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Developing cultural sensitivity: nursing students' experiences of a study abroad programme

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Abstract

Title. Developing cultural sensitivity: nursing students' experiences of a study abroad programme

Aim. This paper is a report of a study to explore whether having an international learning experience as part of a nursing education programme promoted cultural sensitivity in nursing students.

Background. Many countries are becoming culturally diverse, but healthcare systems and nursing education often remain mono-cultural and focused on the norms and needs of the majority culture. To meet the needs of all members of multicultural societies, nurses need to develop cultural sensitivity and incorporate this into caregiving.

Method. A Gadamerian hermeneutic phenomenological approach was adopted. Data were collected in 2004 by using in-depth conversational interviews and analysed using the Turner method.

Findings. Developing cultural sensitivity involves a complex interplay between becoming comfortable with the experience of making a transition from one culture to another, making adjustments to cultural differences, and growing personally. Central to this process was the students' experience of studying in an unfamiliar environment, experiencing stress and varying degrees of culture shock, and making a decision to take on the ways of the host culture. These actions led to an understanding that being sensitive to another culture required being open to its dynamics, acknowledging social and political structures, and incorporating other people's beliefs about health and illness.

Conclusion. The findings suggest that study abroad is a useful strategy for bridging the theory–practice divide. However, further research is needed with larger and more diverse students to test the generalizability of the findings. Longitudinal research is also needed to assess the impact of study abroad programmes on the deliver of culturally sensitive care.

Keywords: cultural sensitivity, empirical research report, interviews, nursing students, phenomenology, study abroad programmes

Introduction

Lack of cultural sensitivity shown by nurses and other healthcare professionals can alienate the very people whom nurses claim to help (Mitchelson & Latham 2000). Studies on the effects of international education report that transition and adaptation to another culture are an effective way for students to develop an understanding of self and personal culture, and to develop cultural sensitivity (Bennett 1986, Kaufmann *et al.* 1992, Martin 1994, Zorn 1996).

Literature review

The large volume of literature on the topic of developing cultural sensitivity suggests that this phenomenon is both topical and contentious (Duffy 2001). Roland (2002), from a Scandinavian perspective, for example, argues that the healthcare system has failed Registered Nurses (RNs). Their education does not prepare them adequately to meet the needs of clients from diverse cultural backgrounds and, consequently, they often feel at a loss when providing care. Roland recommends that undergraduate nursing programmes should prepare students to become culturally sensitive, to meet the needs of clients from different cultural backgrounds.

Several researchers have claimed that exploring and confirming one's own cultural values and prejudices are essential to increasing awareness and cultural sensitivity towards others (Lynam 1992, Ramsden 1997, Mitchelson & Latham 2000). Locke (1992) maintains that, to enhance sensitivity to another culture and foster good relationships with those from a different cultural background, it is necessary to understand one's own biases, values and interests, as well as one's own culture. McMurray (2003) agrees that cultural sensitivity requires openness and respect for cultural differences; although she also stresses that cultural sensitivity includes more than being open and respectful to cultural differences, it also requires understanding the dynamics of another culture; only thus can nurses begin to assess behaviour patterns in patients from different cultural backgrounds which may affect their attitude towards management of health issues. Bennett (1986) foreshadows these observations, identifying cultural sensitivity as an awareness of the importance of cultural differences and respect for the views of people from other cultures.

The art of meeting people from other cultures consists of the ability to move into another's world without losing oneself, whilst keeping an open mind and embracing the differences within a multicultural society (Hansen 2001). Styles (1993) referred to the 21st century as the 'international century'. With the advent of rapidly advancing technology,

cyberspace, complex bureaucracies and increasing ethnic diversity, we have moved from a world in which society, commerce and education have been defined within the boundaries of nation states, to one in which they are part of a global community (Toffler 1980, Hansen 2001). Globalization, with its changing demographic trends, compels us to evaluate how we promote cultural sensitivity in nursing education and practice, so that we can respond to different populations' needs with respect to health, illness, birth and death.

The Danish context

Denmark, like many other nations, is a multicultural society. From 1991 to 2001, there was an increase in immigrants from 1,40,369 to 3,08,674, with 11.2% coming from other Scandinavian countries; 16.4% from European Union countries; 2.3% from North America; and 70.1% from the third world countries. The projected figure for the migrant population by 2020 is 5,04,400 (Årbog 2001). In comparison with multicultural societies, such as the United States of America, these figures are small; however, they represent a shift from a mono-cultural society to one requiring increased understanding of other cultures.

As Denmark becomes more diverse, nurses will need to develop an understanding of culture and its relationship to illness and health. It is therefore important that curricula expose nursing students to cultural issues, helping them gain understanding of the influences of culture on health, and awareness of how their own cultural background affects others. Amendments made to the Danish Nurses Education Act in 2002 recognized principles set out by the World Health Organization, which specifies that people have a right and duty to participate individually and collectively in planning and implementing their health care (Jakarta Declaration, World Health Organization 1999). Implicit in this principle is an acknowledgement of cultural differences in beliefs about health and the way that society should organize and manage health care. The Danish Nurses Education Act therefore now requires undergraduate nursing programmes to prepare students to work in partnership with patients, relatives, colleagues and other disciplines, regardless of their ethnicity, culture, religion and language (Bekendtgørelse 2001).

In theory, Danish healthcare providers should be aiming to provide culturally inclusive health care. However, according to Zarrehparvar (2000), ethnic strains and tensions are still evident, and numerous healthcare professionals in Denmark consider the 'New Danes', or ethnic minorities, who use the healthcare system as a problem and source of irritation. For

example, some (although by no means all) healthcare professionals expect all patients to speak Danish, know their rights and responsibilities, and be active participants in their treatment. Zarrehparvar goes on to make the important point that awareness of self and personal cultural background is an essential requirement for being open and respectful towards other cultures, and claims that failure to be self-aware in this way leads to discrimination and inadequate service, care and treatment for ethnic minorities.

Zarrehparvar's (2000) findings are supported in an anthropological study by Jahn (2001) on an obstetric ward in a general hospital in Copenhagen. Jahn found that ethnic minorities were often classified as 'problem patients' (p. 80). Staff claimed that these patients did not know the 'rules', and brought other traditions and ways of thinking into the regulated work of the hospital. Consequently, they were often ignored and did not receive the same information, care or treatment as native Danish patients. Language difficulties and nurses' poor knowledge about patients' culture were found to be significant barriers to culturally sensitive practice.

The study

Aim

The aim of the study was to explore whether having international learning experience as part of their nursing education programme promoted cultural sensitivity in nursing students.

Design

We adopted a Gadamerian hermeneutic phenomenological approach, including the key concept of *Bildung*, or openness to meaning, pre-understanding and fusion of horizons.

Participants

We recruited participants by asking the international exchange co-ordinator to mail a plain language statement, explaining the study, in increments of 20, until a sample of seven participants, which was deemed adequate for this study, was obtained. The desired sample was obtained through two mailings. The statement invited students to contact Heidi C. Ruddock directly if they were interested in participating. The participants were undergraduate students, enrolled on either a Diploma or Bachelor of Nursing course at a school of nursing in Denmark, who, as part of their educational experience, took part in an international

exchange to Jamaica, Malta, Greenland or Australia. Six females and one male took part (age range: 24–29).

Interviews

We conducted in-depth, conversational interviews to gain an understanding of participants' international experience: in particular, whether the experience of living and learning in another culture had affected development of cultural sensitivity. The initial question was: 'What was it like to live and learn in another culture?' Subsequent questions probed participants' experiences and sought clarification of the meanings that they attached to their experience. We invited participants to reflect on aspects of their personal and educational experience and explore how these might influence the way they nursed people from another culture. The questions asked were based on our own experiences and reading of the literature, the aim of the study, and modified over time by the responses given by participants during interviews. The course of the conversation was determined by using probes to maintain the focus of the interview, seek clarification of meanings and provide deeper explanations (Turner 2004, Kvale 1997).

Ethical considerations

The study was approved by the university and hospital Ethics Committee where the study was undertaken. After an initial meeting to answer questions related to the study, students who expressed definite interest in being involved were asked to sign a consent form, and an interview was arranged. To protect confidentiality, we have used pseudonyms to designate the students.

Data analysis

We analysed the data using Turner's method (Turner 2003)

- Before undertaking the interviews, we considered our own beliefs about the development of cultural sensitivity and its relationship to undertaking an international exchange. We recorded these in a journal, which enabled us to identify our own unique reflections, prejudices and pre-understandings.
- During interviews, we adopted the technique of *Bildung*, or being open and thoughtful, whilst listening attentively to what participants said. We noted ideas that resonated with our understanding, as well as ideas that were different to what was expected. At this stage, we made a conscious decision not to draw conclusions, so that we remained prepared for each person's story to reveal something new.

In other words, our understanding of the phenomenon being explored was influenced by what the participants shared.

- When the interviews were completed, they were transcribed verbatim to create the text for analysis. We read the texts over and over to gain a sense of both the whole and the parts of each participant’s story, noting similarities and differences in expressions both across and between participants. We embraced Gadamer’s philosophy of understanding, as well as the language that is associated with Gadamerian hermeneutics. Therefore, we identified each participant’s expressed ideas as their prejudices and horizons, or the ways in which they understood the phenomenon of developing cultural sensitivity.
- Having identified the prejudices of the participants, we grouped and re-grouped them to enable identification of what expressed each participant’s unique experience of developing cultural sensitivity. Analysis was thus an additive process that enabled new ideas to be captured which could elucidate the phenomenon of developing cultural sensitivity.
- Having identified the participants’ horizons, we pulled these together to create a fusion of horizons. This led to the development of a succinct statement that described the phenomenon of developing cultural sensitivity following an international exchange.

Findings

We used a reflexive approach to assist our understanding of the literature, how cultural sensitivity develops, and participants’ understanding, to enable different vantage points to come together through language, text and conversation. Gadamer (1989) calls this a fusion of horizons, which is never closed and has the potential to be continuously refined and extended. Understanding is never completed, because we

have an infinite capacity to refine and extend it over time and through experience (Gadamer 1989, Turner 2005). Thus, the understanding that we present in this paper should be seen as our understanding of this phenomenon at this time.

We identified three fused horizons: experiencing transition from one culture to another, adjusting to cultural differences, and developing cultural sensitivity and growing personally (Table 1).

Experiencing transition

Although each participant experienced moving from one culture to another as an individual, there were similarities in their experiences. For instance, the idea of ‘feeling strange’ came up repeatedly. Lone spoke about ‘not being able to travel on my own even though this is normal in Denmark’. She openly questioned where she was and if she was ‘really experiencing life in the year 2003’. Lena found ‘the inclusion of alternative therapies and spiritual care was foreign and quite strange, but somehow refreshing’. Susanne revealed she ‘learned to accept things as they were without asking for explanations’, something she would not normally do. Jette experienced her transition as a time of disorientation, particularly the lack of preparation by the host school for her arrival, and she initially ‘felt unwelcome in the clinical area’. Inge felt angry in the beginning, illustrated when she spoke about how ‘HIV/AIDS patients did not get adequate pain relief, (which was) very different from the care given in Denmark’.

For other participants, their transition was characterized by disappointment and uncertainty. Bent voiced disappointment that he ‘could not participate actively in discussion during classes’ and expressed anxiety related to ‘coping with different ways of writing assignments’. Unlike Bent, Signe expressed excitement about ‘different approaches to teaching’, illustrated when she spoke of a novel teaching method

Table 1 Fused horizons of the development of cultural sensitivity

Experiencing transition from one culture to another	Adjusting to cultural differences	Developing cultural sensitivity and growing personally
Experiencing transition as a bit of a shock Inner feeling of chaos Confronting differences Dealing with stress and disappointment	Feeling different/crossing barriers Developing social networks Openness to differences Getting support from other students	Transforming Broadening my horizon Seeing the world through different eyes Becoming more accepting of different points of view
Experiencing different cultures Feeling alone and left to own devices Open mindedness	Connecting with others Having a network Moving between the familiar and unfamiliar	Appreciating and accepting differences Expanding one’s world view Confronted by differences

that was used in her host country. However, she shared Bent's feelings of uncertainty related to her 'ability to meet different expectations of writing assignments'.

The common thread among these diverse expressions was that the transition from one culture to another was characterized by experiences of uncertainty precipitated by a change in the participants' familiar environment, which ultimately required them to adjust.

Adjusting to cultural differences

Participants talked about adjusting to cultural differences in a variety of ways. Lone recounted how a taxi-cab driver 'did not treat me with openness and interest until he found out that I was not a tourist'. She also said that patients did not accept her until she received support from a local RN, who facilitated her adjustment to a strange environment. Bent highlighted a similar situation when he spoke of the way 'patients were interested in me because of my background'.

Bent also spoke of how 'the support I received from students who shared the experience of making an adjustment to a different culture helped me make sense of some difficulties, as they understood my problems'. Signe revealed the importance of social support, saying that 'the support I received from Australian students helped me adjust to cultural differences'. Also, being invited home by an Australian student made her feel 'accepted and involved with Australian people'. However, she spoke of the importance of 'connecting with other Scandinavian students and of having time out'. She found that 'sharing my experiences with students from a similar background, and comparing the host culture with my own, helped me make sense of many of the new experiences I had'.

Other participants reported that 'consorting with Danish classmates helped (them) adjust to cultural differences'. This was particularly evident when Lena identified that 'we supported each other, filling in gaps when we did not understand everything that was said, particularly in our clinical experiences, where we were trying to make sense of a very different healthcare system'. Inge highlighted that there was 'a need to support each other', adding that 'we gained insight by reflecting on local people's attitudes which were quite different from our home country'. For Inge and Lena, comparing cultures 'helped them to adjust'. Likewise, Jette identified the importance of 'travelling with a classmate which helped feelings of strangeness and isolation'. She revealed that 'comparing cultures and sharing feelings helped me make sense of the new things I encountered, and being involved in caring for clients and interacting with other staff helped me adjust to cultural differences'.

Susanne identified that sharing her experiences with a teacher 'helped me cope with new situations, and enabled me to be flexible in my attitude to cultural differences and ethical dilemmas I encountered during my clinical experiences'. Unlike the other participants, Susanne did not gain support from students from her own background, revealing that the other student had a negative attitude towards Greenlanders, referring to them as 'lazy and alcoholics', which she found embarrassing. However, her interactions with patients and staff at the hospital, as well as with local people, helped her gain insight into, and understanding of, cultural differences.

The common factors highlighted were that interest, openness and acceptance from local people, and interacting with them, helped our participants to adjust to their new environment and develop cultural sensitivity. In addition, maintaining an open attitude enabled them to compare differences in health care, education and nursing. Support from nursing staff, and becoming involved in nursing patients, enabled students feel part of the new environment. In addition, reflecting on their experiences with other students, especially students from their own culture, and having time out from the host culture, helped put things into perspective, which facilitated adjustment to cultural differences.

Developing cultural sensitivity and growing personally

The third-fused horizon we identified was development of cultural sensitivity and personal growth. Participants reported learning to relate to patients with empathy, respect and understanding as part of the process of adjusting to the host culture. During this process, Lone reported how she 'matured both personally and professionally, developing insights into the experience of being a foreigner', and broadening their horizons as they reflected on what it must be like for patients from different cultural backgrounds to come to a Danish hospital. This was particularly evident when Lone revealed that living the experience made her 'more aware of my own values and the need to accept the values of others'. She spoke of the importance of 'being non-judgemental and open towards people who were different' from herself, illustrated when she compared the Jamaicans' more relaxed and flexible attitude to time: for example, being late for work was, for them, a normal event. However, she acknowledged that 'being late for work is still not an option for me...that is an aspect of my culture, which is impervious to change'.

Jette revealed how the experience of being different made her aware that her 'own culture emphasized structure in

preference to the more relaxed ways of my host culture'. She speculated whether some aspects of culture are 'embodied and perhaps not open to change', identifying structure as being integral to her way of coping with life. Inge spoke of 'the importance of prayer' in caring for young Jamaicans with HIV/AIDS. For Inge, the experience of 'being present and spending time with my patients caused me to become more aware of myself (and to realize that). I had grown in self-confidence and independence, and was more adaptive in new situations'. Inge revealed that she grew to appreciate 'a more relaxed way of caring' which emphasized 'the use of self as a therapeutic tool', and contrasted sharply with the pressurized way of nursing at home, where the emphasis was on giving pain medications as the predominant way of caring for the terminally ill.

Lena also reflected on spiritual care as a core in nursing, as opposed her own culture's reliance on technology. She observed that 'the social background and culture of Jamaicans reflected their views on health care'. Furthermore, she identified that 'communication is much more than language: it embraces touch, music and being present as important aspects of caring', and included finding means to cope with being different.

For Signe, a hallmark of cultural sensitivity was a 'willingness to be tolerant of others' lifestyles'. She spoke of the relativity of different values, clearly conveyed when she said 'no ways of life are better, just different'. This was also emphasized by Susanne who said that 'living in another culture gave me a different perspective, causing me to place value on the history, norms and culture of other people'. For Susanne, this understanding helped her adopt an 'open attitude and flexibility in her interactions with young clients whose attitudes to therapeutic abortions differed markedly from (her) own'.

Unlike the other participants, Bent expressed negative views about his encounter with a different educational system. He felt that teachers' displayed 'a superior attitude to students', and it was not until he interacted with open-minded and interested patients from different cultural backgrounds that he 'began to appreciate different values'. He revealed that 'acceptance by other people was essential to being culturally sensitive'.

When we considered the commonalities of this horizon, it became clear that attitudes, such as openness, respect and flexibility, enabled participants to appreciate and accept cultural differences. Furthermore, an increased awareness and appreciation of their own culture, along with adapting to a new culture, reflected how students began developing cultural sensitivity and experiencing personal growth.

Discussion

Heightened awareness of global diversity is essential if students and RNs are to care effectively for patients from culturally diverse backgrounds. However, despite this imperative, recent reports indicate that the cultural healthcare needs of minority ethnic groups are not being consistently met (Catinet 2005, Troelsen 2006). A survey on transcultural healthcare practices in Denmark, which was distributed to 2000 randomly selected nurses, revealed ethnocentric practices and cultural bias towards other ethnic minority groups (Catinet 2005). This finding suggests that, whilst nurses may believe that it is important to provide culturally supportive care, the reality of providing such care may be obscured by culturally bound expectations. This sentiment is echoed by Duffy (2001), who argues for the adoption of transformative approaches to cultural education, which acknowledge the influence of globalism on the formation of cultural understanding.

Our findings suggest that RNs find it difficult to include cultural dimensions of care at the top of their working agenda. This indicates a need to work to create a healthcare system that addresses cultural, ethnic and linguistic needs, so that transcultural approaches to nursing care can become reality rather than rhetoric (Campinha-Bacote 2003). An opportunity to be immersed in another culture may be instrumental in enabling nurses to adopt an attitude of *Bildung*, or remaining open to meaning, a sentiment echoed by Duffy (2001), who argues that being made vulnerable through personal change is an important pathway in the development of cultural sensitivity. It may also help nurses appreciate what it means to be different and alienated from the majority culture, and how this affects the development of culturally inclusive practices (Dubois *et al.* 2006). As DeSantis (1988) claims, to adjust to cultural differences, it is necessary to suspend personal, cultural traditions temporarily to perceive the ways of others. This relates to Gadamer's philosophy of understanding, which emphasizes that encountering differences 'breaks my ego-centeredness and gives me something to understand' (Gadamer 1989, p. 46). Thus, for our participants, encountering differences made possible a movement towards ways of knowing that extended beyond their current understanding. Connecting with local people, clinical teachers, students from their host culture, as well as students from their own background, provided participants with a supportive environment in which to compare and critically reflect on their experiences. Through this process, they learned to appreciate, respect and accept cultural differences and this, in turn, informed their understanding of the influence of culture on family, politics, healthcare

systems, and people's beliefs about health and illness. As McMurray (2003) points out, delivering culturally sensitive care in transcultural nursing is not only about respecting the values, customs, spiritual beliefs and practices of all individuals and groups, but also about relationships between nurses, their colleagues, patients, families and the influence of the context within which these activities take place.

Culley (2006) also believes that transcultural nursing must recognize the fluid nature of culture. Nurses must do more than change their personal attitudes and increase their knowledge of different world views. To address inequalities and disparities in access to health care, she suggests that consideration of power relationships, socio-economic status, gender, age differences, organizational structures and subjective experiences of people from other cultural groups have to be taken into account. Fostering a climate of self-determination is an important goal for establishing family and community as arbiters for healthcare decision-making (Kanitsaki 2003).

Chenoweth *et al.* (2006) claim that, for nurses to gain the relevant transcultural knowledge, skills and attitudes to deliver care that is congruent with the health consumer's needs and experiences, they must respect people's culture system and ways of being. Thus, they must be aware of their own biases to avoid stereotyping, labelling and categorizing. This includes consideration of variations between and within groups, races, ages and gender, while at the same time being sensitive to their culturally defined needs. Furthermore, these authors suggest that nurses from other cultures, who have had the experience of adapting to a new culture, can act as cultural brokers to promote culturally sensitive care to clients from diverse cultural backgrounds.

For our participants, the development of cultural sensitivity was a circular process of experiencing stress in a strange environment, taking on the ways of the host culture, and comparing the host culture with their own. Experiencing a supportive environment enabled the students to reflect critically on differences that challenged their personal and professional values and beliefs. This led to a greater understanding that being sensitive to another culture involved being open to new context, including social and political structures, as well as people's beliefs about health and illness. These observations are consistent with those of Campinha-Bacote (2003), who claims that becoming culturally sensitive is an ongoing process which includes the essential element of cultural competence.

Meleis *et al.* (2000) suggest that central to the process of adjusting to cultural difference is the experience of the familiar becoming strange and communicating in a new language. According to these authors, this creates disjunction

and triggers transformative learning. Our participants experienced this kind of disjuncture, which led them to reconsider what they had previously taken for granted, and to resolve the consequent stress they had to find ways of coping. Lazarus and Folkman (1984) maintain that stressful situations may be evaluated as challenging, threatening or harmful. A challenging situation taxes personal resources but holds the potential for growth and mastery, and is associated with feelings of excitement and enthusiasm. This was revealed by participants who were excited by differences and dealt with challenges by being open to alternative ways of caring, with consequent personal and professional growth. On the other hand, threat and harm-loss appraisal is associated with defensive behaviours. This was revealed by those participants who became defensive and dwelt on their ethnocentric values at the beginning of their exchange. These reactions are described in a different way by Antonovsky (1987) who claims that coping with stress consists of the processes of comprehensibility, manageability and meaningfulness. Comprehensibility refers to understanding, manageability to developing resources to deal with stress, and meaningfulness to appreciating values and beliefs. Participants in our study who were able to make comparisons, and use their resources of openness and flexibility to engage in discussions that provided them with meanings, expanded their understanding of cultural differences. Other students, who had fewer resources in the sense of being open became defensive when confronted by differences, especially in the early stages of their exchange.

A finding that is unique to our study is the use of time out from the host culture as a means of maintaining cultural sensitivity. Although participants stressed that, by becoming involved with the local people, they got to know them and their ways, they also voiced that, at times, they just needed the comfort of a period away from the host culture with those who were familiar to them. This helped them relax and make sense of what was going on around them. Adopting this strategy as a means of connecting with the people in the host culture is not mentioned in literature and deserves further consideration.

Study limitations

Our participants were a small homogeneous sample and thus the findings cannot be generalized. We did not address the extent to which students' personalities and individual learning styles contributed to their learning and coping mechanisms, or the possible effects of gender and age. Our findings, however, have the potential to inform the planning of international exchanges. It would, however, be valuable to

What is already known about this topic

- It is expected that all nurses will give culturally sensitive care.
- Having an awareness of differences between diverse groups of people is a prerequisite for giving culturally sensitive care.
- Internationalization of nursing curricula can help nursing students to develop global perspectives as they prepare to practise in a world of interdependent, increasingly culturally diverse, nations.

What this paper adds

- Although student immersion in a different culture aided the development of cultural sensitivity, the experience was fraught with difficulties that had to be overcome to enable it to become meaningful.
- Moving in and out of the host culture and having time out were key strategies that enabled students to persist in connecting with people and to develop cultural sensitivity.
- Acknowledgement of and interest in individuals from outside a host culture facilitate the development of cultural sensitivity.

replicate this study with students drawn from more diverse socio-economic and cultural backgrounds.

Conclusion

We recommend that international co-ordinators, or teachers and RNs involved in study abroad programmes consider the following questions: How do we prepare students prior to their departure? Do we assess students' attitudes of openness and flexibility? Do we advise students to travel with other students from their own culture? What means do we employ to identify students' reasons for engaging in a study abroad experience? What do students learn in such an exchange, and what preparatory strategies can be developed to ensure the experience does not lead to negative stereotyping? Finally, what are the responsibilities of international co-ordinators, not only prior to arranging experiences but also during the experience? Consideration of these questions may lead to the development of more thoughtfully and carefully considered study abroad strategies that enhance the experience and prepare students for the fact that studying abroad is quite different from being a tourist. It is important to consider these factors as intercultural encounters can be confusing because of group differences and different communication

styles, leading to misunderstandings and failure to adjust, with possible negative consequences for all concerned.

From this study, we have identified that cultural sensitivity can develop as a consequence of participating in an international experience. Development of cultural sensitivity is described as ongoing circular process which consists of three merged horizons – experiencing transition from one culture to another; adjusting to cultural differences; and developing cultural sensitivity and growing personally. These horizons, for which there are no rigid boundaries, when taken together describe the essence of what it was like for the participants of this study to develop cultural sensitivity.

A larger question to consider is whether participation in a study abroad programme leads to the development, in the long term, of cultural competence: longitudinal studies are needed to explore this.

Author contributions

dST and HCR were responsible for the study conception and design and dST was responsible for the drafting of the manuscript. HCR performed the data collection and data analysis. dST and HCR made critical revisions to the paper. dST supervised the study.

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