Navigating Mismatched Expectations and Dissonance
on International Nursing Service-Learning Trips

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Abstract

This article examines the phenomena of mismatched expectations on international nursing service-learning trips and the resulting dissonance those expectations can produce in trip participants. The work of Festinger and others are used as a theoretical framework for recognizing the elements of dissonance and how to navigate through the various stages of dissonance before, during, and after a service-learning experience. Specific examples from students, international partners, and leaders on service-learning trips are used to illustrate how to recognize and acknowledge expectations in order to successfully navigate the associated dissonance. While dissonance may never truly resolve in international work, the awareness of how to navigate the dissonance can be utilized to improve cross-cultural collaboration and communication, while minimizing potential conflicts and misunderstandings.

As international service-learning trips are becoming increasingly more common, especially in higher education, attention is being paid to the perspectives of the various participants (Gallagher & Polanin, 2015; Kohlbry, 2016; McFarland & Wehbe-Alamah, 2018). To meet the full potential of the cross-cultural experience, short-term international work is best conducted in a partnership with in-country organizations or local community members in order to create positive and lasting effects (Hockett & Muhanji, 2017). This leads to multiple groups involved in the trip process, and sometimes the expectations and goals of the various trip participants may not align well.

On an international service-learning experience, there are typically three groups of participants:
1. Students; the visitors coming into this cross-cultural experience
2. Trip leaders; often faculty from the sponsoring institution
3. Nationals (hosts, community partners, and patients)

Each of these groups has their own set of expectations, and these varied expectancies can sometimes cause communication difficulties, frustrations, or mutual dissatisfaction throughout the duration of a trip.

This article will include examples from the authors' experiences as professors leading students on short term, cross-cultural experiences to Kenya. These trips have been designed to be long-term commitments returning to the same communities repeatedly and strengthening relationships over time. Most of these trips are serving in the context of providing health education or working alongside local healthcare providers in providing basic nursing

services. Each experience includes pre-trip preparation meetings, evening debrief sessions during the trip, reflective journal entries, and post-trip interviews with participants. On these various trips, the leaders have observed trends of mismatched expectations between trip participants resulting in misunderstandings and mutual frustrations. Navigating these types of resultant conversations requires an awareness of initial expectations and perspectives. The recognition of personal expectations enables participants to dialogue more effectively about the goals and activities of the trip.

Theoretical Framework

The framework of cognitive dissonance was chosen for this article as it closely aligns to the topic of expectations and how one responds when various expectations are challenged. The term cognitive dissonance was originally researched by Leon Festinger in the late 1950s. In his first writings, he formed two initial hypotheses: 1) "The existence of dissonance, being psychologically uncomfortable, will motivate the person to try to reduce the dissonance and achieve consonance" (Festinger, 1962, p. 3), and 2) " When dissonance is present, in addition to trying to reduce it, the person will actively avoid situations and information which would likely increase the dissonance" (p. 3). Festinger also believed that dissonance occurs for each person on a daily basis even if it appears there are no new occurrences or knowledge.

Working within these two hypotheses, there are many facets to cognitive dissonance. If two pieces of information become known to someone, and if one of those pieces is in conflict with the other, the importance of the dissonance will be related to how one views each part (Festinger, 1962). Thus, the greater the discomfort with the dissonance, the more one will want to eliminate the main cause of the dissonance (Cooper, 2007; Festinger, 1962).

In considering service-learning experiences, dissonance may come about due to interactions with a past event (Festinger, 1962). For example, if one has taken a trip to a specific location a number of times, it is easy to expect a similar experience on subsequent trips. When new or different events challenge any original expectation, then dissonance occurs as the participant wrestles with those changes, whether good or bad. In addition, the dissonance will be present unless the participant seeks to resolve the changes.

The navigation of cognitive dissonance is one of the foundational aspects of intercultural learning (Mitchell & Paras, 2018). For service-learning trips, dissonance can be due to differences in cultural expectations (Festinger, 1962). While efforts may have been in place to prepare students for differences in the new culture, the students will likely carry some prior expectations, biases, and assumptions as they enter that new culture. When those prior expectations are challenged as they interact with the new culture, dissonance will occur. This dissonance then causes students to examine their thinking processes in order to find ways to work out the incongruities they are facing (Festinger, 1962). Students must expand their thinking processes in order to make room for the new information to co-exist with what they already know (Festinger, 1962). Within the context of service-learning in another culture, it is important for faculty or trip leaders to assist students through this transformative process of dissonance, and help them through the steps of resolving the dissonance and making new meaning (Mezirow, 2000; Mitchell & Paras, 2018; Taylor, Jones, Massey, Mickey & Reynolds, 2018).

A student's developmental state may be challenged when faced with differences in their existing learning context. Jones (2008) wrote that when a student faces differences, they may hold on to what they already know, and retreat from circumstances that cause them to feel conflict with the new experiences. This retreat occurs as they may not be developmentally ready to accept such changes to their existing knowledge (Giles, 2014; Taylor et al. 2018). According to Cooper (2007), reducing the perceived inconsistencies in the situation is the best way to diminish the dissonance.

The process of navigating or diminishing dissonance within cross-cultural work requires a level of humility on the part of the learner. Festinger's discussion of cognitive dissonance does not mention humility specifically, but the concept is woven throughout his writings (Festinger, 1962). As individuals attempt to reduce or resolve dissonance, the process involves surrendering one's preconceived notions which requires an element of humility. In prior cross cultural work, we have found that cultural humility is a crucial step in working through dissonance and mismatched expectations (Hockett & Muhanji, 2017).

Methodology

For the purposes of this article, we used data we collected over the course of four years of international service learning trips. The U.S. based participants included: 27 undergraduate students (25 nursing students, one pre-med student, and one engineering major), and three faculty members. In addition, there were four Kenyan participants who worked directly with our teams and were a part of the formal data collection. This study has been approved by the university's institutional review board.

Data were collected via the following: recorded debrief sessions, student journal entries, and field notes. For the data analysis we followed the protocols for qualitative research as identified by Creswell (2013, 2014) and Leech and Onwuegbuzie (2008). Recorded interviews were transcribed, read through, then coded to identify main themes. Triangulation occurred by examining all of the data collected in order to justify the main themes which we identified through multiple readings, comparisons, and analysis (Creswell, 2013).

In analyzing our own observations, experiences and responses as faculty and trip leaders, we used the lens of reflective practice. Dewey (1933), one of the early writers on reflective practice, posited that our ability to reflect occurs only after a problem has been identified. The tension surrounding the problem invites the person to actively investigate possible solutions. As a result, reflective practice allows for the educator or practitioner to further assess personal motives, assumptions, and outcomes of their work, which can then lead to further growth and development as a professional (Larrivee, 2000; Osterman & Kottman, 1993). The reflective process involves an honest examination of one's own behaviors and biases, while identifying how those behaviors have an impact on our responses and future work (Larrivee, 2000). Osterman and Kottman believe that the reflective process has a greater impact when the learner is invested in the process and there is motivation to learn and change. Osterman and Kottman further state that true learning cannot take place without reflection and without the results of our reflection leading to action. Kegan and Lahey (2009) wrote that

"…reflection without action is ultimately as unproductive as action without reflection" (Kindle version, location 3564).

Thus, the reflective practitioner continues to examine her experience by asking such foundational questions such as: What did I do? What was the result? What could I do differently? Reflective practice is then a cyclical process which continues to adapt to the changes, and looks back on the process, only to repeat the cycle once again (Larrivee, 2000). Therefore, our actions from the reflective process should produce an impact on our professional practice (Garson, 2005).

Results

Through our analysis over four years of data, we have identified the main themes which related to the topic of expectations. We present the main themes in a narrative format via the lens of the students, the accompanying faculty members, and our Kenyan partners.

Identifying Conflicting Expectations on Short-Term Trips

Within a service-learning context, it has been our experience as trip leaders that the most important element of navigating dissonance is to recognize that expectations will be present for each participant involved. When intentionally trying to consider everyone's perspectives, it may become apparent that each person is holding a different set of expectations. These differences can create a sense of underlying frustration or even outright conflict if they are not recognized and addressed. Mismatched expectations can sabotage a trip's objectives and desired outcomes, and may hinder well-intentioned actions.

When learning to navigate mismatched expectations, it is first important to recognize that expectations do exist. This can be extremely difficult for trip participants, particularly when their expectations may be held subconsciously. Over the course of many service-learning trips abroad, we have heard undergraduate nursing students claim they do not have any preconceived expectations for the experience. In pre-trip interviews before a recent service-learning trip to Kenya, several students shared sentiments about wanting to *keep an open mind* and that they were purposefully trying to avoid having biases beforehand (pre-trip video interviews, June 2018). An early group meeting during another Kenya serve trip included a student saying, "I came on this trip without any expectations at all" (Field notes, personal communication, March 2015). Eventually, however, these same students began to recognize that they did have trip and cross-cultural expectations despite their efforts to ignore and minimize them. In our experience, expectations tend to reveal themselves when students are feeling discomfort, homesickness, or any sense of surprise. We have noted several instances when student trip participants would say, "I wasn't expecting…," or, "I didn't think we would be doing this…." These types of conversations reveal underlying expectations of which the students were not even consciously aware.

The expectations of trip leaders can be vastly different from those of student participants. The safety of the team will always be the top consideration for trip leaders, when it might not even be a priority of the more adventurous students. Trip leaders are continuously thinking about trip preparations and logistics. An example of this would be when preparing for medical camps and clinics, when the leaders are never sure which

diseases and diagnoses to emphasize to the students during the pre-trip planning sessions. Even the local healthcare providers, who often function in leadership roles on trips, have been surprised when their own expectations of common diagnoses are incomplete or false. After a medical camp in an area we had not previously visited, our collaborating Kenyan physician commented, "I expected to see HIV and high BP here, but we ended up seeing more anemia than anything" (Dr. Andrew, personal communication, January 2018).

Sometimes all trip participants may have the same expectation, but the outcome still does not match the goal. In most clinic settings, everyone present would like a quick fix if it was possible. With international service work, the local patients are often expecting miracles and instant results from the foreign visitors. Unfortunately, instant gratification is rarely possible or sustainable and can lead to significant disappointment from the patients and the community hosts. One student wrote in her journal (trip reflection journal, 2016), "people came to us thinking we could perform miracles for cancer or paralysis" and this participant struggled with having to tell patients what was realistic regarding our scope of practice. There is also another layer of disappointment if a trip does not appear to be achieving as much medical benefit to the community as was hoped by participants and community members.

Similarly, patient encounters often hold unmet expectations for the students and clinic workers. Students may be wanting to see resolution and follow-up of each patient case, when this is not realistic in a short-term experience. Wound care activities are often a trip highlight for participants who witness the healing process occur over a few days. One student shared in an evening debrief session, "We love acute issues (like wound care) because we see evidence of progress, but most issues here are chronic and require significant life change" (Trip participant, personal communication, January 2018). During another recent trip to Kenya, students were asked to share pros and cons of the medical camps of the prior two weeks, and one of the main cons mentioned was the lack of follow-up with patients. Students experienced dissonance when they were unable to re-evaluate a patient after implementing nursing interventions. The lack of opportunity for patient reassessment exacerbated student discomfort. This was a common theme in the reflective journaling and post-trip interviews as well: "The hardest thing is not knowing what happened with specific patients" (trip participant, personal communication, Spring 2017)

In situations where multiple serve trips are led from the same institution, participants may be expecting trips to be like prior iterations or other locations. While our institution has been focused on ongoing work in Kenya, nursing professors have led service-learning trips to Nicaragua and Haiti as well. An evening debrief session in Nicaragua brought out the comment from a student saying, "I thought we would be doing more medical care like on the Kenya trip instead of the health fairs here [in Nicaragua]" (Trip participant, personal communication, June 2015). When the trip leader recognized this unmet expectation of the participants, the group discussed the importance of health education and location-specific needs, rather than assuming that all service-learning trips would look the same.

Examples of Navigating Dissonance

In our experience, dissonance is woven throughout cross-cultural work as the participants enter into new situations and experience discomfort with the unknown of the new setting or culture. Each trip participant can choose how they want to navigate this dissonance, especially as they face conflicting expectations. Trip leaders are navigating their own dissonance, but are also balancing the dissonance of the other two groups of participants: the students and the nationals.

Examples from Students.

Two student stories illustrate how students either worked through the dissonance with some success, or refused to navigate through their discomfort with the new situation. One student, Janice, recognized her discomfort from the beginning and sought out the trip leader for multiple conversations about her dissonance with the various events and interactions with the Kenyans that were taking place. The trip leader remembers her saying, "I'm not getting this. Help me understand what we are doing." In this way, Janice recognized early on that she did not understand her role in all of the interactions and was doing her best to learn and navigate all she was experiencing. From another journal entry she wrote: "I've taken initiative to talk with people from the other team and our team." She also wrote down her expectations and goals at the start of the trip and adjusted these in writing throughout the experience. She consistently demonstrated that she was engaging in the process of navigating dissonance.

Janice recognized in her early trip journalling that "new locations are difficult for me". As trip leaders we observed Janice's discomfort and current state of dissonance. She did not expect to experience as much dissonance as she was feeling. However, she recognised this and later wrote in her journal, "I've become more fluid, go with the flow, more relaxed than I usually am. I feel at PEACE." When asked about her goals for the remainder of the trip, Janice wrote, "To challenge myself to seek out the conversations that will build people up." Janice lived this goal out when doing an impromptu health education presentation for 8th grade girls of a local village. After completing the presentation Janice sat down in the middle of the room and the students crowded around her. She asked about their hopes and dreams and listened attentively to their questions. This moment was an example of how Janice was able to meet her goal of seeking out meaningful conversations. After this encounter, she talked about how this interaction was the highlight of her trip.

Occasionally, students do not appear to navigate cross-cultural dissonance well. A student participant on our first trip to Kenya stated in a debrief session that she had no expectations for this experience and she did not appear to recognize her dissonance at the time. Throughout the trip, the leaders noted that this particular student maintained a rather fixed mindset and appeared to disengage from any dissonance she felt. The student continued to claim that she had no expectations and yet her reflection journals mentioned several surprises which would imply the presence of pre-existing expectations. "Prior to this trip I thought that Kenyan patients would be similar to patients I saw during clinicals in America. I did not think I would be surprised by anything healthcare-related. Thankfully, I was wrong… I felt that the Kenyan people were much more respectful and grateful for receiving care than Americans." Her reflection journals were also shorter and lacked evidence of personal growth compared

to the other student writings from the trip. These superficial journal entries included broad generalizations about the country and people, perpetuating the idea that foreigners are the experts, and repeatedly wanting to give quick fixes for any problems at hand.

Examples from nationals.

As more community members become involved in our cross cultural work, dissonance often appears when new or novice leaders begin to participate in the partnership. Dissonance emerges as a lack of understanding on both sides with previously-held expectations of how to engage positively with others. This is often where misunderstandings occur. For novice participants, they often do not have the background knowledge, education, or experience to understand how we have developed our ongoing partnerships within the framework of cultural humility (Hockett & Muhanji, 2017).

We initially became aware of this phenomenon of the novice participant/leader when were evaluating our first partnership work on Mount Elgon during trip leader debrief sessions. On one of our trips, a lead community member, who we will call Jacob, had assumptions about what we should be doing during our time at the health center. Our responsibility was to remain within our scope of practice, which the community member did not understand. This lack of awareness became a form of dissonance, compounded by multiple U.S. teams collaborating together as guest entities at the health center.

In Jacob's effort to assert his role as leader, he was continually asking members of our team to act outside of their scope of practice as nurses and nursing students. He encouraged the nurses to prescribe medications to every patient, even using placebos so that the patients would feel like they were *receiving something* for the registration fee they had paid. He did not understand that asking nurses to order or prescribe medications is not ethically within their role.

The trip leaders experienced significant dissonance when they discovered that patients had been paying for the services at this free clinic. We were giving our services and time for free and therefore thought the patients were receiving care for free. As a team we felt the integrity of our clinical judgement was being compromised as were constantly being asked to work faster and see more patients. However, we did not understand what had been communicated to the general public on the mountain and the expectations which had been previously set-up for our medical camp. Navigating these mismatched expectations led to dissonance, pain, and confusion for our entire team.

Attempts at resolving the dissonance came through ongoing conversations with Jacob. These led to the discovery of a deeper issue of trying to support the clinic through the fees which were charged to the patients. We as trip leaders realized we needed to appeal to Jacob's deeper motivations of how best to serve the patients who were coming to the medical camp.

In this particular example, knowing a person's motivations can help us understand our collaborators and achieve a mutually beneficial end. Sometimes learning an individual's motivations is as simple as asking. Other times it requires careful observation and study. In the end, it is important to build relationships to create a lasting and positive impact.

A different example of dissonance came via a young Kenyan physician who joined one of our service-learning trips. Dr. Benjamin is a colleague and friend of our main collaborating physician, Dr. Andrew. After each of our collaborative health care initiatives in our partner villages, Dr. Andrew would share with his colleague Dr. Benjamin of his positive experiences working with our students and teaching them about tropical diseases and how those are treated in Kenya. These discussions piqued the interest of Dr. Benjamin who had only engaged in medical camps through his medical school training, and not with foreigners. Dr. Benjamin even began to cover the regular work shifts of Dr. Andrew as a show of support and to allow him to join more of our collaborative work in the villages.

After hearing about these experiences for over a year, Dr. Benjamin finally had the opportunity to first meet one of our teams at a rural health center. There he had a brief opportunity to observe how we collaborated with the Kenyan medical staff. Everyone on the team, regardless of professional status or experience, engaged in all aspects of the work, from setting and cleaning up to hauling equipment back into the vehicles. In our observations, Dr. Benjamin seemed reticent at first to join in the work until one of our nurses invited him to assist. Once he observed his colleague Dr. Andrew helping with tasks other than the traditional role of a physician, Dr. Benjamin began to work as an equal with everyone else.

Dr. Benjamin officially joined our team as the collaborating physician a year later. Through group debrief sessions and field notes, he shared how collaborating with our team opened his eyes to different ways of doing things. In our observations, he was an active participant with all aspects of the work, taught our students as he assessed and treated patients, and willingly engaged in all social interactions with our team. In one of our debrief sessions, Dr. Benjamin shared with the entire group:

I have learned a lot... On the side of health education, which we discovered for the last three days, people actually do not know what they are suffering from. They have medications. They will tell you what they take, but no one has ever told them why they are taking [these medications]... It is sad because it is teaching us that maybe we have been denying our patients the right to know what they are suffering from.... Maybe it is us [Kenyan healthcare providers] who made that mistake. It actually drove me back to try and educate my patients, because when you educate them, obviously they will understand themselves… On our side we have learned that when we go about our workplaces, health education is very important. We have learned today that most patients, when they reach our facilities, maybe we take very little time with them. We don't examine them well, and that leads to maybe the wrong diagnosis, giving the wrong drugs. - Evening Debrief Session June 2018

From our perspective as trip leaders, Dr. Benjamin navigated his dissonance fairly quickly and was able to effectively work as a co-collaborator with the visiting team. At this time, we do not have enough experience and observation with Dr. Benjamin to know the extent of his expectations in collaborating with us, however, he did reveal many times that he was impressed by our nursing students and their spirit of collaboration and service toward others. We can assume that he was not expecting to witness this level of collegiality with our team.

Revealing Expectations

Interestingly, many of the students who claimed they had "no expectations" prior to the trip, spoke quite differently after the trip was concluded. Perhaps these discrepancies may be due to cognitive bias, such as the Dunning-Kruger Effect where people are not self-aware of their own low abilities (Kruger & Dunning, 1999). In interviews several months after the trip, students were asked, *Prior to this trip, what were some of your cultural assumptions and biases about Kenya and the people here? How have those changed?* Each student was able to identify expectations they had been holding when coming into the trip, and highlighted the struggles they felt when reconciling their expectations with reality even if they reported having no expectations before they left on the trip.

From analyzing the perspectives of nationals, novice participants are still developing the ability to navigate cross cultural communication and how to interact with those from a different culture. As more community members become involved within our work, there is a dissonance when newer people are novice in cross-cultural expectations. The community members desire to have visitors come and work with them, but in the case of Jacob, he is a novice in his approach to cross-cultural relationships and collaboration. He creates dissonance for himself with his own assumptions of what should be happening, and this creates dissonance for other team members because of misunderstood expectations.

Discussion

There are many facets to navigating both dissonance and mismatched expectations on a service-learning trip. As we are analyzing our data from our students and our Kenyan partners, we recognize that expectations from both could be influenced by a number of variables including: age, education, life experiences, travel, and exposure to other cultures. Further, we have noted that dissonance appears to be continually present on all of our international service-learning experiences.

As we examined our participant data even further, we noticed that the students selected as exemplars of navigating dissonance well were students fairly early in their nursing programs at the time of their trips. The students who did not appear to cope with dissonance as well were actually older, closer to graduation, possibly having a more fixed mindset, or perhaps not wanting to move forward into the dissonance. More research is needed to determine if this difference between levels in nursing training is an anomaly in this case, or if more experienced students have more of a fixed mindset when it comes to cross-cultural interactions.

With the example of the Kenyan physicians, Drs. Benjamin and Andrew are younger than our other Kenyan partners and well-educated, and have had experiences in bigger cities and with diverse populations. They adapted to our team much faster than Pastor Jacob who from our observation and experience has a relatively narrow frame of reference in regards to working with those from another culture. Dr. Andrew quietly encouraged and mentored Dr. Benjamin about joining one of our trips for at least a year prior to Dr. Benjamin's first encounter with our team. In contrast, Jacob did not have mentorship in collaborating within this context, and yet has been present since our first team visit. In addition, Jacob is also rather isolated in his professional role on the mountain. Since our first time meeting and working with Jacob on Mt. Elgon, it appears

that he has not navigated through his dissonance with how he interacts and interfaces with our teams. From our perspective, his expectations for our teams on each subsequent trip have not changed significantly.

In working with each of the Kenyan partners, we all have had expectations which have required us to work through our dissonance together in order to effectively collaborate with our service-learning objectives. Through this process, it has taken time to build trust and relationships. Within our partnership work, effective communication has provided the foundation for the cross-cultural exchanges. According to Hockett and Muhanji (2017), the key components of cross-cultural communication include: relationship-building, listening, addressing biases, and carefully observing situations. We have noted that when collaborators are able to identify and openly discuss expectations ahead of time to clarify the trip goals and objectives, potential misunderstandings can be minimized or avoided altogether.

Limitations and Future Research

One limitation we have considered is where we might have put expectations on students without realizing it. In our pre-trip planning we often discuss the types of trips we have previously taken with students. It could be that we unknowingly in our preparations place expectations on our students. Another limitation could come from previous trip members. Our students and graduates often stay in contact with each other and their classmates, frequently talking about their service-learning experiences, thus setting up the current students for a level of expectations. Even participants who might be repeating a trip to a similar location might have expectations and compare them to previous trips.

Future research regarding expectations could include how to prepare for future trips without building up expectations detrimentally. Within existing research, there is a gap in examining the perspectives of community members who participate in service-learning collaboration. Expectations of our national partners could be elicited more specifically with interviews and conversations, particularly examining how these may have changed over time. Additionally, it would be interesting to examine the specific demographic information of our student trip participants which could include: previous travel experiences, living in another culture, educational level or experience, and age.

Conclusion

In service-learning experiences or other international work, we believe dissonance is never truly resolved. Festinger (1962) suggests that individuals can reach consonance, a sense of harmony within oneself related to the dissonance. In this context of cross-cultural work, we would postulate that dissonance is always present as one is continually learning and each new experience brings the potential for mismatched expectations. While Mitchell and Paras (2018) mention that cognitive dissonance resolution is possible within intercultural learning, the measurement of this outcome remains largely subjective and situational. We believe that trip participants will likely never reach true consonance or dissonance resolution on a short-term service-learning experience because the learning is a continual process.

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