

CROSS-CULTURAL EXCHANGE EXPERIENCES IN CHINA: MEDICAL ANTHROPOLOGY AND COMMUNITY HEALTH NURSING CLINICAL FOR NURSING STUDENTS

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As most would say, traveling to China is a trip of a lifetime. With the support of many at UNCG and from various connections in China, we have provided undergraduate students a cultural experience that will be transformative, one that they may be able to use in their profession, in future international travel experiences or when they meet up with others from another country, especially those unable to communicate in English. The short-term study abroad experience incorporated a number of activities both in preparation as well as from the day of departure to completion of the trip. The way the program is arranged is for students to visit three major Chinese cities (Beijing, Wuhan and Shanghai) and engage in service learning while participating in local health care experiences. Undergraduate nursing students complete some of their clinical hours and the anthropology students dip their toes in doing fieldwork in a vast country with a wide range of culture groups, and differing approaches to health care, nutrition, environmental conditions and ideas for solutions to many contemporary problems facing the Chinese people of the twenty first century.

It is recognized that to maintain their accreditation many nursing programs have strict course sequencing for their students. In most cases this may preclude students from participating in long-term (semester or year long) study abroad programs. UNCG has found a way to enable their students to have a cultural experience by increasing the intensity and the activities, but decreasing the length of stay. In fact, UNCG has three other such programs made available to their senior undergraduate nursing students in the Dominican Republic, Honduras, and Russia.

UNCG has completed its third year participating in a short-term study abroad experience with China. Students from the School of Nursing and the Department of Anthropology visited China in April of 2009 for 11 days. Since 2007 when relations with Wuhan University were established for a short—term study abroad program, UNCG's School of Nursing has been taking students to China. In 2007 seven students participated in the program, in 2008 eleven participated and in 2009 twelve students participated, including two cultural anthropology students.

UNCG is located in the central part of the state in Guilford County and is host to immigrant and refugee families from a number of countries; this translates to nearly one hundred different first languages spoken in the county. Thus, cross-cultural experience is particularly important for nursing students, many of whom will eventually practice in this part of the state.

Although some UNCG students have had some missionary experience or heard family members regale stories from their time abroad, most nursing students have never had a cultural anthropology course or studied China prior to signing up for this short-term study abroad experience. Over the past three years there has been at least one person each year who has never been on a plane and several more who have never owned a passport prior to this experience.

There is a plethora of reasons for taking those who work in the healthcare field on an in-depth travel abroad experience. One reason is to provide each participant with their own firsthand experience in recognizing different ways of knowing, thinking, and doing things. Reading about a culture or cultural difference is one thing, but being immersed in another culture and recognizing your own simultaneously is profound. So it is more than just a trip to China when everyone returns home not just saying they have been on the Great Wall but so much more.

In preparation for the trip each student does background research on an historical place or a cultural practice, and presents their topic to the group using Power Point. Students are also paired to prepare a Power Point presentation on a health-related topic that will be translated by their Chinese student counterparts for a public presentation. In preparation, students are asked to research American health statistics and compare them to those found in China for their presentations, which are emailed to China several weeks prior to our arrival.

The trip begins with an introduction to China by visiting some of the main attractions in Beijing. In two very long days the students visited the Great Wall of China, the Temple of Heaven, the Forbidden Palace and Tiananmen Square. During this time students were learning Chinese culture and history, a few words in Mandarin, how to use the currency (the yuan) and to try new foods. For some students eating with chopsticks was a first, and one skill they mastered by the end of the trip. These initial few days served as an opportunity for the UNCG students to acclimate to crowds, differences in noise levels and smells, and many other things unfamiliar to them. Each student experienced culture shock to greater or lesser degree during the time away. As one of the students commented:

While in China, I was immersed in a completely different culture than my own and had to respect it even while experiencing 'culture shock'. One way that I tried to increase my cultural awareness was by learning the local language so that I could try and communicate with clients and residents. It would have shown a great lack of respect to remain ignorant and expect the Chinese to only speak English to me. Learning Chinese, even the few words I was able to master, was extremely difficult! The syllables they use are mind-boggling to me and it took my mouth DAYS to even pronounce "xie xie" (kind of like "shia-shia) correctly. Luckily, I finally got it down and used that word the most since it means "Thank you". Some other words I learned are "zei jian (goodbye), and ni hao (hello!)," Another way I practiced cultural awareness was acceptance of the Chinese way of life, even though dramatically different than my own. I'm proud to say that the only American food I ate while in China was a McDonald's ice cream cone (but who could really pass that up for only thirty-one cents!). My opinion on the food thing is that if I'm in China interacting with Chinese citizens and they want me to try something, then by-golly I'm going to! Yes- I did get kind of sick of Chinese food, but only the heavy meals from restaurants. I could eat the local individual servings of dishes forever. In fact, my stomach is having a very difficult time adjusting back to American food. Maybe that's a sign that I need to return to China "for health reasons" or maybe just my excuse to go back because I loved it so much (a student participant 2009).

The more in-depth cross-cultural training begins after arriving in Wuhan and working alongside the Wuhan University nursing students and community members. Visiting local hospitals and people's homes, and participating in a health fair were only a few of the many experiences the students shared while working with their Chinese nursing student counterparts.

Wuhan is located along the Yangzi River southwest of Beijing and is the capital of Hubei Province. It is easily reached by a two hour flight. In Wuhan we were greeted by two nursing students from Wuhan University, the HOPE School of Nursing. They provided us with a cultural and historical introduction to this region of China where in April it is warmer and more humid compared to Beijing. Wuhan is an industrial port city comprised of three older cities: Wuchang, Hanyang, and Hankou, and has a population of over nine million (Beijing, the capital of the People's Republic of China has a population over 14 million). The surrounding region is rural and supports a traditional agrarian lifestyle suited for rice and cotton cultivation, fish farming, livestock rearing and the production of other traditional agricultural commodities.

On the first full day in Wuhan administrators from the HOPE School of Nursing welcomed the UNCG participants to their university and provided an introduction of how one becomes a nurse in China. Following the welcoming Dr. Hu gave an introduction of UNCG and its School of Nursing program, and went over community health nursing practices to senior nursing undergraduates and faculty members. Later in the week

Dr. Andreatta gave a lecture on medical anthropology, which is the first time the students had heard about medical anthropology.

After formal introductions were made among administrators and faculty, students introduced themselves. Chinese students have been studying English for a number of years and serve as interpreters for the duration of the cross-cultural service learning experience. According to one of the nursing students, "their nursing program is a lot like ours. It is a four year program with a BSN degree with the common liberal arts background. What I did find interesting was that many of the nursing students didn't choose nursing as their first career choice." Another UNCG student commented, "the Chinese students were all easy to talk to and I was able to become comfortable with many of the students very quickly. I was also impressed with their English. I feel that Americans can be so lazy and I felt very lazy for only knowing the English language, which is something that I would like to work on when I return to the states." As one can imagine a number of friendships were forged as the intensity of the program increased. Over the next couple of days the students visited hospitals, participated in a health fair and community health education program as well as made home visits and walked through the neighborhoods. Each activity is discussed in turn below.

Health Fair

In the first two years of the program a health fair was held at a community health clinic by setting up an outdoor street clinic; a different clinic was used each of those years. Health clinics offer health services to nearby community residents and provide a pharmaceutical dispensary of western drugs and traditional Chinese medicines. The health fair involved voluntary screening for those who wanted to be checked for hypertension and diabetes; height and weight measurements were also taken. With the assistance of some graduate students from the HOPE School of Nursing, faculty and members of the clinical staff at the health center, 200 surveys were completed in three hours in 2007 and 2008. Cases of high sugar and high blood pressure were noted by the students and referrals were made to the residents to speak with the doctors who were available for assistance at the health clinic.

During this most recent visit 61 Wuhan nursing students worked alongside twelve UNCG students. The growth in the Wuhan nursing program enabled their director to expand the service provided by dividing everyone into five community health clinics. Each clinic set up an outdoor station and screened for blood pressure, glucose, height, weight, and waist circumference. A total of 595 local residents were screened at these five centers in a three-hour time block. A student sums up her classmates' observations after the health fair was completed. She states:

I spoke with the students performing the finger sticks and they said that most of the residents they screened were not diabetic. I found this surprising in one way and not surprising in another. In America, it seems like every adult patient I care for in the hospital is diabetic. I was expecting the same to apply to Chinese adults simply because I didn't know any better. I was surprised to find out that only a couple of the sixty people we screened were actually diagnosed with diabetes. Thinking about it a little more in depth; it really is not as surprising. In the States, type H diabetes mellitus makes up the majority of diabetics, a type that is largely influenced by lifestyles that include obesity and smoking. While many Chinese residents smoke, most are not obese.

The health fair was a wonderful advertisement for the health clinics, and for residents it was an opportunity to learn more about hypertension and diabetes. Each year we have been reported in two local newspapers and a local TV news station. The director of this cultural exchange experience remarked "this media attention provides great visibility for the health clinics and encourages people in the surrounding areas to use the clinics for preventive health care."

Health Education

The day following the health fair a community health program was scheduled at the community health clinics. UNCG students partnered with Chinese nursing students presented their projects on diabetes, cardiovascular diseases, nutrition, stroke, fall prevention and the introduction of nursing homes and assisted living found in the U.S. at five community health centers in Wuhan, where generally 2-3 of the above topics were discussed. Approximately 40-50 residents in each center attended the health education programs provided by the students

and interpreted by Chinese partners. Many community residents took notes on what was said. The feedback was positive from the residents and they requested more of these kinds of programs be organized in the future, Again, hearing from one of the participating UNCG nursing students:

We had many questions at the end of our presentation. The crowd we had could not understand why poor people in America could afford fast food and were obese from it. We explained that in the US, fast food is cheap and easily accessible as opposed to China where fast food is expensive and appealing to the rich, Most Chinese plates or meals would cost 1-5 Yuan. One Yuan is approximately \$.14 in USD. \$1 USD = 7 Yuan. American food would cost 28 Yuan and upwards. The biggest differences we noted between Chinese and American culture were the amount of fluids consumed. Chinese individuals get their fluids by drinking a lot of tea and herbal mixtures and by eating soups and broths. Also, walking everywhere is a common practice. Most people do not have cars to get everywhere. Public transportation is a highly used resource for many individuals. It was interesting talking to a group of people who do not speak your language. Our translator was great and we were still able to interact with the audience on a personal level through non-verbal cues and simple English and Chinese phrases.

In Wuhan the UNCG students toured three hospitals, providing them an opportunity to compare western medicine as practiced in China with traditional Chinese medicine (TCM). The two major teaching hospitals affiliated with the university are Renmin Hospital of Wuhan University and Zhongnan Hospital, At the hospitals the students visited several units which include: the emergency room, the pulmonary unit, the cardiovascular unit and the dialysis center. Students also visited a traditional Chinese hospital where physicians demonstrated acupuncture and cupping treatment for patients with stroke, arthritis pain, and back pain. As one of the students commented:

I was able to look at and compare traditional Chinese medicine and western medicine treatments. Both types of treatments are used in China and depend on the person's preference. Typically, traditional Chinese medicine is used in chronic conditions and western medicine is used in more acute conditions. In each western medicine hospital there is a traditional Chinese medicine unit, and there are also separate Chinese medicine hospitals. Each of these units has a peculiar smell, since there are many combinations of herbs that are used constantly depending on the patient's condition. In traditional Chinese medicine a variety of treatments are used such as cupping, acupuncture, and herbs. Many times it is combined with some form of western medicine such as a CT scan or x-ray, Cupping is used to pull pain away from the body. Acupuncture is used in a variety of conditions with stroke being the most common. Many times a combination of all three practices are used in treating the patient. Western medicine uses many of the same techniques that are used in America.

Another student brought out a misconception that was shared by several of her classmates. She states:

Today we visited a traditional Chinese medicine hospital in Wuhan, China. I had very big and very wrong expectations for this experience. In my mind I prepared myself to see a small little wooden building with a shaman-like man delivering acupuncture and herbal therapies. I expected the treatments to be much more "ancient- feeling". Boy was I wrong! We drove up to a nice looking hospital building that might as well have been in America. This hospital had many different units organized into bodily systems such as gastrointestinal, psychiatric, neurological, and so on. Everything "looked" exactly like the other hospitals we visited in Wuhan. What were different were the interventions to the problems treated here. Instead of IV poles and catheters, there were acupuncture needles and hot cupping. Instead of morphine there were herbal mixtures that reeked.

These hospital tours made an impression on the students, and not just in noting the differences in how western medicine is practiced and delivered, but also from observing several of the TCM practices such as cupping, massage and acupuncture. It is from movement of people and ideas that we learn of each others' approaches to healthcare, curing and wellness. And sometimes what we think is different...well maybe it is not completely different. As one of the students observed, "If we take a closer look at our own health care practices then we can find a close parallel to cupping. Heating pads have been used for year to eliminate pain and now the more modern versions are cordless and can be placed on various parts of the body with adhesive."

Home Visits and Community Assessment

UNCG students were paired with the Chinese students for more service learning and conducted a community health assessment in five communities using the Windshield survey (Anderson, E. T., & McFarlane, J. 2004). Divided into five groups some walked through poorer areas that included shanties and dilapidated buildings, while others, went to gated communities. Continuing with the cross-cultural learning experience, students worked together to make assessments of families living with chronic diseases using the family assessment and

the Instrumental Daily Activities of Living (Lawton and Brody 1969) and Environmental Safety Assessment tools (Stanhope & Lancaster 2000). Each of the groups did one to two home visits. During the home visits health education was provided to the family members by the accompanying nurses and physicians from the community health service centers. The nursing students also drew blood for testing the glucose levels and listened to the blood pressure for these individuals were not able to attend the previous day's health fair.

Again, there was a tremendous range in experiences. In one case we visited a home where three people were surviving on 600 yuan (\$85 USD) a month. The ailing 78-year-old widowed mother-in-law, her daughter-in-law and a granddaughter frequently went hungry so that she could have her medication. She needed pain medication that cost 59 yuan (\$8.40 USD) every five days. Others students' experiences were remarkably different. And as one UNCG student remarked, it was a Chinese middle class and not remotely close to what was a middle class in the US. She describes her experience:

A challenge for me on this trip was to leave my American standards behind and assess my assigned community with an unbiased opinion. I needed to apply Chinese, more specifically that of Wuhan, community standards when assessing the area. At first glance, I thought this area had to be low-income and impoverished, when in all actuality it is middle- class, full of retired governmental officials, After I got past the initial external appearance of the apartment buildings, which were filthy and in disrepair, I was able to see how resourceful this community is. The residents have an abundance of health care services, educational and social resources, and access to supermarkets and food shops within walking distance, This experience taught me a valuable lesson, which I should have been using in the first place; don't judge a book by its cover.

Discussions with Community Health Service Center

One of the important parts following the cultural immersion that took place in a few short days is the debriefing. These times were opportunities where the students could share with everyone, reflect on the activities, and express what they learned from the insiders' and the outsiders' perspectives. In some cases one can suggest that nursing is just nursing; however, our experiences tell us otherwise. For example, how one treats hypertension or diabetes may depend on the cultural knowledge one has or on the one who prescribes or receives the therapy.

For two and one-half days the Chinese students worked very closely with the UNCG students, helping to translate everything for the American students who knew no Chinese. The dependency and cultural sharing that emerged from these intense working experiences were life transforming. According to one of the students, "today we met with faculty members from both UNCG and HOPE as well as the nursing students, doctors, and community center staff to go over what we have seen and learned from each other. This was a special time, as it was the last time to see the people that we have shared this incredible journey with. We talked about some of the differences between the cultures and healthcare and what we learned." Each year concludes with a party where students exchange email addresses and gifts. However in 2009 the UNCG students introduced the Chinese students to Facebook; a new way of staying connected. And the Chinese students shared the joys and fun of singing karaoke.

Conclusion

The China experience helped the UNCG students understand the Chinese cultural and healthcare system. The UNCG students had a great time working with Chinese students, providing wellness checkups to Chinese residents, visiting both western and Chinese traditional hospitals and experiencing Chinese culture. The benefits to UNCG students and Chinese students are non-quantifiable. As one student stated, "This trip has inspired me to learn more about other cultures and travel more to understand other healthcare systems." And another stated, "I'm so glad to have made some great friends which is the best souvenir I could ever have asked for!" All in all the comments made are very moving. We had the privilege of meeting up with some of the students from the previous year's experience. The Chinese student leader for 2009 participated in the 2008 program and said if we come again next year he wants to participate again.

We hope that more cross-cultural service learning exchange programs, short- or long-term will be carried out in the future. The cross-cultural exchange approach to understanding different medical systems for practitioners

sheds light on common grounds found in medicine and health-care delivery as well as the differences in form and philosophy of practice. And of course much more can be learned and shared with each new experience.

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