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REVERSE CULTURE SHOCK:

The Purdue Kenya Partnership

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ABSTRACT

The Purdue Kenya Partnership (PKP) has been working in Eldoret, Kenya since 2004, providing pharmaceutical care to patients in the Academic Model Providing Access to Health Care (AMPATH) program. PKP incorporates students into its work through the 8-week advanced pharmacy practice experience (APPE) offered to last-year student pharmacists. The program has 24 student participants each year. Student participants go through an interview process, and if selected then participate in a 2-credit-hour elective course that prepares them to practice in this environment. This elective discusses culture shock and ways to overcome it while in the country. However, over the years, it has been observed that when many students return home after, they have some challenges adapting back. Upon further investigation and discussion with these students, it was identified that they suffered from reverse culture shock.

Reverse culture shock is described as the negative effects experienced while readapting to the environment of one's own culture after having spent time abroad. It is a serious condition that if left unaddressed can lead to anxiety, trouble in school or work, and relationship difficulties. Study abroad programs address the culture shock when traveling overseas, but many do not address the reverse culture shock.

This article gives a detailed account of one student's experience with reverse culture shock after participating in the PKP APPE. It also details a plan aimed at helping address reverse culture shock for study abroad students.

INTRODUCTION

Culture shock is the disorientation that a person feels when they are immersed in a way of life dissimilar from what they consider customary and normal (Bochner, 2003). The idea of culture shock is well studied and analyzed from various perspectives (Furnham & Bochner, 1986). Many study abroad experiences have programs to help students quickly adapt and avoid the frustrations that frequently are experienced when thrust into a vastly different culture. In contrast, reverse culture shock is the concept of reaching a point of mastery in the unfamiliar culture, being shaped and changed by that culture, and then returning home and experiencing similar frustrations with the original way of life (Gaw, 2000).

Similar to most study abroad programs, service-learning experiences may generate elements of reverse culture shock. Service-learning is an educational strategy that incorporates instruction, learning, and community service (Fayetteville State University, n.d.). This strategy utilizes experiential learning to meet the needs of students while simultaneously enabling the student to actively participate in meeting the needs of the community (Fayetteville State University, n.d.). The Purdue Kenya Partnership (PKP) possesses both the cultural hurdles of a typical study abroad experience and the element of service-learning, making student participants more predisposed to reverse culture shock.

In 2004, PKP began working in collaboration with other medical professionals to provide pharmaceutical care

in a holistic approach to patients with HIV/AIDs and other primary health care needs throughout western Kenya. PKP incorporates advanced pharmacy practice experience (APPE) students into its program through an 8-week experiential rotation. The program has 24 student participants each year. Students submit applications, interview for the opportunity, and participate in a 2-credit-hour elective course that addresses many of the cultural and clinical challenges that they are likely to face while in Kenya (Schellhase, Miller, Ogallo, & Pastakia, 2013). During this global health experience, students are immersed in caring for patients through their work on an internal medicine ward. The students' primary responsibility is to be patient advocates by detecting drug-drug interactions, identifying medication contraindications, and managing each patient's drug list and medication information. Each student typically works with about 25 patients, which is more than what is expected of students in a typical U.S.-based APPE. This article will details the student authors' feelings and experiences as they transitioned from a service-learning environment in Kenya to more traditional APPE roles in the United States.

STUDENT REFLECTIONS ON REVERSE CULTURE SHOCK

Student 1—Michael

When speaking to classmates about their experiences in Kenya, many used typical adjectives to describe culture shock. They were in disbelief and saddened by the level of poverty and despair that was seen in the hospital. They were troubled by the amount of suffering and death. Maybe most of all, they were shocked by the nonchalance with which the local medical workers reacted. All experienced extreme frustration with the inefficiencies and shortcomings of the health care in Kenya; however, most found it relatively easy to understand why things were the way they were. The fact that most times there were no better options made those frustrations and difficulties easier to understand and to overcome. The discussions in the elective course helped prepare us for those feelings and enabled us to preemptively plan and prepare how to react.

When I arrived at the hospital in Kenya, the despair was palpable. It was not uncommon to see three patients sharing the same bed. Many of our Kenyan colleagues were shocked to hear that patients in America get a bed to themselves, let alone an entire room. One nurse might be expected to care for 20 or more patients, many of whom were critically ill. Because the hospital

is self-sustaining and health insurance is rare, patients were required to pay their hospital bill before they were allowed to leave. This frequently extended their stay long past the point when they could have been medically discharged from hospital care. This left them exposed to the risk of hospital-acquired infections and more. With that in mind, the experiences I had on the wards met the expectations I had coming into the rotation. More difficult were the inefficiencies and frustrations that I felt when returning home.

The Kenyan environment was full of medical, pharmacy, nursing, and dietary students, as well as educators, doctors, and social workers. Most were dedicated to serving and educating the community both inside and outside of the health care setting. The opportunities to make a significant difference in Kenya were copious and meaningful interventions were made each day. Actions as simple as rewriting the patient's medication list so that medications were administered correctly often made a difference in appropriate care.

There is an innate sense of urgency and meaning that comes along with education through service in a place like Kenya. When students are ripped from that clear sense of significance and returned to the typical U.S. educational setting, there are often feelings of anxiety, disappointment, frustration, and ultimately disdain.

After leaving Kenya I returned to complete a four-week rotation in a retail pharmacy that considered a busy day filling over 100 prescriptions and administering a few flu shots. The differences were incredible and the transition was eye-opening, as well as very frustrating at times. Many times it seemed a four-hour stint would drag on for days, and the most significant intervention that I made was recommending which over-the-counter cold medication would be best. I went from learning about life-threatening opportunistic infections and management of chronic cardiac diseases with limited resources to memorizing the brand and generic names of medications. To be fair, the preceptor for the retail pharmacy was an exceptional preceptor and pharmacist. She was passionate about her work and cared deeply for her patients. She went above and beyond to get to know the patients, to make things more convenient for them, and to counsel them on the importance of their medications. It was clear that she was serving her patients' needs and that community pharmacy is no doubt an important job, but the type of service and the educational experience were so starkly different. I experienced reverse culture shock after being moved into such a dissimilar environment.

In fact, almost all of my classmates who went to Kenya reported similar occurrences. Many felt angry that the health care system in Kenya failed the patients due to a lack of resources, while the U.S. health care system has seemingly excessive resources, but many patients fail themselves. Classmates spoke about patients missing appointments, failing to adhere to their prescribed medications, and making unhealthy decisions like smoking or consuming unhealthy foods.

Another factor contributing to reverse culture shock was returning to clinical rotations that were not held in interdisciplinary academic health care settings, nor did they incorporate service into their educational experience. I did, however, find one classmate who had virtually no complaints of reverse culture shock upon her return from Kenya. It didn't surprise me to learn that her post-PKP rotation was at a clinic that provided HIV care to a mostly underserved veteran population in Indianapolis.

Student 2—Stephanie

The eight weeks came and went before I knew it. I had to fall back into previous habits quickly as I began my next rigorous pharmacy experience the following week in Indianapolis. I was so busy with my new schedule that I did not give myself the time to think about what I had learned in Kenya and how I could apply it to my present-day work. After a few days of being back, it was like I had never left; Kenya was a distant memory. People were excited to hear about my experience and displayed genuine interest as I gave a rundown of my 8-week trip in 5 minutes.

I then began to struggle with how to transfer some of the autonomous clinical skills I developed in Kenya to my now highly structured ambulatory care experience in the United States. I was used to being an integral member of the rounding team, and sometimes the only pharmacy presence. Now I was just another student floating through the rotation, having her hand held. I also found myself less tolerant of patients who were unwilling take their health seriously. I just came from a place where people would travel through rivers and walk miles to see a health care provider. My frustration quickly grew.

During the next few months, I became very good at condensing my Kenya experience into a brief conversation, but my words couldn't express my feelings about a man who died in front of me. I

explained that patients were generally two-to-a-bed and the nurse-to-patient ratio was 20:1, but I knew people didn't really understand. The longer I was removed from the experience, the more I felt like I was doing it a disservice. I also was finding it difficult to have enriching, U.S.-based experiences. I was still volunteering, but the feeling of truly making a difference in someone's life was just not there.

I did not recognize that I was experiencing reverse culture shock until months after I had returned, even though the concept was discussed in our preparatory elective course. Then, about seven months after my return, while on an academic rotation, I shared my feelings with a preceptor who was also involved in PKP. She helped me make sense of my feelings. This conversation led us to brainstorm how we might facilitate students' transition from an intensive global, service-focused environment back to a more traditional U.S. learning environment.

A STRATEGY TO ADDRESS REVERSE CULTURE SHOCK

A study completed by the PKP identified that the majority of student participants experienced some symptoms of reverse culture shock, but few self-reported them as problematic. However, when asked if they would participate in a reverse culture shock workshop/program, the majority of respondents said they would be somewhat likely to participate if it was offered. This study also revealed that the PKP participants would prefer face-to-face group sessions over Skype group chats (Tomlin et al., 2014). These data spurred the development of a reverse culture shock program for the PKP APPE participants. To build this program, we began by reaching out to universities and colleges across the country to identify components of existing reverse culture shock programs. Based on student feedback and research results, our PKP reverse culture shock program will have two major components, the first being post-travel group discussions that allow students the opportunity to debrief the experience and voice feelings and concerns. The second is development of a reverse culture shock manual. The objectives for the manual are to define and describe reverse culture shock and the reentry process, identify possible stages of reverse culture shock, develop strategies for handling reverse culture shock, recognize resources available for coping with the reentry process, and stimulate reflection on the reentry process.

CONCLUSION

(Student 2—Stephanie)

It has been over 18 months since I was in Kenya, and there are occasions when I miss walking to and from the hospital in my muddy shoes with my classmates. I miss rounding with the team and communicating with the patients. I miss working with the nurses, pharmacy technicians, and lab staff to deliver safe, patient-centered care to the community. While these feelings are very much still present, as the days go by, they become less intense. I'm afraid as I become more removed from the experience, I will ultimately lose what I learned.

My takeaway from my experience with reverse culture shock is that this process presents itself in many different ways and can be very drawn out. The need for reverse culture shock education is vital for study abroad programs. Institutions should continue to work together to develop effective programs pre- and post-departure. Service-learning opportunities need to be presented upon return to the United States so students have an outlet to perform in a similar capacity to their time abroad. I am glad that PKP continues to provide students opportunities for personal and professional development, and that I helped contribute to the support of these students.

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