Mexico and the United States:
Comparing Culture, Health Care Services,
And Nursing Practice

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Abstract

This study tracks Ohio University nursing students who traveled to Monterrey, México in December, 2003 for the purpose of comparing and contrasting culture, health care practices, nursing development and education, and nursing as a medical practice within the two neighboring countries. The US students met with Mexican counterparts, visited numerous health care facilities, attended an international Nursing Development and Practice Conference, and experienced several cultural events. Dr. David Lucas, facilitator for the journey, provides an inside look at the communication phenomena that occurred during this cross-cultural connection while Dr. Sharon Denham gives insight into the similarities and differences of nursing development and practice discovered during the journey. Other results, such as digital pictures and content from this effort, will be presented in a technologically enhanced poster session format.
Introduction

On November 29 through December 6, 2003, two Ohio University professors, Dr. David Lucas (Ohio University School of Communication Studies) and Dr. Sharon Denham (Ohio University School of Nursing) led sixteen OU nursing students to the country of México in order to learn more about nursing and health care. This collaborative effort provided students with an opportunity for an international experience along with receiving OU credit through the School of Nursing. In addition to making the journey, students were required to attend an international nursing conference, meet certain class requirements, plus create descriptive narratives concerning their experiences and noting their observations. The students were all registered nurses, licensed in the state of Ohio, and were enrolled in the RN or BSN program at Ohio University. This paper is designed to present an overview of that experience and present, in part, some of the observations made by the students and the two professors.

Objectives

The class assignments and the international journey were only a few of the stated objectives for this collaborative project. After successfully completing the requirements for the project, the students could:

- Compare and contrast specific cultural differences and variations between Mexican and US citizen’s daily lifestyle.
- Identify various aspects of Mexican nurses’ education and development different from and similar to those of US nurses.
• Describe, both verbally and through written narrative, the various ways health care services are delivered to Mexican citizens.
• Compare and contrast folkways, traditions, and healing practices of Mexicans and US health care givers that are outside of the traditionally accepted medical practices.
• Reflect on skills nurses need to provide quality health care services to those culturally different from themselves.

Method

In this international effort, Dr. Lucas led the nursing students in the task of engaging the qualitative research method called *folknography*. Among other means of data collection and research practice, the students were expected to:

• Write daily essays detailing their experiences, reactions, thoughts, observations, conversations, and interviews.
• Discuss and debrief daily in conversational sessions concerning their reflections, reactions, and thoughts about their experiences while in México.
• Question health care givers about development and practice of medical services and nursing science in México.
• Draft formal narratives about their overall experiences, observations and reflections on their Mexican experience.

Design

The students were transported to Monterrey, México and the surrounding communities for a first hand look at Mexican hospitals, schools of nursing, community health clinics, and also were permitted to attend a special international conference on health care practices in México. Students were also able to visit and talk with nurses and doctors from various backgrounds in health care delivery. Dr. Denham delivered commentary
throughout the visit concerning the similarities and differences that were discovered while Dr. Lucas provided translation services and research direction.

**Narratives**

The following observations are excerpts from the narratives written by some of the student participants in the project. Some names have been changed to ensure the confidentiality of the informants. All data was collected during the project journey to México.

*A Revealing Experience*

By Karen Hart

The trip to Monterrey, Mexico was a revealing experience. In the past when considering México, I always thought about the beautiful beaches of Cancun and Cozumel. These beaches comprise only a small portion of the country. I did not have a fair perspective of México or the people. Now that I have visited Monterrey, I see things differently. I believe I can better appreciate the Mexican culture and the people.

Because I am a nurse, I was extremely excited about studying the health care system in Mexico. Not many people have the opportunity to examine health care in another country. Many countries would not be so open to share their practices. I found the opportunity intriguing.

*The Nursing and Health Comparison Conference* at the auditorium of the Hospital General of the Mexican Institute of Social Security (IMSS) marked the beginning of the journey into the comparison of health care. I was impressed by the conference and the information provided by the speakers. I entered the meeting thinking little technology would be used and the presenters would show lack of confidence and expertise. I was wrong. Much thought and preparation went into this conference.

PowerPoint presentations were used to present the material. I did not think they would have the capabilities or the education to use PowerPoint. I was pleasantly surprised. Radios and headphones were supplied to all those attending to enable a translator, who was articulate in the English and Spanish languages, to communicate easily with all of us. He did a superb job in translating the presentations.

After the presentations, the students were taken on a tour of the hospital. The interior of the hospital was somewhat outdated. I noted dirt on
the floor and chairs broken in the waiting room. The restrooms were not unclean, but had no toilet tissue or soap. I found this to be different since we emphasize hygiene and good hand-washing technique.

When observing the hospital, I examined some patient rooms and noticed beds to be in high position. We have been taught to keep beds in low position to decrease potential for patient injury. Bedpans and basins were metal. Our hospitals have not used metal basins for many years.

I was surprised that we were able to inspect the hospital as we did. Our hospitals would not permit outsiders to examine patient areas without patient consent. Our actions are regulated by US laws protecting patient confidentiality. It is unlikely that the Mexican health care system has issues with law suits warranting such regulations.

In viewing some of the units in the hospital, the group found that there were many similarities. The neonatal intensive care unit (NICU) used the same intravenous (IV) pumps as some of the local hospitals at home. The NICU provides care to infants born at 25 weeks gestation.

I did not notice gloves in the areas we were observing. When the director was asked about gloves, she stated that they used gloves when needed. Due to infection control, our hospitals make it mandatory to wear gloves when providing care. If a nurse does not wear gloves for certain procedures, he/she would be reprimanded and the hospital could face large fines.

I believe the Mexicans lack awareness on certain procedures to promote cleanliness and decrease the spread of germs. When observing one area, our group had to wear gowns, but the gowns had already been worn by a previous group. The idea was good, but once the gowns were worn, they were contaminated. This defeats the purpose.

On the other hand, many of the hospitals were more advanced than I had imagined them to be. I was most impressed by the Unidad Medica Familiar No. 26(a Mexican hospital in Monterrey). The facility was well-organized, and safe practices, policies and procedures were in place. Strategic planning was evident by well-defined goals for the future.

The hospital developed a program for health prevention and promotion extending into the community. They realize the importance of disease prevention in health care. Goals are defined for the future much like Healthy People 2010 defines goals for the American people. The Mexicans claim to understand the importance of prevention much like the U.S.

I was truly astounded at some of the practices and capabilities within the health care system. The cardiovascular hospital has the ability to perform heart transplants and other major heart surgeries. Only highly specialized hospitals in the U.S. do heart transplants and additional high-risk procedures.

When touring the emergency department for cardiac patients, a cardiologist spoke to our group about the hospital and the care it had to offer.
He informed us that he was going to be a keynote speaker for an upcoming cardiovascular conference in the U.S. I was not only impressed that he would be speaking at a conference in the U.S., but also that he took time from his busy schedule to converse with us. While it was obvious that he was extremely proud of his profession, it appeared as though he thoroughly enjoyed educating others. Not many physicians in the U.S. would be so kind and informative to outsiders.

Most of the health care we observed was associated with government based hospitals; however, we did examine one private hospital. This hospital was amazing. I have never known a health care facility to be so nice. Everything was beautiful. The equipment and the amenities were first-rate. All patient rooms were suites and cost a fraction of what they would cost in the U.S. The physicians who practice in this hospital are in private practice—much like most physicians at home. The type of care offered is comparable to the health care in the U.S., just less costly. The director of the hospital suggested that some people from the U.S. come there for health care. I never anticipated that a facility such as this would be located in México.

Although the private hospital was quiet impressive, it does not extend care to the general population. The hospital cares for private pay or insured clients. Even though the cost is much cheaper than health care in the U.S., most locals can not afford it.

I was pleasantly surprised with everything we observed in health care. I believe the nursing schools were more highly developed than I thought. While México is lagging behind in some areas, they appear to have an understanding of the need for higher education. When speaking to some nurses about education, most expressed a desire to attain higher levels of education. Several nurses had a baccalaureate in nursing and were planning to further their education. Many nurses in the U.S. show little interest in obtaining higher education.

I found it interesting that English is a prerequisite for Mexican nurses to graduate. I think that schools in the U.S. should have similar requirements. Nurses in the U.S. should be required to learn Spanish. This would aid in breaking the communication barrier. This should be of utmost importance to American nurses and other health care providers since so many Spanish speaking people dwell among us.

I am sincerely amazed by our findings in México. I went to México with selfish thoughts thinking the country would probably not have much to offer. I now have a different attitude. I believe the people are the kindest, most caring individuals I have ever known. They portray an image of wanting to be the best they can be for their people and their country. They show eagerness to learn and have respect for knowledge. The Mexican nurses and health care providers are genuinely caring people who expose their compassion in their profession. I believe we can learn much from them.
The trip was beyond doubt an enlightening experience. I truly experienced a revelation!

*A Journey of Discovery*

By Jeanette Mertz

When I first heard about the trip to Mexico to discover how their health care system works and how their nurses practice, I was very excited. It made me curious to compare their nursing practice and education to ours. I must say as the day to leave came closer I had second thoughts about going to a strange country with a group of people I barely knew.

Dr. Lucas explained to us that Mexico is an emerging middle income country, albeit with huge gaps remaining between rich and poor. Millions of Mexicans still live in poverty. The Mexicans have made rapid and impressive progress toward building a modern, diversified economy, improving infrastructure and tackling the causes of poverty. Collaboration between the federal and local government has created better modernized hospitals, and hundreds of mobile health units deliver basic health care to the population dispersed in rural areas.

I was very impressed with how much technology they have incorporated into their nursing practices. Nurses in Monterrey are using computer charting in the government owned hospital, Hospital of Cardiology. They are using computers to link various hospitals so they can do reports and keep abreast of information and research being done in the hospitals and improve on the quality of care for their patients. Most of the hospitals in our area still use paper charting. We have computers to put in orders, pull up lab results and look up the history of patients.

I was surprised that the Mexican Institute of Social Security supplies 80% of the medical coverage for Mexicans while private and welfare covers 20% of the population. The government controls the care of the population by the doctors being employed by the government. It does hold back the doctors from being competitive and not having any private practice. The fact that the doctors are assigned 2,400 patients, speaks to the dedication of these doctors.

The biggest problem I saw was the lack of glove use at the *Regional Hospital of Gynecology & Obstetrics*. I know it might be expensive, but to help keep contamination down between patients, gloves should be used. Washing hands is still the number one rule, but gloves should be worn. One of the nurses advised me that they don’t have many people die from sepsis. But with the rise of aids, some type of universal precaution should be maintained. Aids is passed on by blood borne pathogens and can contaminate easily.

I was envious of their nursing development. I found it very interesting that after a person is a nurse for one year, one can specialize in a field such
as emergency room, intensive care unit or pediatrics. We have to learn emergency room nursing through experience.

I think they are on the right track by seeking prepared teachers with Ph D's instead of masters’ degrees. Nursing in México needs more professors with doctorates so they can teach nursing, write text books and be published so the students don’t have to use publications from the US or Spain. The teachers get frustrated trying to explain their nursing procedures compared to ours. It was brought to our attention that there are not enough textbooks in México for all the nursing students.

When we spoke with the nursing students, I was surprised how many males were in the class. I didn’t see any student who was over the age of thirty. I was forty when I started my nursing education. They are able to go to school without having to work part time and offered a position in one of the government hospitals when they graduate.

I think we should have to take Spanish since so many Mexicans are coming to live in the United States. I was very impressed that Mexican nurses have to read, write and speak the English language. Nursing students also learn to sing, play instruments and learn their arts and cultural background of their heritage. The nursing students seemed very energetic and there were more males in the program than females. I think the US nursing shortage has made them very curious about our nursing. I was astonished how many males were taking the class.

I’m glad that both countries realize that more research is needed concerning women. The School of Nursing at University of Nuevo Leon is doing a research project on breast cancer. They are also doing research on exercise and the health benefits for women. Women’s abuse and domestic violence is rising in Mexico just like in the United States. Many women now have the opportunity to express their fears. I teach abuse and neglect to my co-workers at work so everyone can recognize if a child, woman or elderly person are being abused physically or sexually. I plan to implement in my lectures the facts that in México, like in the US, people need protection from domestic violence and abuse.

The Mexican government has the right idea by producing various books for each age group, teaching Mexicans about general health care needs. Topics such as shots, healthy diets, and exercise are promoted by this campaign.

I also like their idea of an employee of the month. People need incentives to want to work and do a good job. I was impressed by the eight-part mission statement they have set up for the various areas of the clinic and hospital. When you show leadership and employees are notified of what is expected of them, a better working relationship develops between management and employees.

I was really impressed with the nurses wearing their white hats. Their white uniforms look very professional. Yet, I still like my scrub tops and the
different designs and colors. Our hospital supplies us with our scrub uniforms. I think it helps to create a happier atmosphere between patients and workers.

After my trip to México, I was glad I took a chance to see a second world country (or, as Dr. Lucas says, an emerging nation). I was surprised how pleasant Mexican people are and how much respect they showed us. The Mexicans are so proud of what they have accomplished in their nursing education and practice. I need to incorporate more of the affection in my nursing practice and be proud to be a nurse. The person who had the most important impact on me was the person who was with us each day during the lectures and visiting the hospitals. It had to take a lot of time and professional work to set up such an educational experience. She was very knowledgeable and capable of answering any questions we posed to her. She was eager for us to have such a learning experience concerning the holistic nursing practices of her country. I was very impressed she had her masters and this motivates me to some day to pursue my masters. I would like someday to be able to go back to México and help them provide nursing care to their children in the outlying areas. Looking back, I must admit, this was a journey of discovery for me.

My Cultural Immersion
By Tracey L. O’Dell

On the first day, as we arrived in Monterrey, I was SO glad that Dr. Lucas was our own group tour guide! Overall I was surprised by the size of the airport; it was smaller than I had expected. I was also surprised by how clean the restrooms were; attendants were inside the bathroom and greeted you with a warm, “Hola” and kept them spotless. The tile and marble floors used throughout the airport were great! I loved the weather too – mid 60’s with a gentle fresh breeze blowing. Such a contrast from the frigid, icy weather we left behind in Ohio. I was so busy looking all around and seeing so many people work so hard for so little – I felt ashamed. We are very fortunate people; I can remember thinking that everyone needs to experience this situation. What a wonderful way to learn about another culture and ourselves at the same time. When we were loading into the rental vans it seemed as though it took forever!

Next, we attended a special international conference on nursing and health care. The conference was attended by approximately 100 healthcare individuals; comprised of student nurses, active nurses, hospital administrators, and physicians to name a few. This was a stimulating day and I found myself fighting back tears more than once; I believe it was related to pride and achievement in nursing; whether as an individual or as a profession. Dr. Denham provided an excellent overview on nurses in the US; her message was very well received by the audience. After all the speakers
presented there was an opportunity for Q&A; I believe they asked her the most questions of all! The interest was evident; they feel as though their nursing profession is approximately 50-60 years behind the United States. They may be behind our system but they now have the resolve and commitment to continue to improve this field. It was evident that a lot of planning and organization had occurred for this special event; snacks were available in the lobby area outside of the auditorium during the break. After the conference we were taken on a tour of the hospital; we were informed that this hospital has 120 births per day. I guess for a city with a population of 4 million this would be expected. We were allowed to go into the areas to see the babies; how tiny and precious they are. In the neonatal intensive care we observed through glass. According to Shannon she felt as though the care and equipment provided in the hospital was at least standard if not more advanced than in some US hospitals.

On another day, we went to visit a Mexican school for nursing. It was interesting watching Dr. Lucas translate and oh, how he had to concentrate! He earned his honorary nursing degree on this trip! We kept talking about nursing theory and he really had to follow the discussion!

The students loved to pose and have their pictures taken with us; and some of our students were quite infatuated with the male students too! The next stop led us to a privately owned nursing school. This setting was one of the most relaxed settings that we encountered on our trip. Gardens with lush vegetation and flowers to relax in and scheduled music breaks incorporated into the day were mind boggling. It makes perfect sense and we ‘say’ that we should relax more but don’t – they not only say it but require it be done. We watched and listened to a small group of students play and sing; they also stay in touch with their culture through their musical expression. The uniforms worn were unique too; I can remember seeing at least three different types of uniforms while on the private campus. They had surprised us with a meal (which we think could have been the culprit to a lot of gastrointestinal rumbling for the remainder of the week) and we sat together to discuss curriculum. The final stop of the day was at the *University of Nuevo Leon* nursing school; this was in a university setting. We were taken on a tour of the university to view their new facilities for practicum’s; nice setting. I was continually amazed by how young some of the staff appeared to be! Dr. Lucas told us that this is a young country. I believe him now.

While in the airport we had some time to discuss as a group what we liked the best about our trip; personally I cherished the fact that we were accepted into their culture unconditionally; I feel as though that would not happen as easy if the situation were reversed. Yes, it would by some but not by the majority as it did in Mexico. Our return flights were fine even though we thought that we had lost Dr. Lucas in Houston but he boarded the plane at the very last minute! Once we reached Columbus everyone grabbed their luggage and/or their loved ones and disappeared! Where did everyone go so
quickly? I know I was glad to be back and ready to get home to my own bed to get some much needed rest. Thanks to Dr. Denham for giving me an experience of a life-time! Thanks to Dr. Lucas for his amazing cultural insights. I’m very glad that I had the opportunity to make this trip, make new friends both in and out of the US and to be able to have the experience of this cultural immersion.

*Something to Talk About!*
By Karen S. Robinson

The nurses in all the places we visited were warm and friendly, but no matter how they dressed their priority was the same: the care of their patients. All of the nurses in the Social Security Hospital wore white, neat uniforms with some type of green jacket, sweater or vest and their nurse’s cap. Oh, and don’t forget the 2 inch heels! The nurses at the private hospital wore scrubs just like we do in the states and no cap. I would like to know if there was a difference in their salaries. One thing I remember about wearing our cap way back when was we were never allowed to wear it outside. We always had to take it off and put it in the little plastic bag. Maria and the nurses that traveled with us wore theirs everywhere except when we went to the restaurant they took them off.

I do want to share one experience with you that happened when I returned home. I went to the Kroger store the next day and I talked non-stop to my significant other about México the whole hour that we were there. I told him about jimica, about the salsa being green instead of red, about the pastries, bread, herbs, and fruits such as raisins being out just sitting on the tables. I told him about the tortillas not being salted and the lime that was put on everything, the coke glass bottles that we don’t see anymore, the goat brains, and the guacamole that was everywhere.

Overall, I have to say it was an experience of a lifetime. I am so glad I was able to go and if I have an opportunity I would like to go again. I believe their prevention programs are making an impact on the health of the Mexican people and the Ph.D program will make a positive impact on the future of nursing in their country. And, I must admit, this gave me something to talk about!

*Respect Unconditionally*
By Lori Burger

I still have feelings of great respect for their culture...I guess what really stands out in my mind is their willingness to accept us unconditionally, respect and not judge us. They were so wonderful to us. I don't know that they would get that same respect from others here.
Our culture is so different in that aspect! I was really impressed with the nurses’ professionalism and their mannerisms. Their uniforms were great...my own personal opinion is that we should wear the same. I think it would help with the acceptance and respect of nurses in our own culture. I was also impressed with the doctors, very personal and friendly. I feel that we could learn a great deal more from them, if we were able to spend more time with them. They showed us great, unconditional respect!

_Memories of México_
By Ronald Vance

The most memorable experience of genuine kindness was on Sunday when the group traveled to Montemorelos to meet many of Dr. David Lucas’ friends. Everyone was so welcoming even when communication was difficult. The fiesta, at the ranch, was a wonderful experience for all. Many of us had our first experience eating goat and to our surprise it was good, as was all of the food that had been prepared. One can eat at a commercial Mexican restaurant in the United States, however it does not compare to the home cooked food prepared for the fiesta.

Visiting the ranch also gave this nurse the first experience in the countryside and the opportunity to hike in the fields near the river. This nurse’s minimal exposure to Spanish in high school causing him to worry about the communication barrier. He soon learned that many of his new friends could speak English very well and with minimal assistance he began to remember simple words and phrases from his education. The whole trip continued to immerse the group into the culture and its surroundings. I will always keep and treasure these memories of México.

_Summary_

As educators, we believe that students deserve the best experiences and exposures to other cultures possible. This journey to México allowed us to present to these students a myriad of opportunities and learning experiences. From visiting hospitals to eating in Mexican restaurants, these students discovered a new world of health care, culture, and friendship. All of our objectives were met. In fact, we exceeded our objectives. The students came to the US uttering expressions like, “This changed my life!” and “I need to go
again.” Some of the students have serious intentions of returning to México in order to perform community service in some of the smaller villages that were visited. The students on this international journey compared the cultures of México and the US. The students observed and learned. Most of all, they became more aware and conscious of the world around them. Our conclusion is: the project met and exceeded all goals and objectives. This trip was a success.