studies in Canada and be able to provide consent for participation. The primary author, and study participant, is of Asian and Turkish descent and lived in Canada for most of their life. The researcher (participant) had experience in Canada volunteering in the intensive care unit in downtown Toronto.

The researcher (participant) chose to focus their experience on one of the clinics located in the northern part of Alexandria, Egypt as the setting for the study. This location is where they worked for a longer period during their externship compared to the other clinics, during one summer during the COVID-19 pandemic. The reflection on experience and this self-study took place in Ontario, Canada.

The findings describe the experience that entails the knowledge and lessons the primary author (participant) gained during the externship through interactions with healthcare practitioners, mainly nurses and physicians, and patients at one clinic in the northern part of Alexandria, Egypt. The clinic served a low-income, underserved population and provided general outpatient care, vaccinations, and maternal-child health services. The healthcare team was primarily composed of physicians and nurses. The researcher participant was familiar with the Egyptian dialect, thus had no language difficulty, but experienced a new culture.

During this externship, the researcher (participant) undertook a multifaceted role that encompassed responsibilities such as administrative duties, helping patients when requested, and collaborative efforts with healthcare practitioners to plan community-centric projects. These projects were meticulously designed to disseminate crucial health education to the public, addressing pressing concerns such as how to wear masks, engage in hand hygiene, and execute safety tips during the pandemic. The duration of the externship was 3 weeks.

### **Data Collection**

Throughout the duration of the externship, the researcher (participant) maintained a reflective journal to document the kaleidoscope of emotions and thoughts that surfaced during their myriad encounters and interactions with healthcare practitioners and patients at the clinic. These journal entries, along with mementos acquired during the externship, became invaluable repositories of qualitative data, essential for in-depth analysis and expressing the researcher's experience as a story.

The researcher (participant) underwent a self-reflection process inspired by the most memorable events and encounters they documented in their journal during the externship. The researcher (participant) used the Narrative Reflective Process, whose theoretical foundations are rooted in the Narrative Inquiry qualitative research approach, for data collection. The Narrative Reflective Process is a creative/artistic self-expression tool that is used in research for data collection to gather more holistic information about the phenomena under study (Schwind, 2008). The Narrative Reflective Process allows

tacit knowledge to be presented as pictures and story fragments of the experience, enabling it to coalesce, be explored and examined (Schwind, 2008).

The Narrative Reflective Process activities used in this study include storytelling, metaphor selection and drawings. These activities prompt individuals to gain a deeper understanding of self-discovery and self-awareness (Schwind et al., 2012). Particularly, storytelling serves as a means for participants to express their experiences to a broader audience (Schwind, 2008). Stories are reflections that allow individuals to articulate their thoughts and emotions based on their encounters and how those encounters impacted them (Schwind, 2008). Since stories can reveal the assumptions, values, and beliefs acquired before and after the experience, they have the capacity to enhance the comprehension of various subject matters and can be applied in diverse contexts (Schwind, 2008). Metaphor selection and drawings allow individuals to present their ideas on a personal level (Guillemin, 2004). They also help develop an understanding of how people who have undergone certain experiences make sense of an experience or perceive it, enabling the gathering of comprehensive perspectives and its impact on them (Schwind, 2008). Thus, the act of drawing contributes to the production of knowledge, while metaphors can allow for experiences to be summarized and themes extrapolated to investigate topics of interest (Guillemin, 2004; Schwind, 2008).

To ensure the rigor of the reflective process, a clear purpose and structured framework for reflection were established before data collection began. This involved identifying cultural humility as the central theme to be explored, and guiding the reflections through prompts grounded in Narrative Inquiry principles. The reflective journal entries were consistently documented throughout the externship, and the Narrative Reflective Process activities (e.g., storytelling, metaphor, and drawing) were conducted in a systematic and purposeful manner. This structured approach ensured that reflections were not incidental or superficial, but instead were intentional, focused, and critically examined (Johnson et al., 2020). As a result, the data generated—both from journal entries and creative reflections—were rich, consistent, and aligned with the study's research focus.

## **Data Analysis**

The data were subjected to critical reflection by the study investigators by utilizing the three commonplaces of Narrative Inquiry, which include temporality, sociality, and place, and the three levels of analysis to represent the three levels of justification to support the results: social, practical, and personal (Clandinin, 2023). Temporality focuses on the researcher's (participant) experience, future clinical experiences, and interaction with a wide variety of healthcare practitioners from a different region (Clandinin, 2023). Sociality focuses on the exploration of the relationship between the researcher (participant) and healthcare practitioners in a North African country when designing posters, infographics, and performing administrative tasks (Clandinin, 2023). Finally, place focuses on the clinical environments where the researcher (participant) volunteered and the place where the researcher (participant) underwent the self-inquiry, which in this case is Ontario, Canada (Clandinin, 2023). In relation to the three levels of analysis, the personal level incorporates personal reactions to the data (Clandinin, 2023). The practical level explains how the experience shaped the researcher's (participant) professional self as a student and a future healthcare practitioner - a nutritionist (Clandinin, 2023). Lastly, for the social level, the study findings are explored from the perspective of what they can offer to improve healthcare practitioners' interactions with patients to deliver better care, by demonstrating cultural humility in ethnically diverse countries, such as Canada (Clandinin, 2023).

## **Results**

The findings are presented in the following order, in line with the Narrative Inquiry method: Story, Metaphor, and Drawing that were inspired from the researcher's (participant) reflective journal, pictures and mementos before, during, and after the externship. The researcher (participant) chose to share their experience in this section by using first person pronouns.

### **Story**

In my first journal entry, before the commencement of the training sessions for

the externship, I noted how ecstatic I was to be chosen for this opportunity. I was a bit apprehensive though because it was my first time traveling by myself during the pandemic. I overpacked; I took three boxes of face masks and gloves, two sunscreen bottles, and two hand sanitizer packs even though I was informed that I would be given these items when I arrived. One can never be too careful.

I attended virtual training sessions for two weeks before I traveled. The sessions helped me prepare for the tasks I would be performing at the clinic and become familiar with what I should be aware of during my time there. There were some language classes during the training sessions, but we were all expected to be familiar with the Egyptian dialect, as the externship application entailed. Most of the training involved learning how to manually perform administrative/clerk duties. I learned how to retrieve a patient's file, start a new file for patients (particularly pregnant women and children), update their medical history, and design posters. The posters were infographic guides entailing safety tips during COVID-19; for instance, keeping two meters away from other people. The instructor of the training sessions informed me of a couple of things I should be aware of. For instance, it is common for a large number of patients to arrive at the same time, and the clinic I would be going to is particularly busy. The clinic had no specific population that it catered to, as it was a walk-in clinic that focused on implementing communicable disease programs, but COVID-19 expanded its roles. Some programs included vaccinations, and maternal and child health. All the information shared in the training sessions helped alleviate some of the anxiety I had prior to taking part in the externship.

**The externship.** My first interaction when I arrived was with my new supervisor, who was a nurse at the clinic. The nurse made sure to answer all my questions and I was ready to start acting in the assistant role at the clinic. However, little did I know how much personal and professional growth, and transformation I would experience. It was my first time going on an externship. I interacted with patients and healthcare practitioners (physicians and nurses) in the clinic regularly, and they prompted me to develop and think differently from the way I am used to thinking in Canada. I realized that there are multiple ways to do the same thing and I should always be open to different

approaches. I began questioning what I know and how my thoughts are strongly entrapped by my experiences in my home country. They have shown me that in each unique environment, there is never one way to do the same thing as this is often dependent on who the patient is and their unique situation, resource allocation, staff availability and so on. I felt empowered by how creative the healthcare practitioners were. For instance, three nurses who were educating a group of elders about diabetes, who had exhibited poor diabetic control of their condition, created a very relaxing and comfortable atmosphere that diminished the participants' anxiety about their situation. The nurses chose to convey what they should do in the form of a play, which was authentic and helpful for the participants to retain the learned information. This instance made me understand the fundamentals of making an effective health message and delivering it in a way that can make 'learning stick' and be tailored to patients through focusing on their unique learning needs. I can say that this trip made me "more mature and creative," both personally and professionally.

There is a proverb that I learned during my externship at this clinic. Clinic staff and patients repeated it daily. Even though I heard this proverb starting from my very first day at the clinic, I did not understand it until my last day. It sheds light on the fundamental values we should all adopt. The proverb is "We are all together in the same air." For me, the proverb meant prioritizing our state of well-being by means of suppressing materialistic aspects in all fields of life. One of the times I heard it was when the clinic was crowded with patients all trying to check in with me to see the healthcare practitioners at the same time, then one of the patients said it to me. The patient asked me to let the people behind him in line go first, even though he had been waiting for several hours. He said they needed more urgent help than he did. There were many proverbs I learned during my time at the clinic but this one sums up my experience. It was captivating how whenever the patients, or the healthcare practitioners said it everyone would feel a sense of relief. I noticed that sometimes when the elderly would hear this proverb, they would smile, and their response usually included "that what makes life



bearable.” I felt a sense of unity whenever I heard this proverb as everyone emphasized the need to look after each other by mentioning it.

At the end of the externship, I had three items that could summarize my experience: a picture of the clinic, stacked documents, and two tokens that were given to me as gifts from two healthcare practitioners. The stacked documents picture depicts my efforts and a major task at the clinic, as working with these documents took up most of my time there (see Figure 1). On my final day, all the healthcare practitioners at the clinic came to thank me for the administrative tasks I had completed. They took the time to tell me how challenging it is to organize all the paperwork without computers and how humanitarian aid is crucial for sustaining clinics during pandemics. The time they took to thank me made me feel appreciated, even though my job was not as crucial as theirs. They reiterated multiple times how I made their days easier and more organized.

The second item was a gift from a nurse (Figure 2) who had experienced overwhelming job circumstances in the clinic. The nurse crafted a "watch holder" for me (see Figure 1). This was a very touching gift and it made me reflect on how everyone in healthcare deserves recognition for their unwavering commitment, considering the intensity of the field. The final item was a gift of gratitude from one of the physicians - a stethoscope. This was the best gift I received, as it symbolizes all the values of the future healthcare practitioner I aspire to become. The stethoscope reminds me of the values I gained, such as respecting the patient and conveying their needs in the most empowering way. It enriched my character, helping me appreciate even the smallest details, as I strive to become a competent healthcare practitioner and a compassionate human being.



**Fig. 1** Stacked Documents



**Fig. 2** Nurse's Gift

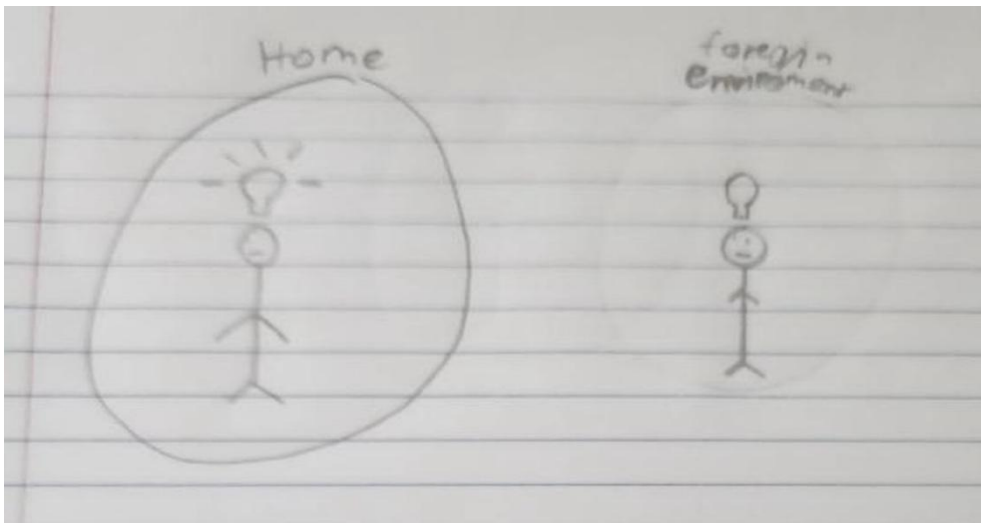
**Post-externship.** When my externship concluded, and I returned to Canada, I spent an entire week reflecting on my time there and I continue to reflect on the experience to this day. My interactions with healthcare practitioners and patients in North Africa nurtured me as a person. At the end of each day, I reflected on how much I do not know. I realized that no matter how many experiences I gained, interacting with people who have different perspectives in new settings is the best way to learn. Particularly, I learned that exposing myself to diverse cultures makes me appreciate others and connect with them better. That is because the difference in healthcare environments prompts me to reflect more and be aware of the various barriers patients experience, such as not speaking the first language of the healthcare practitioners. The externship showed me that my perspective is limited by my interactions with the people around me. I now understand that being immersed in a different culture is an effective way to grow personally and professionally, as I get exposed to different scenarios. I also realized that demonstrating cultural humility in all patient interactions is crucial and requires a deep understanding of who I am and who the patient is, and one of the best ways to do so is by exposure and participating in international placements.

### **Metaphor and Drawing**

I created the following drawing (see Figure 3) to summarize the experience after completing the externship. The quote I produced to explain the drawing is "I lived in a

bubble when I was home in Canada, and I thought I knew everything since I was exposing myself to everything in post-secondary education to gain experience. I volunteered at many clinics in Canada, participated in numerous health-related clubs at school, and took part in different research experiences to build my skills and develop my personal and professional self. I thought I knew enough based on the experiences and skills I acquired at home." This is represented by the sparkling bulb and the bubble (circle) in which my knowledge is confined.

The externship made me aware of my own biases, taught me how much I do not know and that I should strive to be a learner for the rest of my life. There will always be something I do not know, no matter how many activities I participate in. Therefore, I should try to explore areas that are different from my niche to find new perspectives, further enhance my cultural humility, and learn to utilize different lenses to look at a presenting situation. I believe that this will broaden my perspective and understanding of myself and the future professional I aspire to be. This is depicted by the off bulb in a foreign environment, unlike my usual bubble (home).



**Fig. 3** Depicting the externship impact

## Discussion

The common narrative threads that emerged from the researcher's (participant) reflections are: 1) Self-reflection; and 2) Care Delivery Constituents. The threads exist alongside each other within the bounds of temporality, sociality, and place, as suggested by the three commonplaces of Narrative Inquiry (Clandinin, 2023).

### Narrative Thread #1: Self-reflection

Self-reflection and being aware of one's own biases are essential components of cultural humility (Solchanyk et al., 2021). Self-reflection can be promoted by being immersed in a different healthcare setting for novice healthcare practitioners or pre-licensure students (Sedgwick & Athill, 2019). Cultural humility is needed in efforts to improve healthcare quality (Stubbe, 2020). The researcher (participant) mentioned after the externship that the best way to learn is by exploring different areas to improve their relational practice and to reduce biases of the persons undergoing the international placement. One way to do so is by going on international placements. Such experiences help nurture healthcare practitioners' relational practice, enabling them to better demonstrate cultural humility by being exposed to different environments unique to them (Ulvund et al., 2023). This is in addition to the opportunity to work with international healthcare practitioners in different regional contexts and different healthcare systems to reduce biases and be more responsive to different patients' preferences and cultural values within Canada and across different healthcare systems (Ulvund et al., 2023). That is particularly important for a country with a diverse ethnic population, like Canada.

International experience increases healthcare practitioners' knowledge of the constituents of cultural humility and that there will always be a level of unawareness that they acquire. Despite the duration of international experiences there is a substantial increase in cross-cultural awareness, which is a constituent of cultural humility (González-García et al., 2021; Peel et al., 2021). The degree of self-reflection and understanding of cultural humility is influenced by how different the new healthcare setting is from the healthcare practitioner's own. Aspects of countries with different

languages, values, traditions, and lower income levels do increase the understanding of cultural humility (Jansen et al., 2021). The researcher (participant) mentioned that there will always be space to improve their cultural awareness, which is a vital aspect of demonstrating cultural humility and applying person-centered approaches to improve relational practice within healthcare contexts (Stubbe, 2020). Developing cultural humility is essential when delivering care to patients in healthcare since it can aid in integrating culturally relevant values and better tailor health messages to patients despite the challenges they encounter.

International placements prompt healthcare practitioners to contrast the ways of care abroad with their own country allowing them to experience being a minority (Kwame & Petrucka, 2021; Zanchetta et al., 2013). Such placements also have a substantial impact on developing and extending cultural humility on students and healthcare practitioners (Adamson et al., 2018; Jansen et al., 2021; O'Donnell et al., 2022; Peel et al., 2021). Schneider et al. (2023) conducted a qualitative and bibliographic analysis of 40 studies to evaluate the influence of international experiences on graduate engineering and science students' development. The authors mentioned that intercultural development has increased by 83%, intellectual growth by 58%, personnel development by 58%, and professional development by 50%. The researcher (participant) noted how the interaction with different healthcare practitioners in a unique regional context prompted them to think differently, to be more creative, as they were inspired by the health practitioners during their time there. Additionally, they mentioned how they feel more mature personally and professionally and what type of a future healthcare practitioner they aspire to be.

The researcher (participant) discussed how they were unaware of healthcare environments outside of Canada and discovered their own preconceived thoughts before embarking on this externship. The researcher (participant) highlighted that it was their first time traveling and volunteering at a clinic outside of Canada. This was depicted in their drawing, showing how their thoughts were constrained by their repetitive experiences in Canada. Continuous exposure to the same activities does limit perception to appreciate and understand differences in healthcare (Paulsen, 2020). The immersion in

a healthcare environment that is different from the researcher's (participant) own, prompted the researcher (participant) to undergo self-reflection during their time there to learn about themselves and acknowledge that they do not know everything (Jansen et al., 2021). This was expressed when the researcher (participant) mentioned that they thought they were going there to help and did not know that this opportunity would have a transformative impact on them. It nurtured their personal and professional self, as a nutrition student, by being open to new experiences and appreciating differences (Jansen et al., 2021). This meant to the researcher (participant) that the experience they undergo shapes their thoughts, and the lack of exposure to what is different leads to the formation of biases in people (Kohlby, 2016). Furthermore, this meant for the researcher (participant) as a nutrition student that they need to continuously undergo self-reflection to discover themselves and understand how much they are unaware of diverse cultures (Kohlby, 2016).

The researcher (participant) recognized that there are multiple ways to achieve the same goal. They realized they do not have to rely solely on conventional methods to deliver healthcare messages—for example, using social media as they did in Canada. Instead, health messages can be communicated through creative means, such as the play performed by nurses for patients. The researcher (participant) also recognized the importance of developing essential skills, including the ability to function without relying heavily on technology, as they often did in the ICU in Canada for administrative tasks. They came to understand that there is no single “better” way—simply different approaches to accomplishing the same objectives through different steps.

## **Narrative Thread #2: Care Delivery Constituents**

Deconstructing care delivery constituents demonstrates the skills healthcare practitioners need to connect with their patients and self, to better convey cultural humility. The researcher (participant) learned the skills and concepts they aspire to acquire when they were at the clinic to demonstrate cultural humility as a future healthcare practitioner. There are skills that healthcare practitioners need to comprehend to better demonstrate cultural humility in their practice, and one of them is mitigating

power imbalances and constructing a partnership with patients in healthcare (Greene-Moton & Minkler, 2019). This improves the relationship between healthcare practitioners and patients (Greene-Moton & Minkler, 2019).

The researcher (participant) mentioned a proverb that was said in the clinic, touching on the cruciality of human interactions, dependence, and the moral obligation to help each other, which is more of a responsibility than a gesture of grace (Rosen et al., 2018). The emphasis from the African healthcare practitioners to everyone in the clinic that they are all in this together implies a sense of unity and harmony. They situated themselves along with the patients to relieve their stress. The usual response to this proverb was that what makes life bearable highlights the dependence and unity of every individual in society in general and not only in healthcare. This has reflected on the principal (researcher) learning to be a healthcare practitioner. The principal (researcher) should strive to think using the patients' perspectives and deliver the best care possible with no dereliction. The experience has taught them how connected everyone is and that understanding someone is the essential foundational component of delivering care and eloquently addressing their needs.

International experiences nurture the concept of tuning in to both one's own cultures and that of others' to better connect with the patients in healthcare (Schwind et al., 2013). They promote the value of relationships and social inclusion, removing the blinders and promoting humbleness and generosity (Schwind et al., 2013). Cultural humility constitutes the healthcare practitioners knowing their own capabilities and strengths while appreciating intracultural variation and individuality to better apply a person-centered approach (Stubbe, 2020). Being a citizen of this world requires perseverance and caring for each other to deliver the best care possible. Despite the stress and the unique environmental and social factors that African healthcare practitioners encounter, which influence both personal and professional life, as stated by one of the physicians at the clinic, they demonstrate humbleness and appreciation to all patients. This experience meant to the researcher (participant) as a nutrition student that being in healthcare is a responsibility and should strive to uproot all the biases that prevent delivering quality care (Kohlbray, 2016). Demonstrating cultural humility should not be



constrained within patient-to-health practitioners' interactions but applied within the staff as well. That is because in public and clinical health settings, being aware of the cultural values of the people healthcare practitioners communicate and interact with, embracing cultural humility, is vital to improving the general feeling of belonging for everyone (Schiavo, 2023). Cultural humility strengthens both the healthcare system and effectively connects with those under the system's care (Schiavo, 2023). Thus, demonstrating cultural humility among Canadian healthcare practitioners and pre-licensure students is crucial for a positive work experience and patient health outcomes. Establishing collaborations with international healthcare practitioners is vital to reduce biases about different systems and enrich their relational practice by better understanding cultural humility.

The researcher (participant) broadened their understanding of cultural differences in healthcare settings, which prompted them to think in new ways. Prior to the externship, they had "passively" learned about cultural humility without applying it in real-world healthcare contexts. Through this experience, they began to critically reflect on their prior knowledge—such as their understanding of cultural differences—and engaged in deeper self-reflection.

### **Recommendations and Limitations**

This paper illustrates the importance of collaboration and partnership in an increasingly multicultural world. Future research should focus on investigating North Africa as a student externship destination, as there are a scarce number of studies that could be located looking at this region and the experience it can offer to international students and healthcare practitioners. Further research should explore the perspectives and lived experiences of faculty members and clinical healthcare practitioners in such settings who offer mentorship for international students to learn from their reflections of such interactions on cultural humility. This article sheds light on the importance of international collaborations and partnerships to enhance healthcare practitioner students' cultural humility and global connectedness through clinical practice.

The limitations of this study include the focus on the exploration of only one nutrition student's reflection on an experience that was time limited and short in duration. As this study was a self-study, however, this participant number was appropriate and acceptable for a study of this nature. Importantly, transferability of results needs to be considered with caution.

The main purpose of the study was not to extend the applicability of the findings but rather to contribute to the literature on the concept of cultural humility and its development through international collaborations and partnerships.

### **Conclusion**

The study investigates the realities of a nutrition student volunteering at a clinic in North Africa during the pandemic. It is of utmost importance to ascertain what a pre-licensure student has learned and experienced during their time there to maximize learning opportunities and better prepare future healthcare practitioners. Reflection is essential for the participant to be deeply engaged in the experience and demonstrate a strong sense of self-awareness in order to fully benefit from an international placement. For undergraduate students, this can be supported through thoughtfully designed assignments that encourage the depth of reflection exemplified in this case.

The researcher (participant) was able to gain a deeper understanding of what cultural humility is in a brief period of time. If the experience was for a longer duration, one can speculate that the level of learning could have been even more pronounced. This study contributes to the body of knowledge on cultural humility with special attention to transcultural collaboration. This work is hoped to generate further investigation and discussion to understand the impact that healthcare practitioner students' international externships in Northern African on their development of cultural humility.

### **Declarations**

The authors have no conflict of interest to disclose. The authors did not receive funding for this study nor have any financial interest or non-financial interest to disclose.

## Ethics Approval

This study received institutional research ethics board (REB: 2022-452) approval. Even though the researcher (participant) is the only participant in the study, REB approval was still required.

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